

	This list may not include new procedural, experimental/investigational or cosmetic codes. Providers must submit a PA request for services that are potentially cosmetic or experimental/investigational or if they are unsure of coverage. Authorization does not guarantee payment; and claim payment is subject to benefit exclusions and limitations. * Please refer to note in description
00170	Anesthesia for intraoral procedures, including biopsy; not otherwise specified
00740	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum (including MAC)
00810	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum (including MAC)
01939	Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; cervical or thoracic
01940	Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; lumbar or sacral
11055	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion
11056	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions
11057	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than 4 lesions
11300	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less
11301	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm
11302	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm
11303	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm
11305	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less
11306	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm
11307	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm
11308	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm
11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
11311	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm
11312	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.1 to 2.0 cm
11313	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm
11400	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less
11401	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm
11402	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm
11403	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm
11404	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm
11406	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm
11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less
11421	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm

11422	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm
11423	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm
11424	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm
11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm
11440	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less
11441	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm
11442	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm
11443	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0
11444	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm
11446	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm
11900	Injection, intralesional; up to and including 7 lesions
11901	Injection, intralesional; more than 7 lesions
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq. cm or less (when specified for nipple/areola reconstruction)
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation
11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation
11950	Injection of collagen or other filling material
11951	Injection of collagen or other filling material
11952	Injection of collagen or other filling material
11954	Injection of collagen or other filling material
11970	Replacement of breast tissue expander with permanent implant
11971	Removal of breast tissue expander without insertion of implant
15780	Dermabrasion, total face
15781	Dermabrasion, segmental face

15782	Dermabrasion, regional other than face
15783	Dermabrasion, superficial
15786	Abrasion, single lesion (scar)
15787	Abrasion, single lesion (scar), additional lesions
15819	Cervicoplasty
15820	Blepharoplasty - lower eyelid
15821	Blepharoplasty - lower eyelid with extensive herniated fat pad
15822	Blepharoplasty - upper eyelid
15823	Blepharoplasty - upper eyelid; with excessive skin weighing down lid
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
15832	Lipectomy/Liposuction procedures - Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh
15833	Lipectomy/Liposuction procedures - Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg
15834	Lipectomy/Liposuction procedures - Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip
15835	Lipectomy/Liposuction procedures - Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock
15836	Lipectomy/Liposuction procedures - Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm
15837	Lipectomy/Liposuction procedures - Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand
15838	Lipectomy/Liposuction procedures - Excision, excessive skin and subcutaneous tissue (including lipectomy); submental fat pad
15839	Lipectomy/Liposuction procedures - Excision, excessive skin and subcutaneous tissue (includes lipectomy), other area
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen (eg, abdominoplasty)
15876	Lipectomy/Liposuction procedures - Suction assisted lipectomy; head and neck
15877	Lipectomy/Liposuction procedures - Suction assisted lipectomy; trunk
15878	Lipectomy/Liposuction procedures - Suction assisted lipectomy; upper extremity
15879	Lipectomy/Liposuction procedures - Suction assisted lipectomy; lower extremity
17250	Chemical cauterization of granulation tissue (proud flesh)
17340	Cryotherapy for acne
17360	Chemical exfoliation for acne
17380	Electrolysis epilation/hair removal
17999	Unlisted procedure, skin, mucous membrane, subq tissue
19300	Gynecomastia repair
19316	Mastopexy
19318	Breast Reduction (mammoplasty)
19325	Augmentation of breast - mammoplasty
19328	Removal of intact breast implant/material (periprosthetic capsulectomy)
19340	Breast procedure - Insertion of breast implant on same day of mastectomy, i.e., Immediate

19342	Breast procedure - Insertion or replacement of breast implant on separate day from mastectomy
19350	Breast procedure - Nipple/areola reconstruction
19355	Breast procedure - Correction of inverted nipples
19357	Breast procedure - Tissue expander placement in breast reconstruction, including subsequent expansion
19361	Breast procedure - Breast reconstruction with latissimus dorsi flap
19364	Breast procedure - Breast reconstruction with free flap (eg,. fTRAM, DIEP, SIEA, GAP flap)
19367	Breast procedure - Breast reconstruction with single pedicled transverse rectus abdominis myocutaneous (TRAM) flap
19368	Breast procedure - Breast reconstruction with single pedicled transverse rectus abdominis myocutaneous (TRAM) flap requiring separate microvascular anastomosis (supercharging)
19369	Breast procedure - Breast reconstruction with bipedicled transverse rectus abdominis myocutaneous (TRAM) flap
19370	Breast procedure - Revision of pre-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy
19371	Breast procedure - Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents
19380	Breast procedure - Revision of reconstructed breast (eg., significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)
19396	Breast procedure - Preparation of mouldage for custom breast implant
19499	Unlisted procedure, breast
20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only
*20931	Allograft, morselized, or placement of osteopromotive material, for spine surgery only. Note: A clinical review is required for this secondary procedure code only when requested with a lumbar spinal surgery. Prior authorization is not required for cervical or thoracic spinal surgeries related to this procedure code.
*20936	Autograft for spine surgery only (includes harvesting the graft); local (e.g., ribs, spinous process, or laminar fragments) obtained from same incision (List separately in addition to code for primary procedure). Note: A clinical review is required for this secondary procedure code only when requested with a lumbar spinal surgery. Prior authorization is not required for cervical or thoracic spinal surgeries related to this procedure code
*20937	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision). Note: A clinical review is required for this secondary procedure code only when requested with a lumbar spinal surgery. Prior authorization is not required for cervical or thoracic spinal surgeries related to this procedure code.
*20938	Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision). Note: A clinical review is required for this secondary procedure code only when requested with a lumbar spinal surgery. Prior authorization is not required for cervical or thoracic spinal surgeries related to this procedure code.
20974	Bone Growth Stimulator - electrical stimulation to aid bone healing
20975	Bone Growth Stimulator – low intensity ultrasound stimulation to aid bone healing
20979	Bone Growth Stimulators - Low intensity ultrasound stimulation to aid bone healing, noninvasive (non-operative)
20985	Not covered - Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less

21087	Nasal (dorsal-external) implants
21137	Forehead Reduction; contouring only
21138	Forehead Reduction; contouring and application of prosthetic material or bone graft (includes obtaining autograft)
21139	Forehead Reduction; contouring and setback of anterior frontal sinus wall
21172	Mandibular Osteotomies, Reconstruction superior-lateral orbital rim and lower forehead
21175	Mandibular Osteotomies, Reconstruction bifrontal, superior-lateral orbital rims and lower forehead
21179	Mandibular Osteotomies, Reconstruction entire or majority of forehead and/or supraorbital rims
21180	Mandibular Osteotomies, Reconstruction entire or majority of forehead and/or supraorbital rims
21255	Reconstruction zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
21256	Mandibular Osteotomies, Reconstruction of orbit (includes obtaining autografts)
21270	Malar (cheek) implants
21299	Unlisted craniofacial and maxillofacial procedure
21685	Hyoid myotomy and suspension
21740	Reconstructive repair of pectus excavatum or carinatum; open
21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy
21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy
22206	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment; thoracic
22207	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment; lumbar
22208	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment; each additional vertebral segment
22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical
22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic
22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar
22216	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment
22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical
22222	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic
22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar
22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment
22505	Manipulation of spine under anesthesia
22510	Kyphoplasty - Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; cervicothoracic
22511	Kyphoplasty - Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; lumbosacral
22512	Kyphoplasty - Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; each additional thoracic or lumbar body
22513	Percutaneous vertebral augmentation, including cavity creation using mechanical device, 1 vertebral body, unilateral or bilateral cannulation, thoracic

22514	Percutaneous vertebral augmentation, including cavity creation using mechanical device, 1 vertebral body, unilateral or bilateral cannulation, lumbar
22515	Percutaneous vertebral augmentation, including cavity creation using mechanical device, 1 vertebral body, unilateral or bilateral cannulation, each additional thoracic or lumbar vertebral body
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral; single level
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral; one or more additional levels
22532	Spinal fusion - Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic
22533	Spinal fusion - Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar
22534	Spinal fusion - Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment
22548	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2, with or without excision of odontoid process
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2
22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace; cervical below C2
22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace; thoracic
22558	Spinal fusion - Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar
22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace
22586	Arthrodesis, presacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace
22590	Arthrodesis, posterior technique, craniocervical (occiput-C2)
22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)
22600	Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment
22610	Spinal fusion - Arthrodesis, posterior or posterolateral technique, single level; thoracic (with or without lateral transverse technique)
22612	Spinal fusion - Arthrodesis, posterior or posterolateral technique, single level; lumbar (with or without lateral transverse technique)
22614	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment

22630	Spinal fusion - Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar
22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar
22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure)
22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments
22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 - 12 vertebral segments
22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments
22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 - 3 vertebral segments
22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 - 7 vertebral segments
22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments
22818	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s); single or two segments
22819	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s); 3 or more segments
22830	Exploration of spinal fusion
22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation)
22841	Internal spinal fixation by wiring of spinous processes.
22842	Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments.
22843	Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments.
22844	Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments.
22845	Anterior instrumentation; 2 to 3 vertebral segments.
22846	Anterior instrumentation; 4 to 7 vertebral segments.
22847	Anterior instrumentation; 8 or more vertebral segments.
22848	Pelvic fixation other than sacrum
22849	Reinsertion of spinal fixation device
22850	Removal of posterior nonsegmental instrumentation
22851	Application of intervertebral biomechanical device(s) (e.g., synthetic cage(s), methylmethacrylate) to vertebral defect or interspace.

22852	Removal of posterior segmental instrumentation
22855	Removal of anterior instrumentation
22856	Artificial Intervertebral Discs - total disc arthroplasty, anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection), single interspace, cervical
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar
22858	Artificial Intervertebral Discs - total disc arthroplasty, anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection), second level cervical
22861	Artificial Intervertebral Discs - revision including replacement of total disc arthroplasty, cervical, single interspace
22862	Artificial Intervertebral Discs - revision including replacement of total disc arthroplasty, lumbar, single interspace
22864	Artificial Intervertebral Discs - removal of total disc arthroplasty, anterior approach, cervical, single interspace
22865	Artificial Intervertebral Discs - removal of total disc arthroplasty, anterior approach, lumbar, single interspace
22899	Unlisted procedure; spine
22999	Unlisted procedure, abdomen, musculoskeletal system
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (including obtaining graft), and placement of transfixing device
27280	Arthrodesis, sacroiliac joint, open (including obtaining graft)
*30130	Excision inferior turbinate, partial or complete, any method - Note: Authorization is required only when the diagnosis is associated with obstructive sleep apnea or snoring
*30140	Submucous resection inferior turbinate, partial or complete, any method - Note: Authorization is required only when the diagnosis is associated with obstructive sleep apnea or snoring
30400	Rhinoplasty - primary; lateral and alar cartilages and/or elevation of nasal tip
30410	Rhinoplasty - complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
30420	Rhinoplasty - including major septal repair
30430	Rhinoplasty - secondary; minor revision (small amount of nasal tip work)
30435	Rhinoplasty - intermediate revision (bony work with osteotomies)
30450	Rhinoplasty - major revision (nasal tip work and osteotomies)
30465	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)
30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implants
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft
30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)
*30801	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); superficial - Note: Authorization is required only when the diagnosis is associated with obstructive sleep apnea or snoring

*30802	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); intramural (i.e., submucosal) - Note: Authorization is required only when the diagnosis is associated with obstructive sleep apnea or snoring
32850	Donor pneumonectomy from cadaver donor
32851	Lung transplant, single; without cardiopulmonary bypass
32852	Lung transplant, single; with cardiopulmonary bypass
32853	Lung transplant, double; without cardiopulmonary bypass
32854	Lung transplant, double; with cardiopulmonary bypass
32855	Backbench standard preparation of cadaver donor lung allograft prior to transplantation; unilateral
32856	Backbench standard preparation of cadaver donor lung allograft prior to transplantation; bilateral
32994	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) cryoablation
33930	Donor cardiectomy-pneumonectomy
33933	Backbench standard preparation of cadaver donor heart/ lung allograft prior to transplantation
33935	Heart/lung transplant with recipient cardiectomy-pneumonectomy
33940	Donor cardiectomy
33944	Backbench standard preparation of cadaver donor heart allograft prior to transplantation
33945	Heart transplant, with or without recipient cardiectomy
33975	Insertion of ventricular assist device, extracorporeal, single ventricle
33976	Insertion of ventricular assist device, extracorporeal, biventricular
33977	Removal of ventricular assist device, extracorporeal, single ventricle
33978	Removal of ventricular assist device, extracorporeal, biventricular
33979	Insertion of ventricular assist device, implantable intracorporeal, single ventricle
33980	Removal of ventricular assist device, implantable intracorporeal, single ventricle
33981	Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump
33982	Replacement of ventricular assist device pump(s), implantable intracorporeal, single ventricle, without cardiopulmonary bypass
33983	Replacement of ventricular assist device pump(s), implantable intracorporeal, single ventricle, with cardiopulmonary bypass
33990	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation: left heart, arterial access only
33991	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation: left heart, both arterial and venous access, with transeptal puncture
33992	Removal of percutaneous left heart ventricular assist device, arterial or arterial and venous cannula(s), at separate and distinct session from insertion
33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation: right heart, venous access only

33997	Removal of percutaneous right heart ventricular assist device, venous cannula, at separate and distinct session from insertion
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)
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
36470	Sclerotherapy injection of sclerosing solution, single vein
36471	Sclerotherapy injection of sclerosing solution, multiple vein
36475	Radiofrequency ablation of varicose veins, first vein treated
36476	Radiofrequency ablation of varicose veins, second and subsequent
36478	Laser ablation of varicose veins, first vein
36479	Laser ablation of varicose veins, second or subsequent
36511	Therapeutic apheresis; for white blood cells
36512	Therapeutic apheresis; for red blood cells
36513	Therapeutic apheresis; for platelets
36514	Therapeutic apheresis; for plasma pheresis
36515	Therapeutic apheresis; with extracorporeal immunoadsorption and plasma reinfusion
36516	Therapeutic apheresis; with extracorporeal selective adsorption or selective filtration and plasma reinfusion
41512	Tongue base suspension, permanent suture technique
41530	Tongue - Submucosal ablation of the tongue base, radiofrequency, one or more sites per session
42145	Palatopharynoplasty - UPPP, LAUP's, and somnoplasty
42299	Unlisted procedure, palate/uvula
42337	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound limited to esophagus, stomach or duodenum, and adjacent structures
42820	Tonsillectomy and adenoidectomy; under age 12
42821	Tonsillectomy and adenoidectomy; age 12 or over
42825	Tonsillectomy, primary or secondary; under age 12
42826	Tonsillectomy, primary or secondary; age 12 or over
42830	Adenoidectomy, primary; under age 12
42831	Adenoidectomy, primary; age 12 or over
42835	Adenoidectomy, secondary; under age 12
42836	Adenoidectomy, secondary; age 12 or over
43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30mm diameter or larger)

43235	Esophagogstroduodenoscopy, flexible, transoral; including collection of specimen
43236	Esophagogstroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance
43238	Esophagogstroduodenoscopy, flexible, transoral, with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy
43239	Esophagogstroduodenoscopy, flexible, transoral; with biopsy, single or multiple
43240	Esophagogstroduodenoscopy, flexible, transoral; with tranmural drainage of pseudocyst
43241	Esophagogstroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter
43242	Esophagogstroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy
43243	Esophagogstroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices
43244	Esophagogstroduodenoscopy, flexible, transoral,with band ligation of esophageal/gastric varices
43245	Esophagogstroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s)
43246	Esophagogstroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube
43247	Esophagogstroduodenoscopy, flexible, transoral; with removal of foreign bodies
43248	Esophagogstroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator through esophagus over guide wire
43249	Esophagogstroduodenoscopy, flexible, transoral; with tranendoscopic balloon dilation of espthagud (less than 30 mm)
43250	Esophagogstroduodenoscopy, flexible, transoral; with removal of tumor, polyps or other lesions by hot biopsy forceps
43251	Esophagogstroduodenoscopy, flexible, transoral; with removal of tumor, polyps or other lesions by snare technique
43252	Esophagogstroduodenoscopy, flexible, transoral; with optical endomicroscopy
43253	Esophagogstroduodenoscopy, flexible, transoral; with transedoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance
43254	Esophagogstroduodenoscopy, flexible, transoral; with endoscopic mucosal resection
43255	Esophagogstroduodenoscopy, flexible, transoral; with control of bleeding, any method
43257	Esophagogstroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of the lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease
43259	Esophagogstroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination
43260	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimens(s) by brushing or washing, when performed (separate procedure)
43261	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple
43262	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy
43263	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement sphincter of Oddi
43264	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)
43265	Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method

43266	Code is out of numerical sequence, See 43235-43273
43270	Code is out of numerical sequence, See 43235-43273
43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s)
43284	Not Covered - LINX: Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie,magnetic band)
43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy (POEM))
43499	Stretta or Endocinch procedure, Endoscopic treatment of GERD
43632	Gastrectomy, partial distal; with gastrojejunostomy
43633	Gastrectomy, partial distal; with Roux-En-Y, reconstruction
43634	Gastrectomy, partial distal, with formation of intestinal pouch
43644	Gastric Bypass - Need BMI, psychiatric evaluation, and nutritional consult
43645	Gastric Bypass - gastroplasty - Need BMI, psychiatric evaluation, and nutritional consult
43647	Gastric Pacemaker
43648	Gastric Pacemaker
43659	Unlisted laproscopic procedure, stomach
*43770	Gastric Bypass -Laparacscopy, surgical, gastric restrictive procedure (e.g. Gastric band) Note: Need BMI, psychiatric evaluation, and nutritional consult
43771	Gastric Bypass - revision of adjustable gastric restrictive device component only
43772	Gastric Bypass - removal of adjustable gastric restrictive device component only
43773	Gastric Bypass - removal and replacement of adjustable gastric restrictive device component only
43774	Gastric Bypass - removal of adjustable gastric restrictive device and subcutaneous port component.
43775	Gastric restrictive procedure - Laparoscopy, surgical; longitudinal gastrectomy (i.e., sleeve gastrectomy)
*43842	Gastric Restrictive procedure, without gastric bypass, for morbid obesity; vertical banded gastroplasty - Note: Need BMI, psychiatric evaluation, and nutritional consult
*43843	Gastric Restrictive procedure, without gastric bypass, for morbid obesity; other than vertical banded gastroplasty - Note: Need BMI, psychiatric evaluation, and nutritional consult
*43845	Gastric restriction procedure with partial gatrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (biliopancreatic diversion with duodenal switch Note: Need BMI, psychiatric evaluation, and nutritional consult
*43846	Gastric restriction procedure with gastric bypass for morbid obesity; with short limb Rous-En-Y gastroenterostomy Note: Need BMI, psychiatric evaluation, and nutritional consult
*43847	Gastric restriction procedure with gastric bypass for morbid obesity;with short limb Rous-En-Y gastroenterostomy with small intestine reconstruction Note: Need BMI, psychiatric evaluation, and nutritional consult
*43848	Gastric Bypass - revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure). Note: Need BMI, psychiatric evaluation, and nutritional consult

*43881	Gastric Pacemaker,implantation or replacement of gastric neurostimulator, electrodes, antrum, open Note: Need BMI, psychiatric evaluation, and nutritional consult
43882	Gastric Pacemaker,revision or removal of gastric neurostimulator, electrodes, antrum, open
43886	Gastric restrictive procedure open; revision of subcutaneous port component only
43887	Gastric restrictive procedure open; removal of subcutaneous port component only
43888	Gastric restrictive procedure open; removal and replacement of subcutaneous port component only
*43999	Unlisted procedure of stomach Note: Need BMI, psychiatric evaluation, and nutritional consult
44360	Endoscopy, Small Intestine - enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, including collection of specifmen(s) by brushing or washing, when performed (separate procedure)
44361	Endoscopy, Small Intestine - enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, including collection of specifmen(s) by brushing or washing, when performed (separate procedure) with biopsy, single or multiple
44363	Endoscopy, Small Intestine - enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, including collection of specifmen(s) by brushing or washing, when performed (separate procedure) with removal of foreign body(s)
44364	Endoscopy, Small Intestine - enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, including collection of specifmen(s) by brushing or washing, when performed (separate procedure) with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
44365	Endoscopy, Small Intestine - enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, including collection of specifmen(s) by brushing or washing, when performed (separate procedure) with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
44366	Endoscopy, Small Intestine - enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, including collection of specifmen(s) by brushing or washing, when performed (separate procedure) with control of bleeding (eg. Injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
44369	Endoscopy, Small Intestine - enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, including collection of specifmen(s) by brushing or washing, when performed (separate procedure) with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
44370	Endoscopy, Small Intestine - enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, including collection of specifmen(s) by brushing or washing, when performed (separate procedure) with transendoscopic stent placement (includes predilation)
44372	Endoscopy, Small Intestine - enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, including collection of specifmen(s) by brushing or washing, when performed (separate procedure) with placement of percutaneous jejunostomy tube
44373	Endoscopy, Small Intestine - enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, including collection of specifmen(s) by brushing or washing, when performed (separate procedure) with conversion of percutaneous gastrostomy tube to percutaneous jejunostomy tube

44376	Endoscopy, Small Intestine - enteroscopy beyond second portion of duodenum, including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing, (separate procedure)
44377	Endoscopy, Small Intestine - enteroscopy beyond second portion of duodenum, including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing, (separate procedure) with biopsy, single or multiple
44378	Endoscopy, Small Intestine - enteroscopy beyond second portion of duodenum, including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing, (separate procedure) with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasmac coagulator)
44379	Endoscopy, Small Intestine - enteroscopy beyond second portion of duodenum, including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing, (separate procedure) with transendoscopic stent placement (includes predilation)
*45378	Diagnostic colonoscopy Note: Prior Authorization is only required for patients under 45 years of age
*45379	Colonoscopy w/fb removal Note: Prior Authorization is only required for patients under 45 years of age
*45380	Colonoscopy and biopsy Note: Prior Authorization is only required for patients under 45 years of age
*45381	Colonoscopy submucous njx Note: Prior Authorization is only required for patients under 45 years of age
*45382	Colonoscopy w/control bleed Note: Prior Authorization is only required for patients under 45 years of age
*45384	Colonoscopy w/lesion removal Note: Prior Authorization is only required for patients under 45 years of age
*45385	Colonoscopy w/lesion removal Note: Prior Authorization is only required for patients under 45 years of age
*45386	Colonoscopy w/balloon dilat Note: Prior Authorization is only required for patients under 45 years of age
*45388	Colonoscopy w/ablation Note: Prior Authorization is only required for patients under 45 years of age
*45389	Colonoscopy w/stent plcmnt Note: Prior Authorization is only required for patients under 45 years of age
*45390	Colonoscopy w/resection Note: Prior Authorization is only required for patients under 45 years of age
*45391	Colonoscopy w/endoscope us Note: Prior Authorization is only required for patients under 45 years of age
*45392	Colonoscopy w/endoscopic fnb Note: Prior Authorization is only required for patients under 45 years of age
*45393	Colonoscopy w/decompression Note: Prior Authorization is only required for patients under 45 years of age
47279	Unlisted laparoscopic procedure/liver
47370	Ablative Techniques for Treating Primary and Metastatic Liver Malignancies - Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency
47371	Ablative Techniques for Treating Primary and Metastatic Liver Malignancies - Laparoscopy, surgical, ablation of 1 or more liver tumor(s); cryosurgical
47380	Ablative Techniques for Treating Primary and Metastatic Liver Malignancies - Ablation, open, of 1 or more liver tumor(s); radiofrequency
47381	Ablative Techniques for Treating Primary and Metastatic Liver Malignancies - Ablation, open, of 1 or more liver tumor(s); cryosurgical
47382	Ablative Techniques for Treating Primary and Metastatic Liver Malignancies - Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency

47383	Ablation, 1 or more liver tumors, percutaneous, cryoablation
50250	Ablation, open, 1 or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound, if performed
50592	Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency
50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy
52647	Laser surgery of prostate
52648	Contact laser vaporization of prostate
52649	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation)
53451	*Not a Covered Service - Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and image guidance
53452	*Not a Covered Service - Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and image guidance
53453	Periurethral transperineal adjustable balloon continence device; removal, each balloon
53454	*Not a Covered Service - Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume
53850	Transurethral destruction of prostate tissue; by microwave thermotherapy
53852	Transurethral destruction of prostate tissue; by radiofrequency thermotherapy
53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence
54400	Penile Prosthesis Implantation - Insertion of penile prosthesis; non-inflatable (semi-rigid)
54401	Penile Prosthesis Implantation - Insertion of penile prosthesis; inflatable (self-contained)
54405	Penile Prosthesis Implantation - Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir
54406	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis
54408	Repair of components of a multi-component, inflatable penile prosthesis
54410	Penile Prosthesis Implantation - Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session
54411	Penile Prosthesis Implantation - Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
54415	Penile Prosthesis Implantation - Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis
54416	Penile Prosthesis Implantation - Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session
54417	Penile Prosthesis Implantation - Removal and replacement of a non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue

54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
54660	Insertion of testicular prosthesis
54690	Laparoscopy, surgical; orchiectomy
55180	Scrotoplasty; complicated
55873	Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)
55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance
55970	Intersex surgery; male to female
55980	Intersex surgery; female to male
56625	Vulvectomy, simple; complete
56805	Clitoroplasty for intersex state
57110	Vaginectomy, complete removal of vaginal wall
57111	Vaginectomy with removal of paravaginal tissue
57291	Construction of artificial vagina; without graft
57292	Construction of artificial vagina; with graft
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach
57296	Revision (including removal) of prosthetic vaginal graft; open abdominal approach
57335	Vaginoplasty for intersex state
61215	Implantable Infusion Pumps - Insertion of subcutaneous reservoir, pump or continuous infusion system for connection to ventricular catheter
61796	Stereotactic Radiosurgery (Particle beam, Gamma Ray or Linear Accelerator); Cyberknife; 1 simple cranial lesion
61797	Stereotactic Radiosurgery (Particle beam, Gamma Ray or Linear Accelerator); Cyberknife; each additional cranial lesion, simple
61798	Stereotactic Radiosurgery (Particle beam, Gamma Ray or Linear Accelerator); Cyberknife; 1 complex cranial lesion
61799	Stereotactic Radiosurgery (Particle beam, Gamma Ray or Linear Accelerator); Cyberknife; each additional cranial lesion, complex
61800	Stereotactic Radiosurgery - Application of stereotactic head frame
61863	Deep Brain Stimulation - Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperat
61864	Deep Brain Stimulation - Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; each additional array
61867	Deep Brain Stimulation - Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array

61868	Deep Brain Stimulation - Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; each additional array
61885	Deep Brain Stimulation - Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array
61886	Deep Brain Stimulation - Incision and subcutaneous placement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to two or more electrode arrays
62263	Percutaneous Lysis of Epidural Adhesions using Solution Injection or Mechanical means including Radiologic Localization, Multiple Adhesiolysis Sessions, 2 or more days
62264	Percutaneous Lysis of Epidural Adhesions using Solution Injection or Mechanical means including Radiologic Localization, Multiple Adhesiolysis Sessions, 1 day
62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method, single or multiple levels, lumbar
62350	Implantable Infusion Pumps - Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy
62351	Implantable Infusion Pumps - Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy
62355	Removal of previously implanted intrathecal or epidural catheter
62360	Implantable Infusion Pumps - Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir
62361	Implantable Infusion Pumps - Implantation or replacement of device for intrathecal or epidural drug infusion; non-programmable pump
62362	Implantable Infusion Pumps - Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming
62365	Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion
62380	Endoscopic decompression of the spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar
63001	Spinal surgery - Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical
63003	Spinal surgery - Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; thoracic
63005	Spinal surgery - Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis

63011	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), 1 or 2 vertebral segments; sacral
63012	Spinal surgery - Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)
63015	Spinal surgery - Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical
63016	Spinal surgery - Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; thoracic
63017	Spinal surgery - Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar
63020	Spinal surgery - Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, including open and endoscopically-assisted approaches; 1 interspace, cervical
63030	Spinal surgery - Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, including open and endoscopically-assisted approaches; 1 interspace, lumbar
*63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, lumbar. Note: A clinical review is required for this secondary procedure code only when requested with a lumbar spinal surgery. Prior authorization is not required for cervical or thoracic spinal surgeries related to this procedure code.
63040	Spinal surgery - Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical
63042	Spinal surgery - Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar
63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, cervicalreexploration, single interspace; each additional cervical interspace.
63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace.
63045	Spinal surgery - 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; cervical
63046	Spinal surgery - 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; thoracic
63047	Spinal surgery - 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

63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [e.g., spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar.
63050	Laminoplasty, cervical, with decompression of the spinal cord, two or more vertebral segments
63051	Laminoplasty, cervical, with decompression of the spinal cord, two or more vertebral segments; with reconstruction of the posterior bony elements
63052	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [e.g., spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure)
63053	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [e.g., spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional segment (List separately in addition to code for primary procedure)
63055	Spinal surgery - Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic
63056	Spinal surgery - Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)
63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (e.g., herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar.
63064	Costovertebral approach with decompression of spinal cord or nerve roots (e.g. herniated vertebral disc), thoracic; single segment
63066	Costovertebral approach with decompression of spinal cord or nerve roots (e.g. herniated vertebral disc), thoracic; each additional segment
63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root, including osteophytectomy; cervical, single interspace
63076	Discectomy, anterior, with decompression of spinal cord and/or nerve root, including osteophytectomy; cervical, each additional interspace
63077	Discectomy, anterior, with decompression of spinal cord and/or nerve root, including osteophytectomy; thoracic, single interspace
63078	Discectomy, anterior, with decompression of spinal cord and/or nerve root, including osteophytectomy; thoracic, each additional interspace
63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment
63082	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure)
63085	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment

63086	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, each additional segment
63087	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment
63088	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment
63090	Vertebral corpectomy (vertebral body resection), partial or complete; transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment
63091	Vertebral corpectomy (vertebral body resection), partial or complete; transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment
63101	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve roots (e.g. for tumor or retropulsed bone fragments); thoracic, single segment
63102	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve roots (e.g. for tumor or retropulsed bone fragments); lumbar, single segment
63103	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve roots (e.g. for tumor or retropulsed bone fragments); thoracic or lumbar, each additional segment
63170	Laminectomy with myelotomy (eg, Bischof or DREZ type), cervical, thoracic, or thoracolumbar
63172	Laminectomy with drainage of intramedullary cyst/syrinx; to subarachnoid space
63173	Laminectomy with drainage of intramedullary cyst/syrinx; to subarachnoid space to peritoneal or pleural space
63185	Laminectomy with rhizotomy; 1 or 2 segments
63190	Laminectomy with rhizotomy; more than 2 segments
63191	Laminectomy with section of spinal accessory nerve
63197	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 state; thoracic
63200	Laminectomy with release of tethered spinal cord, lumbar
63250	Laminectomy for excision or occulsion of arteriovenous malformation of spinal cord; cervical
63251	Laminectomy for excision or occulsion of arteriovenous malformation of spinal cord; thoracic
63252	Laminectomy for excision or occulsion of arteriovenous malformation of spinal cord; thoracolumbar
63265	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical
63266	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic
63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar
63268	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; sacral
63270	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical
63271	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; thoracic
63272	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar

63273	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; sacral
63275	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical
63276	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, thoracic
63277	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar
63278	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, sacral
63280	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, cervical
63281	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, thoracic
63282	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar
63283	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, sacral
63285	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, cervical
63286	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracic
63287	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar
63290	Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level
63295	Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure
63300	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical
63301	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach
63302	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach
63303	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, lumbar or sacral by transperitoneal or retroperitoneal approach
63304	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical
63305	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach
63306	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach
63307	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, lumbar or sacral by transperitoneal or retroperitoneal approach
63308	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; each additional segment
63610	Stereotactic stimulation of spinal cord, percutaneous, separate procedure not followed by other surgery
63620	Stereotactic Radiosurgery (Particle beam, Gamma Ray or Linear Accelerator); Cyberknife; 1 spinal lesion

63621	Stereotactic Radiosurgery (Particle beam, Gamma Ray or Linear Accelerator); Cyberknife; each additional spinal lesion
63650	Neurostimulator Implantation - Percutaneous implantation of neurostimulator electrode array, epidural
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural
63661	Removal of spinal neurostimulator electrode percutaneous array including fluoroscopy, when performed
63662	Removal of spinal neurostimulator electrode plate/paddle placed via laminotomy or laminectomy, including fluoroscopy, when performed
63663	Revision including replacement, when performed of spinal neurostimulator electrode percutaneous array including fluoroscopy, when performed
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle placed via laminotomy or laminectomy, including fluoroscopy, when performed
63685	Neurostimulator Implantation - Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling
63688	Neurostimulator Implantation - revision or removal of implanted spinal neurostimulator pulse generator or receiver
63700	Repair of meningocele; less than 5 cm diameter
63702	Repair of meningocele; larger than 5 cm diameter
63704	Repair of myelomeningocele; less than 5 cm diameter
63706	Repair of myelomeningocele; larger than 5 cm diameter
63707	Repair of dural/cerebrospinal fluid leak, not requiring laminectomy
63709	Repair of dural/cerebrospinal fluid leak or pseudomeningocele, with laminectomy
63710	Dural graft, spinal
63740	Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; including laminectomy
63741	Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; percutaneous, not requiring laminectomy
63744	Replacement, irrigation or revision of lumbosubarachnoid shunt
63746	Replacement of entire lumbosubarachnoid shunt system without replacement
64450	Injection, anesthetic agent, other peripheral nerve or branch
64454	Injection, anesthetic agent and/or steroid genicular nerve branches
64553	Neurostimulator Implantation - Percutaneous implantation of neurostimulator electrodes; cranial nerve
64555	Neurostimulator Implantation - Percutaneous implantation of neurostimulator electrodes; peripheral nerve (excludes sacral nerve)
64561	Neurostimulator Implantation - Percutaneous implantation of neurostimulator electrodes; sacral nerve (transforaminal placement) including image guidance, if performed
64565	Neurostimulator Implantation - Percutaneous implantation of neurostimulator electrodes; neuromuscular
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming
64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator

64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator
64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator
64575	Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
64580	Incision for implantation of neurostimulator electrode array; neuromuscular
64581	Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)
64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode array
64583	Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode array, including connection to existing pulse generator
64584	Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array
64585	Revision or removal of peripheral neurostimulator electrode array
64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling
64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver
64625	Radiofrequency ablation, sacroiliac nerves
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral
64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure)
64633	Destruction by neurolytic agent, cervical or thoracic facet joint nerves
64634	Destruction by neurolytic agent, cervical or thoracic facet joint nerves, additional levels
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT) lumbar or sacral, single facet joint
64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT) lumbar or sacral, each additional facet joint
64640	Destruction by neurolytic agent, other peripheral nerve or branch
64650	Chemodenervation of eccrine glands, both axillae
64716	Neuroplasty and/or transposition; cranial nerve
67345	Chemodenervation of extraocular muscle
67900	Blepharoplasty - repair of brow ptosis (supraciliary, mid-forehead or corneal approach)
67901	Blepharoplasty - repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)
67902	Blepharoplasty - repair of blepharoptosis; frontalis muscle technique with autologous facial sling (includes obtaining fascia)
67903	Blepharoplasty - repair of blepharoptosis; (tarso) levator resection or advancement, internal approach
67904	Blepharoplasty - repair of blepharoptosis; (tarso) levator resection or advancement, external approach
67906	Blepharoplasty - repair of blepharoptosis; superior rectus technique with facial sling (includes obtaining fascia)
67908	Blepharoplasty - repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)

67909	Reduction of overcorrection of ptosis
68841	*Not a Covered Service - Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal canaliculus, each
69300	Otoplasty, protruding ear, with or without size reduction
69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (balloon dilation), unilateral
69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (balloon dilation), bilateral
69710	Bone-Anchored Hearing Aid - Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone
69711	Bone-Anchored Hearing Aid - Removal or repair of electromagnetic bone conduction hearing device in temporal bone
69714	Bone-Anchored Hearing Aid - Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator without mastoidectomy
69716	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor
69717	Bone-Anchored Hearing Aid - Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator, without mastoidectomy
69719	Revision or replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor
69726	Removal, osseointegrated implant, skull; with percutaneous attachment to external speech processor
69727	Removal, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor
69930	Cochlear device implantation, with or without mastoidectomy
72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material
72142	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)
72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material
72147	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)
72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material
72149	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)
72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, folowed by contrast material(s) and further sequences; cervical
72157	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, folowed by contrast material(s) and further sequences; thoracic
72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, folowed by contrast material(s) and further sequences; lumbar
76498	Unlisted Magnetic Resonance Procedure
76499	Unlisted Diagnostic Radiographic Procedure
76513	Ophthalmic ultrasound, anterior segment, immersion (water bath) B-scan or high resolution biomicroscopy, unilateral or bilateral
77520	Proton Beam Therapy
77522	Proton Beam Therapy

77523	Proton Beam Therapy
77525	Proton Beam Therapy
*78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck) Note: Excludes PET scans for cancer diagnosis
*78812	Positron emission tomography (PET) imaging; skull base to mid-thigh Note: Excludes PET scans for cancer diagnosis
*78813	Positron emission tomography (PET) imaging; whole body Note: Excludes PET scans for cancer diagnosis
*78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck) Note: Excludes PET scans for cancer diagnosis
*78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh Note: Excludes PET scans for cancer diagnosis
*78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body Note: Excludes PET scans for cancer diagnosis
*78999	Unlisted miscellaneous procedure, diagnostic nuclear medicine Note: Excludes PET scans for cancer diagnosis
81161	Genetic testing for cancer susceptibility - DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed
81162	Genetic testing for cancer susceptibility - full sequence analysis and full duplication/deletion analysis
81163	BRCA1&2 Gene Full Seq Alys
81164	BRCA1&2 Gene Full Dup/Del Alys
81165	BRCA1 Gene Full Seq Alys
81166	BRCA1 Gene Full Dup/Del Alys
81167	BRCA2 Gene Full Dup/Del Alys
81168	CCND1/IGH translocation analysis
81170	Genetic testing for cancer susceptibility - ABL1 (ABL, proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain
81171	AFF2 Gene Detc Abnor Alleles
81172	Aff2 Gene Charac Alleles
81173	AR Gene Full Gene Sequence
81174	AR Gene Known Famil Variant
81177	ATN1 Gene Detc Abnor Alleles
81178	ATXN1 Gene Detc Abnor Allele
81179	ATXN2 Gene Detc Abnor Allele
81180	ATXN3 Gene Detc Abnor Allele
81181	ATXN1 Gene Detc Abnor Allele
81182	ATXN8OS Gene Detc Abnor Allel
81183	ATXN10 Gene Detc Abnor Allel

81184	CACNA1A Gene Detc Abnor Allel
81185	CACNA1A Gene Full Gene Seq
81186	CACNA1A Gen Known Famil Vrant
81187	CNBP Gene Detc Abnor Allele
81188	CSTB Gene Detc Abnor Allele
81189	CSTB Gene Full Gene Sequence
81190	CSTB Gene Known Famil Vrant
81191	NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis
81192	NTRK2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis
81193	NTRK3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis
81194	NTRK (neurotrophic receptor tyrosine kinase 1, 2, 3) (eg, solid tumors) translocation analysis
81200	ASPA(aspartoacylase) (eg, Canavan disease) gene analysis, common variants
81201	Genetic testing for cancer susceptibility - APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence
81202	Genetic testing for cancer susceptibility - APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants
81203	Genetic testing for cancer susceptibility - APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants
81204	AR Gene Charac Alleles
81205	Genetic testing for cancer susceptibility - BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, maple syrup urine disease) gene analysis, common variants (eg, R183P, G278S, E422X)
81206	Genetic testing for cancer susceptibility - BCR/ABL1 (t(9:22)) (eg, chronic myelogenous leukemia) translocation analysis, major breakpoint, qualitative or quantitative
81207	Genetic testing for cancer susceptibility - BCR/ABL1 (t(9:22)) (eg, chronic myelogenous leukemia) translocation analysis, minor breakpoint, qualitative or quantitative
81208	Genetic testing for cancer susceptibility - BCR/ABL1 (t(9:22)) (eg, chronic myelogenous leukemia) translocation analysis, other breakpoint, qualitative or quantitative
81209	Genetic testing for cancer susceptibility - BLM (Bloom syndrom, RecQ helicase-like) (eg, Bloom syndrome) gene analysis, 2281del6ins7 variant
81210	Genetic testing for cancer susceptibility - BRAF (v-raf murine sarcoma viral oncogene homolog B1) (eg, colon cancer), gene analysis, V600E variant
81212	Genetic testing for cancer susceptibility - BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis

81215	Genetic testing for cancer susceptibility - BRCA1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant
81216	Genetic testing for cancer susceptibility - BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis
81217	Genetic testing for cancer susceptibility - BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant
81218	Genetic testing for cancer susceptibility - CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia, gene analysis, full gene sequence)
81219	Genetic testing for cancer susceptibility - CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9
81225	Genetic testing for cancer susceptibility - CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants
81226	Genetic testing for cancer susceptibility - CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants
81227	Genetic testing for cancer susceptibility - CYP2C6 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants
81228	Genetic testing for cancer susceptibility - Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of geneomic regions for copy number variants (eg, bacterial artificial chromosome [BAC] or oligo-based comparative genomic hybridization [CGH] microarray analysis)
81229	Genetic testing for cancer susceptibility - Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of geneomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities
81233	BTK Gene Common Variants
81234	DMPK Gene Detc Abnor Allele
81235	Genetic testing for cancer susceptibility - EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants
81236	EZH2 Gene Fulle Gene Sequence
81237	EZH2 Gene Common Variants
81239	DMPK Gene Charac Alleles
81240	Genetic testing for cancer susceptibility - F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant
81241	Genetic testing for cancer susceptibility - F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leident variant
81242	Genetic testing for cancer susceptibility - FANCC (Fanconi anemia, complementation group C) (eg, Fancon anemia, type C) gene analysis, common variant

81243	Genetic testing for cancer susceptibility - FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis, evaluation to detect abnormal (eg, expanded) alleles
81244	Genetic testing for cancer susceptibility - FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis, characterization of alleles
81245	Genetic testing for cancer susceptibility - FLT3 (fms-related tyrosine kinase 3) (eg, acute meloid leukemia), gene analysis; internal tandem duplication (ITD) variants
81246	Genetic testing for cancer susceptibility - FLT3 (fms-related tyrosine kinase 3) (eg, acute meloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants
81250	Genetic testing for cancer susceptibility - G6PC (glucose 6-phosphatase, catalytic subunit) (eg, Glycogen storage disease, type 1a, von Gierke disease) gene analysis, common variants
81251	Genetic testing for cancer susceptibility - GBA (glucosidas, beta, acid) (eg, Gaucher disease) gene analysis , common variants
81252	Genetic testing for cancer susceptibility - GJB2 (gap junction protein, beta 2, 26kDa, connexin26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence
81253	Genetic testing for cancer susceptibility - GJB2 (gap junction protein, beta 2, 26kDa, connexin26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants
81254	Genetic testing for cancer susceptibility - GJB2 (gap junction protein, beta 6, 30kDa, connexin30) (eg, nonsyndromic hearing loss) gene analysis; common variants
81255	Genetic testing for cancer susceptibility - HEXA (hexosaminidase a [alpha polypeptide]) (eg, Tay-Sachs disease) gene analysis, common variants
81256	Genetic testing for cancer susceptibility - HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants
81257	Genetic testing for cancer susceptibility - HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, HbBart hydrops fetalis syndrome, HbH disease, gene analysis, for common deletions or variant
81260	Genetic testing for cancer susceptibility - IKBKAP (inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase complex-associated protein
81261	Genetic testing for cancer susceptibility - IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology
81262	Genetic testing for cancer susceptibility - IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology
81263	Genetic testing for cancer susceptibility - IGH@ (Immunoglobulin heavy chain locus)(eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis
81264	Genetic testing for cancer susceptibility - IGK@ (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluatin to detect abnormal clonal population(s)

81265	Genetic testing for cancer susceptibility - Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other permline tissue sample] and donor testing, twin zygosity testing, or maternal cell contamination of fetal cells)
81266	Genetic testing for cancer susceptibility - each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (List separately in addition to code for primary procedure)
81267	Genetic testing for cancer susceptibility - Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection
81268	Genetic testing for cancer susceptibility - Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; with cell selection, each cell type
81270	Genetic testing for cancer susceptibility - JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant
81271	HTT Gene Detc Abno Alleles
81272	Genetic testing for cancer susceptibility - KIT (v-kit-Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [GIST], acute myeloid leukemia, melanoma), gene analysis, targeted sequence analysis (eg, exons 8, 11, 13, 17, 18)
81273	Genetic testing for cancer susceptibility - KIT (v-kit-Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, D816 variants(s)
81274	HTT Gene Charac Alleles
81275	Genetic testing for cancer susceptibility - KRAS (Kirsten rat sarcoma viral oncogene) (eg, carcinoma) gene analysis, variants in exon 2 (e.g.codons 12 and 13)
81276	Genetic testing for cancer susceptibility - KRAS (Kirsten rat sarcoma viral oncogene) (eg, carcinoma) gene analysis, variants in exon 2 (e.g. codons 12 and 13), additional variant(s) (eg,codon 61, codon 146)
81278	IGH@/BCL2 translocation analysis
81279	JAK2 (myeloproliferative disorder) targeted sequence analysis
81284	FXN Gene Detc Abnor Alleles
81285	FXN Gene Charac Alleles
81286	FXN Gene Full Gene Sequence
81287	Genetic testing for cancer susceptibility - MGMT (0-6 methylguanine-DNA methyltransferase, (eg, glioblastoma multiforme), methylation analysis
81288	Genetic testing for cancer susceptibility - MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis, promoter methylatin analysis
81289	FXN Gene Known Famil Variant
81290	Genetic testing for cancer susceptibility - MCOLN1 (mucolipin 1) (eg, Mucolipidosis, type IV) gene analysis, common variants

81291	Genetic testing for cancer susceptibility - MTHFR (5, 10-methylenetetrahydrofolate reductase) (eg, heredity hypercoagulability) gene analysis, common variants
81292	Genetic testing for cancer susceptibility - MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis
81293	Genetic testing for cancer susceptibility - MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants
81294	Genetic testing for cancer susceptibility - MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non - polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants
81295	Genetic testing for cancer susceptibility - MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis
81296	Genetic testing for cancer susceptibility - MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants
81297	Genetic testing for cancer susceptibility - MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants
81298	Genetic testing for cancer susceptibility - MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis
81299	Genetic testing for cancer susceptibility - MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants
81300	Genetic testing for cancer susceptibility - MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants
81301	Genetic testing for cancer susceptibility - Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency, includes comparison of neoplastic and normal tissue, if performed
81302	Genetic testing for cancer susceptibility - MECP2 (methyl CpG binding protein 2) (eg, Rett syndrom) gene analysis; full sequence analysis
81303	Genetic testing for cancer susceptibility - MECP2 (methyl CpG binding protein 2) (eg, Rett syndrom) gene analysis; known familial variant
81304	Genetic testing for cancer susceptibility - MECP2 (methyl CpG binding protein 2) (eg, Rett syndrom) gene analysis; duplication/deletion variants
81305	MYD88 Gene P.Leu265Pro Vrant
81306	NUDT15 Gene Common Variants
81310	Genetic testing for cancer susceptibility - NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants
81311	Genetic testing for cancer susceptibility - NRAS (neuroblastoma RAS viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 and 13) and exon 3 (eg, codon 61)
81312	PABPN1 Gene Detc Abnor Allel

81313	Genetic testing for cancer susceptibility - PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidas 3 [prostate specific antigen]) ratio
81314	Genetic testing for cancer susceptibility - PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)
81315	Genetic testing for cancer susceptibility - PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative
81316	Genetic testing for cancer susceptibility - PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative
81317	Genetic testing for cancer susceptibility - PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis
81318	Genetic testing for cancer susceptibility - PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants
81319	Genetic testing for cancer susceptibility - PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants
81320	PLCG2 Gene Common Variants
81321	Genetic Testing for PTEN Hamartoma Tumor Syndrome - PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis
81322	Genetic Testing for PTEN Hamartoma Tumor Syndrome - PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant
81323	Genetic Testing for PTEN Hamartoma Tumor Syndrome - PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant]
81324	Genetic Testing for Inherited Peripheral Neuropathies - PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis
81325	Genetic Testing for Inherited Peripheral Neuropathies - PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis
81326	Genetic Testing for Inherited Peripheral Neuropathies - PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant
81327	SEPT9 (Septin9) (eg colorectal cancer) methylation analysis
81329	SMN1 Gene DOX/Deletion Alys
81330	SMPD1 (sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, Niemann-Pick disease, Type) gene analysis, common variants
81331	SNPRN/UBE3A, (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis
81332	SERPINA1 (serpin peptidas inhibitor, clade A, alpha-1 anti proteinase, antitrypsin, member 1) (eg, alpha01-antitrypsin deficiency), gene analysis, common variants

81333	TGFBI Gene Common Variants
81336	SMN1 Gene Full Gene Sequence
81337	SMN1 Gene Known Famil Seq Vrn
81338	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg myeloproliferative disorder) gene analysis, common variants
81339	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg myeloproliferative disorder) sequence analysis exon 10
81340	TRB@ (Tcell antigen receptor, beta) (eg, leukemia and lymphoma, gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction)
81341	TRB@ (Tcell antigen receptor, beta) (eg, leukemia and lymphoma, gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, Southern blot)
81342	TRB@ (Tcell antigen receptor, gamma) (eg, leukemia and lymphoma) gene rearrangement analysis, evaluation to detect abnormal clonal population(s)
81343	PPP2R2B Gene Detc Abnor Allel
81344	TBP Gene Detc Abnor Alleles
81345	Tert Gene Targeted Seq Alys
81347	SF3B1 (splicing factor 3b subunit B1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants
81348	SRF2 (serine and arginine rich splicing factor 2) (eg. Myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants
81349	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-of-heterozygosity variants, low-pass sequencing analysis
*81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, irinotecan metabolism), gene analysis, common variants
81351	TP53 (tumor protein 53) (eg Li-Fraumeni syndrome) gene analysis, full gene sequence
81352	TP53 (tumor protein 53) (eg Li-Fraumeni syndrome) targeted sequence analysis
81353	TP53 (tumor protein 53) (eg Li-Fraumeni syndrome) known familial variant
81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism); gene analysis, common variants
81357	U2AF1 (U2 small nuclear RNA auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants
81360	ZRSR2 (zinc finger CCCH-type, RNA binding motif and serine/arginine-rich 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants
81401	Molecular pathology procedure, Level 2
81402	Genetic Testing for Inherited Peripheral Neuropathies - Molecular pathology procedure, Level 3
81403	Genetic Testing for Inherited Peripheral Neuropathies - Molecular pathology procedure, Level 4
81404	Genetic Testing for Inherited Peripheral Neuropathies - Molecular pathology procedure, Level 5
81405	Genetic Testing for Inherited Peripheral Neuropathies - Molecular pathology procedure, Level 6
81406	Genetic Testing for Inherited Peripheral Neuropathies - Molecular pathology procedure, Level 7

81407	Genetic Testing for Inherited Peripheral Neuropathies - Molecular pathology procedure, Level 8
81408	Genetic Testing for Inherited Peripheral Neuropathies - Molecular pathology procedure, Level 9
81410	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrom type IV, areterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes including FBN1, TGRBR1, TGRBR2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, AND MYLK
81411	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrom type IV, areterial tortuosity syndrome); duplication/deletion analysis panel, must include analyses for TGFBR1, TGFBR2, MYH11, AND COL3A1
81412	Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLNI, and SMPD1
81413	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, AND SCN5A
81414	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, AND SCN5A, duplication/deletion gene analysis panel, must include analysis of at least 2 genes, including KCNH2 and KCNQ1
81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis
81416	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parent siblings)
81417	Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome)
81419	Epilepsy genomic sequence analysis panel, must include analyses for 24 specific genes (see CPT book)
81425	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis
81426	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings)
81427	Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence
81430	Hearing loss (eg, nonsyndromic hearing loss Usher syndrome, Pendred syndrome) ; genomic sequence analysis panel, must include sequencing of at least 60 genes, including CDH23, CLRN1, GJB2, GPR98, MTRNR1, MYO71, MYO15A, PCDH15, OTOF, SLC26A4, TMC1, TMPRSS3, USH1C, USH1G, USH2A, AND WFS1
81431	Hearing loss (eg, nonsyndromic hearing loss Usher syndrome, Pendred syndrome) ; duplication/deletion analysis panel, must include copy number analyses for STRC and DFNB1 deletions in GJB2 and GJB6 genes

81432	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 14 genes, including ATM, BRACA1, BRACA2, BRIP1, CDH1, MLH1, MSH2, MSH6, NBN, PALB2, PTEN, RAD51C, STK11, AND TP53
81433	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, BRACA1, BRACA2, BRIP1, CDH1, MLH1, MSH2, MSH6, NBN, PALB2, PTEN, RAD51C, STK11, AND TP53, duplication/deletion analysis panel, must include analyses for BRCA1, BRCA2, MLH1, MSH2, and STK11
81434	Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 15 genes, including ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RHO, RP1, RP2, RPE65, RPGR, and USH2A
81435	Hereditary colon cancer syndromes (eg, lynch syndrome, familial adenomatosis polyposis); genomic sequence analysis panel, must include analysis of at least 7 genes, including APC, CHEK2, MLH1, MSH2, MSH6, MUTYH, AND PMS2
81436	Hereditary colon cancer syndromes (eg, lynch syndrome, familial adenomatosis polyposis); duplication/deletion gene analysis panel, must include analysis of at least 8 genes, including APC, MLH1, MSH2, MSH6, PMS2, EPCAM, CHEK2, AND MUTHY
81437	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); genomic sequence analysis panel), must include sequencing of at least 6 genes, including MAS, SDHB, SDHC, SDHD, TMEM127, and VHL.
81438	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); duplication/deletion analysis panel, must include analyses for SDHB, SDHC, SDHD, and VHL.
81439	Inherited cardiomyopathy (eg hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy) genomic sequence panel, must include sequencing of at least 5 genes, including DSG2, MYBPC3, MYH7, PKP2 and TTN
81440	Molecular pathology procedure, Level 1
81440	Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, COQ2, COX10, DGUOK, MPV17, OPA1, PDSS2, and POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, SUCLA2, SUCLG1, TAZ, TK2, and TYMP
81442	Noonan spectrum disorders (eg, Noonan syndrom, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, must include sequencing of at least 12 genes, including BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2, and SOS1
81443	Genetic Tstg Severe INH Cond
81445	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA analysis, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, NRAS, MET, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangement, if performed

81450	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, DNA and RNA analysis when performed, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KRAS, KIT, MLL, NRAS, NPM1, NOTCH1), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed
81455	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm, DNA and RNA analysis when performed, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NPM1, NRAS, MET, NOTCH1, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants, and copy number variants or rearrangements, if performed
81460	Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [MERFF], neuropathy, ataxia, and retinitis pigmentosa [NARP], Leber hereditary optic neuropathy [LHON]), genomic sequence, must include sequence analysis of entire mitochondrial genome with heteroplasmy detection
81465	Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed
81470	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); genomic sequence analysis panel must include sequencing of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, AND SLC16A2
81471	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); duplication/deletion gene analysis, must include analysis of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, AND SLC16A2
81479	Unlisted molecular pathology procedure
81490	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score (Do not report 81490 in conjunction with 86140)
81493	Coronary artery disease, mRNA, gene expression profiling by real-time RT-PCR of 23 genes, utilizing whole peripheral blood, algorithm reported as a risk score
81500	Oncology (ovarian), biochemical assays of two proteins (CA-125 AND HE4), utilizing serum, with menopausal status, algorithm reported as a risk score
81503	Oncology (ovarian), biochemical assays of five proteins (CA-125, apolipoprotein A1, beta-2 microglobulin, transferrin, and pre-albumin), utilizing serum, algorithm reported as a risk score
81504	Oncology (tissue of origin) microarray gene expression profiling of >2000 genes
81506	Endocrinology (type 2 diabetes), biochemical assays of seven analytes (glucose, HbA1c, insulin, hs-CRP, adiponectin, ferritin, interleukin 2-receptor alpha), utilizing serum or plasma, algorithm reporting a risk score
81523	Oncology (breast), mRNA, next-generation sequencing gene expression profiling of 70 content genes and 31 housekeeping genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk to distant metastasis
81525	Oncology (colon) mRNA, gene expression profiling

81529	Oncology (cutaneous melanoma) mRNA, gene expression profiling
81539	Oncology (high-grade prostate cancer), biochemical assay of four proteins (Total PSA, Free PSA, Intact PSA, and human kallikrein-2 [hK2j]), utilizing plasma or serum, prognostic algorithm reported as a probability score
81540	Oncology (tumor of unknown origin), mRNA, gene expression profiling
81552	Oncology (uveal melanoma), mRNA, gene expression profiling
81554	Pulmonary disease (idiopathic pulmonary fibrosis) mRNA, gene expression analysis of 190 genes
81599	Unlisted multianalyte assay with algorithmic analysis [when specified as testing for thyroid molecular markers]
90750	Zoster (shingles) vaccine (HZV), recombinant, subunit, adjuvanted, for intramuscular use. (Note: Coverage limited to those 19 years of age or older)
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management
90958	End-stage renal disease (ESRD) related services monthly for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month
91010	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report;
91013	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report; with stimulation or perfusion (eg, stimulant, acid or alkali perfusion)
91020	Gastric motility (manometric) studies
91022	Duodenal motility (manometric) study
91035	pH electrode probe placement
92521	Evaluation of speech fluency e.g. stuttering
92524	Behavioral and qualitative analysis of voice and resonance
92601	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming
92602	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; subsequent reprogramming
92603	Diagnostic analysis of cochlear implant, age 7 years or older; with programming
92604	Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming
92606	Therapeutic services(s) for the use of non-speech generating device, including programming and modification
95803	Sleep study/Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)
95965	Magnetoencephalography (MEG)
95966	Magnetoencephalography (MEG)

95967	Magnetoencephalography (MEG)
96567	Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions of the skin and adjacent musosa (eg, lip) by activation of photosensitive drugs(s), each phototherapy exposure session
96570	Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drugs(s); first 30 minutes (List separately in addition to code for endoscopy of bronchoscopy procedures of lung and gastrointestinal tract)
96571	Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drugs(s); each additional 15 minutes (List separately in addition to code for endoscopy of bronchoscopy procedures of lung and gastrointestinal tract)
96900	Actinotherapy (ultraviolet light)
96902	Microscopic examination of hairs plucked or clipped by the examiner (excluding hair collected by the patient) to determine telogen and anagen counts, or structural hair shaft abnormality
96904	Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma
96910	Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B
96912	Photochemotherapy; psoralens and ultraviolet A (PUVA)
96913	Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressing)
96920	Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm
96921	Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm
96922	Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm
96999	Unlisted special dermatological service or procedure
0000U	Unless specifically listed below as noncovered, a prior authorization is required
0047U	Prostate cancer genetic expression profiling
0285U	Oncology, response to radiation, cell-free DNA, quantitative branched chain DNA amplication, plasma, reported as a radiation toxicity score
0286U	CEP72 (centrosomal protein, 72-KDa), NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants
0287U	Oncology (thyroid), DNA and mRNA, next- generation sequencing analysis of 112 genes, fine needle aspirate or formalin- fixed paraffin-embedded (FFPE) tissue, algorithmic prediction of cancer recurrence, reported as a categorical risk result (low, intermediate, high)
0288U	Oncology (lung), mRNA, quantitative PCR analysis of 11 genes (BAG1, BRCA1, CDC6, CDK2AP1, ERBB3, FUT3, IL11, LCK, RND3, SH3BGR, WNT3A) and 3 reference genes (ESD, TBP, YAP1), formalin-fixed paraffin-embedded (FFPE) tumor tissue, algorithmic interpretation reported as a recurrence risk score
0289U	Neurology (Alzheimer disease), mRNA, gene expression profiling by RNA sequencing of 24 genes, whole blood, algorithm reported as predictive risk score

0290U	Pain management, mRNA, gene expression profiling by RNA sequencing of 36 genes, whole blood, algorithm reported as predictive risk score
0291U	Psychiatry (mood disorders), mRNA, gene expression profiling by RNA sequencing of 144 genes, whole blood, algorithm reported as predictive risk score
0292U	Psychiatry (stress disorders), mRNA, gene expression profiling by RNA sequencing of 72 genes, whole blood, algorithm reported as predictive risk score
0293U	Psychiatry (suicidal ideation), mRNA, gene expression profiling by RNA sequencing of 54 genes, whole blood, algorithm reported as predictive risk score
0294U	Longevity and mortality risk, mRNA, gene expression profiling by RNA sequencing of 18 genes, whole blood, algorithm reported as predictive risk score
0295U	Oncology (breast ductal carcinoma in situ), protein expression profiling by immunohistochemistry of 7 proteins (COX2, FOXA1, HER2, Ki-67, p16, PR, SIAH2), with 4 clinicopathologic factors
0296U	Oncology (oral and/or oropharyngeal cancer), gene expression profiling by RNA sequencing at least 20 molecular features (eg, human and/or microbial mRNA), saliva, algorithm reported as positive or negative for signature associated with malignancy
0297U	Oncology (pan tumor), whole genome sequencing of paired malignant and normal DNA specimens, fresh or formalin- fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and variant identification
0298U	Oncology (pan tumor), whole transcriptome sequencing of paired malignant and normal RNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and expression level and chimeric transcript identification
0299U	Oncology (pan tumor), whole genome optical genome mapping of paired malignant and normal DNA specimens, fresh frozen tissue, blood, or bone marrow, comparative structural variant identification
0301U	Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR);
0302U	Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR); following liquid enrichment
0303U	Hematology, red blood cell (RBC) adhesion to endothelial/subendothelial adhesion molecules, functional assessment, whole blood, with algorithmic analysis and result reported as an RBC adhesion index; hypoxic
0304U	Hematology, red blood cell (RBC) adhesion to endothelial/subendothelial adhesion molecules, functional assessment, whole blood, with algorithmic analysis and result reported as an RBC adhesion index; normoxic
0305U	Hematology, red blood cell (RBC) functionality and deformity as a function of shear stress, whole blood, reported as a maximum elongation index
0054T	Not covered - Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images
0055T	Not covered - Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on CT/MRI images
0095T	Artificial Intervertebral Discs - Removal of total disc arthroplasty, anterior approach cervical; each additional interspace
0098T	Artificial Intervertebral Discs - Revision of total disc arthroplasty, anterior approach cervical; each additional interspace

0101T	Extracorporeal shock wave therapy (Orthotripsy)
0102T	Extracorporeal shock wave therapy (Orthotripsy)
0163T	Artificial Intervertebral Discs - total disc arthroplasty, anterior approach, including discectomy to prepare interspace (other than for decompression); lumbar, each additional interspace
0164T	Artificial Intervertebral Discs - Removal of total disc arthroplasty, anterior approach, lumbar, each additional interspace
0165T	Artificial Intervertebral Discs - Revision of total disc arthroplasty, anterior approach, lumbar, each additional interspace
0171T	Insertion of posterior spinous process distraction device, lumbar; single level
0172T	Insertion of posterior spinous process distraction device, lumbar; each additional level
0200T	Percutaneous sacral augmentation (sacroplasty) unilateral injection, including the use of a balloon or mechanical device, 1 or more needles
0201T	Percutaneous sacral augmentation (sacroplasty) unilateral injection, including the use of a balloon or mechanical device, 2 or more needles
0202T	Implanted Devices for Spinal Stenosis - Posterior vertebral joint(s) arthroplasty (e.g., facet joint[s] replacement) including facetectomy, laminectomy, foraminotomy and vertebral column fixation, with or without injection of bone cement, including fluoroscopy, single level, lumbar spine
0219T	Spinal surgery - Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical
0220T	Spinal surgery - Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic
0221T	Spinal surgery - Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar
0222T	Spinal surgery - Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional vertebral segment
0274T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT) with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; cervical or thoracic
0275T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT) with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; lumbar
0282T	Percutaneous or open implantation of neurostimulator electrode array(s), subcutaneous (peripheral subcutaneous field stimulation), including imaging guidance, when performed, cervical, thoracic or lumbar; for trial, including removal at the conclusion of trial period
0283T	Percutaneous or open implantation of neurostimulator electrode array(s), subcutaneous (peripheral subcutaneous field stimulation), including imaging guidance, when performed, cervical, thoracic or lumbar; permanent, with implantation of a pulse generator

0284T	Revision or removal of pulse generator or electrodes, including imaging guidance, when performed, including addition of new electrodes, when performed
0285T	Electronic analysis of implanted peripheral subcutaneous field stimulation pulse generator, with reprogramming when performed
0309T	Spinal Fusion - Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft, when performed, lumbar, L4 -L5 interspace
0312T	Vagus nerve blocking therapy (morbid obesity); laparoscopic, implantation or neurostimulator electrode array, anterior and posterior vagal trunks adjacent to esophagogastric junction (EGJ), with implantation of pulse generator, includes programming
0313T	Vagus nerve blocking therapy (morbid obesity); laparoscopic revision or replacement of vagal trunk neurostimulator electrode array, including connection to existing pulse generator
0314T	Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator electrode array and pulse generator
0315T	Vagus nerve blocking therapy (morbid obesity); removal of pulse generator
0316T	Vagus nerve blocking therapy (morbid obesity); replacement of pulse generator
0317T	Vagus nerve blocking therapy (morbid obesity); neurostimulator pulse generator electronic analysis, includes reprogramming when performed
0331T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment
0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT
0335T	Subtalar Joint Implantation - Extra-osseous subtalar joint implant for talotarsal stabilization
0342T	Therapeutic apheresis with selective HDL delipidation and plasma reinfusion
0594T	Osteotomy, humerus, with insertion of an externally controlled intramedullary device, including intraoperative imaging, ...
0596T	Temporary female intraurethral valve-pump (voiding prosthesis) initial insertion
0597T	Temporary female intraurethral valve-pump (voiding prosthesis) replacement
0600T	Ablation, irreversible electroporation, 1 or more tumors per organ, including imaging guidance, percutaneous
0601T	Ablation, irreversible electroporation, 1 or more tumors per organ, including imaging guidance, open
0602T	Glomerular filtration rate (GFR) monitoring, transdermal, including sensor placement and administration of a single dose of fluorescent pyrazine agent
0603T	Glomerular filtration rate (GFR) monitoring, transdermal, including sensor placement and administration of more than one dose of fluorescent pyrazine agent
0607T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, etc, set-up and patient education
0608T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, etc, analysis of data

0613T	Percutaneous transcatheter implantation of interatrial septal shunt device, including right and left heart cath, intracardiac echo and imaging guidance (Corvia for CHF)
0615T	Eye-movement analysis without spatial calibration, with interpretation and report (EyeBOX exam for concussions)
0616T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris...without insertion of intraocular lens
0617T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris...with insertion of intraocular lens
0618T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris...with intraocular lens exchange
0627T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection with fluoro, lumbar 1st level eg. DiscGenics
0628T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection with fluoro, lumbar additional level eg. DiscGenics
0629T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection with CT, lumbar 1st level eg. DiscGenics
0630T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection with CT, lumbar additional level eg. DiscGenics
0631T	Transcutaneous visible light hyperspectral imaging measurement of oxyhemoglobin, deoxyhemoglobin, and tissue oxygenation
0632T	Percutaneous transcatheter ultrasound ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography and imaging guidance
0639T	Wireless skin sensor thermal anisotropy measurement and assessment of flow in cerebrospinal fluid shunt, including ultrasound guidance
0672T	*Not a Covered Service - Endovaginal cryogen-cooled, monopolar radiofrequency remodeling of the tissues surrounding the female bladder neck and proximal urethra for urinary incontinence
0674T	*Not a Covered Service, Experimental - Laparoscopic insertion of new or replacement of permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including an implantable pulse generator and diaphragmatic lead(s)
0675T	*Not a Covered Service, Experimental - Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first lead
0676T	*Not a Covered Service, Experimental - Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; each additional lead (List separately in addition to code for primary procedure)
0677T	*Not a Covered Service, Experimental - Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first repositioned lead

0678T	*Not a Covered Service, Experimental - Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; each additional repositioned lead (List separately in addition to code for primary procedure)
0679T	*Not a Covered Service, Experimental - Laparoscopic removal of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function
0680T	*Not a Covered Service, Experimental - Insertion or replacement of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing lead(s)
0681T	*Not a Covered Service, Experimental - Relocation of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing dual leads
0682T	*Not a Covered Service, Experimental - Removal of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function
0683T	*Not a Covered Service, Experimental - Programming device evaluation (in-person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function
0684T	*Not a Covered Service, Experimental - Peri-procedural device evaluation (in-person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review, and report by a physician or other qualified health care professional, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function
0685T	*Not a Covered Service, Experimental - Interrogation device evaluation (in-person) with analysis, review and report by a physician or other qualified health care professional, including connection, recording and disconnection per patient encounter, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function
0686T	*Not a Covered Service, Experimental - Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant hepatocellular tissue, including image guidance
0687T	*Not a Covered Benefit, Exclusion #23 - Treatment of amblyopia using an online digital program; device supply, educational set-up, and initial session
0688T	*Not a Covered Benefit, Exclusion #23 - Treatment of amblyopia using an online digital program; assessment of patient performance and program data by physician or other qualified health care professional, with report, per calendar month
0689T	Not a Covered Service, Experimental Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained without diagnostic ultrasound examination of the same anatomy (eg, organ, gland, tissue, target structure)
0690T	Not a Covered Service, Experimental Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained with diagnostic ultrasound examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure)
0691T	Not a Covered Service, Experimental Automated analysis of an existing computed tomography study for vertebral fracture(s), including assessment of bone density when performed, data preparation, interpretation, and report
0692T	Not a Covered Service, Experimental Therapeutic ultrafiltration/Aquapheresis (remove extra fluid)

0693T	Not a Covered Service, Experimental Comprehensive full body computer-based markerless 3D kinematic and kinetic motion analysis and report
0694T	Not a Covered Service, Experimental 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
0695T	Not a Covered Service, Experimental Body surface-activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) to optimize electrical synchrony, cardiac resynchronization therapy device, including connection, recording, disconnection, review, and report; at time of implant or replacement
0696T	Not a Covered Service, Experimental Body surface-activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) to optimize electrical synchrony, cardiac resynchronization therapy device, including connection, recording, disconnection, review, and report; at time of follow-up interrogation or programming device evaluation
0697T	Not a Covered Service, Experimental Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; multiple organs
0698T	Not a Covered Service, Experimental Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); multiple organs (List separately in addition to code for primary procedure)
0699T	Not a Covered Service, Experimental Injection, posterior chamber of eye, medication
0700T	Not a Covered Service, Experimental Molecular fluorescent imaging of suspicious nevus; first lesion
0701T	Not a Covered Service, Experimental Molecular fluorescent imaging of suspicious nevus; each additional lesion (List separately in addition to code for primary procedure)
0702T	Not a Covered Service, Experimental Remote therapeutic monitoring of a standardized online digital cognitive behavioral therapy program ordered by a physician or other qualified health care professional; supply and technical support, per 30 days
0703T	Not a Covered Service, Experimental Remote therapeutic monitoring of a standardized online digital cognitive behavioral therapy program ordered by a physician or other qualified health care professional; management services by physician or other qualified health care professional, per calendar month
0704T	Not a Covered Benefit, Exclusion #23 Remote treatment of amblyopia using an eye tracking device; device supply with initial set-up and patient education on use of equipment
0705T	Not a Covered Benefit, Exclusion #23 Remote treatment of amblyopia using an eye tracking device; surveillance center technical support including data transmission with analysis, with a minimum of 18 training hours, each 30 days
0706T	Not a Covered Benefit, #23 Remote treatment of amblyopia using an eye tracking device; interpretation and report by physician or other qualified health care professional, per calendar month
0707T	Injection(s), bone-substitute material (eg, calcium phosphate) into subchondral bone defect (ie, bone marrow lesion, bone bruise, stress injury, microtrabecular fracture), including imaging guidance and arthroscopic assistance for joint visualization

0708T	Not a Covered Service, Experimental Intradermal cancer immunotherapy; preparation and initial injection
0709T	Not a Covered Service, Experimental Intradermal cancer immunotherapy; each additional injection (List separately in addition to code for primary procedure)
0710T	Not a Covered Service, Experimental 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
0711T	Not a Covered Service, Experimental Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission
0712T	Not a Covered Service, Experimental 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
0713T	Not a Covered Service, Experimental Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation and report
A0380	BLS mileage (per mile) – non-emergency transport
A0390	ALS mileage (per mile) – non-emergency transport
A0425	Ground ambulance mileage, per statute mile – non-emergency transport
A0426	Ambulance service, advanced life support, non-emergency transport, Level 1 (ALS1)
A0428	Ambulance service, basic life support, non-emergency transport (BLS)
A0430	Ambulance service, conventional air services, non-emergency transport, one way (fixed wing)
A0431	Ambulance service, conventional air services, non-emergency transport, one way (rotary wing)
A0435	Ambulance service - Fixed wing air mileage, per statute mile - non-emergency transport
A0436	Ambulance service - Rotary wing air mileage, per statute mile - non-emergency transport
A0999	Ambulance service - Unlisted [when specified as ambulance service, water transport] - non-emergency transport
A2001	Not a Covered Service, Experimental Innovamatrix ac, per square centimeter
A2002	Not a Covered Service, Experimental Mirragen advanced wound matrix, per square centimeter
A2004	Not a Covered Service, Experimental Xcellistem, per square centimeter
A2005	Not a Covered Service, Experimental Microlyte matrix, per square centimeter
A2006	Not a Covered Service, Experimental Novosorb synpath dermal matrix, per square centimeter
A2007	Not a Covered Service, Experimental Restrata, per square centimeter
A2008	Not a Covered Service, Experimental Theragenesis, per square centimeter
A2009	Not a Covered Service, Experimental Symphony, per square centimeter
A2010	Not a Covered Service, Experimental Apis, per square centimeter
A7025	High frequency chest wall oscillation system vest, replacement for use with patient owned equipment

A9274	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories
A9582	Myocardial sympathetic innervations imaging with or without SPECT - Iodine I-123 iobenguane, diagnostic, per study dose, up to 15 millicuries [AdreView; when specified for use in myocardial imaging]
C1062	Intravertebral body fracture augmentation with implant (eg, metal, polymer)
C1300	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval
C1721	Cardioverter-defibrillator, dual chamber (implantable)
C1722	Cardioverter-defibrillator, single chamber (implantable)
C1777	Cardiac Resynchronization Therapy - Lead, cardioverter-defibrillator, endocardial single coil (implantable)
C1789	Breast procedure - Prosthesis, breast (implantable)
C1825	Generator, neurostimulator (implantable), non-rechargeable with carotid sinus baroreceptor stimulation lead
C1882	Cardioverter-defibrillator, other than single or dual chamber (implantable)
C1895	Cardiac Resynchronization Therapy - Lead, cardioverter-defibrillator, endocardial dual coil (implantable)
C1896	Cardiac Resynchronization Therapy - Lead, cardioverter-defibrillator, other than endocardial single or dual coil (implantable)
C9727	Insertion of implants into the soft palate; minimum of three implants
C9771	Nasal/sinus endoscopy, cryoablation nasal tissue and/or nerve = Clarifix
C9772	Revascularization, tibial/peroneal artery, with intravascular lithotripsy & angioplasty = Shockwave Medical Peripheral IVL
C9773	Revascularization, tibial/peroneal artery, with intravascular lithotripsy & stent placement = Shockwave Medical Peripheral IVL
C9774	Revascularization, tibial/peroneal artery, with intravascular lithotripsy & atherectomy & angioplasty = Shockwave Medical Peripheral IVL
C9775	Revascularization, tibial/peroneal artery, with intravascular lithotripsy & stent and atherectomy = Shockwave Medical Peripheral IVL
D7880	Temporomandibular Disorders: Occlusal orthotic appliance
D9940	Temporomandibular Disorders: Occlusal guard, by report
D9951	Temporomandibular Disorders: Occlusal adjustment- limited
D9952	Temporomandibular Disorders: Occlusal adjustment- complete
E0217	Cooling Devices and Combined Cooling/Heating Devices - Water circulating heat pad with pump [when specified as a cooling/heating combination device]
E0218	Cooling Devices and Combined Cooling/Heating Devices - Water circulating cold pad with pump
E0236	Cooling Devices and Combined Cooling/Heating Devices - Pump for water circulating pad
E0481	Intrapulmonary percussive ventilation system and related accessories
E0483	High frequency chest wall oscillation air-pulse generator system, includes hoses and vest
E0638	Standing frame system, one position (e.g. upright, supine or prone stander), any size including pediatric, with or without wheels
E0641	Standing frame system, multi-position (e.g. three-stander), any size including pediatric, with or without wheels
E0642	Standing frame system, mobile (dynamic stander), any size including pediatric
E0652	Pneumatic Compression Devices for Lymphedema - segmental home model with calibrated gradient pressure
E0656	Pneumatic Compression Devices for Lymphedema - Segmental pneumatic appliance for use with pneumatic compressor, trunk

E0657	Pneumatic Compression Devices for Lymphedema -Segmental pneumatic appliance for use with pneumatic compressor, full leg
E0670	Pneumatic Compression Devices for Lymphedema - Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk
E0671	Pneumatic Compression Devices for Lymphedema - Segmental gradient pressure pneumatic appliance, full leg
E0672	Pneumatic Compression Devices for Lymphedema - Segmental gradient pressure pneumatic appliance, full arm
E0673	Pneumatic Compression Devices for Lymphedema - Segmental gradient pressure pneumatic appliance, half leg
E0745	Neuromuscular stimulator, electronic shock unit
E0747	Bone Growth Stimulators - Osteogenesis stimulator; electrical, noninvasive, other than spinal applications
E0748	Bone Growth Stimulators - Osteogenesis stimulator; electrical, noninvasive, spinal applications
E0749	Bone Growth Stimulator - electrical surgically implanted
E0760	Bone Growth Stimulators - Low intensity ultrasound stimulation to aid bone healing, noninvasive (non-operative)
E0764	Functional neuromuscular stimulator, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified
E0784	Insulin Pump
E1002	Wheelchair accessory, power seating system
E1003	Wheelchair accessory, power seating system
E1004	Wheelchair accessory, power seating system
E1005	Wheelchair accessory, power seating system
E1006	Wheelchair accessory, power seating system
E1007	Wheelchair accessory, power seating system
E1008	Wheelchair accessory, power seating system
E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system including pushrod and leg rest, each
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair
E1230	Wheelchair - Power operated vehicle (three- or four-wheel non highway)
E1239	Wheelchair - Power wheelchair, pediatric size, not otherwise specified
E1399	Misc/Unlisted DME code
E1629	Coverage limited to 30 months, then member becomes MCE primary (consider rental vs purchase) Tablo hemodialysis system for the billable dialysis service/home dialysis machine
E1902	Speech Generating Devices - Communication board, non-electronic augmentative or alternative communication device
E2120	Pulse generator system for tympanic treatment of inner ear endolymphatic fluid
E2300	Power wheelchair accessory, power seat elevation system

E2301	Power wheelchair accessory, power standing system
E2351	Power wheelchair accessory, electronic interface to operate speech generating device using
E2500	Speech generating device, digitized speech, using prerecorded messages, less than or equal to 8 minutes recording time
E2502	Speech generating device, digitized speech, using prerecorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time
E2504	Speech generating device, digitized speech, using prerecorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time
E2506	Speech generating device, digitized speech, using prerecorded messages, greater than 40 minutes recording time
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access
*G0104	Ca screen;flexi sigmoidoscope Note: Prior Authorization is only required for patients under 45 years of age
*G0120	Colon ca scrn; barium enema Note: Prior Authorization is only required for patients under 45 years of age
*G0121	Colon ca scrn not hi rsk ind Note: Prior Authorization is only required for patients under 45 years of age
*G0122	Colon ca scrn; barium enema Note: Prior Authorization is only required for patients under 45 years of age
*G0464	Colorec ca scr, sto bas dna Note: Prior Authorization is only required for patients under 45 years of age
G6015	IMRT - Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session
G6016	IMRT - Compensator-based beam modulation treatment delivery of inverse planned treatment using three or more high resolution (milled or cast) compensator convergent beam modulated fields, per treatment session
J0172	Not covered per CAC, Aduhelm = Injection, aducanumab-avwa, 2 mg
*J0897	Injection, denosumab, 1mg Note: Prolia requires PA; Xgreva does not require a PA
J3590	Aduhelm/aducanumab
J7330	Autologous cultured chondrocytes knee, implant
K0005	Wheelchair - Ultra lightweight
K0010	Wheelchair - Motorized/power
K0011	Wheelchair - Motorized/power
K0012	Wheelchair - Motorized/power
K0013	Wheelchair - Motorized/power
K0014	Wheelchair - Motorized/power
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type
K0800	Wheelchair - Power operated vehicle, group 1
K0801	Wheelchair - Power operated vehicle, group 1

K0802	Wheelchair - Power operated vehicle, group 1
K0806	Wheelchair - Power operated vehicle, group 2
K0807	Wheelchair - Power operated vehicle, group 2
K0808	Wheelchair - Power operated vehicle, group 2
K0812	Wheelchair - Power operated vehicle, not otherwise classified [scooter]
K0813	Wheelchair - Power wheelchair, group 1 standard
K0814	Wheelchair - Power wheelchair, group 1 standard
K0815	Wheelchair - Power wheelchair, group 1 standard
K0816	Wheelchair - Power wheelchair, group 1 standard
K0820	Wheelchair - Power wheelchair, group 2 standard/heavy duty
K0821	Wheelchair - Power wheelchair, group 2 standard/heavy duty
K0822	Wheelchair - Power wheelchair, group 2 standard/heavy duty
K0823	Wheelchair - Power wheelchair, group 2 standard/heavy duty
K0824	Wheelchair - Power wheelchair, group 2 standard/heavy duty
K0825	Wheelchair - Power wheelchair, group 2 standard/heavy duty
K0826	Wheelchair - Power wheelchair, group 2 standard/heavy duty
K0827	Wheelchair - Power wheelchair, group 2 standard/heavy duty
K0828	Wheelchair - Power wheelchair, group 2 standard/heavy duty
K0829	Wheelchair - Power wheelchair, group 2 standard/heavy duty
K0830	Wheelchair - Power wheelchair, group 2 standard/heavy duty
K0831	Wheelchair - Power wheelchair, group 2 standard/heavy duty
K0835	Wheelchair - Power wheelchair, group 2 standard/heavy duty
K0836	Wheelchair - Power wheelchair, group 2 standard/heavy duty
K0837	Wheelchair - Power wheelchair, group 2 standard/heavy duty
K0838	Wheelchair - Power wheelchair, group 2 standard/heavy duty
K0839	Wheelchair - Power wheelchair, group 2 standard/heavy duty
K0840	Wheelchair - Power wheelchair, group 2 standard/heavy duty
K0841	Wheelchair - Power wheelchair, group 2 standard/heavy duty
K0842	Wheelchair - Power wheelchair, group 2 standard/heavy duty
K0843	Wheelchair - Power wheelchair, group 2 standard/heavy duty
K0848	Wheelchair - Power wheelchair, group 3 standard/heavy duty
K0849	Wheelchair - Power wheelchair, group 3 standard/heavy duty
K0850	Wheelchair - Power wheelchair, group 3 standard/heavy duty
K0851	Wheelchair - Power wheelchair, group 3 standard/heavy duty

K0852	Wheelchair - Power wheelchair, group 3 standard/heavy duty
K0853	Wheelchair - Power wheelchair, group 3 standard/heavy duty
K0854	Wheelchair - Power wheelchair, group 3 standard/heavy duty
K0855	Wheelchair - Power wheelchair, group 3 standard/heavy duty
K0856	Wheelchair - Power wheelchair, group 3 standard/heavy duty
K0857	Wheelchair - Power wheelchair, group 3 standard/heavy duty
K0858	Wheelchair - Power wheelchair, group 3 standard/heavy duty
K0859	Wheelchair - Power wheelchair, group 3 standard/heavy duty
K0860	Wheelchair - Power wheelchair, group 3 standard/heavy duty
K0861	Wheelchair - Power wheelchair, group 3 standard/heavy duty
K0862	Wheelchair - Power wheelchair, group 3 standard/heavy duty
K0863	Wheelchair - Power wheelchair, group 3 standard/heavy duty
K0864	Wheelchair - Power wheelchair, group 3 standard/heavy duty
K0868	Wheelchair - Power wheelchair, group 4 standard/heavy duty
K0869	Wheelchair - Power wheelchair, group 4 standard/heavy duty
K0870	Wheelchair - Power wheelchair, group 4 standard/heavy duty
K0871	Wheelchair - Power wheelchair, group 4 standard/heavy duty
K0877	Wheelchair - Power wheelchair, group 4 standard/heavy duty
K0878	Wheelchair - Power wheelchair, group 4 standard/heavy duty
K0879	Wheelchair - Power wheelchair, group 4 standard/heavy duty
K0880	Wheelchair - Power wheelchair, group 4 standard/heavy duty
K0884	Wheelchair - Power wheelchair, group 4 standard/heavy duty
K0885	Wheelchair - Power wheelchair, group 4 standard/heavy duty
K0886	Wheelchair - Power wheelchair, group 4 standard/heavy duty
K0890	Wheelchair - Power wheelchair, group 5 pediatric
K0891	Wheelchair - Power wheelchair, group 5 pediatric
K0898	Wheelchair - Power wheelchair, not otherwise classified
K0899	Wheelchair - Power mobility device, not coded by DME PDAC or does not meet criteria
L5856	Custom prosthesis - Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase
L5857	Custom prosthesis - Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only
L5858	Custom prosthesis - Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, stance phase only

L5859	Custom prosthesis - Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)
L6025	Custom prosthesis - Partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device
L6611	Custom prosthesis - Addition to upper extremity prosthesis, external powered, additional switch, any type
L6677	Custom prosthesis - Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow
L6881	Custom Prosthesis - Automatic grasp feature, addition to upper limb prosthetic terminal device
L6925	Custom prosthesis - Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell
L6935	Custom prosthesis - Below elbow, external power, self-suspended inner socket, removable forearm shell
L6945	Custom prosthesis - Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device
L6955	Custom prosthesis - Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm
L6965	Custom prosthesis - Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm
L6975	Custom prosthesis - Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm
L7007	Custom Prosthesis - Adult electric hand
L7008	Custom prosthesis - Electric hand, switch or myoelectric controlled, pediatric
L7009	Custom prosthesis - Electric hook, switch or myoelectric controlled, adult
L7045	Custom prosthesis - Electronic hook, child, Michigan or equal, switch controlled
L7180	Custom prosthesis - Electronic elbow, Boston, Utah or equal, myoelectronically controlled
L7181	Custom prosthesis - Electronic elbow, microprocessor simultaneous control of elbow and terminal device
L7190	Custom prosthesis - Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled
L7191	Custom prosthesis - Electronic elbow, child, variety village or equal, myoelectronically controlled
L8600	Breast procedure - Implantable breast prosthesis, silicone or equal
L8614	Cochlear device, includes all internal and external components
L8619	Cochlear Implant - external speech processor and controller, integrated system, replacement
L8627	Cochlear Implant - external speech processor, component, replacement
L8628	Cochlear Implant - external controller component, replacement
L8680	Neurostimulator Implantation – Implantable Neurostimulator Electrode
L8682	Neurostimulator Implantation - Implantable Neurostimulator Radiofrequency Receiver
L8683	Neurostimulator Implantation - Radiofrequency Transmitter (external) For Use With Implantable Neurostimulator Radiofrequency Receiver

L8684	Neurostimulator Implantation - Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement
L8685	Neurostimulator Implantation - Implantable Neurostimulator Pulse Generator, single array, rechargeable, includes extension
L8686	Neurostimulator Implantation - Implantable Neurostimulator Pulse Generator, single array, non-rechargeable, includes extension
L8687	Neurostimulator Implantation - Implantable Neurostimulator Pulse Generator, dual array, rechargeable, includes extension
L8688	Neurostimulator Implantation - Implantable Neurostimulator Pulse Generator, dual array, non-rechargeable, includes extension
L8690	Bone-Anchored Hearing Aids - Auditory osseointegrated device, includes all internal and external components
L8691	Cochlear Implant - Auditory osseointegrated device, external sound processor, replacement
L8699	Prosthetic implant, not otherwise specified [when describing replacement components of an auditory brain stem implant]
Q2042	CAR-T therapy for 25yo or less w/relapsed or refractory ALL OR for adults w/relapsed or refractory diffuse large B-cell lymphoma, Kymriah = Tisagenlecleucel, up to 600 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Q2055	CAR-T therapy for adults that have failed 4 previous treatments for multiple myeloma, Abecma = Idecabtagene vicleucel, up to 460 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Q4199	Not a Covered Service, Experimental Cygnus matrix, per square centimeter
S1034	Artificial pancreas device system (e.g., low glucose suspend [LGS] feature) including continuous glucose monitor, blood glucose device, insulin pump and computer algorithm that communicates with all of the devices
S1035	Sensor; invasive (e.g., subcutaneous), disposable, for use with artificial pancreas device system
S1036	Transmitter; external, for use with artificial pancreas device system
S1037	Receiver (monitor); external, for use with artificial pancreas device system
S2066	Breast procedure - Breast reconstruction with gluteal artery perforator (GAP) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral
S2067	Breast procedure - Breast reconstruction of a single breast with "stacked" deep inferior epigastric perforator (DIEP) flap(s) and/or gluteal artery perforator
S2068	Breast procedure - Breast reconstruction with deep inferior epigastric perforator flap or superficial inferior epigastric artery flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral
S2080	Laser-assisted uvulopalatoplasty
S2112	Autologous chondrocyte transplantation/Arthroscopy knee, surgical harvesting of cartilage (chondrocyte cells)
S2117	Subtalar Arthroereisis - Arthroereisis, subtalar
S2120	Therapeutic Apheresis - Low density lipoprotein (LDL) apheresis using heparin-induced extracorporeal LDL precipitation
S2202	Sclerotherapy
S2230	Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear
S2235	Cochlear Implant - implantation of auditory brain stem implant

S2300	Electrothermal capsular shrinkage - Arthroscopy, shoulder, surgical; with thermally-induced capsulorrhaphy
S2342	Nasal endoscopy for post-operative debridement following functional endoscopic sinus surgery, nasal and/or sinus cavity(s), unilateral or bilateral
S2350	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; lumbar, single interspace
S2351	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; lumbar, each additional interspace
S2360	Kyphoplasty - Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; cervical
S2361	Kyphoplasty - Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; each additional cervical (list separately in addition to primary procedure)
S8030	Proton Beam Therapy
S8092	Ultra-fast CT - Electron beam computed tomography
V2788	Presbyopia correcting function of intraocular lens