



Medicare Prior Auth (PA) Code Matrix

Effective Q3, 2022

THIS MATRIX IS NOT TO BE UTILIZED TO MAKE BENEFIT COVERAGE DETERMINATIONS.

FOR ANY PA CHANGES DUE TO REGULATORY GUIDANCE RELATED TO COVID 19 – PLEASE SEE PROVIDER NOTIFICATIONS AND MOST CURRENT INFORMATION ON THE PROVIDER PORTAL

We attempt to provide the most current and accurate information on this PA Matrix. Obtaining authorization does not guarantee payment. The plan retains the right to review benefit limitations and exclusions, beneficiary eligibility on the date of the service, correct coding, billing practices and whether the service was provided in the most appropriate and cost-effective setting of care. If there is a question that Prior Authorization is needed, please refer to your Provider Manual or submit a PA Request Form.

This Matrix is for Out-Patient services.

All Elective In-Patient Admissions to Acute Hospitals, Skilled Nursing Facilities (SNF), Rehabilitation Facilities (AIR), or Long Term Acute Care Hospitals (LTACH) require Prior Authorization.

No PA is required for office visits at Participating (PAR) Network Providers.

All NON-PAR Providers require authorization regardless of services provided or codes submitted, except for Emergency Services or as delineated in Prior Authorization Guides.

Home Health Requires Prior Authorization after the first 60 day episode of care.

For Medicare Part B drug provider administered drug therapies, please direct Prior Authorization requests to Novologix via the Molina Provider Portal.

You may also fax in a prior authorization at 800-391-6437. Molina Clinical Services completes Utilization Management for certain Healthcare Administered Drugs. For any drugs on the prior authorization list that use a temporary C code or other temporary HCPCS code that is not unique to a specific drug, which are later assigned a new HCPCS code, will still require prior authorization for such drug even after it has been assigned a new HCPCS code, until otherwise noted in the Prior Authorization list.

| Code | Description | Service Category |
|-------|---|---|
| 80305 | DRUG TEST PRSMV READ DIRECT OPTICAL OBS PR DATE | Behavioral/Mental Health, Alcohol-Chemical Dependency |
| 80306 | DRUG TEST PRSMV READ INSTRMNT ASSTD DIR OPT OBS | Behavioral/Mental Health, Alcohol-Chemical Dependency |
| 80307 | DRUG TEST PRSMV INSTRMNT CHEM ANALYZERS PR DATE | Behavioral/Mental Health, Alcohol-Chemical Dependency |
| 80320 | DRUG TEST DEF DRUG TESTING PROCEDURES - ALCOHOLS | Behavioral/Mental Health, Alcohol-Chemical Dependency |
| 80321 | DRUG SCREEN QUANT ALCOHOLS BIOMARKERS 1 OR 2 | Behavioral/Mental Health, Alcohol-Chemical Dependency |
| 80322 | DRUG SCREEN QUANT ALCOHOLS BIOMARKERS 3 OR MORE | Behavioral/Mental Health, Alcohol-Chemical Dependency |
| 80324 | DRUG SCREEN QUANT AMPHETAMINES 1 OR 2 | Behavioral/Mental Health, Alcohol-Chemical Dependency |
| 80325 | DRUG SCREEN QUANT AMPHETAMINES 3 OR 4 | Behavioral/Mental Health, Alcohol-Chemical Dependency |
| 80326 | DRUG SCREEN QUANT AMPHETAMINES 5 OR MORE | Behavioral/Mental Health, Alcohol-Chemical Dependency |
| 80327 | DRUG SCREEN QUANT AMPHETAMINES 5 OR MORE | Behavioral/Mental Health, Alcohol-Chemical Dependency |
| 80328 | DRUG SCREEN QUANT AMPHETAMINES 5 OR MORE | Behavioral/Mental Health, Alcohol-Chemical Dependency |
| 80346 | DRUG SCREENING BENZODIAZEPINES 1-12 | Behavioral/Mental Health, Alcohol-Chemical Dependency |
| 80347 | DRUG SCREENING BENZODIAZEPINES 13 OR MORE | Behavioral/Mental Health, Alcohol-Chemical Dependency |
| 80348 | DRUG SCREENING BUPRENORPHINE | Behavioral/Mental Health, Alcohol-Chemical Dependency |
| 80353 | DRUG TEST DEF DRUG TESTING PROCEDURES - COCAINE | Behavioral/Mental Health, Alcohol-Chemical Dependency |
| 80354 | DRUG TEST DEF DRUG TESTING PROCEDURES - FENTANYL | Behavioral/Mental Health, Alcohol-Chemical Dependency |
| 80356 | DRUG TEST DEF DRUG TESTING PROCEDURES - HEROIN METABOLITE | Behavioral/Mental Health, Alcohol-Chemical Dependency |

| Code | Description | Service Category |
|-------|---|---|
| 80358 | DRUG TEST DEF DRUG TESTING PROCEDURES - METHADONE | Behavioral/Mental Health, Alcohol-Chemical Dependency |
| 80359 | DRUG SCREENING METHYLENEDIOXYAMPHETAMINES | Behavioral/Mental Health, Alcohol-Chemical Dependency |
| 80361 | DRUG SCREENING OPIATES 1 OR MORE | Behavioral/Mental Health, Alcohol-Chemical Dependency |
| 80362 | DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 1 OR 2 | Behavioral/Mental Health, Alcohol-Chemical Dependency |
| 80363 | DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 3 OR 4 | Behavioral/Mental Health, Alcohol-Chemical Dependency |
| 80364 | DRUG SCREENING OPIOIDS and OPIATE ANALOGS 5/MORE | Behavioral/Mental Health, Alcohol-Chemical Dependency |
| 80365 | DRUG TEST DEF DRUG TESTING PROCEDURES - OXYCODONE | Behavioral/Mental Health, Alcohol-Chemical Dependency |
| 80367 | DRUG SCREENING PROPOXYPHENE | Behavioral/Mental Health, Alcohol-Chemical Dependency |
| 80368 | DRUG SCREENING SEDATIVE HYPNOTICS | Behavioral/Mental Health, Alcohol-Chemical Dependency |
| 80369 | DRUG SCREENING SKELETAL MUSCLE RELAXANTS 1 OR 2 | Behavioral/Mental Health, Alcohol-Chemical Dependency |
| 80372 | DRUG TEST DEF DRUG TESTING PROCEDURES - TAPENTADOL | Behavioral/Mental Health, Alcohol-Chemical Dependency |
| 80373 | DRUG TEST DEF DRUG TESTING PROCEDURES - TRAMADOL | Behavioral/Mental Health, Alcohol-Chemical Dependency |
| 80374 | DRUG SCREEN STEREOISOMER ANALYSIS 1 DRUG CLASS | Behavioral/Mental Health, Alcohol-Chemical Dependency |
| 80375 | DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 1-3 | Behavioral/Mental Health, Alcohol-Chemical Dependency |
| 80376 | DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 4-6 | Behavioral/Mental Health, Alcohol-Chemical Dependency |
| 80377 | DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 7/MORE | Behavioral/Mental Health, Alcohol-Chemical Dependency |
| 83992 | ASSAY OF PHENCYCLIDINE | Behavioral/Mental Health, Alcohol-Chemical Dependency |
| 90867 | REPET TMS TX INITIAL W MAP MOTR THRESHLD DELIVERY AND MNG | Behavioral/Mental Health, Alcohol-Chemical Dependency |
| 90868 | THERAP REPETITIVE TMS TX SUBSEQ DELIVERY AND MNG | Behavioral/Mental Health, Alcohol-Chemical Dependency |
| 90869 | REPET TMS TX SUBSEQ MOTR THRESHLD W DELIVERY AND MNG | Behavioral/Mental Health, Alcohol-Chemical Dependency |
| 90870 | ELECTROCONVULSIVE THERAPY (ECT) | Behavioral/Mental Health, Alcohol-Chemical Dependency |
| 97153 | ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN | Behavioral/Mental Health, Alcohol-Chemical Dependency |
| 97154 | GROUP ADAPTIVE BHV TX BY PROTOCOL TECH EA 15 MIN | Behavioral/Mental Health, Alcohol-Chemical Dependency |
| 97155 | ADAPT BHV TX PRTCL MODIFCAJ PHYS QHP EA 15 MIN | Behavioral/Mental Health, Alcohol-Chemical Dependency |
| 97156 | FAMILY ADAPT BHV TX GDN PHYS QHP EA 15 MIN | Behavioral/Mental Health, Alcohol-Chemical Dependency |
| 97157 | MULTIPLE FAM GROUP BHV TX GDN PHYS QHP EA 15 MIN | Behavioral/Mental Health, Alcohol-Chemical Dependency |
| 97158 | GRP ADAPT BHV PRTCL MODIFCAJ PHYS QHP EA 15 MIN | Behavioral/Mental Health, Alcohol-Chemical Dependency |
| 0373T | ADAPT BHV TX PRTCL MODIFCAJ EA 15 MIN TECH TIME | Behavioral/Mental Health, Alcohol-Chemical Dependency |
| 0702T | REM THER MNTR OL DIG COG BHV THER PRGRM SPLV TCH | Behavioral/Mental Health, Alcohol-Chemical Dependency |
| 0703T | REM THER MNTR OL DIG COG BHV THER PRGRM CAL MO | Behavioral/Mental Health, Alcohol-Chemical Dependency |
| G0480 | DRUG TEST DEF 1-7 DRUG CLASSES | Behavioral/Mental Health, Alcohol-Chemical Dependency |
| G0481 | DRUG TEST DEF 8-14 DRUG CLASSES | Behavioral/Mental Health, Alcohol-Chemical Dependency |
| G0482 | DRUG TEST DEF 15-21 DRUG CLASSES | Behavioral/Mental Health, Alcohol-Chemical Dependency |
| G0483 | DRUG TEST DEF 22 OR MORE DRUG CLASSES | Behavioral/Mental Health, Alcohol-Chemical Dependency |

| Code | Description | Service Category |
|-------|--|---|
| G0659 | DRUG TEST DEF SIMPLE ALL CL | Behavioral/Mental Health, Alcohol-Chemical Dependency |
| H0046 | MENTAL HEALTH SERVICES NOT OTHERWISE SPECIFIED | Behavioral/Mental Health, Alcohol-Chemical Dependency |
| 11920 | TATTOOING INCL MICROPIGMENTATION 6.0 CM OR LESS | Cosmetic, Plastic & Reconstructive Procedures |
| 15780 | DERMABRASION TOTAL FACE | Cosmetic, Plastic & Reconstructive Procedures |
| 15781 | DERMABRASION SEGMENTAL FACE | Cosmetic, Plastic & Reconstructive Procedures |
| 15782 | DERMABRASION REGIONAL OTHER THAN FACE | Cosmetic, Plastic & Reconstructive Procedures |
| 15783 | DERMABRASION SUPERFICIAL ANY SITE | Cosmetic, Plastic & Reconstructive Procedures |
| 15793 | CHEMICAL PEEL NONFACIAL DERMAL | Cosmetic, Plastic & Reconstructive Procedures |
| 15820 | BLEPHAROPLASTY LOWER EYELID | Cosmetic, Plastic & Reconstructive Procedures |
| 15821 | BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD | Cosmetic, Plastic & Reconstructive Procedures |
| 15822 | BLEPHAROPLASTY UPPER EYELID | Cosmetic, Plastic & Reconstructive Procedures |
| 15823 | BLEPHAROPLASTY UPPER EYELID W EXCESSIVE SKIN | Cosmetic, Plastic & Reconstructive Procedures |
| 15832 | EXCISION EXCESSIVE SKIN AND SUBQ TISSUE THIGH | Cosmetic, Plastic & Reconstructive Procedures |
| 15833 | EXCISION EXCESSIVE SKIN AND SUBQ TISSUE LEG | Cosmetic, Plastic & Reconstructive Procedures |
| 15834 | EXCISION EXCESSIVE SKIN AND SUBQ TISSUE HIP | Cosmetic, Plastic & Reconstructive Procedures |
| 15835 | EXCISION EXCESSIVE SKIN AND SUBQ TISSUE BUTTOCK | Cosmetic, Plastic & Reconstructive Procedures |
| 15836 | EXCISION EXCESSIVE SKIN AND SUBQ TISSUE ARM | Cosmetic, Plastic & Reconstructive Procedures |
| 15837 | EXC EXCESSIVE SKIN AND SUBQ TISSUE FOREARM HAND | Cosmetic, Plastic & Reconstructive Procedures |
| 15838 | EXC EXCSV SKIN AND SUBQ TISSUE SUBMENTAL FAT PAD | Cosmetic, Plastic & Reconstructive Procedures |
| 15839 | EXCISION EXCESSIVE SKIN AND SUBQ TISSUE OTHER AREA | Cosmetic, Plastic & Reconstructive Procedures |
| 15847 | EXCISION EXCESSIVE SKIN AND SUBQ TISSUE ABDOMEN | Cosmetic, Plastic & Reconstructive Procedures |
| 19300 | MASTECTOMY GYNECOMASTIA | Cosmetic, Plastic & Reconstructive Procedures |
| 19316 | MASTOPEXY | Cosmetic, Plastic & Reconstructive Procedures |
| 19318 | REDUCTION MAMMAPLASTY | Cosmetic, Plastic & Reconstructive Procedures |
| 19325 | MAMMAPLASTY AUGMENTATION W PROSTHETIC IMPLANT | Cosmetic, Plastic & Reconstructive Procedures |
| 19328 | REMOVAL INTACT MAMMARY IMPLANT | Cosmetic, Plastic & Reconstructive Procedures |
| 19330 | REMOVAL MAMMARY IMPLANT MATERIAL | Cosmetic, Plastic & Reconstructive Procedures |
| 19340 | IMMT INSJ BRST PROSTH FLWG MASTOPEXY MAST RCNSTJ | Cosmetic, Plastic & Reconstructive Procedures |
| 19342 | DLYD INSJ BRST PROSTH FLWG MASTOPEXY MAST RCNSTJ | Cosmetic, Plastic & Reconstructive Procedures |
| 19350 | NIPPLE AREOLA RECONSTRUCTION | Cosmetic, Plastic & Reconstructive Procedures |
| 19355 | CORRECTION INVERTED NIPPLES | Cosmetic, Plastic & Reconstructive Procedures |
| 19396 | PREPARATION MOULAGE CUSTOM BREAST IMPLANT | Cosmetic, Plastic & Reconstructive Procedures |
| 30400 | RHINP PRIM LAT AND ALAR CRTLGS AND ELVTN NASAL TI | Cosmetic, Plastic & Reconstructive Procedures |
| 30410 | RHINP PRIM COMPLETE XTRNL PARTS | Cosmetic, Plastic & Reconstructive Procedures |

| Code | Description | Service Category |
|-------|--|---|
| 30420 | RHINOPLASTY PRIMARY W MAJOR SEPTAL REPAIR | Cosmetic, Plastic & Reconstructive Procedures |
| 30430 | RHINOPLASTY SECONDARY MINOR REVISION | Cosmetic, Plastic & Reconstructive Procedures |
| 30435 | RHINOPLASTY SECONDARY INTERMEDIATE REVISION | Cosmetic, Plastic & Reconstructive Procedures |
| 30450 | RHINOPLASTY SECONDARY MAJOR REVISION | Cosmetic, Plastic & Reconstructive Procedures |
| 30460 | RHINP DFRM W COLUM LNGTH TIP ONLY | Cosmetic, Plastic & Reconstructive Procedures |
| 30462 | RHINP DFRM COLUM LNGTH TIP SEPTUM OSTEOT | Cosmetic, Plastic & Reconstructive Procedures |
| 30468 | RPR NSL VLV COLLAPSE SUBQ/SBMCSL LAT WALL IMPLT | Cosmetic, Plastic & Reconstructive Procedures |
| 67904 | RPR BLEPHAROPTOSIS LEVATOR RESCJ ADVMNT XTRNL | Cosmetic, Plastic & Reconstructive Procedures |
| 67906 | RPR BLEPHAROPTOSIS SUPERIOR RECTUS FASCIAL SLING | Cosmetic, Plastic & Reconstructive Procedures |
| 67908 | RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESCJ | Cosmetic, Plastic & Reconstructive Procedures |
| 98975 | REMOTE THERAPEUTIC MNTR 1ST SETUP and PT EDUCAJ EQP | Durable Medical Equipment (DME) |
| 98976 | REM THER MNTR DEV SUPPLY W/REC RESPIR SYS EA 30D | Durable Medical Equipment (DME) |
| 98977 | REM THER MNTR DEV SPLY W/REC MUSCSKEL SYS EA 30D | Durable Medical Equipment (DME) |
| 0704T | REM TX AMBLYOPIA DEV SUPPLY 1ST SETUP and PT EDUCAJ | Durable Medical Equipment (DME) |
| 0705T | REM TX AMBLYOPIA TCH SPRT MIN 18 TRAING HR EA 30 | Durable Medical Equipment (DME) |
| 0706T | REM TX AMBLYOPIA I and R PHYS/QHP PER CALENDAR MONTH | Durable Medical Equipment (DME) |
| A9274 | EXTERNAL AMB INSULIN DEL SYSTEM DISPOSABLE EA | Durable Medical Equipment (DME) |
| C1839 | IRIS PROSTHESIS | Durable Medical Equipment (DME) |
| C2624 | IMPL WIRELESS PULM ARTERY PRESS SENSOR DEL CATH | Durable Medical Equipment (DME) |
| E0194 | AIR FLUIDIZED BED | Durable Medical Equipment (DME) |
| E0255 | HOSP BED VARIBL HT W ANY TYPE SIDE RAIL W MATTRSS | Durable Medical Equipment (DME) |
| E0256 | HOSP BED VARIBL HT ANY TYPE SIDE RAIL W O MATTRSS | Durable Medical Equipment (DME) |
| E0260 | HOSP BED SEMI-ELEC W ANY TYPE SIDE RAIL W MATTRSS | Durable Medical Equipment (DME) |
| E0261 | HOSP BED SEMI-ELEC ANY TYPE SIDE RAIL W O MATTRSS | Durable Medical Equipment (DME) |
| E0265 | HOSP BED TOT ELEC W ANY TYPE SIDE RAIL W MATTRSS | Durable Medical Equipment (DME) |
| E0266 | HOSP BED TOT ELEC ANY TYPE SIDE RAIL W O MATTRSS | Durable Medical Equipment (DME) |
| E0277 | POWERED PRESSURE-REDUCING AIR MATTRESS | Durable Medical Equipment (DME) |
| E0292 | HOSP BED VARIBL HT HI-LO W O SIDE RAIL W MATTRSS | Durable Medical Equipment (DME) |
| E0293 | HOSP BED VARIBL HT HI-LO W O SIDE RAIL NO MATTRSS | Durable Medical Equipment (DME) |
| E0294 | HOSP BED SEMI-ELEC W O SIDE RAILS W MATTRSS | Durable Medical Equipment (DME) |
| E0295 | HOSP BED SEMI-ELEC W O SIDE RAILS W O MATTRSS | Durable Medical Equipment (DME) |
| E0296 | HOSP BED TOTAL ELEC W O SIDE RAILS W MATTRSS | Durable Medical Equipment (DME) |
| E0297 | HOSP BED TOTAL ELEC W O SIDE RAILS W O MATTRSS | Durable Medical Equipment (DME) |
| E0300 | PED CRIB HOS GRADE FULLY ENC W WO TOP ENC | Durable Medical Equipment (DME) |

| Code | Description | Service Category |
|-------|--|---------------------------------|
| E0301 | HOSP BED HEVY DUTY XTRA WIDE W WT CAPACITY OVER 350 PDS | Durable Medical Equipment (DME) |
| E0302 | HOSP BED XTRA HEVY DUTY WT CAP OVER 600 PDS W O MTRSS | Durable Medical Equipment (DME) |
| E0303 | HOSP BED HEVY DUTY W WT CAP OVER 350 PDS UNDER EQ TO 600 | Durable Medical Equipment (DME) |
| E0304 | HOSP BED EXTRA HEAVY DUTY WT CAP OVER 600 PDS MATTRSS | Durable Medical Equipment (DME) |
| E0328 | HOSP BED PEDIATRIC MANUAL INCLUDES MATTRESS | Durable Medical Equipment (DME) |
| E0329 | HOSP BED PEDIATRIC ELECTRIC INCLUDE MATTRESS | Durable Medical Equipment (DME) |
| E0371 | NONPWR ADV PRSS RDUC OVRLAY MATTRSS STD LEN AND WDTH | Durable Medical Equipment (DME) |
| E0372 | PWR AIR OVRLAY MATTRSS STD MATTRSS LENGTH AND WIDTH | Durable Medical Equipment (DME) |
| E0373 | NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS | Durable Medical Equipment (DME) |
| E0462 | ROCKING BED WITH OR WITHOUT SIDE RAILS | Durable Medical Equipment (DME) |
| E0465 | HOME VENTILATOR ANY TYPE USED W INVASIVE INTF | Durable Medical Equipment (DME) |
| E0466 | HOME VENTILATOR ANY TYPE USED W NON-INVASV INTF | Durable Medical Equipment (DME) |
| E0467 | HOME VENTILATOR MULTI-FUNCTION RESPIRATORY DEVC | Durable Medical Equipment (DME) |
| E0483 | HI FREQ CHEST WALL OSCILLATION SYSTEM EA | Durable Medical Equipment (DME) |
| E0650 | PNEUMATIC COMPRESSOR NONSEGMENTAL HOME MODEL | Durable Medical Equipment (DME) |
| E0651 | PNEUMAT COMPRS SEG HOM MDL NO CALBRTD GRDNT PRSS | Durable Medical Equipment (DME) |
| E0652 | PNEUMAT COMPRS SEG HOM MDL W/CALBRTD GRADNT PRSS | Durable Medical Equipment (DME) |
| E0656 | SEG PNEUMAT APPLIANCE USE W PNEUMAT COMPRS TRUNK | Durable Medical Equipment (DME) |
| E0667 | SEG PNEUMAT APPLINC W PNEUMAT COMPRS FULL LEG | Durable Medical Equipment (DME) |
| E0668 | SEG PNEUMAT APPLINC W PNEUMAT COMPRS FULL ARM | Durable Medical Equipment (DME) |
| E0670 | SEG PNEU APPLINC PNEU COMPRS IN 2 FULL LEGS TRNK | Durable Medical Equipment (DME) |
| E0671 | SEGMENTAL GRADENT PRESS PNEUMAT APPLINC FULL LEG | Durable Medical Equipment (DME) |
| E0673 | SEGMENTAL GRADENT PRESS PNEUMAT APPLINC HALF LEG | Durable Medical Equipment (DME) |
| E0675 | PNEUMAT COMPRS DEVC HI PRSS RAPID INFLATION DEFL | Durable Medical Equipment (DME) |
| E0676 | INTERMITTENT LIMB COMPRESSION DEVICE NOS | Durable Medical Equipment (DME) |
| E0691 | UV LIGHT TX SYS BULB LAMP TIMER; TX 2 SQ FT LESS | Durable Medical Equipment (DME) |
| E0692 | UV LT TX SYS PANL W BULB LAMP TIMER 4 FT PANEL | Durable Medical Equipment (DME) |
| E0693 | UV LT TX SYS PANL W BULBS LAMPS TIMER 6 FT PANEL | Durable Medical Equipment (DME) |
| E0694 | UV MX DIR LT TX SYS 6 FT CABINET W BULB LAMP TMR | Durable Medical Equipment (DME) |
| E0747 | OSTOGNS STIM ELEC NONINVASV OTH THAN SP APPLIC | Durable Medical Equipment (DME) |
| E0748 | OSTOGNS STIMULATOR ELEC NONINVASV SPINAL APPLIC | Durable Medical Equipment (DME) |
| E0749 | OSTEOGENESIS STIMULATOR ELEC SURGICALLY IMPL | Durable Medical Equipment (DME) |
| E0760 | OSTOGNS STIM LOW INTENS ULTRASOUND NON-INVASV | Durable Medical Equipment (DME) |
| E0762 | TRANSCUT ELEC JOINT STIM DEVCSYS INCL ALL ACCSS | Durable Medical Equipment (DME) |

| Code | Description | Service Category |
|-------------|--|---------------------------------|
| E0764 | FUNC NEUROMUSC STIM MUSC AMBUL CMPT CNTRL SC INJ | Durable Medical Equipment (DME) |
| E0766 | ELEC STIM DVC U CANCER TX INCL ALL ACC ANY TYPE | Durable Medical Equipment (DME) |
| E0782 | INFUSION PUMP IMPLANTABLE NON-PROGRAMMABLE | Durable Medical Equipment (DME) |
| E0783 | INFUSION PUMP SYSTEM IMPLANTABLE PROGRAMMABLE | Durable Medical Equipment (DME) |
| E0784 | EXTERNAL AMBULATORY INFUSION PUMP INSULIN | Durable Medical Equipment (DME) |
| E0785 | IMPLANTABLE INTRASPINL CATHETER USED W PUMP-REPL | Durable Medical Equipment (DME) |
| E0786 | IMPLANTABLE PROGRAMMABLE INFUSION PUMP REPL | Durable Medical Equipment (DME) |
| E0787 | EXTERNAL AMB INFUS PUMP INSULIN DOS RATE ADJ | Durable Medical Equipment (DME) |
| E0983 | MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC JOYST CNTRL | Durable Medical Equipment (DME) |
| E0984 | MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC TILLER CNTRL | Durable Medical Equipment (DME) |
| E0986 | MNL WHEELCHAIR ACSS PUSH-RIM ACT PWR ASSIST SYS | Durable Medical Equipment (DME) |
| E0988 | MANUAL WC ACCESSORY LEVR-ACTIVATD WHL DRIVE PAIR | Durable Medical Equipment (DME) |
| E1002 | WHEELCHAIR ACCESS POWER SEATING SYSTEM TILT ONLY | Durable Medical Equipment (DME) |
| E1003 | WC ACSS PWR SEAT SYS RECLINE W O SHEAR RDUC | Durable Medical Equipment (DME) |
| E1004 | WC ACSS PWR SEAT SYS RECLINE W MECH SHEAR RDUC | Durable Medical Equipment (DME) |
| E1005 | WC ACSS PWR SEAT SYS RECLINE W PWR SHEAR RDUC | Durable Medical Equipment (DME) |
| E1006 | WC ACSS PWR SEAT SYS TILT AND RECLINE NO SHEAR RDUC | Durable Medical Equipment (DME) |
| E1007 | WC ACSS PWR SEAT TILT AND RECLINE MECH SHEAR RDUC | Durable Medical Equipment (DME) |
| E1008 | WC ACSS PWR SEAT TILT AND RECLINE W PWR SHEAR RDUC | Durable Medical Equipment (DME) |
| E1010 | WC ACCSS ADD PWR SEAT SYS PWR LEG ELEV SYS PAIR | Durable Medical Equipment (DME) |
| E1012 | WC ACCSS PWR SEAT SYS CNTR MNT PWR ELEV LEG EA | Durable Medical Equipment (DME) |
| E1014 | RECLIN BACK ADDITION PEDIATRIC SIZE WHEELCHAIR | Durable Medical Equipment (DME) |
| E1020 | RESIDUAL LIMB SUPPORT SYSTEM WHEELCHAIR ANY TYPE | Durable Medical Equipment (DME) |
| E1028 | WC ACCSS MANL SWINGAWAY OTH CNTRL INTRFCE PSTN | Durable Medical Equipment (DME) |
| E1029 | WHEELCHAIR ACCESSORY VENTILATOR TRAY FIXED | Durable Medical Equipment (DME) |
| E1030 | WHEELCHAIR ACCESSORY VENTILATOR TRAY GIMBALED | Durable Medical Equipment (DME) |
| E1035 | MULTI-PSTN PT TRNSF SYS W SEAT PT WT UNDER EQ 300 LBS | Durable Medical Equipment (DME) |
| E1036 | MULTI-PSTN PT TRNSF SYS EXTRA WIDE PT OVER 300 LBS | Durable Medical Equipment (DME) |
| E1161 | MANUAL ADULT SIZE WHEELCHAIR INCLUDES TILT SPACE | Durable Medical Equipment (DME) |
| E1225 | WHLCHAIR ACCESS MANUAL SEMIRECLINING BACK EACH | Durable Medical Equipment (DME) |
| E1226 | WHLCHAIR ACCESS MANUAL FULL RECLINING BACK EACH | Durable Medical Equipment (DME) |
| E1227 | SPECIAL HEIGHT ARMS FOR WHEELCHAIR | Durable Medical Equipment (DME) |
| E1230 | PWR OPERATED VEH SPEC BRAND NAME AND MODEL NUMBER | Durable Medical Equipment (DME) |
| E1232 | WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W SEAT SYS | Durable Medical Equipment (DME) |

| Code | Description | Service Category |
|-------|---|---------------------------------|
| E1233 | WC PED SZ TILT-IN-SPACE RIGD ADJUSTBL W O SEAT | Durable Medical Equipment (DME) |
| E1234 | WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W O SEAT | Durable Medical Equipment (DME) |
| E1235 | WHLCHAIR PED SIZE RIGD ADJUSTBL W SEATING SYSTEM | Durable Medical Equipment (DME) |
| E1236 | WHLCHAIR PED SIZE FOLD ADJUSTBL W SEATING SYSTEM | Durable Medical Equipment (DME) |
| E1237 | WHLCHAIR PED SZ RIGD ADJUSTBL W O SEATING SYSTEM | Durable Medical Equipment (DME) |
| E1238 | WHLCHAIR PED SZ FOLD ADJUSTBL W O SEATING SYSTEM | Durable Medical Equipment (DME) |
| E1296 | SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR | Durable Medical Equipment (DME) |
| E1298 | SPECIAL WHLCHAIR SEAT DEPTH AND OR WIDTH CONSTRUCT | Durable Medical Equipment (DME) |
| E1310 | WHIRLPOOL NONPORTABLE | Durable Medical Equipment (DME) |
| E1700 | JAW MOTION REHABILITATION SYSTEM | Durable Medical Equipment (DME) |
| E2201 | MNL WC ACSS NONSTD SEAT WDTH GRT THN EQ 20 IN AND UNDER | Durable Medical Equipment (DME) |
| E2202 | MANUAL WC ACSS NONSTD SEAT FRME WIDTH 24-27 IN | Durable Medical Equipment (DME) |
| E2203 | MANUAL WC ACSS NONSTD SEAT FRME DEPTH 20 UNDER 22 IN | Durable Medical Equipment (DME) |
| E2204 | MANUAL WC ACSS NONSTD SEAT FRME DEPTH 22-25 IN | Durable Medical Equipment (DME) |
| E2227 | MANUAL WC ACCESS GEAR REDUCTION DRIVE WHEEL EACH | Durable Medical Equipment (DME) |
| E2291 | BACK PLANAR PED SZ WC INCL FIX ATTCHING HARDWARE | Durable Medical Equipment (DME) |
| E2292 | SEAT PLANAR PED SZ WC INCL FIX ATTCHING HARDWARE | Durable Medical Equipment (DME) |
| E2293 | BACK CONTOURED PED WC INCL FIX ATTCH HARDWARE | Durable Medical Equipment (DME) |
| E2294 | SEAT CONTOURED PED WC INCL FIX ATTCH HARDWARE | Durable Medical Equipment (DME) |
| E2295 | MNL WC ACCESS PED SIZE WC DYNAMIC SEATING FRAME | Durable Medical Equipment (DME) |
| E2300 | WHEEL CHAIR ACCESSORY - PWR SEAT ELEVATION SYS | Durable Medical Equipment (DME) |
| E2310 | PWR WC ACSS ELEC CNCT BETWN WC CNTRLLER AND ONE PWR | Durable Medical Equipment (DME) |
| E2311 | PWR WC ACSS ELEC CNCT BETWN WC CNTRLLER AND TWO MORE | Durable Medical Equipment (DME) |
| E2312 | POWER WC ACCESS HAND OR CHIN CONTROL INTERFACE | Durable Medical Equipment (DME) |
| E2313 | POWER WC ACCESS HARNESS UPGRADE EXP CONTROLLR EA | Durable Medical Equipment (DME) |
| E2321 | PWR WC ACSS HND CNTRL REMOT JOYSTCK NO PRPRTNL | Durable Medical Equipment (DME) |
| E2322 | PWR WC ACSS HND CNTRL MX MECH SWTCH NO PRPRTNL | Durable Medical Equipment (DME) |
| E2325 | PWR WC ACSS SIP AND PUFF INTERFCE NONPROPRTNAL | Durable Medical Equipment (DME) |
| E2326 | PWR WC ACSS BREATH TUBE KIT SIP AND PUFF INTERFCE | Durable Medical Equipment (DME) |
| E2327 | PWR WC ACSS HEAD CNTRL INTERFCE MECH PROPRTNAL | Durable Medical Equipment (DME) |
| E2328 | PWR WC ACSS HEAD CNTRL EXT CNTRL ELEC PRPRTNL | Durable Medical Equipment (DME) |
| E2329 | PWR WC ACSS HEAD CNTRL CNTC SWTCH MECH NOPRPTNL | Durable Medical Equipment (DME) |
| E2330 | PWR WC ACCSS HEAD PROX SWITCH MECH NONPRPRTNL | Durable Medical Equipment (DME) |
| E2340 | POWER WC ACCESS NONSTAND SEAT FRAME WD 20-23 IN | Durable Medical Equipment (DME) |

| Code | Description | Service Category |
|-------|--|---------------------------------|
| E2341 | PWR WC ACSS NONSTD SEAT FRME WIDTH 24-27 IN | Durable Medical Equipment (DME) |
| E2342 | PWR WC ACSS NONSTD SEAT FRME DEPTH 20 21 IN | Durable Medical Equipment (DME) |
| E2343 | PWR WC ACSS NONSTD SEAT FRME DEPTH 22-25 IN | Durable Medical Equipment (DME) |
| E2351 | PWR WC ACSS ELEC INTERFCE OPERATE SPCH GEN DEV C | Durable Medical Equipment (DME) |
| E2361 | PWR WC ACSS 22NF SEALED LEAD ACID BATTRY EA | Durable Medical Equipment (DME) |
| E2366 | PWR WC ACSS BATTRY CHRGR 1 MODE W ONLY 1 BATTRY | Durable Medical Equipment (DME) |
| E2367 | PWR WC ACSS BATT CHRGR DUL MODE W EITHER BATT EA | Durable Medical Equipment (DME) |
| E2368 | POWER WHEELCHAIR CMPNT MOTOR REPLACEMENT ONLY | Durable Medical Equipment (DME) |
| E2369 | POWER WC CMPNNT DRIVE WHEEL GEAR BOX REPL ONLY | Durable Medical Equipment (DME) |
| E2370 | PWR WC COMP INT DR WHL MTR AND GR BOX COMB REPL ONLY | Durable Medical Equipment (DME) |
| E2373 | PWR WC MINI-PROPORTIONAL COMPACT REMOTE JOYSTICK | Durable Medical Equipment (DME) |
| E2374 | PWR WC STANDARD REMOTE JOYSTICK REPLACEMENT ONLY | Durable Medical Equipment (DME) |
| E2375 | PWR WC NONEXPNDABLE CONTROLLER REPLACEMENT ONLY | Durable Medical Equipment (DME) |
| E2376 | PWR WC EXPANDABLE CONTROLLER REPLACEMENT ONLY | Durable Medical Equipment (DME) |
| E2377 | PWR WC EXPANDABLE CONTROLLER UPGRADE INIT ISSUE | Durable Medical Equipment (DME) |
| E2378 | POWER WHEELCHAIR COMPONENT ACTUATOR REPLACE ONLY | Durable Medical Equipment (DME) |
| E2397 | POWER WHLCHAIR ACCESSORY LITHIUM-BASED BATTRY EA | Durable Medical Equipment (DME) |
| E2398 | WHEELCHAIR ACC, DYNAMIC POS HARDWARE FOR BACK | Durable Medical Equipment (DME) |
| E2500 | SPEECH GEN DEV C DIGITIZED UNDER EQ 8 MINS REC TIME | Durable Medical Equipment (DME) |
| E2502 | SPCH GEN DEV C DIGTIZD OVER 8 MINS LESS THN EQ 20 MINS REC | Durable Medical Equipment (DME) |
| E2504 | SPCH GEN DEV C DIGTIZD OVER 20 MINS UNDER EQ 40 MINS REC | Durable Medical Equipment (DME) |
| E2506 | SPEECH GEN DEVICE DIGITIZED OVER 40 MINS REC TIME | Durable Medical Equipment (DME) |
| E2508 | SPCH GEN DEV C SYNTHSIZD REQ MESS SPELL AND CNTCT | Durable Medical Equipment (DME) |
| E2510 | SPCH GEN DEV C SYNTHESIZD MX METH MESS AND DEV C ACCSS | Durable Medical Equipment (DME) |
| E2511 | SPEECH GEN SOFTWARE PROG PC PERS DIGITAL ASSIST | Durable Medical Equipment (DME) |
| E2605 | PSTN WHEELCHAIR SEAT CUSHN WIDTH UNDER 22 IN DEPTH | Durable Medical Equipment (DME) |
| E2606 | PSTN WHEELCHAIR SEAT CUSHN WIDTH 22 IN GT DEPTH | Durable Medical Equipment (DME) |
| E2607 | SKN PROTECT AND PSTN WC SEAT CUSHN WDTH UNDER 22 IN DEPTH | Durable Medical Equipment (DME) |
| E2608 | SKN PROTCT AND PSTN WC SEAT CUSHN WDTH 22 IN GT DPTH | Durable Medical Equipment (DME) |
| E2609 | CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION SIZE | Durable Medical Equipment (DME) |
| E2611 | GEN WC BACK CUSHN WDTH UNDER 22 IN HT MOUNT HARDWARE | Durable Medical Equipment (DME) |
| E2612 | GEN WC BACK CUSHN WDTH 22 IN GT HT MOUNT HARDWRE | Durable Medical Equipment (DME) |
| E2613 | PSTN WC BACK CUSHN POST WIDTH UNDER 22 IN ANY HEIGHT | Durable Medical Equipment (DME) |
| E2614 | PSTN WC BACK CUSHN POST WIDTH 22 IN OR GRT ANY HEIGHT | Durable Medical Equipment (DME) |

| Code | Description | Service Category |
|-------|---|---------------------------------|
| E2615 | PSTN WC BACK CUSHN POSTLAT WIDTH UNDER 22 IN ANY HT | Durable Medical Equipment (DME) |
| E2616 | PSTN WC BACK CUSHN POSTLAT WIDTH 22 IN OR GRT ANY HT | Durable Medical Equipment (DME) |
| E2617 | CSTM FAB WC BACK CUSHN ANY SZ ANY MOUNT HARDWARE | Durable Medical Equipment (DME) |
| E2620 | PSTN WC BACK CUSHN PLANAR LAT SUPP WDTH UNDER 22 IN | Durable Medical Equipment (DME) |
| E2621 | PSTN WC BACK CUSHN PLANAR LAT SUPP WDTH 22 IN OR GRT | Durable Medical Equipment (DME) |
| E2622 | SKIN PROTECT WC SEAT CUSH WIDTH UNDER 22 IN ANY DEPTH | Durable Medical Equipment (DME) |
| E2623 | SKIN PROTCT WC SEAT CUSH WIDTH 22 IN OR GRT ANY DEPTH | Durable Medical Equipment (DME) |
| E2624 | SKIN PROTECT AND POSITIONING WC CUSH WIDTH UNDER 22 IN | Durable Medical Equipment (DME) |
| E2625 | SKIN PROTECT AND POSITIONING WC CUSH WIDTH 22 IN OR GRT | Durable Medical Equipment (DME) |
| E2626 | WC ACCESS SHLDRL ELB MOBIL ARM SUPP WC ADJUSTBLE | Durable Medical Equipment (DME) |
| E2628 | WC ACCESS SHLDRL ELB MOBIL ARM SUPP WC RECLINING | Durable Medical Equipment (DME) |
| E2629 | WC ACCESS SHLDRL ELB M ARM SUPP FRICTION ARM SUPP | Durable Medical Equipment (DME) |
| K0008 | CUSTOM MANUAL WHEELCHAIR BASE | Durable Medical Equipment (DME) |
| K0009 | OTHER MANUAL WHEELCHAIR BASE | Durable Medical Equipment (DME) |
| K0010 | STANDARD-WEIGHT FRAME MOTORIZED POWER WHEELCHAIR | Durable Medical Equipment (DME) |
| K0011 | STD-WT FRME MOTRIZD PWR WHLCHAIR W PROG CNTRL | Durable Medical Equipment (DME) |
| K0012 | LIGHTWEIGHT PORTABLE MOTORIZED POWER WHEELCHAIR | Durable Medical Equipment (DME) |
| K0013 | CUSTOM MOTORIZED POWER WHEELCHAIR BASE | Durable Medical Equipment (DME) |
| K0014 | OTHER MOTORIZED POWER WHEELCHAIR BASE | Durable Medical Equipment (DME) |
| K0108 | OTHER ACCESSORIES | Durable Medical Equipment (DME) |
| K0553 | SUPPLY ALLOW FOR TX CGM1 MO SPL EQ 1 U OF SERVICE | Durable Medical Equipment (DME) |
| K0554 | RECEIVER DEDICATED FOR USE W THERAPEUTIC GCM SYS | Durable Medical Equipment (DME) |
| K0606 | AUTO EXT DEFIB W INTGR ECG ANALY GARMENT TYPE | Durable Medical Equipment (DME) |
| K0800 | PWR OP VEH GRP 1 STD PT WT CAP TO AND INCL 300 LBS | Durable Medical Equipment (DME) |
| K0801 | PWR OP VEH GRP 1 HEAVY DUTY PT 301 TO 450 LBS | Durable Medical Equipment (DME) |
| K0802 | PWR OP VEH GRP 1 VERY HEAVY DUTY PT 451-600 LBS | Durable Medical Equipment (DME) |
| K0806 | PWR OP VEH GRP 2 STD PT WT CAP TO AND INCL 300 LBS | Durable Medical Equipment (DME) |
| K0807 | PWR OP VEH GRP 2 HEAVY DUTY PT 301 TO 450 LBS | Durable Medical Equipment (DME) |
| K0808 | PWR OP VEH GRP 2 VERY HEAVY DUTY PT 451-600 LBS | Durable Medical Equipment (DME) |
| K0813 | PWR WC GRP 1 STD PORT SLING SEAT PT TO 300 LBS | Durable Medical Equipment (DME) |
| K0814 | PWR WC GRP 1 STD PORT CAPT CHAIR PT TO 300 LBS | Durable Medical Equipment (DME) |
| K0815 | PWR WC GRP 1 STD SLING SEAT PT UP TO AND EQ 300 LBS | Durable Medical Equipment (DME) |
| K0816 | PWR WC GRP 1 STD CAPTAINS CHAIR PT TO AND EQ 300 LBS | Durable Medical Equipment (DME) |
| K0820 | PWR WC GRP 2 STD PORT SLING SEAT PT TO AND EQ 300 LBS | Durable Medical Equipment (DME) |

| Code | Description | Service Category |
|-------|---|---------------------------------|
| K0821 | PWR WC GRP 2 STD PORT CAPT CHAIR PT TO AND EQ 300 LBS | Durable Medical Equipment (DME) |
| K0822 | PWR WC GRP 2 STD SLING SEAT PT TO AND EQ 300 LBS | Durable Medical Equipment (DME) |
| K0823 | PWR WC GRP 2 STD CAPTAINS CHAIR PT TO AND EQ 300 LBS | Durable Medical Equipment (DME) |
| K0824 | PWR WC GRP 2 HEVY DUTY SLING SEAT PT 301-450 LBS | Durable Medical Equipment (DME) |
| K0825 | PWR WC GRP 2 HEVY DUTY CAPT CHAIR PT 301-450 LBS | Durable Medical Equipment (DME) |
| K0826 | PWR WC GRP 2 VRY HVY DTY SLNG SEAT PT 451-600 LB | Durable Medical Equipment (DME) |
| K0827 | PWR WC GRP 2 VRY HVY DTY CAPT CHR PT 451-600 LBS | Durable Medical Equipment (DME) |
| K0828 | PWR WC GRP 2 XTRA HVY DUTY SLING SEAT PT 601LB OR GRT | Durable Medical Equipment (DME) |
| K0829 | PWR WC GRP 2 XTRA HVY DUTY CHAIR PT 601 LBS OR GRT | Durable Medical Equipment (DME) |
| K0830 | PWR WC GRP 2 STD SEAT ELEV SLING PT TO AND EQ 300 LBS | Durable Medical Equipment (DME) |
| K0831 | PWR WC GRP 2 STD SEAT ELEV CAP CHR PT TO 300 LB | Durable Medical Equipment (DME) |
| K0835 | PWR WC GRP 2 STD 1 PWR SLING SEAT PT TO 300 LBS | Durable Medical Equipment (DME) |
| K0836 | PWR WC GRP 2 STD 1 PWR CAPT CHAIR PT TO 300 LBS | Durable Medical Equipment (DME) |
| K0837 | PWR WC GRP 2 HVY 1 PWR SLING SEAT PT 301-450 LBS | Durable Medical Equipment (DME) |
| K0838 | PWR WC GRP 2 HVY 1 PWR CAPT CHAIR PT 301-450 LBS | Durable Medical Equipment (DME) |
| K0839 | PWR WC GRP 2 VRY HVY 1 PWR SLING PT 451-600 LBS | Durable Medical Equipment (DME) |
| K0840 | PWR WC GRP 2 XTRA HVY 1 PWR SLING PT 601 LBS OR GRT | Durable Medical Equipment (DME) |
| K0841 | PWR WC GRP 2 MX PWR SLING SEAT PT TO AND EQ 300 LBS | Durable Medical Equipment (DME) |
| K0842 | PWR WC GRP 2 STD MX PWR CAPT CHR PT TO AND EQ 300 LBS | Durable Medical Equipment (DME) |
| K0843 | PWR WC GRP 2 HVY MX PWR SLNG SEAT PT 301-450 LBS | Durable Medical Equipment (DME) |
| K0848 | PWR WC GRP 3 STD SLING SEAT PT TO AND EQ 300 LBS | Durable Medical Equipment (DME) |
| K0849 | PWR WC GRP 3 STD CAPTAIN CHAIR PT TO AND EQ 300 LBS | Durable Medical Equipment (DME) |
| K0850 | PWR WC GRP 3 HVY DUTY SLING SEAT PT 301-450 LBS | Durable Medical Equipment (DME) |
| K0851 | PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 301-450 LBS | Durable Medical Equipment (DME) |
| K0852 | PWR WC GRP 3 V HVY DUTY SLING SEAT PT 451-600 LB | Durable Medical Equipment (DME) |
| K0853 | PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 451-600 LBS | Durable Medical Equipment (DME) |
| K0854 | PWR WC GRP 3 XTRA HVY DTY SLNG SEAT PT 601 LBS OR GRT | Durable Medical Equipment (DME) |
| K0855 | PWR WC GRP 3X HVY DTY CHR PT WT CAP 601 LB OR GRT | Durable Medical Equipment (DME) |
| K0856 | PWR WC GRP 3 STD 1 PWR SLING SEAT PT TO AND EQ 300 LB | Durable Medical Equipment (DME) |
| K0857 | PWR WC GRP 3 STD 1 PWR CAPT CHAIR PT TO AND EQ 300 LB | Durable Medical Equipment (DME) |
| K0858 | PWR WC GRP 3 HD 1 PWR SLING SEAT PT 301-450 LBS | Durable Medical Equipment (DME) |
| K0859 | PWR WC GRP 3 HD 1 PWR CAPT CHAIR PT 301-450 LBS | Durable Medical Equipment (DME) |
| K0860 | PWR WC GRP 3 V HD 1 PWR SLING SEAT PT 451-600 LB | Durable Medical Equipment (DME) |
| K0861 | PWR WC GRP 3 STD MX PWR SLNG SEAT PT TO AND EQ 300 LB | Durable Medical Equipment (DME) |

| Code | Description | Service Category |
|-------|---|---------------------------------|
| K0862 | PWR WC GRP 3 HD MX PWR SLING SEAT PT 301-450 LBS | Durable Medical Equipment (DME) |
| K0863 | PWR WC GRP 3 V HD MX PWR SLNG SEAT PT 451-600 LB | Durable Medical Equipment (DME) |
| K0864 | PWR WC GRP 3 XTR HD MX PWR SLNG SEAT PT 601 LB OR GRT | Durable Medical Equipment (DME) |
| K0868 | PWR WC GRP 4 STD SLING SEAT PT TO AND EQ 300 LBS | Durable Medical Equipment (DME) |
| K0869 | PWR WC GRP 4 STD CAPTAIN CHAIR PT TO AND EQ 300 LBS | Durable Medical Equipment (DME) |
| K0870 | PWR WC GRP 4 HVY DUTY SLING SEAT PT 301-450 LBS | Durable Medical Equipment (DME) |
| K0871 | PWR WC GRP 4 V HVY DUTY SLING SEAT PT 451-600 LB | Durable Medical Equipment (DME) |
| K0877 | PWR WC GRP 4 STD 1 PWR SLING SEAT PT TO AND EQ 300 LB | Durable Medical Equipment (DME) |
| K0878 | PWR WC GRP 4 STD 1 PWR CAPT CHAIR PT TO AND EQ 300 LB | Durable Medical Equipment (DME) |
| K0879 | PWR WC GRP 4 HD 1 PWR SLING SEAT PT 301-450 LBS | Durable Medical Equipment (DME) |
| K0880 | PWR WC GRP 4 V HD 1 PWR SLING SEAT PT 451-600 LB | Durable Medical Equipment (DME) |
| K0884 | PWR WC GRP 4 STD MX PWR SLNG SEAT PT TO AND EQ 300 LB | Durable Medical Equipment (DME) |
| K0885 | PWR WC GRP 4 STD MX PWR CAPT CHR PT TO AND EQ 300 LBS | Durable Medical Equipment (DME) |
| K0886 | PWR WC GRP 4 HD MX PWR SLING SEAT PT 301-450 LBS | Durable Medical Equipment (DME) |
| K0890 | PWR WC GRP 5 PED 1 PWR SLING SEAT PT TO AND EQ 125 LB | Durable Medical Equipment (DME) |
| K0891 | PWR WC GRP 5 PED MX PWR SLNG SEAT PT TO AND EQ 125 LB | Durable Medical Equipment (DME) |
| K0900 | CUSTOMIZED DME OTHER THAN WHEELCHAIR | Durable Medical Equipment (DME) |
| K1001 | ELECTRONIC POSIT OBSTRUCTIVE SLEEP APNEA TX SENS | Durable Medical Equipment (DME) |
| K1002 | CES SYS INCL ALL SUPPLIES AND ACCESSORIES ANY TYPE | Durable Medical Equipment (DME) |
| K1003 | WHIRLPOOL TUB WALK IN PORTABLE | Durable Medical Equipment (DME) |
| K1004 | LW FRQ U S DIA TX DVC HM USE INCL CMPNT AND ACCESS | Durable Medical Equipment (DME) |
| K1014 | AK 4 BAR LINK HYDL SWG/STANC | Durable Medical Equipment (DME) |
| K1016 | TRANS ELEC NERV FOR TRIGEMIN | Durable Medical Equipment (DME) |
| K1017 | MONTHLY SUPP USE WITH K1016 | Durable Medical Equipment (DME) |
| K1018 | EXT UP LIMB TREMOR STIM WRIS | Durable Medical Equipment (DME) |
| K1019 | MONTHLY SUPP USE OF DEVICE CODED AT K1018 | Durable Medical Equipment (DME) |
| K1020 | NON-INVASIVE VAGUS NERV STIM | Durable Medical Equipment (DME) |
| L8701 | PWR UE ROM AST DVC ELB WR HAND 1 DBL UP CUS FAB | Durable Medical Equipment (DME) |
| L8702 | PWR UE ROM AST DVC ELBO WR H FINGER 1 DBL UP CUS | Durable Medical Equipment (DME) |
| Q0480 | DRIVER PNEUMATIC VAD, REP | Durable Medical Equipment (DME) |
| V2530 | CONTACT LENS SCLERAL GAS IMPERMEABLE PER LENS | Durable Medical Equipment (DME) |
| V2531 | CONTACT LENS SCLERAL GAS PERMEABLE PER LENS | Durable Medical Equipment (DME) |
| 46948 | LIGATION HEMORRHOID BUNDLE W US | Experimental/Investigational |
| 82016 | ACYLCARNITINES QUALITATIVE EACH SPECIMEN | Experimental/Investigational |

| Code | Description | Service Category |
|-------|--|------------------------------|
| 82017 | ACYLCARNITINES QUANTIATIVE EACH SPECIMEN | Experimental/Investigational |
| 83987 | PH EXHALED BREATH CONDENSATE | Experimental/Investigational |
| 93264 | REMOTE MNTR WIRELESS P-ART PRS SNR UP TO 30 D | Experimental/Investigational |
| 93702 | BIS EXTRACELLULAR FLUID ALYS LYMPHEDEMA ASSMNT | Experimental/Investigational |
| 93895 | CAROTID INTIMA MEDIA & CAROTID ATHEROMA EVAL BI | Experimental/Investigational |
| 95803 | ACTIGRAPHY TESTING RECORDING ANALYSIS I AND R | Experimental/Investigational |
| 95836 | ECOG IMPLANTED BRAIN NPGT W REC I AND R UNDER 30 DAYS | Experimental/Investigational |
| 95976 | ELEC ALYS IMPLT SMPL CN NPGT PRGRMG | Experimental/Investigational |
| 95977 | ELEC ALYS IMPLT CPLX CN NPGT PRGRMG | Experimental/Investigational |
| 95983 | ELEC ALYS IMPLT BRN NPGT PRGRMG 1ST 15 MIN | Experimental/Investigational |
| 0054T | CPTR-ASST MUSCSKEL NAVIGJ ORTHO FLUOR IMAGES | Experimental/Investigational |
| 0055T | CPTR-ASST MUSCSKEL NAVIGJ ORTHO CT MRI | Experimental/Investigational |
| 0071T | US ABLATJ UTERINE LEIOMYOMATA UNDER 200 CC TISSUE | Experimental/Investigational |
| 0072T | US ABLATJ UTERINE LEIOMYOMAT MORE OR EQUAL 200 CC TISS | Experimental/Investigational |
| 0075T | TCAT PLMT XTRC VRT CRTD STENT RS AND I PRQ 1ST VSL | Experimental/Investigational |
| 0101T | EXTRCORPL SHOCK WAVE MUSCSKELE NOS HIGH ENERGY | Experimental/Investigational |
| 0102T | EXTRCRPL SHOCK WAVE W ANES LAT HUMERL EPICONDYLE | Experimental/Investigational |
| 0106T | QUANT SENSORY TEST AND INTERPJ XTR W TOUCH STIMULI | Experimental/Investigational |
| 0107T | QUANT SENSORY TEST AND INTERPJ XTR W VIBRJ STIMULI | Experimental/Investigational |
| 0108T | QUANT SENSORY TEST AND INTERPJ XTR W COOL STIMULI | Experimental/Investigational |
| 0109T | QUANT SENAORY TEST AND INTERPJ XTR W HT-PN STIMULI | Experimental/Investigational |
| 0110T | QUANT SENSORY TEST AND INTERPJ XTR OTHER STIMULI | Experimental/Investigational |
| 0184T | RECTAL TUMOR EXCISION TRANSANAL ENDOSCOPIC | Experimental/Investigational |
| 0198T | MEAS OCULAR BLOOD FLOW REPEAT IO PRES SAMP W I AND R | Experimental/Investigational |
| 0200T | PERQ SAC AGMNTJ UNI W WO BALO MCHNL DEV 1 OR GRT NDL | Experimental/Investigational |
| 0201T | PERQ SAC AGMNTJ BI W WO BALO MCHNL DEV 2 OR GRT NDLS | Experimental/Investigational |
| 0202T | POST VERT ARTHRPLSTY W WO BONE CEMENT 1 LUMB LVL | Experimental/Investigational |
| 0206U | NEURO ALZHEIMER CELL AGGREGJ | Experimental/Investigational |
| 0207T | EVAC MEIBOMIAN GLNDS AUTO HT AND INTMT PRESS UNI | Experimental/Investigational |
| 0207U | NEURO ALZHEIMER QUAN IMAGING | Experimental/Investigational |
| 0208T | PURE TONE AUDIOMETRY AUTOMATED AIR ONLY | Experimental/Investigational |
| 0209T | PURE TONE AUDIOMETRY AUTOMATED AIR AND BONE | Experimental/Investigational |
| 0210T | SPEECH AUDIOMETRY THRESHOLD AUTOMATED | Experimental/Investigational |
| 0210U | SYPHILIS TST ANT B IA QUAN | Experimental/Investigational |

| Code | Description | Service Category |
|-------|--|------------------------------|
| 0211T | SPEECH AUDIOM THRESHLD AUTO W SPEECH RECOGNITION | Experimental/Investigational |
| 0212T | COMPRE AUDIOM THRESHOLD EVAL AND SPEECH RECOG | Experimental/Investigational |
| 0213T | NJX DX THER PARAVER FCT JT W US CER THOR 1 LVL | Experimental/Investigational |
| 0214T | NJX DX THER PARAVER FCT JT W US CER THOR 2ND LVL | Experimental/Investigational |
| 0215T | NJX PARAVERBRL FACET JT W US CER THOR 3RD AND OVER LVL | Experimental/Investigational |
| 0216T | NJX DX THER PARAVER FCT JT W US LUMB SAC 1 LVL | Experimental/Investigational |
| 0217T | NJX DX THER PARAVER FCT JT W US LUMB SAC LVL 2 | Experimental/Investigational |
| 0218T | NJX PARAVERBRL FCT JT W US LUMB SAC 3RD AND OVER LVL | Experimental/Investigational |
| 0219T | PLMT POST FACET IMPLANT UNI BI W IMG AND GRFT CERV | Experimental/Investigational |
| 0219U | NFCT AGT HIV GNRJ SEQ ALYS | Experimental/Investigational |
| 0220T | PLMT POST FACET IMPLT UNI BI W IMG AND GRFT THOR | Experimental/Investigational |
| 0221T | PLMT POST FACET IMPLT UNI BI W IMG AND GRFT LUMB | Experimental/Investigational |
| 0221U | ABO GNOTYP NEXT GNRJ SEQ ABO | Experimental/Investigational |
| 0222U | RHD&RHCE GNTYP NEXT GNRJ SEQ | Experimental/Investigational |
| 0227U | RX ASSAY PRSMV 30 Plus RX/METABLT UR LC-MS/MS MRM | Experimental/Investigational |
| 0234T | TRLUML PERIPHERAL ATHERECTOMY RENAL ARTERY EA | Experimental/Investigational |
| 0235T | TRLUML PERIPHERAL ATHERECTOMY VISCERAL ARTERY EA | Experimental/Investigational |
| 0236T | TRLUML PERIPH ATHRC W RS AND I ABDOM AORTA | Experimental/Investigational |
| 0237T | TRLUML PERIPH ATHRC W RS AND I BRCHIOCPHL EA VSL | Experimental/Investigational |
| 0238T | TRLUML PERIPHERAL ATHERECTOMY ILIAC ARTERY EA | Experimental/Investigational |
| 0253T | INSERT ANT SGM DRAINAGE DEV W O RESERVR INT APPR | Experimental/Investigational |
| 0263T | AUTO BONE MARRW CELL RX COMPLT BONE MARRW HARVST | Experimental/Investigational |
| 0264T | AUTO BONE MARRW CELL RX COMP W O BONE MAR HARVST | Experimental/Investigational |
| 0265T | BONE MAR HARVST ONLY FOR INTMUSC AUTOLO CELL RX | Experimental/Investigational |
| 0266T | IM REPL CARTD SINUS BAROREFLX ACTIV DEV TOT SYST | Experimental/Investigational |
| 0267T | IM REPL CARTD SINS BAROREFLX ACTIV DEV LEAD ONLY | Experimental/Investigational |
| 0268T | IM REPL CARTD SINS BARREFLX ACT DEV PLS GEN ONLY | Experimental/Investigational |
| 0269T | REV REMVL CARTD SINS BARREFLX ACT DEV TOT SYSTEM | Experimental/Investigational |
| 0270T | REV REMVL CARTD SINS BARREFLX ACT DEV LEAD ONLY | Experimental/Investigational |
| 0271T | REV REM CARTD SINS BARREFLX ACT DEV PLS GEN ONLY | Experimental/Investigational |
| 0272T | INTRGORTION DEV EVAL CARTD SINS BARREFLX W I AND R | Experimental/Investigational |
| 0273T | INTROGATION DEV EVAL CARTD SINS BARREFLX W PRGRM | Experimental/Investigational |
| 0274T | PERC LAMINO- LAMINECTOMY IMAGE GUIDE CERV THORAC | Experimental/Investigational |
| 0275T | PERC LAMINO- LAMINECTOMY INDIR IMAG GUIDE LUMBAR | Experimental/Investigational |

| Code | Description | Service Category |
|-------------|---|------------------------------|
| 0278T | TRNSCUT ELECT MODLATION PAIN REPROCES EA TX SESS | Experimental/Investigational |
| 0312T | LAPS IMPLTJ NSTIM ELTRD ARRAY AND PLS GEN VAGUS NRV | Experimental/Investigational |
| 0313T | LAPS REVJ REPLCMT NSTIM ELTRD ARRAY VAGUS NRV | Experimental/Investigational |
| 0314T | LAPS RMVL NSTIM ELTRD ARRAY AND PLS GEN VAGUS NRV | Experimental/Investigational |
| 0315T | REMOVAL PULSE GENERATOR VAGUS NERVE | Experimental/Investigational |
| 0316T | REPLACEMENT PULSE GENERATOR VAGUS NERVE | Experimental/Investigational |
| 0317T | ELEC ALYS NSTIM PLS GEN VAGUS NRV W REPRGRMG | Experimental/Investigational |
| 0335T | INSERTION OF SINUS Tarsi IMPLANT | Experimental/Investigational |
| 0338T | TRANSCATHETER RENAL SYMPATH DENERVATION UNILAT | Experimental/Investigational |
| 0339T | TRANSCATHETER RENAL SYMPATH DENERVATION BILAT | Experimental/Investigational |
| 0342T | THERAPEUTIC APHERESIS W SELECTIVE HDL DELIP | Experimental/Investigational |
| 0347T | PLACE INTERSTITIAL DEVICE(S) IN BONE FOR RSA | Experimental/Investigational |
| 0348T | RADIOSTEREOMETRIC ANALYSIS SPINE EXAM | Experimental/Investigational |
| 0349T | RADIOSTEREOMETRIC ANALYSIS UPPER EXTREMITY EXAM | Experimental/Investigational |
| 0350T | RADIOSTEREOMETRIC ANALYSIS LOWER EXTREMITY EXAM | Experimental/Investigational |
| 0351T | INTRAOP OCT BREAST OR AXILL NODE EACH SPECIMEN | Experimental/Investigational |
| 0352T | OCT BREAST OR AXILL NODE SPECIMEN I AND R | Experimental/Investigational |
| 0353T | OCT OF BREAST SURG CAVITY REAL TIME INTRAOP | Experimental/Investigational |
| 0354T | OCT BREAST SURG CAVITY REAL TIME REFERRED I AND R | Experimental/Investigational |
| 0358T | BIA WHOLE BODY COMPOSITION ASSESSMENT W I AND R | Experimental/Investigational |
| 0394T | HDR ELECTRONIC BRACHYTHERAPY SKIN SURFACE | Experimental/Investigational |
| 0395T | HDR ELECTRONIC BRACHYTHERAPY NTRSTL INTRCAV | Experimental/Investigational |
| 0396T | INTRAOP KINETIC BALANCE SENSR KNEE RPLCMT ARTHRP | Experimental/Investigational |
| 0397T | ERCP WITH OPTICAL ENDOMICROSCOPY ADD ON | Experimental/Investigational |
| 0398T | MRGFUS STEREOTACTIC ABLATION LESION INTRACRANIAL | Experimental/Investigational |
| 0402T | COLLAGEN CROSS-LINKING OF CORNEA MED SEPARATE | Experimental/Investigational |
| 0404T | TRANSCERVICAL UTERINE FIBROID ABLTJ W US GDN RF | Experimental/Investigational |
| 0408T | INSJ RPLC CAR MODULJ SYS PLS GEN TRANSVNS ELTRD | Experimental/Investigational |
| 0409T | INSJ RPLC CARDIAC MODULJ SYS PLS GENERATOR ONLY | Experimental/Investigational |
| 0410T | INSJ RPLC CARDIAC MODULJ SYS ATR ELECTRODE ONLY | Experimental/Investigational |
| 0411T | INSJ RPLC CAR MODULJ SYS VENTR ELECTRODE ONLY | Experimental/Investigational |
| 0412T | REMOVAL CARDIAC MODULJ SYS PLS GENERATOR ONLY | Experimental/Investigational |
| 0413T | REMOVAL CARDIAC MODULJ SYS TRANSVENOUS ELECTRODE | Experimental/Investigational |
| 0414T | RMVL AND RPL CARDIAC MODULJ SYS PLS GENERATOR ONLY | Experimental/Investigational |

| Code | Description | Service Category |
|-------|---|------------------------------|
| 0415T | REPOS CARDIAC MODULI SYS TRANSVENOUS ELECTRODE | Experimental/Investigational |
| 0416T | RELOC SKIN POCKET CARDIAC MODULI PULSE GENERATOR | Experimental/Investigational |
| 0417T | PRGRMG DEVICE EVALUATION CARDIAC MODULI SYSTEM | Experimental/Investigational |
| 0418T | INTERRO DEVICE EVALUATION CARDIAC MODULI SYSTEM | Experimental/Investigational |
| 0419T | DSTRJ NEUROFIBROMAS XTNSV FACE HEAD NECK OVER 50 | Experimental/Investigational |
| 0420T | DSTRJ NEUROFIBROMAS XTNSV TRNK EXTREMITIES OVER 100 | Experimental/Investigational |
| 0421T | TRANSURETHRAL WATERJET ABLATION PROSTATE COMPL | Experimental/Investigational |
| 0422T | TACTILE BREAST IMG COMPUTER-AIDED SENSORS UNI BI | Experimental/Investigational |
| 0424T | INSJ RPLC NSTIM SYSTEM SLEEP APNEA COMPLETE | Experimental/Investigational |
| 0425T | INSJ RPLC NSTIM SYSTEM SLEEP APNEA SENSING LEAD | Experimental/Investigational |
| 0426T | INSJ RPLC NSTIM SYSTEM SLEEP APNEA STIMJ LEAD | Experimental/Investigational |
| 0427T | INSJ RPLC NSTIM SYSTEM SLEEP APNEA PLS GENERATOR | Experimental/Investigational |
| 0428T | REMOVAL NSTIM SYSTEM SLEEP APNEA PLS GENERATOR | Experimental/Investigational |
| 0429T | REMOVAL NSTIM SYSTEM SLEEP APNEA SENSING LEAD | Experimental/Investigational |
| 0430T | REMOVAL NSTIM SYSTEM SLEEP APNEA STIMJ LEAD | Experimental/Investigational |
| 0431T | RMVL RPLC NSTIM SYSTEM SLEEP APNEA PLS GENERATOR | Experimental/Investigational |
| 0432T | REPOS NSTIM SYSTEM SLEEP APNEA STIMJ LEAD | Experimental/Investigational |
| 0433T | REPOS NSTIM SYSTEM SLEEP APNEA SENSING LEAD | Experimental/Investigational |
| 0434T | INTERRO DEV EVAL NSTIM PLS GEN SYS SLEEP APNEA | Experimental/Investigational |
| 0435T | PRGRMG EVAL NSTIM PLS GEN SYS SLEEP APNEA 1 SESS | Experimental/Investigational |
| 0436T | PRGRMG EVAL NSTIM PLS GEN SYS SLEEP APNEA STUDY | Experimental/Investigational |
| 0437T | IMPLTJ NONBIOL SYNTH IMPLT FASC RNFCMT ABDL WALL | Experimental/Investigational |
| 0440T | ABL TJ PERC CRYOABL TJ IMG GDN UXTR PERPH NERVE | Experimental/Investigational |
| 0441T | ABL TJ PERC CRYOABL TJ IMG GDN LXTR PERPH NERVE | Experimental/Investigational |
| 0442T | ABL TJ PERC CRYOABL TJ IMG GDN NRV PLEX TRNCL NRV | Experimental/Investigational |
| 0443T | R-T SPCTRL ALYS PROSTATE TISS FLUORESCENC SPCTRSCPY | Experimental/Investigational |
| 0444T | INITIAL PLMT DRUG ELUTING OCULAR INSERT UNI BI | Experimental/Investigational |
| 0445T | SBSQ PLMT DRUG ELUTING OCULAR INSERT UNI BI | Experimental/Investigational |
| 0446T | CRTJ SUBQ INSJ IMPLTBL GLUCOSE SENSOR SYS TRAIN | Experimental/Investigational |
| 0447T | RMVL IMPLTBL GLUCOSE SENSOR SUBQ POCKET VIA INC | Experimental/Investigational |
| 0448T | RMVL INSJ IMPLTBL GLUC SENSOR DIF ANATOMIC SITE | Experimental/Investigational |
| 0470T | OCT SKN IMG ACQUISI J I AND R 1ST LES | Experimental/Investigational |
| 0472T | DEV INTERR PRGRMG IO RTA ELTRD RA W ADJ AND REPRT | Experimental/Investigational |
| 0473T | DEV INTERR REPRGRMG IO RTA ELTRD RA W REPRT | Experimental/Investigational |

| Code | Description | Service Category |
|-------|---|------------------------------|
| 0474T | INSJ ANT SEG AQUEOUS DRG DEV W IO RSVR | Experimental/Investigational |
| 0475T | REC FTL CAR SGL 3 CH PT REC AND STRG DATA SCN I AND R | Experimental/Investigational |
| 0476T | REC FTL CAR SGL PT REC SCAN W RAW ELEC TR DATA | Experimental/Investigational |
| 0477T | REC FTL CAR SGL 3 CH SGL XTRJ TECHL ALYS | Experimental/Investigational |
| 0478T | REC FTL CAR SGL 3 CH REVIEW I AND R | Experimental/Investigational |
| 0479T | FRACTIONAL ABL LSR FENESTRATION FIRST 100 SQCM | Experimental/Investigational |
| 0481T | NJX AUTOL WBC CONCENTR INC IMG GDN HRV AND PREP | Experimental/Investigational |
| 0483T | TMVI W PROSTHETIC VALVE PERCUTANEOUS APPROACH | Experimental/Investigational |
| 0484T | TMVI W PROSTHETIC VALVE TRANSTHORACIC EXPOSURE | Experimental/Investigational |
| 0485T | OCT MIDDLE EAR WITH I AND R UNILATERAL | Experimental/Investigational |
| 0486T | OCT MIDDLE EAR WITH I AND R BILATERAL | Experimental/Investigational |
| 0487T | TRANSVAGINAL BIOMECHANICAL MAPPING W REPORT | Experimental/Investigational |
| 0488T | DIABETES PREV ONLINE ELECTRONIC PRGRM PR 30 DAYS | Experimental/Investigational |
| 0489T | AUTOL REGN CELL TX SCLERODERMA HANDS | Experimental/Investigational |
| 0491T | ABL LASER TX OPEN WND PR DAY 1ST 20 SQCM OR LESS | Experimental/Investigational |
| 0493T | NEAR INFRARED SPECTROSCPY STUDIES LOW EXT WOUNDS | Experimental/Investigational |
| 0494T | PREP AND CANNULJ CDVR DON LNG ORGN PRFUJ SYS | Experimental/Investigational |
| 0495T | INIT AND MNTR CDVR DON LNG ORGN PRFUJ SYS 1ST 2 HR | Experimental/Investigational |
| 0497T | XTRNL PT ACT ECG W O ATTN MNTR IN-OFFICE CONN | Experimental/Investigational |
| 0498T | XTRNL PT ACT ECG W O ATTN MNTR R AND I PR 30 DAYS | Experimental/Investigational |
| 0499T | CYSTO W DIL AND URTL RX DEL F URTL STRIX STENOSIS | Experimental/Investigational |
| 0500T | IADNA HPV 5 PLUS SEP REPRT HIGH RISK HPV TYPES | Experimental/Investigational |
| 0505T | EV FEMPOP ARTL REVSC TCAT PLMT IV ST GRF AND CLSR | Experimental/Investigational |
| 0506T | MAC PGMT OPTICAL DNS MEAS HFP UNI BI W I AND R | Experimental/Investigational |
| 0507T | NEAR INFRARED DUAL IMG MEIBOMIAN GLND UNI BI I AND R | Experimental/Investigational |
| 0508T | PLS ECHO US B1 DNS MEAS INDIC AXL B1 MIN DNS TIB | Experimental/Investigational |
| 0509T | PATTERN ELECTRORETINOGRAPHY W I AND R | Experimental/Investigational |
| 0510T | REMOVAL OF SINUS Tarsi IMPLANT | Experimental/Investigational |
| 0511T | REMOVAL AND REINSERTION OF SINUS Tarsi IMPLANT | Experimental/Investigational |
| 0512T | ESW INTEGUMENTARY WOUND HEALING INITIAL WOUND | Experimental/Investigational |
| 0514T | INTRAOPERATIVE VISUAL AXIS ID USING PT FIXATION | Experimental/Investigational |
| 0515T | INSERTION WRLS CAR STIMULATOR LV PACG COMPL SYS | Experimental/Investigational |
| 0516T | INSERTION WRLS CAR STIMULATOR LV PACG ELTRD ONLY | Experimental/Investigational |
| 0517T | INSERTION WRLS CAR STIMULATOR LV PACG PG COMPNT | Experimental/Investigational |

| Code | Description | Service Category |
|-------|--|------------------------------|
| 0518T | REMOVAL PG COMPNT ONLY WRLS CAR STIMULATOR | Experimental/Investigational |
| 0519T | REMOVAL AND RPLCMT WRLS CAR STIMULATOR PG COMPNT | Experimental/Investigational |
| 0520T | REMOVAL AND RPLCMT WRLS CAR STIMULATOR W NEW ELTRD | Experimental/Investigational |
| 0521T | INTERROG DEV EVAL WRLS CAR STIMULATOR IN PERSON | Experimental/Investigational |
| 0522T | PRGRMG DEVICE EVAL WRLS CAR STIMULATOR IN PERSON | Experimental/Investigational |
| 0523T | INTRAPROCEDURAL CORONARY FFP W 3D FUNCJL MAPPING | Experimental/Investigational |
| 0524T | EV CATHETER DIR CHEM ABLTJ INCMPTNT XTR VEIN | Experimental/Investigational |
| 0525T | INSERTION REPLACEMENT COMPLETE IIMS | Experimental/Investigational |
| 0526T | INSERTION REPLACEMENT IIMS ELECTRODE ONLY | Experimental/Investigational |
| 0527T | INSERTION REPLACEMENT IIMS IMPLANTABLE MNTR ONLY | Experimental/Investigational |
| 0528T | PRGRMG DEVICE EVAL IIMS IN PERSON | Experimental/Investigational |
| 0529T | INTERROGATION DEVICE EVAL IIMS IN PERSON | Experimental/Investigational |
| 0530T | REMOVAL COMPLETE IIMS INCL IMG S AND I | Experimental/Investigational |
| 0531T | REMOVAL IIMS ELECTRODE ONLY INCL IMG S AND I | Experimental/Investigational |
| 0532T | REMOVAL IIMS IMPLANTABLE MNTR ONLY INCL IMG S AND I | Experimental/Investigational |
| 0533T | CONTINUOUS REC MVMT DO SX 6 D UNDER 10 D | Experimental/Investigational |
| 0534T | CONT REC MVMT DO SX 6 D UNDER 10 D SETUP AND PT TRAINJ | Experimental/Investigational |
| 0535T | CONT REC MVMT DO SX 6 D UNDER 10 D 1ST REPR CNFIG | Experimental/Investigational |
| 0536T | CONT REC MVMT DO SX 6 D UNDER 10 D DL REVIEW I AND R | Experimental/Investigational |
| 0541T | MYOCARDIAL IMG BY MCG DETCJ CARDIAC ISCHEMIA | Experimental/Investigational |
| 0542T | MYOCARDIAL IMG BY MCG DETCJ CARDIAC ISCHEMIA I AND R | Experimental/Investigational |
| 0563T | EVACUATION MEIBOMIAN GLANDS USING HEAT BILATERAL | Experimental/Investigational |
| 0564T | ONC CHEMO RX CYTOTOXICITY ASSAY CSC MIN 14 DRUGS | Experimental/Investigational |
| 0565T | AUTOL CELL IMPLT ADPS TISS HRVG CELL IMPLT CRTJ | Experimental/Investigational |
| 0566T | AUTOL CELL IMPLT ADPS TISS NJX IMPLT KNEE UNI | Experimental/Investigational |
| 0567T | PERM FLP TUB OCCLS W IMPLANT TRANSCRV APPROACH | Experimental/Investigational |
| 0568T | INTRO MIX SALINE AND AIR F SSG CONF OCCLS FLP TUBE | Experimental/Investigational |
| 0569T | TTVR PERCUTANEOUS APPROACH INITIAL PROSTHESIS | Experimental/Investigational |
| 0570T | TTVR PERCUTANEOUS APPROACH EACH ADDL PROSTHESIS | Experimental/Investigational |
| 0571T | INSJ RPLCMT ICDS W SUBSTERNAL ELECTRODE | Experimental/Investigational |
| 0572T | INSJ SUBSTERNAL IMPLANTABLE DEFIBRILLATOR ELTRD | Experimental/Investigational |
| 0573T | RMVL SUBSTERNAL IMPLANTABLE DEFIBRILLATOR ELTRD | Experimental/Investigational |
| 0574T | REPOS PREV IMPL SS IMPLTBL DFB PACING ELTRD | Experimental/Investigational |
| 0575T | PROGRAMMING DEV EVAL ICDS W SS ELTRD IN PERSON | Experimental/Investigational |

| Code | Description | Service Category |
|-------|---|------------------------------|
| 0576T | INTERROGATION DEV EVAL ICDS W SS ELTRD IN PERSON | Experimental/Investigational |
| 0577T | ELECTROPHYSIOLOGICAL EVAL ICDS W SS ELECTRODE | Experimental/Investigational |
| 0578T | REM INTERROG DEV EVAL SS LD ICDS UNDER 90D PHY QHP | Experimental/Investigational |
| 0579T | REM INTERROG DEV EVAL SS LD ICDS UNDER 90D TECH | Experimental/Investigational |
| 0580T | RMVL SUBSTERNAL IMPLTBL DFB PULSE GENERATOR ONLY | Experimental/Investigational |
| 0581T | ABLATION MAL BRST TUMOR PERQ CRTX UNILATERAL | Experimental/Investigational |
| 0582T | TRURL ABLTJ MAL PROSTATE TISS HI ENERGY WATER VAPOR | Experimental/Investigational |
| 0583T | TYMPANOSTOMY AUTOMATED TUBE DELIVERY SYSTEM | Experimental/Investigational |
| 0587T | PERCUTANEOUS IMPLANTATION REPLACEMENT ISDNS PTN | Experimental/Investigational |
| 0588T | REVISION OR REMOVAL ISDNS POSTERIOR TIBIAL NRV | Experimental/Investigational |
| 0589T | ELEC ALYS SMPL PRGRMG IINS PTN 1-3 PARAMETERS | Experimental/Investigational |
| 0590T | ELEC ALYS CPLX PRGRMG IINS PTN 4 PLUS PARAMETERS | Experimental/Investigational |
| 0594T | OSTEOT HUM XTRNL LNGTH DEV | Experimental/Investigational |
| 0596T | TEMP FML IU VLV-PMP 1ST INSJ | Experimental/Investigational |
| 0597T | TEMP FML IU VALVE-PMP RPLCMT | Experimental/Investigational |
| 0598T | NCNTC R-T FLUOR WND IMG 1ST | Experimental/Investigational |
| 0599T | NCNTC R-T FLUOR WND IMG EA | Experimental/Investigational |
| 0600T | IRE ABLTJ 1+TUM ORGAN PERQ | Experimental/Investigational |
| 0601T | IRE ABLTJ 1+TUMORS OPEN | Experimental/Investigational |
| 0602T | TRANSDERMAL GFR MEASUREMENTS | Experimental/Investigational |
| 0603T | TRANSDERMAL GFR MONITORING | Experimental/Investigational |
| 0604T | REM OCT RTA DEV SETUP&EDUCAJ | Experimental/Investigational |
| 0605T | REM OCT RTA TECHL SPRT MIN 8 | Experimental/Investigational |
| 0606T | REM OCT RTA PHYS/QHP EA 30D | Experimental/Investigational |
| 0607T | REM MNTR PULM FLU MNTR SETUP | Experimental/Investigational |
| 0608T | REM MNTR PULM FLU MNTR ALYS | Experimental/Investigational |
| 0613T | PERQ TCAT INTRATRL SEPTL SHT | Experimental/Investigational |
| 0614T | RMVL & RPLCMT SS IMP DFB PG | Experimental/Investigational |
| 0615T | EYE MVMT ALYS W/O CALBRJ I&R | Experimental/Investigational |
| 0616T | INSERTION OF IRIS PROSTHESIS | Experimental/Investigational |
| 0617T | NSJ IRIS PROSTH W/RMVL&INSJ | Experimental/Investigational |
| 0618T | INSJ IRIS PROSTH SEC IO LENS | Experimental/Investigational |
| 0619T | CYSTO W/TRURL ANT PROSTATE COMMISSUROTOMY and RX DLVR | Experimental/Investigational |
| 0620T | ENDOVASCULAR VENOUS ARTERIALIZATION TBL/PRNL VN | Experimental/Investigational |

| Code | Description | Service Category |
|-------|---|------------------------------|
| 0621T | TRABECULOSTOMY AB INTERNO BY LASER | Experimental/Investigational |
| 0622T | TRABECULOSTOMY AB INTERNO LASER W/OPH ENDOSCOPE | Experimental/Investigational |
| 0627T | PERQ NJX ALGC CELL and /PRDCT UNI/BI FLUOR LMBR 1ST | Experimental/Investigational |
| 0628T | PERQ NJX ALGC CELL and /PRDCT UNI/BI FLUOR LMBR EA | Experimental/Investigational |
| 0629T | PERQ NJX ALGC CELL and /PRDCT UNI/BI CT LMBR 1ST | Experimental/Investigational |
| 0630T | PERQ NJX ALGC CELL and /PRDCT UNI/BI CT LMBR EA | Experimental/Investigational |
| 0631T | TC VISIBLE LIGHT HYPERSPECTRAL IMG MEAS PER XTR | Experimental/Investigational |
| 0632T | PERQ TCAT US ABLATION NERVES INNERVATING P-ART | Experimental/Investigational |
| 0639T | WIRELESS SKIN SNR THERMAL ANISOTROPY MEAS and ASSMT | Experimental/Investigational |
| 0640T | NCNTC NR IFR SPCTRSC WND | Experimental/Investigational |
| 0641T | NCNTC NR IFR SPCTRSC WND IMG | Experimental/Investigational |
| 0642T | NCNTC NR IFR SPCTRSC WND I&R | Experimental/Investigational |
| 0643T | TCAT L VENTR RSTRJ DEV IMPLT | Experimental/Investigational |
| 0644T | TCAT RMVL/DBLK ICAR MAS PERQ | Experimental/Investigational |
| 0645T | TCAT IMPLTJ C SINS RDCTJ DEV | Experimental/Investigational |
| 0646T | TTVI/RPLCMT W/PRSTC VLV PERQ | Experimental/Investigational |
| 0647T | INSJ GTUBE PERQ MAG GASTRPXY | Experimental/Investigational |
| 0648T | QUAN MR ALYS TISS W/O MRI | Experimental/Investigational |
| 0649T | QUAN MR ALYS TISS W/MRI | Experimental/Investigational |
| 0650T | PRGRMG DEV EVAL SCRMS REMOTE | Experimental/Investigational |
| 0651T | MAG CTRLD CAPSULE ENDOSCOPY | Experimental/Investigational |
| 0652T | EGD FLX TRANSNASAL DX BR/WA | Experimental/Investigational |
| 0653T | EGD FLX TRANSNASAL BX 1/MLT | Experimental/Investigational |
| 0654T | EGD FLX TRANSNASAL TUBE/CATH | Experimental/Investigational |
| 0655T | TPRNL FOCAL ABLTJ MAL PRST8 | Experimental/Investigational |
| 0656T | VRT BDY TETHERING ANT <7 SEG | Experimental/Investigational |
| 0657T | VRT BDY TETHERING ANT 8+ SEG | Experimental/Investigational |
| 0658T | ELEC IMPD SPECTRSC 1+SKN LES | Experimental/Investigational |
| 0660T | IMPLT ANT SGM IO NBIO RX SYS | Experimental/Investigational |
| 0661T | RMVL&RIMPLTJ ANT SGM IMPLT | Experimental/Investigational |
| 0662T | SCALP COOL 1ST MEAS&CALBRJ | Experimental/Investigational |
| 0663T | SCALP COOL PLMT MNTR RMVL | Experimental/Investigational |
| 0664T | DON HYSTERECTOMY OPEN CDVR | Experimental/Investigational |
| 0665T | DON HYSTERECTOMY OPEN LIV | Experimental/Investigational |

| Code | Description | Service Category |
|-------|---|------------------------------|
| 0666T | DON HYSTERECTOMY LAPS LIV | Experimental/Investigational |
| 0667T | DON HYSTERECTOMY RCP UTER | Experimental/Investigational |
| 0668T | BKBENCH PREP DON UTER ALGRFT | Experimental/Investigational |
| 0669T | BKBENCH RCNSTJ DON UTER VEN | Experimental/Investigational |
| 0670T | BKBENCH RCNSTJ DON UTER ARTL | Experimental/Investigational |
| 0690T | QUANTITATIVE US TISS CHARAC I and R W/DX US SM ANAT | Experimental/Investigational |
| 0691T | AUTO ALYS XST CT VRT FX ASMT B1 DNS DATA PRP I and R | Experimental/Investigational |
| 0693T | COMPRE FUL BDY CPTR MRKRLS 3D KNMTC and KIN MTN ALYS | Experimental/Investigational |
| 0694T | 3D VOLUMETRIC IMG and RCNSTJ BRST/AX LYMPH NODE TISS | Experimental/Investigational |
| 0695T | BDY SURF ACTIVATION MAPG PM/CVDFB LEADS TM IMPLT | Experimental/Investigational |
| 0696T | BDY SURF ACTIVATION MAPG PM/CVDFB LEADS TM F/UP | Experimental/Investigational |
| 0697T | QUAN MR ALYS TIS COMPJ WO MRI SAME SESS MLT ORGN | Experimental/Investigational |
| 0698T | QUAN MR ALYS TISS COMPOSITION W/MRI MLT ORGANS | Experimental/Investigational |
| 0700T | MOLECULAR FLUOR IMAGING SUSPICIOUS NEVUS 1ST LES | Experimental/Investigational |
| 0701T | MOLECULAR FLUOR IMAGING SUSPICIOUS NEVUS EA ADDL | Experimental/Investigational |
| A4563 | RECTAL CNTRL SYS VAG INSRT LT USE ANY TYPE EA | Experimental/Investigational |
| C1823 | GENERATR NEUROSTIM NON-RECHRGABL TV S AND STIM LEADS | Experimental/Investigational |
| C1824 | GENERATOR, CARDIAC CONTRACTILITY MODULATION (IMPLANTABLE) | Experimental/Investigational |
| C2596 | PROBE, IMAGE GUIDED, ROBOTIC, WATERJET ABLATION | Experimental/Investigational |
| C9751 | BRONCHOSCOPY RIGID FLEXIBLE TRANSBRON ABL LESION | Experimental/Investigational |
| C9758 | BI PROC NYHA CL III IV HF;TRNSCATH IMPL IAS PC | Experimental/Investigational |
| C9782 | BLD PROC NYHA CLS II//III HF/CCS CLS III//IV CRA | Experimental/Investigational |
| C9783 | BLINDED PROC TC IMP CS RD DVCE/PLACEBO CONTROL | Experimental/Investigational |
| K1006 | SUCTION PUMP HOME MODEL ELEC USE EXT URINE MS | Experimental/Investigational |
| K1007 | BIL HKAFO DEV C PWR INCL PELV COMP UP KNEE JOINTS | Experimental/Investigational |
| K1009 | SPEECH VOLUME MODULATION SYS INCL ALL COMP and ACC | Experimental/Investigational |
| L8608 | MISC EXT COMP SPL ACSS FOR ARGUS II RET PROS SYS | Experimental/Investigational |
| 80145 | DRUG ASSAY ADALIMUMAB | Genetic Counseling & Testing |
| 80187 | DRUG ASSAY POSACONAZOLE | Genetic Counseling & Testing |
| 80230 | DRUG ASSAY INFILIXIMAB | Genetic Counseling & Testing |
| 80235 | DRUG ASSAY LACOSAMIDE | Genetic Counseling & Testing |
| 80280 | DRUG ASSAY VEDOLIZUMAB | Genetic Counseling & Testing |
| 80285 | DRUG ASSAY VORICONAZOLE | Genetic Counseling & Testing |
| 81105 | HPA-1 GENOTYPING GENE ANALYSIS COMMON VARIANT | Genetic Counseling & Testing |

| Code | Description | Service Category |
|-------------|---|------------------------------|
| 81106 | HPA-2 GENOTYPING GENE ANALYSIS COMMON VARIANT | Genetic Counseling & Testing |
| 81107 | HPA-3 GENOTYPING GENE ANALYSIS COMMON VARIANT | Genetic Counseling & Testing |
| 81108 | HPA-4 GENOTYPING GENE ANALYSIS COMMON VARIANT | Genetic Counseling & Testing |
| 81109 | HPA-5 GENOTYPING GENE ANALYSIS COMMON VARIANT | Genetic Counseling & Testing |
| 81110 | HPA-6 GENOTYPING GENE ANALYSIS COMMON VARIANT | Genetic Counseling & Testing |
| 81111 | HPA-9 GENOTYPING GENE ANALYSIS COMMON VARIANT | Genetic Counseling & Testing |
| 81112 | HPA-15 GENOTYPING GENE ANALYSIS COMMON VARIANT | Genetic Counseling & Testing |
| 81120 | IDH1 COMMON VARIANTS | Genetic Counseling & Testing |
| 81121 | IDH2 COMMON VARIANTS | Genetic Counseling & Testing |
| 81161 | DMD DUPLICATION DELETION ANALYSIS | Genetic Counseling & Testing |
| 81162 | BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP DEL ALYS | Genetic Counseling & Testing |
| 81163 | BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS | Genetic Counseling & Testing |
| 81164 | BRCA1 BRCA2 GENE ANALYSIS FULL DUP DEL ANALYSIS | Genetic Counseling & Testing |
| 81165 | BRCA1 GENE ANALYSIS FULL SEQUENCE ANALYSIS | Genetic Counseling & Testing |
| 81166 | BRCA1 GENE ANALYSIS FULL DUP DEL ANALYSIS | Genetic Counseling & Testing |
| 81167 | BRCA2 GENE ANALYSIS FULL DUP DEL ANALYSIS | Genetic Counseling & Testing |
| 81168 | CCND1/IGH TRANSLOCATION ALYS MAJOR BP QUAL and QUAN | Genetic Counseling & Testing |
| 81171 | AFF2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES | Genetic Counseling & Testing |
| 81172 | AFF2 GENE ANALYSIS CHARACTERIZATION OF ALLELES | Genetic Counseling & Testing |
| 81173 | AR GENE ANALYSIS FULL GENE SEQUENCE | Genetic Counseling & Testing |
| 81174 | AR GENE ANALYSIS KNOWN FAMILIAL VARIANT | Genetic Counseling & Testing |
| 81175 | ASXL1 GENE ANALYSIS FULL GENE SEQUENCE | Genetic Counseling & Testing |
| 81176 | ASXL1 GENE ANALYSIS TARGETED SEQ ANALYSIS | Genetic Counseling & Testing |
| 81177 | ATN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES | Genetic Counseling & Testing |
| 81178 | ATXN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES | Genetic Counseling & Testing |
| 81179 | ATXN2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES | Genetic Counseling & Testing |
| 81180 | ATXN3 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES | Genetic Counseling & Testing |
| 81181 | ATXN7 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES | Genetic Counseling & Testing |
| 81182 | ATXN8OS GENE ANALYSIS EVAL DETECT ABNOR ALLELES | Genetic Counseling & Testing |
| 81183 | ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES | Genetic Counseling & Testing |
| 81184 | CACNA1A GENE ANALYSIS EVAL DETECT ABNOR ALLELES | Genetic Counseling & Testing |
| 81185 | CACNA1A GENE ANALYSIS FULL GENE SEQUENCE | Genetic Counseling & Testing |
| 81186 | CACNA1A GENE ANALYSIS KNOWN FAMILIAL VARIANT | Genetic Counseling & Testing |
| 81187 | CNPB GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES | Genetic Counseling & Testing |

| Code | Description | Service Category |
|-------|--|------------------------------|
| 81188 | CSTB GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES | Genetic Counseling & Testing |
| 81189 | CSTB GENE ANALYSIS FULL GENE SEQUENCE | Genetic Counseling & Testing |
| 81190 | CSTB GENE ANALYSIS KNOWN FAMILIAL VARIANTS | Genetic Counseling & Testing |
| 81191 | NTRK1 TRANSLOCATION ANALYSIS | Genetic Counseling & Testing |
| 81192 | NTRK2 TRANSLOCATION ANALYSIS | Genetic Counseling & Testing |
| 81193 | NTRK3 TRANSLOCATION ANALYSIS | Genetic Counseling & Testing |
| 81194 | NTRK TRANSLOCATION ANALYSIS | Genetic Counseling & Testing |
| 81201 | APC GENE ANALYSIS FULL GENE SEQUENCE | Genetic Counseling & Testing |
| 81203 | APC GENE ANALYSIS DUPLICATION DELETION VARIANTS | Genetic Counseling & Testing |
| 81204 | AR GENE ANALYSIS CHARACTERIZATION OF ALLELES | Genetic Counseling & Testing |
| 81205 | BCKDHB GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing |
| 81210 | BRAF GENE ANALYSIS V600 VARIANT(S) | Genetic Counseling & Testing |
| 81212 | BRCA1 BRCA 2 GEN ALYS 185DELAG 5385INSC 6174DELT | Genetic Counseling & Testing |
| 81215 | BRCA1 GENE ANALYSIS KNOWN FAMILIAL VARIANT | Genetic Counseling & Testing |
| 81216 | BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS | Genetic Counseling & Testing |
| 81217 | BRCA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT | Genetic Counseling & Testing |
| 81218 | CEBPA GENE ANALYSIS FULL GENE SEQUENCE | Genetic Counseling & Testing |
| 81219 | CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9 | Genetic Counseling & Testing |
| 81221 | CFTR GENE ANALYSIS KNOWN FAMILIAL VARIANTS | Genetic Counseling & Testing |
| 81222 | CFTR GENE ANALYSIS DUPLICATION DELETION VARIANTS | Genetic Counseling & Testing |
| 81223 | CFTR GENE ANALYSIS FULL GENE SEQUENCE | Genetic Counseling & Testing |
| 81225 | CYP2C19 GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing |
| 81226 | CYP2D6 GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing |
| 81227 | CYP2C9 GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing |
| 81228 | CYTOGENOM CONST MICROARRAY COPY NUMBER VARIANTS | Genetic Counseling & Testing |
| 81229 | CYTOGENOM CONST MICROARRAY COPY NUMBER AND SNP VAR | Genetic Counseling & Testing |
| 81230 | CYP3A4 GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing |
| 81231 | CYP3A5 GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing |
| 81232 | DYPD GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing |
| 81233 | BTK GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing |
| 81234 | DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES | Genetic Counseling & Testing |
| 81235 | EGFR GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing |
| 81236 | EZH2 GENE ANALYSIS FULL GENE SEQUENCE | Genetic Counseling & Testing |
| 81237 | EZH2 GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing |

| Code | Description | Service Category |
|-------|--|------------------------------|
| 81238 | F9 FULL GENE SEQUENCE | Genetic Counseling & Testing |
| 81239 | DMPK GENE ANALYSIS CHARACTERIZATION OF ALLELES | Genetic Counseling & Testing |
| 81243 | FMR1 ANALYSIS EVAL TO DETECT ABNORMAL ALLELES | Genetic Counseling & Testing |
| 81244 | FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES | Genetic Counseling & Testing |
| 81246 | FLT3 GENE ANLYS TYROSINE KINASE DOMAIN VARIANTS | Genetic Counseling & Testing |
| 81247 | G6PD GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing |
| 81248 | G6PD GENE ANALYSIS KNOWN FAMILIAL VARIANTS | Genetic Counseling & Testing |
| 81249 | G6PD GENE ANALYSIS FULL GENE SEQUENCE | Genetic Counseling & Testing |
| 81258 | HBA1 HBA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT | Genetic Counseling & Testing |
| 81259 | HBA1 HBA2 GENE ANALYSIS FULL GENE SEQUENCE | Genetic Counseling & Testing |
| 81265 | COMPARATIVE ANAL STR MARKERS PATIENT AND COMP SPEC | Genetic Counseling & Testing |
| 81266 | COMPARATIVE ANAL STR MARKERS EA ADDL SPECIMEN | Genetic Counseling & Testing |
| 81269 | HBA1 HBA2 GENE ANALYSIS DUP DEL VARIANTS | Genetic Counseling & Testing |
| 81271 | HTT GENE ANALYSIS DETECT ABNORMAL ALLELES | Genetic Counseling & Testing |
| 81272 | KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS | Genetic Counseling & Testing |
| 81273 | KIT GENE ANALYSIS D816 VARIANT(S) | Genetic Counseling & Testing |
| 81274 | HTT GENE ANALYSIS CHARACTERIZATION ALLELES | Genetic Counseling & Testing |
| 81277 | CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS | Genetic Counseling & Testing |
| 81278 | IGH@/BCL2 TLCJ ALYS MBR and MCR BP QUAL/QUAN | Genetic Counseling & Testing |
| 81279 | JAK2 TARGETED SEQUENCE ANALYSIS | Genetic Counseling & Testing |
| 81283 | IFNL3 GENE ANALYSIS RS12979860 VARIANT | Genetic Counseling & Testing |
| 81284 | FXN GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES | Genetic Counseling & Testing |
| 81285 | FXN GENE ANALYSIS CHARACTERIZATION ALLELES | Genetic Counseling & Testing |
| 81286 | FXN GENE ANALYSIS FULL GENE SEQUENCE | Genetic Counseling & Testing |
| 81289 | FXN GENE ANALYSIS KNOWN FAMILIAL VARIANTS | Genetic Counseling & Testing |
| 81291 | MTHFR GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing |
| 81292 | MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS | Genetic Counseling & Testing |
| 81294 | MLH1 GENE ANALYSIS DUPLICATION DELETION VARIANTS | Genetic Counseling & Testing |
| 81295 | MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS | Genetic Counseling & Testing |
| 81297 | MSH2 GENE ANALYSIS DUPLICATION DELETION VARIANTS | Genetic Counseling & Testing |
| 81298 | MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS | Genetic Counseling & Testing |
| 81300 | MSH6 GENE ANALYSIS DUPLICATION DELETION VARIA | Genetic Counseling & Testing |
| 81305 | MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANT | Genetic Counseling & Testing |
| 81306 | NUDT15 GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing |

| Code | Description | Service Category |
|-------|--|------------------------------|
| 81307 | PALB2 GENE ANALYSIS (FULL GENE SEQ) | Genetic Counseling & Testing |
| 81308 | PALB2 GENE ANALYSIS (KNOWN FAMILIAL VARIANT) | Genetic Counseling & Testing |
| 81309 | PIK3CA GENE ANALYSIS TARGETED SEQUENCE ANALYSIS | Genetic Counseling & Testing |
| 81311 | NRAS GENE ANALYSIS VARIANTS IN EXON 2 AND 3 | Genetic Counseling & Testing |
| 81312 | PABPN1 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES | Genetic Counseling & Testing |
| 81313 | PCA3 KLK3 PROSTATE SPECIFIC ANTIGEN RATIO | Genetic Counseling & Testing |
| 81314 | PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS | Genetic Counseling & Testing |
| 81317 | PMS2 GENE ANALYSIS FULL SEQUENCE | Genetic Counseling & Testing |
| 81319 | PMS2 GENE ANALYSIS DUPLICATION DELETION VARIANTS | Genetic Counseling & Testing |
| 81320 | PLCG2 GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing |
| 81321 | PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS | Genetic Counseling & Testing |
| 81323 | PTEN GENE ANALYSIS DUPLICATION DELETION VARIANT | Genetic Counseling & Testing |
| 81324 | PMP22 GENE ANAL DUPLICATION DELETION ANALYSIS | Genetic Counseling & Testing |
| 81325 | PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS | Genetic Counseling & Testing |
| 81328 | SLCO1B1 GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing |
| 81329 | SMN1 GENE ANALYSIS DOSAGE DELET ALYS W SMN2 ALYS | Genetic Counseling & Testing |
| 81333 | TGFB1 GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing |
| 81334 | RUNX1 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS | Genetic Counseling & Testing |
| 81335 | TPMT GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing |
| 81336 | SMN1 GENE ANALYSIS FULL GENE SEQUENCE | Genetic Counseling & Testing |
| 81337 | SMN1 GENE ANALYSIS KNOWN FAMILIAL SEQ VARIANTS | Genetic Counseling & Testing |
| 81338 | MPL GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing |
| 81339 | MPL GENE ANALYSIS SEQUENCE ANALYSIS EXON 10 | Genetic Counseling & Testing |
| 81343 | PPP2R2B GENE ANALYSIS EVAL DETC ABNORMAL ALLELES | Genetic Counseling & Testing |
| 81344 | TBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES | Genetic Counseling & Testing |
| 81345 | TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS | Genetic Counseling & Testing |
| 81346 | TYMS GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing |
| 81347 | SF3B1 GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing |
| 81348 | SRSF2 GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing |
| 81349 | CYTOG ALYS CHRMOML ABNOR LOW-PASS SEQ ALYS | Genetic Counseling & Testing |
| 81351 | TP53 GENE ANALYSIS FULL GENE SEQUENCE | Genetic Counseling & Testing |
| 81352 | TP53 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS | Genetic Counseling & Testing |
| 81353 | TP53 GENE ANALYSIS KNOWN FAMILIAL VARIANT | Genetic Counseling & Testing |
| 81355 | VKORC1 GENE ANALYSIS COMMON VARIANT(S) | Genetic Counseling & Testing |

| Code | Description | Service Category |
|-------|--|------------------------------|
| 81357 | U2AF1 GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing |
| 81360 | ZRSR2 GENE ANALYSIS COMMON VARIANT(S) | Genetic Counseling & Testing |
| 81361 | HBB COMMON VARIANTS | Genetic Counseling & Testing |
| 81362 | HBB KNOWN FAMILIAL VARIANTS | Genetic Counseling & Testing |
| 81363 | HBB DUPLICATION DELETION VARIANTS | Genetic Counseling & Testing |
| 81364 | HBB FULL GENE SEQUENCE | Genetic Counseling & Testing |
| 81400 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 1 | Genetic Counseling & Testing |
| 81401 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 2 | Genetic Counseling & Testing |
| 81402 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 3 | Genetic Counseling & Testing |
| 81403 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 4 | Genetic Counseling & Testing |
| 81404 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 5 | Genetic Counseling & Testing |
| 81405 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 6 | Genetic Counseling & Testing |
| 81406 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 7 | Genetic Counseling & Testing |
| 81407 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 8 | Genetic Counseling & Testing |
| 81408 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 9 | Genetic Counseling & Testing |
| 81410 | AORTIC DYSFUNCTION DILATION GENOMIC SEQ ANALYSIS | Genetic Counseling & Testing |
| 81411 | AORTIC DYSFUNCTION DILATION DUP DEL ANALYSIS | Genetic Counseling & Testing |
| 81412 | ASHKENAZI JEWISH ASSOC DSRDRS GEN SEQ ANAL 9 GEN | Genetic Counseling & Testing |
| 81413 | CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS | Genetic Counseling & Testing |
| 81414 | CAR ION CHNNLPATH DUP DEL GN ALYS PANEL 2 GENES | Genetic Counseling & Testing |
| 81415 | EXOME SEQUENCE ANALYSIS | Genetic Counseling & Testing |
| 81416 | EXOME SEQUENCE ANALYSIS EACH COMPARATOR EXOME | Genetic Counseling & Testing |
| 81417 | EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ | Genetic Counseling & Testing |
| 81419 | EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL | Genetic Counseling & Testing |
| 81420 | FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS | Genetic Counseling & Testing |
| 81422 | FETAL CHROMOSOMAL MICRODELTJ GENOMIC SEQ ANALYS | Genetic Counseling & Testing |
| 81425 | GENOME SEQUENCE ANALYSIS | Genetic Counseling & Testing |
| 81426 | GENOME SEQUENCE ANALYSIS EACH COMPARATOR GENOME | Genetic Counseling & Testing |
| 81427 | GENOME RE-EVALUATION OF PREC OBTAINED GENOME SEQ | Genetic Counseling & Testing |
| 81430 | HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES | Genetic Counseling & Testing |
| 81431 | HEARING LOSS DUP DEL ANALYSIS | Genetic Counseling & Testing |
| 81432 | HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN | Genetic Counseling & Testing |
| 81433 | HEREDITARY BRST CA-RELATED DUP DEL ANALYSIS | Genetic Counseling & Testing |
| 81434 | HEREDITARY RETINAL DSRDRS GEN SEQ ANALYS 15 GEN | Genetic Counseling & Testing |

| Code | Description | Service Category |
|-------|---|------------------------------|
| 81435 | HEREDITARY COLON CA DSRDRS GEN SEQ ANALYS 10 GEN | Genetic Counseling & Testing |
| 81436 | HEREDITARY COLON CA DSRDRS DUP DEL ANALYS 5 GEN | Genetic Counseling & Testing |
| 81437 | HEREDTRY NURONDCRN TUM DSRDRS GEN SEQ ANAL 6 GEN | Genetic Counseling & Testing |
| 81438 | HEREDTRY NURONDCRN TUM DSRDRS DUP DEL ANALYSIS | Genetic Counseling & Testing |
| 81439 | HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN | Genetic Counseling & Testing |
| 81440 | NUCLEAR MITOCHONDRIAL 100 GENE GENOMIC SEQ | Genetic Counseling & Testing |
| 81442 | NOONAN SPECTRUM DISORDERS GEN SEQ ANALYS 12 GEN | Genetic Counseling & Testing |
| 81443 | GENETIC TESTING FOR SEVERE INHERITED CONDITIONS | Genetic Counseling & Testing |
| 81445 | GEN SEQ ANALYS SOLID ORGAN NEOPLASM 5-50 GENE | Genetic Counseling & Testing |
| 81448 | HEREDITARY PERIPHERAL NEUROPATHY GEN SEQ PNL | Genetic Counseling & Testing |
| 81450 | GEN SEQ ANALYS HEMATOLYMPHOID NEO 5-50 GENE | Genetic Counseling & Testing |
| 81455 | GEN SEQ ANALYS SOL ORG HEMTOLMPHOID NEO 51 OR GRT GEN | Genetic Counseling & Testing |
| 81460 | WHOLE MITOCHONDRIAL GENOME | Genetic Counseling & Testing |
| 81465 | WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL | Genetic Counseling & Testing |
| 81470 | X-LINKED INTELLECTUAL DBLT GENOMIC SEQ ANALYS | Genetic Counseling & Testing |
| 81471 | X-LINKED INTELLECTUAL DBLT DUP DEL GENE ANALYS | Genetic Counseling & Testing |
| 81479 | UNLISTED MOLECULAR PATHOLOGY PROCEDURE | Genetic Counseling & Testing |
| 81493 | COR ART DISEASE mRNA GENE EXPRESSION 23 GENES | Genetic Counseling & Testing |
| 81500 | ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS | Genetic Counseling & Testing |
| 81503 | ONCO (OVARIAN) BIOCHEMICAL ASSAY FIVE PROTEINS | Genetic Counseling & Testing |
| 81504 | ONCOLOGY TISSUE OF ORIGIN SIMILAR SCOR ALGORITHM | Genetic Counseling & Testing |
| 81507 | FETAL ANEUPLOIDY 21 18 13 SEQ ANALY TRISOM RISK | Genetic Counseling & Testing |
| 81518 | ONCOLOGY BREAST mRNA GENE EXPRESSION 11 GENES | Genetic Counseling & Testing |
| 81519 | ONCOLOGY BREAST mRNA GENE EXPRESSION 21 GENES | Genetic Counseling & Testing |
| 81520 | ONC BREAST mRNA GENE XPRSN PRFL HYBRD 58 GENES | Genetic Counseling & Testing |
| 81521 | ONC BREAST mRNA MICRORA GENE XPRSN PRFL 70 GENES | Genetic Counseling & Testing |
| 81522 | ONCOLOGY BREAST mRNA GENE XPRSN PRFL 12 GENES | Genetic Counseling & Testing |
| 81523 | ONC BRST mRNA NEXT GNRJ SEQ GEN XPRSN 70 CNT and 31 | Genetic Counseling & Testing |
| 81525 | ONCOLOGY COLON mRNA GENE EXPRESSION 12 GENES | Genetic Counseling & Testing |
| 81529 | ONC CUTAN MLNMA mRNA GENE XPRS PRFL 31 GENES ALG | Genetic Counseling & Testing |
| 81535 | ONCOLOGY GYNE LIVE TUM CELL CLTR AND CHEMO RESP 1ST | Genetic Counseling & Testing |
| 81536 | ONCOLOGY GYNE LIVE TUM CELL CLTR AND CHEMO RESP ADD | Genetic Counseling & Testing |
| 81538 | ONCOLOGY LUNG MS 8-PROTEIN SIGNATURE | Genetic Counseling & Testing |
| 81540 | ONCOLOGY TUM UNKNOWN ORIGIN mRNA 92 GENES | Genetic Counseling & Testing |

| Code | Description | Service Category |
|-------|---|------------------------------|
| 81541 | ONC PROSTATE mRNA GENE XPRSN PRFL RT-PCR 46 GENES | Genetic Counseling & Testing |
| 81542 | ONC PROSTATE mRNA MICRORA GENE XPRSN PRFL 22 GENES | Genetic Counseling & Testing |
| 81546 | ONC THYR mRNA 10,196 GENES FINE NDL ASPIRATE ALG | Genetic Counseling & Testing |
| 81551 | ONC PROSTATE PRMTR METHYLATION PRFL R-T PCR 3 GENES | Genetic Counseling & Testing |
| 81552 | UVEAL MELANOMA, mRNA, GENE EXPRESSION PROFILING | Genetic Counseling & Testing |
| 81554 | PULM DS IPF mRNA 190 GENE TRANSBRONCHIAL BX ALG | Genetic Counseling & Testing |
| 81595 | CARDIOLOGY HRT TRNSPL mRNA GENE EXPRESS 20 GENES | Genetic Counseling & Testing |
| 81596 | NFCT DS CHRNC HCV 6 BIOCHEM ASSAY SRM ALG LVR | Genetic Counseling & Testing |
| 81599 | UNLISTED MULTIANALYTE ASSAY ALGORITHMIC ANALYSIS | Genetic Counseling & Testing |
| 83006 | GROWTH STIMULATION EXPRESSED GENE 2 | Genetic Counseling & Testing |
| 84999 | UNLISTED CHEMISTRY PROCEDURE | Genetic Counseling & Testing |
| 86152 | CELL ENUMERATION IMMUNE SELECTJ AND ID FLUID SPEC | Genetic Counseling & Testing |
| 86153 | CELL ENUMERATION IMMUNE SELECTJ AND ID PHYS INTERP | Genetic Counseling & Testing |
| 88261 | CHRMSM COUNT 5 CELL 1KARYOTYPE BANDING | Genetic Counseling & Testing |
| 88271 | MOLECULAR CYTOGENETICS DNA PROBE EACH | Genetic Counseling & Testing |
| 88369 | M PHMTRC ALYS ISH QUANT SEMIQ MNL PER SPEC EACH | Genetic Counseling & Testing |
| 88373 | M PHMTRC ALYS ISH QUANT SEMIQ CPTR PER SPEC EACH | Genetic Counseling & Testing |
| 88374 | M PHMTRC ALYS ISH QUANT SEMIQ CPTR EACH MULTIPRB | Genetic Counseling & Testing |
| 88377 | M PHMTRC ALYS ISH QUANT SEMIQ MNL EACH MULTIPRB | Genetic Counseling & Testing |
| 0004M | SCOLIOSIS 53 SNPS SALIVA PROGNOSTIC RISK SCORE | Genetic Counseling & Testing |
| 0005U | ONCO PROSTATE GENE XPRS PRFL 3 GENE UR ALG RSK SCOR | Genetic Counseling & Testing |
| 0006M | ONCOLOGY HEP mRNA 161 GENES RISK CLASSIFIER | Genetic Counseling & Testing |
| 0007M | ONCOLOGY GASTRO 51 GENES NOMOGRAM DISEASE INDEX | Genetic Counseling & Testing |
| 0008U | HPYLORI DETECTION AND ANTIBIOTIC RESISTANCE DNA | Genetic Counseling & Testing |
| 0009U | ONC BRST CA ERBB2 COPY NUMBER FISH AMP NONAMP | Genetic Counseling & Testing |
| 0010U | NFCT DS STRN TYP WHL GENOME SEQUENCING PR ISOL | Genetic Counseling & Testing |
| 0011U | RX MNTR DRUGS PRESENT LC-MS MS ORAL FLUID PR DOS | Genetic Counseling & Testing |
| 0012U | GERMLN DO GENE REARGMT DETCJ DNA WHOLE BLOOD | Genetic Counseling & Testing |
| 0013U | ONC SLD ORGN NEO GENE REARGMT DNA FRSH FRZN TISS | Genetic Counseling & Testing |
| 0014M | LIVER DS ALYS 3 BMRK SRM ALG | Genetic Counseling & Testing |
| 0014U | HEM HMTLMF NEO GENE REARGMT DNA WHL BLD MARROW | Genetic Counseling & Testing |
| 0015M | ADRNL CORTCL TUM BCHM ASY | Genetic Counseling & Testing |
| 0016M | ONC BLADDER mRNA 209 GEN ALG | Genetic Counseling & Testing |
| 0016U | ONC HMTLMF NEO RNA BCR ABL1 BLD BNE MARROW | Genetic Counseling & Testing |

| Code | Description | Service Category |
|-------|--|------------------------------|
| 0017M | ONC DLBCL MRNA 20 GENES ALG | Genetic Counseling & Testing |
| 0017U | ONC HMTLMF NEO JAK2 MUTATION DNA BLD BNE MARROW | Genetic Counseling & Testing |
| 0022U | TRGT GEN SEQ ALYS NONSM LNG NEO DNA AND RNA 23 GENES | Genetic Counseling & Testing |
| 0026U | ONC THYR DNA AND MRNA 112 GENES FNA NDUL ALG ALYS | Genetic Counseling & Testing |
| 0027U | JAK2 GENE ANALYSIS TRGT SEQ ALYS EXONS 12-15 | Genetic Counseling & Testing |
| 0029U | RX METAB ADVRS RX RXN AND RSPSE TRGT SEQ ALYS | Genetic Counseling & Testing |
| 0030U | RX METAB WARFARIN RX RESPONSE TRGT SEQ ALYS | Genetic Counseling & Testing |
| 0031U | CYP1A2 GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing |
| 0032U | COMT GENE ANALYSIS C.472G OVER A VARIANT | Genetic Counseling & Testing |
| 0033U | HTR2A HTR2C GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing |
| 0034U | TPMT NUDT15 GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing |
| 0037U | TRGT GEN SEQ ALYS SLD ORGN NEO DNA 324 GENES | Genetic Counseling & Testing |
| 0045U | ONC BRST DUX CARC IS MRNA 12 GENES ALG RSK SCOR | Genetic Counseling & Testing |
| 0046U | FLT3 GENE INT TANDEM DUPL VARIANTS QUANTITATIVE | Genetic Counseling & Testing |
| 0047U | ONC PROSTATE MRNA GEN XPRS PRFL 17 GEN ALG RSK SCOR | Genetic Counseling & Testing |
| 0048U | ONC SLD ORG NEO DNA 468 CANCER ASSOCIATED GENES | Genetic Counseling & Testing |
| 0049U | NPM1 GENE ANALYSIS QUANTITATIVE | Genetic Counseling & Testing |
| 0050U | TRGT GEN SEQ ALYS AML 194 GENE INTERROG SEQ VRNT | Genetic Counseling & Testing |
| 0053U | ONC PROSTATE CA FISH ALYS 4 GENES NDL BX SPEC ALG | Genetic Counseling & Testing |
| 0055U | CARD HRT TRNSPL 96 TARGET DNA SEQUENCES PLASMA | Genetic Counseling & Testing |
| 0056U | HEM AML DNA GENE REARRANGEMENT BLOOD BONE MARROW | Genetic Counseling & Testing |
| 0058U | ONC MERKEL CELL CARC DETCJ ANT B SERUM QUAN | Genetic Counseling & Testing |
| 0059U | ONC MERKEL CELL CARC DETCJ ANT B SERUM REPRTD PLUS - | Genetic Counseling & Testing |
| 0060U | TWN ZYG GEN TRGT SEQ ALYS CHRMS2 FTL DNA MAT BLD | Genetic Counseling & Testing |
| 0070U | CYP2D6 GENE ANALYSIS COMMON AND SELECT RARE VRNTS | Genetic Counseling & Testing |
| 0071U | CYP2D6 GENE ANALYSIS FULL GENE SEQUENCE | Genetic Counseling & Testing |
| 0101U | HERED COLON CA DO GEN SEQ ALYS PNL 15 GENE | Genetic Counseling & Testing |
| 0102U | HERED BRST CA RLTD DO GEN SEQ ALYS PNL 17 GENE | Genetic Counseling & Testing |
| 0103U | HERED OVARIAN CA GEN SEQ ALYS PANEL 24 GENE | Genetic Counseling & Testing |
| 0140U | NFCT DS FUNGAL PATHOGEN ID DNA 15 FUNGAL TARGETS | Genetic Counseling & Testing |
| 0141U | NFCT DS BACT AND FNG GRAM POS ORG ID AND RX RESIST DNA | Genetic Counseling & Testing |
| 0142U | NFCT DS BACT AND FNG GRAM NEG ORG ID AND RX RESIST DNA | Genetic Counseling & Testing |
| 0143U | DRUG ASSAY DEF 120 PLUS RX METABOLITES URINE W MRM | Genetic Counseling & Testing |
| 0144U | DRUG ASSAY DEF 160 PLUS RX METABOLITES URINE W MRM | Genetic Counseling & Testing |

| Code | Description | Service Category |
|-------------|--|------------------------------|
| 0145U | DRUG ASSAY DEF 65 PLUS RX METABOLITES URINE W MRM | Genetic Counseling & Testing |
| 0146U | DRUG ASSAY DEF 80 PLUS RX METABOLITES URINE W MRM | Genetic Counseling & Testing |
| 0147U | DRUG ASSAY DEF 85 PLUS RX METABOLITES URINE W MRM | Genetic Counseling & Testing |
| 0148U | DRUG ASSAY DEF 100 PLUS RX METABOLITES URINE W MRM | Genetic Counseling & Testing |
| 0149U | DRUG ASSAY DEF 60 PLUS RX METABOLITES URINE W MRM | Genetic Counseling & Testing |
| 0150U | DRUG ASSAY DEF 120 PLUS RX METABOLITES URINE W MRM | Genetic Counseling & Testing |
| 0152U | NFCT DS BCT FNG PARASITE DNA VIR DETCJ OVER 1000 ORG | Genetic Counseling & Testing |
| 0153U | ONC BREAST mRNA GENE EXPRESSION PRFL 101 GENES | Genetic Counseling & Testing |
| 0154U | ONC UROTHELIAL CANCER RNA RT-PCR FGFR3 GENE ALYS | Genetic Counseling & Testing |
| 0155U | ONC BRST CA DNA PIK3CA GENE ALYS BRST TUM TISS | Genetic Counseling & Testing |
| 0156U | COPY NUMBER SEQUENCE ALYS | Genetic Counseling & Testing |
| 0157U | APC mRNA SEQ ALYS | Genetic Counseling & Testing |
| 0158U | MLH1 mRNA SEQ ALYS | Genetic Counseling & Testing |
| 0159U | MSH2 mRNA SEQ ALYS | Genetic Counseling & Testing |
| 0160U | MSH6 mRNA SEQ ALYS | Genetic Counseling & Testing |
| 0161U | PMS2 mRNA SEQ ALYS | Genetic Counseling & Testing |
| 0162U | HERED COLON CA TARGETED mRNA SEQUENCE ALYS PANEL | Genetic Counseling & Testing |
| 0172U | ONC SLD TUM ALYS BRCA1 BRCA2 | Genetic Counseling & Testing |
| 0173U | PSYC GEN ALYS PANEL 14 GENES | Genetic Counseling & Testing |
| 0174U | OC SLD TUMOR 30 PRTN TRGT | Genetic Counseling & Testing |
| 0175U | PSYC GEN ALYS PANEL 15 GENES | Genetic Counseling & Testing |
| 0176U | CDTB & VINCULIN IGG ANT B IA | Genetic Counseling & Testing |
| 0177U | ONC BRST CA DNA PIK3CA 11 | Genetic Counseling & Testing |
| 0178U | PEANUT ALLG ASMT EPI CLIN RX | Genetic Counseling & Testing |
| 0179U | ONC NONSM CLL LNG CA ALYS 23 | Genetic Counseling & Testing |
| 0180U | ABO GNOTYP ABO 7 EXONS | Genetic Counseling & Testing |
| 0181U | CO GNOTYP AQP1 EXON 1 | Genetic Counseling & Testing |
| 0182U | CROM GNOTYP CD55 EXONS 1-10 | Genetic Counseling & Testing |
| 0183U | DI GNOTYP SLC4A1 EXON 19 | Genetic Counseling & Testing |
| 0184U | DO GNOTYP ART4 EXON 2 | Genetic Counseling & Testing |
| 0185U | FUT1 GNOTYP FUT1 EXON 4 | Genetic Counseling & Testing |
| 0186U | FUT2 GNOTYP FUT2 EXON2 | Genetic Counseling & Testing |
| 0187U | FY GNOTYP ACKR1 EXONS 1-2 | Genetic Counseling & Testing |
| 0188U | GE GNOTYP GYPC EXONS 1-4 | Genetic Counseling & Testing |

| Code | Description | Service Category |
|-------------|--|------------------------------|
| 0189U | GYPA GNOTYP NTRNS 1 5 EXON 2 | Genetic Counseling & Testing |
| 0190U | GYPB GNOTYP NTRNS 1 5 SEUX 3 | Genetic Counseling & Testing |
| 0191U | IN GNOTYP CD44 EXONS 2 3 6 | Genetic Counseling & Testing |
| 0192U | JK GNOTYP SLC14A1 EXON 9 | Genetic Counseling & Testing |
| 0193U | JR GNOTYP ABCG2 EXONS 2-26 | Genetic Counseling & Testing |
| 0194U | KEL GNOTYP KEL EXON 8 | Genetic Counseling & Testing |
| 0195U | KLF1 TARGETED SEQUENCING | Genetic Counseling & Testing |
| 0196U | LU GNOTYP BCAM EXON 3 | Genetic Counseling & Testing |
| 0197U | LW GNOTYP ICAM4 EXON 1 | Genetic Counseling & Testing |
| 0198U | RHD & RHCE GNTYP RHD1-10 & RHCE5 | Genetic Counseling & Testing |
| 0199U | SC GNOTYP ERMAP EXONS 4 12 | Genetic Counseling & Testing |
| 0200U | XK GNOTYP XK EXONS 1-3 | Genetic Counseling & Testing |
| 0201U | YT GNOTYP ACHE EXON 2 | Genetic Counseling & Testing |
| 0203U | AI IBD mRNA XPRSN PRFL 17 | Genetic Counseling & Testing |
| 0204U | ONC THYR mRNA XPRSN ALYS 593 | Genetic Counseling & Testing |
| 0205U | OPH AMD ALYS 3 GENE VARIANTS | Genetic Counseling & Testing |
| 0208U | ONC MTC mRNA XPRSN ALYS 108 | Genetic Counseling & Testing |
| 0209U | CYTOG CONST ALYS INTERROG | Genetic Counseling & Testing |
| 0211U | ONC PAN-TUM DNA&RNA GNRJ SEQ | Genetic Counseling & Testing |
| 0212U | RARE DS GEN DNA ALYS PROBAND | Genetic Counseling & Testing |
| 0213U | RARE DS GEN DNA ALYS EA COMP | Genetic Counseling & Testing |
| 0214U | RARE DS XOM DNA ALYS PROBAND | Genetic Counseling & Testing |
| 0215U | RARE DS XOM DNA ALYS EA COMP | Genetic Counseling & Testing |
| 0216U | NEURO INH ATAXIA DNA 12 COM | Genetic Counseling & Testing |
| 0217U | NEURO INH ATAXIA DNA 51 GENE | Genetic Counseling & Testing |
| 0218U | NEURO MUSC DYS DMD SEQ ALYS | Genetic Counseling & Testing |
| 0220U | ONC BRST CA AI ASSMT 12 FEAT | Genetic Counseling & Testing |
| 0228U | ONC PRST8 MULTIANAL MOLEC PRFL PHOTOMETRIC DETCJ | Genetic Counseling & Testing |
| 0229U | BCAT1 PROMOTER METHYLATION ANALYSIS | Genetic Counseling & Testing |
| 0230U | AR FUL SEQ ALYS CHNG DELET DUPL XPNSJ INSJ VRNTS | Genetic Counseling & Testing |
| 0231U | ACNA1A FUL GEN ALY CHNG DELT DUP XPNSJ INSJ VRT | Genetic Counseling & Testing |
| 0232U | CSTB FUL GEN ALY CHNG DELET DUPL XPNSJ INSJ VRNT | Genetic Counseling & Testing |
| 0233U | FXN GENE ALYS CHNG DELET DUPL XPNSJ INSJ VRNTS | Genetic Counseling & Testing |
| 0234U | MECP2 FUL GEN ALYS CHANGES DELET DUPL INSJ VRNTS | Genetic Counseling & Testing |

| Code | Description | Service Category |
|-------|---|-------------------------------|
| 0235U | PTEN FULL GEN ALYS CHANGES DELET DUPL INSJ VRNTS | Genetic Counseling & Testing |
| 0236U | SMN1 and SMN2 FUL GEN ALYS CHNG DUPL and DELET and INSJ | Genetic Counseling & Testing |
| 0237U | CARDIAC ION CHANNELOPATHIES GENOMIC SEQ ALYS PNL | Genetic Counseling & Testing |
| 0238U | ONC LYNCH SYNDROME GENOMIC DNA SEQUENCE ANALYSIS | Genetic Counseling & Testing |
| 0239U | TRGT GEN SEQ ALYS SLD ORGN NEO CLL-FR DNA 311 Plus | Genetic Counseling & Testing |
| 0306U | ONC MRD NXT-GNRJ ALYS 1ST | Genetic Counseling & Testing |
| 0307U | ONC MRD NXT-GNRJ ALYS SBSQ | Genetic Counseling & Testing |
| 0308U | CRD CAD ALYS 3 PRTN PLSM ALG | Genetic Counseling & Testing |
| 0309U | CRD CV DS ALY 4 PRTN PLM ALG | Genetic Counseling & Testing |
| 0310U | PED VSCLTS KD ALYS3 BMRKS | Genetic Counseling & Testing |
| 0311U | NFCT DS BCT QUAN ANTMCRB SC | Genetic Counseling & Testing |
| 0312U | AI DS SLE ALYS 8 IGG AUTOANT | Genetic Counseling & Testing |
| 0313U | ONC PNCRS DNA&MRNA SEQ 74 | Genetic Counseling & Testing |
| 0314U | ONC CUTAN MLNMA MRNA 35 GENE | Genetic Counseling & Testing |
| 0315U | ONC CUTAN SQ CLL CA MRNA 40 | Genetic Counseling & Testing |
| 0316U | B BRGDRFERI LYME DS OSPA EVL | Genetic Counseling & Testing |
| 0317U | ONC LUNG CA 4-PRB FISH ASSAY | Genetic Counseling & Testing |
| 0318U | PED WHL GEN MTHYLTN ALYS 50+ | Genetic Counseling & Testing |
| 0319U | NEPH RNA PRETRNSPL PERPH BLD | Genetic Counseling & Testing |
| 0320U | NEPH RNA PSTTRNSPL PERPH BLD | Genetic Counseling & Testing |
| 0321U | IADNA GU PTHGN 20BCT&FNG ORG | Genetic Counseling & Testing |
| 0322U | NEURO ASD MEAS 14 ACYL CARN | Genetic Counseling & Testing |
| G9143 | WARFARIN RSPN TEST GEN TECH ANY METH ANY # SPEC | Genetic Counseling & Testing |
| 90284 | IMMUNE GLOBULIN HUMAN SUBQ INFUSION 100 MG EA | Healthcare Administered Drugs |
| 90371 | HEPATITIS B IMMUNE GLOBULIN HBIG HUMAN IM | Healthcare Administered Drugs |
| 90378 | RESPIRATORY SYNCYTIAL VIRUS IG IM 50 MG E | Healthcare Administered Drugs |
| A9542 | INDIUM IN-111 IBRUTUMOMAB TIUXETAN DX TO 5 MCI | Healthcare Administered Drugs |
| A9596 | GALLIUM GA -68GOZETOTIDE, DIAGNOSTIC, (ILLUCCIX), 1 MILLCURIE | Healthcare Administered Drugs |
| A9601 | FLORTAUCIPIR -18INJECTION, DIAGNOSTIC, 1 MILLCURIE | Healthcare Administered Drugs |
| A9604 | SAMARIUM SM-153 LEXIDRONAM TX DOSE TO 150 MCI | Healthcare Administered Drugs |
| B4105 | IN-LINE CART CTG DIG ENZYME ENTERAL FEEDING EA | Healthcare Administered Drugs |
| B4187 | OMEGAVEN, 10 G LIPIDS | Healthcare Administered Drugs |
| C9047 | INJECTION CAPLACIZUMAB-YHDP 1 MG | Healthcare Administered Drugs |
| C9062 | INJECTN DARATUMUMAB 10 MG AND HYALURONIDASE-FIHJ | Healthcare Administered Drugs |

| Code | Description | Service Category |
|-------------|---|-------------------------------|
| C9094 | INJ, SUTIMLIMAB-JOME, 10 MG | Healthcare Administered Drugs |
| C9095 | INJ, TEBENTAFUSP-TEBN, 1 MCG | Healthcare Administered Drugs |
| C9096 | INJ, RELEUKO, 1 MCG | Healthcare Administered Drugs |
| C9097 | INJ, FARICIMAB-SVOA, 0.1 MG | Healthcare Administered Drugs |
| C9098 | CILTACABTAGENE CAR POS T | Healthcare Administered Drugs |
| C9257 | INJECTION BEVACIZUMAB 0.25 MG | Healthcare Administered Drugs |
| C9293 | INJECTION GLUCARPIDASE 10 UNITS | Healthcare Administered Drugs |
| C9399 | UNCLASSIFIED DRUGS OR BIOLOGICALS | Healthcare Administered Drugs |
| C9488 | INJECTION CONIVAPTAN HYDROCHLORIDE 1 MG | Healthcare Administered Drugs |
| J0121 | INJECTION OMADACYCLINE 1 MG | Healthcare Administered Drugs |
| J0122 | INJECTION, ERAVACYCLINE, 1 MG | Healthcare Administered Drugs |
| J0129 | INJ ABATACEPT 10 MG USED MEDICARE ADM SUPV PHYS | Healthcare Administered Drugs |
| J0135 | INJECTION ADALIMUMAB 20 MG | Healthcare Administered Drugs |
| J0172 | INJECTION, ADUCANUMAB-AVWA, 2MG | Healthcare Administered Drugs |
| J0178 | INJECTION AFLIBERCEPT 1 MG | Healthcare Administered Drugs |
| J0179 | INJECTION, BROLUCIZUMAB-DBLL, 1MG | Healthcare Administered Drugs |
| J0180 | INJECTION AGALSIDASE BETA 1 MG | Healthcare Administered Drugs |
| J0185 | INJ., APREPITANT, 1MG | Healthcare Administered Drugs |
| J0202 | INJECTION ALEMTUZUMAB 1 MG | Healthcare Administered Drugs |
| J0205 | INJECTION ALGLUCERASE PER 10 UNITS | Healthcare Administered Drugs |
| J0219 | INJECTION AVALGLUCOSIDASE ALFA-NGPT 4 MG | Healthcare Administered Drugs |
| J0220 | INJECTION ALGLUCOSIDASE ALFA 10 MG NOS | Healthcare Administered Drugs |
| J0221 | INJECTION ALGLUCOSIDASE ALFA LUMIZYME 10 MG | Healthcare Administered Drugs |
| J0222 | INJECTION PATISIRAN 0.1 MG | Healthcare Administered Drugs |
| J0223 | INJECTION, GIVOSIRAN, 0.5 MG | Healthcare Administered Drugs |
| J0224 | INJ. LUMASIRAN, 0.5 MG | Healthcare Administered Drugs |
| J0248 | INJ, REMDESIVIR, 1 MG | Healthcare Administered Drugs |
| J0248 | INJECTION REMDESIVIR 1 MG | Healthcare Administered Drugs |
| J0256 | INJECTION ALPHA 1-PROTASE INHIBITOR NOS 10 MG | Healthcare Administered Drugs |
| J0257 | INJECTION ALPHA 1 PROTEINASE INHIBITOR 10 MG | Healthcare Administered Drugs |
| J0291 | INJECTION PLAZOMICIN 5 MG | Healthcare Administered Drugs |
| J0364 | INJECTION APOMORPHINE HYDROCHLORIDE 1 MG | Healthcare Administered Drugs |
| J0480 | INJECTION BASILIXIMAB 20 MG | Healthcare Administered Drugs |
| J0485 | INJECTION BELATACEPT 1 MG | Healthcare Administered Drugs |

| Code | Description | Service Category |
|-------|--|-------------------------------|
| J0490 | INJECTION BELIMUMAB 10 MG | Healthcare Administered Drugs |
| J0491 | INJECTION ANIFROLUMAB-FNIA 1 MG | Healthcare Administered Drugs |
| J0517 | INJECTION BENRALIZUMAB 1 MG | Healthcare Administered Drugs |
| J0565 | INJECTION BEZLOTOXUMAB 10 MG | Healthcare Administered Drugs |
| J0567 | INJECTION CERLIPONASE ALFA 1 MG | Healthcare Administered Drugs |
| J0570 | BUPRENORPHINE IMPLANT 74.2 MG | Healthcare Administered Drugs |
| J0584 | INJECTION BUROSUMAB-TWZA 1 MG | Healthcare Administered Drugs |
| J0585 | BOTULINUM TOXIN TYPE A PER UNIT | Healthcare Administered Drugs |
| J0586 | INJECTION ABOTULINUMTOXINA 5 UNITS | Healthcare Administered Drugs |
| J0587 | INJECTION RIMABOTULINUMTOXINB 100 UNITS | Healthcare Administered Drugs |
| J0588 | INJECTION INCOBOTULINUMTOXIN A 1 UNIT | Healthcare Administered Drugs |
| J0593 | INJECTION, LANADELUMAB-FLYO 1 MG | Healthcare Administered Drugs |
| J0596 | INJECTION C1 ESTERASE INHIBITOR RUCONEST 10 U | Healthcare Administered Drugs |
| J0597 | INJ C-1 ESTERASE INHIB HUMN BERINERT 10 UNITS | Healthcare Administered Drugs |
| J0598 | INJECTION C1 ESTERASE INHIBITOR CINRYZE 10 UNITS | Healthcare Administered Drugs |
| J0599 | INJECTION C-1 ESTERASE INHIBITOR 10 UNITS | Healthcare Administered Drugs |
| J0604 | CINACALCET ORAL 1 MG | Healthcare Administered Drugs |
| J0606 | INJECTION ETELCALCETIDE 0.1 MG | Healthcare Administered Drugs |
| J0630 | CALCITONIN SALMON INJECTION | Healthcare Administered Drugs |
| J0637 | INJECTION CASPOFUNGIN ACETATE 5 MG | Healthcare Administered Drugs |
| J0638 | INJECTION CANAKINUMAB 1 MG | Healthcare Administered Drugs |
| J0641 | INJECTION LEVOLEUCOVORIN CALCIUM 0.5 MG | Healthcare Administered Drugs |
| J0642 | INJECTION LEVOLEUCOVORIN (KHPZORY), 0.5 MG | Healthcare Administered Drugs |
| J0691 | INJECTION, LEFAMULIN, 1 MG | Healthcare Administered Drugs |
| J0695 | INJECTION CEFTOLOZANE 50 MG AND TAZOBACTAM 25 MG | Healthcare Administered Drugs |
| J0699 | INJECTION, CEFIDEROCOL, 10 MG | Healthcare Administered Drugs |
| J0712 | INJECTION, CEFTAROLINE FOSAMIL, 10 MG | Healthcare Administered Drugs |
| J0714 | INJECTION CEFTAZIDIME AND AVIBACTAM 0.5 G 0.125 G | Healthcare Administered Drugs |
| J0717 | INJECTION CERTOLIZUMAB PEGOL 1 MG | Healthcare Administered Drugs |
| J0725 | INJECTION CHORIONIC GONADOTROPIN-1000 USP UNITS | Healthcare Administered Drugs |
| J0739 | INJECTION, CABOTEGRAVIR, 1 MG | Healthcare Administered Drugs |
| J0741 | INJECTION, CABOTEGRAVIR AND RILPIVIRINE, 2 MG/3 MG | Healthcare Administered Drugs |
| J0775 | INJ COLLAGENASE CLOSTRIDIUM HISTOLYTICUM 0.01 MG | Healthcare Administered Drugs |
| J0791 | INJECTION, CRIZANLIZUMAB-TMCA, 5 MG | Healthcare Administered Drugs |

| Code | Description | Service Category |
|-------|---|-------------------------------|
| J0800 | INJECTION CORTICOTROPIN UP TO 40 UNITS | Healthcare Administered Drugs |
| J0850 | INJECTION CYTOMEGALOVIRUS IMMUNE GLOB IV-VIAL | Healthcare Administered Drugs |
| J0875 | INJECTION DALBAVANCIN 5MG | Healthcare Administered Drugs |
| J0878 | INJECTION DAPTOMYCIN 1 MG | Healthcare Administered Drugs |
| J0879 | INJECTION DIFELIKEFALIN 0.1 MICROGRAM | Healthcare Administered Drugs |
| J0881 | INJECTION DARBEPOETIN ALFA 1 MCG NON-ESRD USE | Healthcare Administered Drugs |
| J0885 | INJECTION EPOETIN ALFA FOR NON-ESRD 1000 UNITS | Healthcare Administered Drugs |
| J0888 | INJECTION EPOETIN BETA 1 MICROGRAM | Healthcare Administered Drugs |
| J0896 | INJECTION, LUPATERCEPT-AAMT, 0.25 MG | Healthcare Administered Drugs |
| J0897 | INJECTION DENOSUMAB 1 MG | Healthcare Administered Drugs |
| J1095 | INJECTION DEXAMETHASONE 9PCT INTRAOCULAR 1 MCG | Healthcare Administered Drugs |
| J1096 | DEXAMETHASONE LACRIMAL OPHTHALMIC INSERT 0.1 MG | Healthcare Administered Drugs |
| J1290 | INJECTION ECALLANTIDE 1 MG | Healthcare Administered Drugs |
| J1300 | INJECTION ECULIZUMAB 10 MG | Healthcare Administered Drugs |
| J1301 | INJECTION EDARAVONE 1 MG | Healthcare Administered Drugs |
| J1303 | INJECTION RAVULIZUMAB-CWVZ 10 MG | Healthcare Administered Drugs |
| J1305 | INJECTION, EVINACUMAB-DGNB, 5 MG | Healthcare Administered Drugs |
| J1306 | INJECTION, INCLISIRAN, MG | Healthcare Administered Drugs |
| J1322 | INJECTION EOSULFASE ALFA 1 MG | Healthcare Administered Drugs |
| J1324 | INJECTION ENFUVIRTIDE 1 MG | Healthcare Administered Drugs |
| J1325 | INJECTION EPOPROSTENOL 0.5 MG | Healthcare Administered Drugs |
| J1426 | INJECTION, CASIMERSEN, 10 MG | Healthcare Administered Drugs |
| J1427 | INJECTION, VILTOLARSEN, 10 MG | Healthcare Administered Drugs |
| J1428 | INJECTION ETEPLIRSEN 10 MG | Healthcare Administered Drugs |
| J1429 | INJECTION, GOLODIRSEN, 10 MG | Healthcare Administered Drugs |
| J1437 | INJECTION, FERRIC DERISOMALTOSE, 10MG | Healthcare Administered Drugs |
| J1438 | INJECTION ETANERCEPT 25 MG | Healthcare Administered Drugs |
| J1439 | INJECTION FERRIC CARBOXYMALTOSE 1 MG | Healthcare Administered Drugs |
| J1442 | INJECTION FILGRASTIM EXCLUDES BIOSIMILARS 1 MIC | Healthcare Administered Drugs |
| J1445 | INJ FERRIC PYROPHOSPHATE CITRATE SOL 0.1 MG IRON | Healthcare Administered Drugs |
| J1447 | INJECTION TBO-FILGRASTIM 1 MICROGRAM | Healthcare Administered Drugs |
| J1448 | INJECTION, TRILACICLIB, 1 MG | Healthcare Administered Drugs |
| J1454 | INJ FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG | Healthcare Administered Drugs |
| J1458 | INJECTION GALSULFASE 1 MG | Healthcare Administered Drugs |

| Code | Description | Service Category |
|-------------|--|-------------------------------|
| J1459 | INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG | Healthcare Administered Drugs |
| J1460 | INJECTION GAMMA GLOBULIN INTRAMUSCULAR 1 CC | Healthcare Administered Drugs |
| J1551 | INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG | Healthcare Administered Drugs |
| J1554 | INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG | Healthcare Administered Drugs |
| J1555 | INJECTION IMMUNE GLOBULIN 100 MG | Healthcare Administered Drugs |
| J1556 | INJECTION IMMUNE GLOBULIN BIVIGAM 500 MG | Healthcare Administered Drugs |
| J1557 | INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG | Healthcare Administered Drugs |
| J1558 | INJECTION, IMMUNE GLOBULIN (XEMBIFY), 100 MG | Healthcare Administered Drugs |
| J1559 | INJECTION IMMUNE GLOBULIN HIZENTRA 100 MG | Healthcare Administered Drugs |
| J1560 | INJECTION GAMMA GLOB INTRAMUSCULAR OVER 10 CC | Healthcare Administered Drugs |
| J1561 | INJECTION IMMUNE GLOBULIN NONLYOPHILIZED 500 MG | Healthcare Administered Drugs |
| J1562 | INJECTION IMMUNE GLOBULIN VIVAGLBIN 100 MG | Healthcare Administered Drugs |
| J1566 | INJ IG IV LYPHILIZED NOT OTHERWISE SPEC 500 MG | Healthcare Administered Drugs |
| J1568 | INJ IG OCTOGAM IV NONLYOPHILIZED 500 MG | Healthcare Administered Drugs |
| J1569 | INJ IG GAMMAGARD LIQ IV NONLYOPHILIZED 500 MG | Healthcare Administered Drugs |
| J1571 | INJ HEPATITIS B IG HEPAGAM B IM 0.5 ML | Healthcare Administered Drugs |
| J1572 | INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG | Healthcare Administered Drugs |
| J1573 | INJ HEP B IG HEPAGAM B INTRAVENOUS 0.5 ML | Healthcare Administered Drugs |
| J1575 | INJ IMMUNE GLOBULIN HYALURONIDASE 100 MG IG | Healthcare Administered Drugs |
| J1595 | INJECTION GLATIRAMER ACETATE 20 MG | Healthcare Administered Drugs |
| J1599 | INJ IG IV NONLYOPHILIZED E.G. LIQUID NOS 500 MG | Healthcare Administered Drugs |
| J1602 | INJECTION GOLIMUMAB 1 MG FOR INTRAVENOUS USE | Healthcare Administered Drugs |
| J1627 | INJECTION GRANISETRON EXTENDED-RELEASE 0.1 MG | Healthcare Administered Drugs |
| J1628 | INJECTION GUSELKUMAB 1 MG | Healthcare Administered Drugs |
| J1632 | INJECTION, BREXANOLONE, 1 MG | Healthcare Administered Drugs |
| J1640 | INJECTION HEMIN 1 MG | Healthcare Administered Drugs |
| J1645 | INJECTION DALTEPARIN SODIUM PER 2500 IU | Healthcare Administered Drugs |
| J1726 | INJECTION HYDROXYPROGESTERONE CAPROATE 10 MG | Healthcare Administered Drugs |
| J1729 | INJECTION HYDROXYPROGESTERONE CAPROATE NOS 10 MG | Healthcare Administered Drugs |
| J1740 | INJECTION IBANDRONATE SODIUM 1 MG | Healthcare Administered Drugs |
| J1743 | INJECTION IDURSULFASE 1 MG | Healthcare Administered Drugs |
| J1744 | INJECTION ICATIBANT 1 MG | Healthcare Administered Drugs |
| J1745 | INJECTION INFliximab EXCLUDES BIOSIMILAR 10 MG | Healthcare Administered Drugs |
| J1746 | INJECTION IBALIZUMAB-UIYK 10 MG | Healthcare Administered Drugs |

| Code | Description | Service Category |
|-------|--|-------------------------------|
| J1786 | INJECTION IMIGLUCERASE 10 UNITS | Healthcare Administered Drugs |
| J1823 | INJECTION, INEBILIZUMAB-CDON, 1 MG | Healthcare Administered Drugs |
| J1826 | INJECTION INTERFERON BETA-1A 30 MCG | Healthcare Administered Drugs |
| J1830 | INJECTION INTERFERON BETA-1B 0.25 MG | Healthcare Administered Drugs |
| J1833 | INJECTION ISAVUCONAZONIUM 1 MG | Healthcare Administered Drugs |
| J1930 | INJECTION LANREOTIDE 1 MG | Healthcare Administered Drugs |
| J1931 | INJECTION LARONIDASE 0.1 MG | Healthcare Administered Drugs |
| J1950 | INJECTION LEUPROLIDE ACETATE PER 3.75 MG | Healthcare Administered Drugs |
| J1951 | INJECTION LEUPROLIDE AC FOR DEPOT SUSP 0.25 MG | Healthcare Administered Drugs |
| J1952 | LEUPROLIDE INJECTANLE, CAMCEVI, 1MG | Healthcare Administered Drugs |
| J2062 | LOXAPINE FOR INHALATION 1 MG | Healthcare Administered Drugs |
| J2170 | INJECTION MECASERMIN 1 MG | Healthcare Administered Drugs |
| J2182 | INJECTION MEPOLIZUMAB 1 MG | Healthcare Administered Drugs |
| J2186 | INJECTION MEROPENEM VABORBACTAM 10 MG 10 MG | Healthcare Administered Drugs |
| J2248 | INJECTION MICAFUNGIN SODIUM 1 MG | Healthcare Administered Drugs |
| J2323 | INJECTION NATALIZUMAB 1 MG | Healthcare Administered Drugs |
| J2326 | INJECTION NUSINERSEN 0.1 MG | Healthcare Administered Drugs |
| J2350 | INJECTION OCRELIZUMAB 1 MG | Healthcare Administered Drugs |
| J2353 | INJ OCTREOTIDE DEPOT FORM IM INJ 1 MG | Healthcare Administered Drugs |
| J2356 | INJECTION, TEZEPELUMB-EKKO, 1 MG | Healthcare Administered Drugs |
| J2357 | INJECTION OMALIZUMAB 5 MG | Healthcare Administered Drugs |
| J2406 | INJECTION, ORITAVANCIN (KIMYRSA), 10 MG | Healthcare Administered Drugs |
| J2407 | INJECTION, ORITAVANCIN, 10 MG | Healthcare Administered Drugs |
| J2425 | INJECTION PALIFERMIN 50 MICROGRAMS | Healthcare Administered Drugs |
| J2502 | INJECTION PASIREOTIDE LONG ACTING 1 MG | Healthcare Administered Drugs |
| J2503 | INJECTION PEGAPTANIB SODIUM 0.3 MG | Healthcare Administered Drugs |
| J2504 | INJECTION PEGADEMASE BOVINE 25 IU | Healthcare Administered Drugs |
| J2506 | INJECTION, PEGFILGRASTIM, EXCLUDES BIOSIMILAR, 0.5 MG | Healthcare Administered Drugs |
| J2507 | INJECTION PEGLOTICASE 1 MG | Healthcare Administered Drugs |
| J2562 | INJECTION PLERIXAFOR 1 MG | Healthcare Administered Drugs |
| J2724 | INJECTION PROTEIN C CONCENTRATE IV HUMAN 10 IU | Healthcare Administered Drugs |
| J2770 | INJECTION, QUINUPRISTIN/DALFOPRISTIN, 500 MG (150/350) | Healthcare Administered Drugs |
| J2778 | INJECTION RANIBIZUMAB 0.1 MG | Healthcare Administered Drugs |
| J2779 | INJECTION, RANIBIZUMAB, VIA INTRAVITREAK IMPLANT (SUSVIMO), 0.1 MG | Healthcare Administered Drugs |

| Code | Description | Service Category |
|-------|---|-------------------------------|
| J2783 | INJECTION RASBURICASE 0.5 MG | Healthcare Administered Drugs |
| J2786 | INJECTION RESLIZUMAB 1 MG | Healthcare Administered Drugs |
| J2787 | RIBOFLAVIN 5'-PHOSPHATE OPHTHALMIC SOL TO 3 ML | Healthcare Administered Drugs |
| J2793 | INJECTION RILONACEPT 1 MG | Healthcare Administered Drugs |
| J2796 | INJECTION ROMIPLOSTIM 10 MCG | Healthcare Administered Drugs |
| J2797 | INJECTION ROLAPITANT 0.5 MG | Healthcare Administered Drugs |
| J2820 | INJECTION SARGRAMOSTIM 50 MCG | Healthcare Administered Drugs |
| J2840 | INJECTION SEBELIPASE ALFA 1 MG | Healthcare Administered Drugs |
| J2860 | INJECTION SILTUXIMAB 10 MG | Healthcare Administered Drugs |
| J2941 | INJECTION SOMATROPIN 1 MG | Healthcare Administered Drugs |
| J2998 | INJECTION, TRIAMCINOLONE ACETONIDE (XIPERE), 1 MG | Healthcare Administered Drugs |
| J3031 | INJECTION FREMANEZUMAB-VFRM 1 MG | Healthcare Administered Drugs |
| J3032 | INJECTION, EPTINEZUMAG-JJMR, 1MG | Healthcare Administered Drugs |
| J3060 | INJECTION TALIGLUCERASE ALFA 10 UNITS | Healthcare Administered Drugs |
| J3090 | INJECTION TEDIZOLID PHOSPHATE 1 MG | Healthcare Administered Drugs |
| J3095 | INJECTION TELAVANCIN 10 MG | Healthcare Administered Drugs |
| J3110 | INJECTION TERIPARATIDE 10 MCG | Healthcare Administered Drugs |
| J3111 | INJECTION, ROMOSOZUMAB-AQQG, 1 MG | Healthcare Administered Drugs |
| J3145 | INJECTION TESTOSTERONE UNDECANOATE 1 MG | Healthcare Administered Drugs |
| J3241 | INJECTION, TEPROTUMUMAB-TRBW, 10MG | Healthcare Administered Drugs |
| J3245 | INJECTION TILDRAKIZUMAB 1 MG | Healthcare Administered Drugs |
| J3262 | INJECTION TOCILIZUMAB 1 MG | Healthcare Administered Drugs |
| J3285 | INJECTION TREPROSTINIL 1 MG | Healthcare Administered Drugs |
| J3299 | INJECTION TRIAMCINOLONE ACETONIDE XIPERE 1 MG | Healthcare Administered Drugs |
| J3304 | INJECT TRIAMCINOLONE ACETONIDE PF ER MS F 1 MG | Healthcare Administered Drugs |
| J3315 | INJECTION TRIPTORELIN PAMOATE 3.75 MG | Healthcare Administered Drugs |
| J3316 | INJECTION TRIPTORELIN EXTENDED-RELEASE 3.75 MG | Healthcare Administered Drugs |
| J3355 | INJECTION UROFOLLITROPIN 75 IU | Healthcare Administered Drugs |
| J3357 | USTEKINUMAB FOR SUBCUTANEOUS INJECTION 1 MG | Healthcare Administered Drugs |
| J3358 | USTEKINUMAB FOR INTRAVENOUS INJECTION 1 MG | Healthcare Administered Drugs |
| J3380 | INJECTION VEDOLIZUMAB 1 MG | Healthcare Administered Drugs |
| J3385 | INJECTION VELAGLUCERASE ALFA 100 UNITS | Healthcare Administered Drugs |
| J3396 | INJECTION VERTEPORFIN 0.1 MG | Healthcare Administered Drugs |
| J3397 | INJECTION VESTRONIDASE ALFA-VJBK 1 MG | Healthcare Administered Drugs |

| Code | Description | Service Category |
|-------|--|-------------------------------|
| J3398 | INJECTION VORETIGENE NEPAROVEC-RZYL 1 B VEC G | Healthcare Administered Drugs |
| J3399 | INJ AVSX-101-XIOI P-TX TO 5X10^15 VCTR GNOMS | Healthcare Administered Drugs |
| J3490 | UNCLASSIFIED DRUGS | Healthcare Administered Drugs |
| J3590 | UNCLASSIFIED BIOLOGICS | Healthcare Administered Drugs |
| J3591 | UNCLASS RX BIOLOGICAL USED FOR ESRD ON DIALYSIS | Healthcare Administered Drugs |
| J7168 | PRT COMPLEX CONC KCENTRA PER IU FIX ACT | Healthcare Administered Drugs |
| J7170 | INJECTION EMICIZUMAB-KXWH 0.5 MG | Healthcare Administered Drugs |
| J7175 | INJECTION FACTOR X 1 I.U. | Healthcare Administered Drugs |
| J7177 | INJECTION HUMAN FIBRINOGEN CONCENTRATE 1 MG | Healthcare Administered Drugs |
| J7178 | INJECTION HUMAN FIBRINOGEN CONC NOS 1 MG | Healthcare Administered Drugs |
| J7179 | INJECTION VON WILLEBRAND FACTOR 1 I.U. VWF:RCO | Healthcare Administered Drugs |
| J7180 | INJECTION FACTOR XIII 1 I.U. | Healthcare Administered Drugs |
| J7181 | INJECTION FACTOR XIII A-SUBUNIT PER IU | Healthcare Administered Drugs |
| J7182 | INJECTION FACTOR VIII PER IU | Healthcare Administered Drugs |
| J7183 | INJ VON WILLEBRAND FACTR COMPLEX WILATE 1 IU:RCO | Healthcare Administered Drugs |
| J7185 | INJECTION FACTOR VIII PER IU | Healthcare Administered Drugs |
| J7186 | INJ AHF VWF CMPLX PER FACTOR VIII IU | Healthcare Administered Drugs |
| J7187 | INJ VONWILLEBRND FACTOR CMPLX HUMN RISTOCETIN IU | Healthcare Administered Drugs |
| J7188 | INJECTION FACTOR VIII PER I.U. | Healthcare Administered Drugs |
| J7189 | FACTOR VIIA ANTIHEMOPHILIC FCT NOVOSEVEN RT1 MCG | Healthcare Administered Drugs |
| J7190 | FACTOR VIII ANTIHEMOPHILIC FACTOR HUMAN PER IU | Healthcare Administered Drugs |
| J7191 | FACTOR VIII ANTIHEMOPHILIC FACTOR PROCINE PER IU | Healthcare Administered Drugs |
| J7192 | FACTOR VIII PER IU NOT OTHERWISE SPECIFIED | Healthcare Administered Drugs |
| J7193 | FACTOR IX AHF PURIFIED NON-RECOMBINANT PER IU | Healthcare Administered Drugs |
| J7194 | FACTOR IX COMPLEX PER IU | Healthcare Administered Drugs |
| J7195 | INJ FACTOR IX PER IU NOT OTHERWISE SPECIFIED | Healthcare Administered Drugs |
| J7196 | INJECTION ANTITHROMBIN RECOMBINANT 50 I.U. | Healthcare Administered Drugs |
| J7197 | ANTITHROMBIN III PER IU | Healthcare Administered Drugs |
| J7198 | ANTI-INHIBITOR PER IU | Healthcare Administered Drugs |
| J7199 | HEMOPHILIA CLOTTING FACTOR NOC | Healthcare Administered Drugs |
| J7200 | INJECTION FACTOR IX RIXUBIS PER IU | Healthcare Administered Drugs |
| J7201 | INJECTION FAC IX FC FUS PROTEIN ALPROLIX 1 I.U. | Healthcare Administered Drugs |
| J7202 | INJECTION FAC IX ALBUMIN FUS PRT IDELVION 1 I.U. | Healthcare Administered Drugs |
| J7203 | INJECTION FACTOR IX GLYCOPEGYLATED 1 IU | Healthcare Administered Drugs |

| Code | Description | Service Category |
|-------|---|-------------------------------|
| J7204 | INJ FAC VIII ANTIHEM FAC GLYCOPEGYLATD-EXEI P-IU | Healthcare Administered Drugs |
| J7205 | INJECTION FACTOR VIII FC FUSION PROTEIN PER IU | Healthcare Administered Drugs |
| J7207 | INJECTION FACTOR VIII PEGYLATED 1 I.U. | Healthcare Administered Drugs |
| J7207 | INJECTION FACTOR VIII PEGYLATED 1 I.U. | Healthcare Administered Drugs |
| J7208 | INJECTION FACTOR VIII PEGYLATED-AUCL 1 IU | Healthcare Administered Drugs |
| J7209 | INJECTION FACTOR VIII 1 I.U. | Healthcare Administered Drugs |
| J7210 | INJECTION FACTOR VIII AFSTYLA 1 I.U. | Healthcare Administered Drugs |
| J7211 | INJECTION FACTOR VIII KOVALTRY 1 I.U. | Healthcare Administered Drugs |
| J7212 | FACTOR VIIA-JNCW 1 MCG | Healthcare Administered Drugs |
| J7308 | AMINOLEVULINIC ACID HCL TOP ADMN 20PCT 1 U DOSE | Healthcare Administered Drugs |
| J7309 | METHYL AMINOLEVULINATE MAL TOP ADMIN 16.8PCT 1 G | Healthcare Administered Drugs |
| J7310 | GANCICLOVIR 4.5 MG LONG-ACTING IMPLANT | Healthcare Administered Drugs |
| J7311 | FLUOCINOLONE ACETONIDE INTRAVITREAL IMPLANT | Healthcare Administered Drugs |
| J7312 | INJECTION DEXAMETHASONE INTRAVITREAL IMPL 0.1 MG | Healthcare Administered Drugs |
| J7313 | INJECTION FA INTRAVITREAL IMPLANT (Lluvien) 0.01 MG | Healthcare Administered Drugs |
| J7314 | INJECTION FA INTRAVITREAL IMPLANT (Yutiq), 0.01 MG | Healthcare Administered Drugs |
| J7316 | INJECTION OCRIPLASMIN 0.125 MG | Healthcare Administered Drugs |
| J7318 | HYALURONAN DERIVATIVE DUROLANE FOR IA INJ 1 MG | Healthcare Administered Drugs |
| J7320 | HYALURONAN DERIVITIVE GENVISC 850 IA INJ 1 MG | Healthcare Administered Drugs |
| J7321 | HYALURONAN/DERIV HYALGAN/SUPARTZ IA INJ PER DOSE | Healthcare Administered Drugs |
| J7322 | HYALURONAN DERIVATIVE HYMOVIS IA INJ 1 MG | Healthcare Administered Drugs |
| J7323 | HYALURONAN DERIVATIVE EUFLEXXA IA INJ PER DOSE | Healthcare Administered Drugs |
| J7324 | HYALURONAN DERIV ORTHOVISC IA INJ PER DOSE | Healthcare Administered Drugs |
| J7325 | HYALURONAN DERIV SYNVISC SYNVISC-ONE IA INJ 1 MG | Healthcare Administered Drugs |
| J7326 | HYALURONAN DERIV GEL-ONE INTRA-ARTIC INJ PER DOS | Healthcare Administered Drugs |
| J7327 | HYALURONAN DERIVATIVE MONOVISC IA INJ PER DOSE | Healthcare Administered Drugs |
| J7328 | HYALURONAN DERIVATIVE GELSYN-3 FOR IA INJ 0.1 MG | Healthcare Administered Drugs |
| J7329 | HYALURONAN DERIVATIVE TRIVISC FOR IA INJ 1 MG | Healthcare Administered Drugs |
| J7331 | HYALURONAN/DERIVATIVE SYNOJOINT IA INJ 1 MG | Healthcare Administered Drugs |
| J7332 | HYALURONAN/DERIVATIVE TRILURON IA INJ 1 MG | Healthcare Administered Drugs |
| J7336 | CAPSAICIN 8% PATCH, PER SQ CENTIMETER | Healthcare Administered Drugs |
| J7351 | INJECTION BIMATOPROST INTRACAMERAL IMPLANT 1 MCG | Healthcare Administered Drugs |
| J7352 | AFAMELANOTIDE IMPLANT, 1 MG | Healthcare Administered Drugs |
| J7402 | MOMETASONE FUROATE SINUS IMPLANT SINUVA 10 MCG | Healthcare Administered Drugs |

| Code | Description | Service Category |
|-------|---|-------------------------------|
| J7504 | LYMPHCYT IMMUN GLOB EQUINE PARENTERAL 250 MG | Healthcare Administered Drugs |
| J7511 | LYMPHCYT IMMUN GLOB RABBIT PARENTERAL 25 MG | Healthcare Administered Drugs |
| J7639 | DORNASE ALFA INHAL SOL NONCOMP UNIT DOSE PER MG | Healthcare Administered Drugs |
| J7677 | REVEFENACIN INHAL SOL NONCOMPND ADM DME 1 MCG | Healthcare Administered Drugs |
| J7682 | TOBRAMYCIN INHAL NON-COMP UNIT DOSE PER 300 MG | Healthcare Administered Drugs |
| J7686 | TREPROSTINIL INHAL SOLUTION UNIT DOSE 1.74 MG | Healthcare Administered Drugs |
| J7999 | COMPOUNDED DRUG NOT OTHERWISE CLASSIFIED | Healthcare Administered Drugs |
| J8499 | PRESCRIPTION DRUG ORAL NONCHEMOTHERAPEUTIC NOS | Healthcare Administered Drugs |
| J8655 | NETUPITANT 300 MG AND PALONOSETRON 0.5 MG ORAL | Healthcare Administered Drugs |
| J8670 | ROLAPITANT ORAL 1 MG | Healthcare Administered Drugs |
| J8999 | PRESCRIPTION DRUG ORAL CHEMOTHERAPEUTIC NOS | Healthcare Administered Drugs |
| J9015 | INJECTION ALDESLEUKIN PER SINGLE USE VIAL | Healthcare Administered Drugs |
| J9019 | INJECTION ASPARAGINASE ERWINAZE 1000 IU | Healthcare Administered Drugs |
| J9021 | INJECTION, ASPARAGINASE, RECOMBINANT, (RYLAZE), 0.1MG | Healthcare Administered Drugs |
| J9022 | INJECTION ATEZOLIZUMAB 10 MG | Healthcare Administered Drugs |
| J9023 | INJECTION AVELUMAB 10 MG | Healthcare Administered Drugs |
| J9032 | INJECTION BELINOSTAT 10 MG | Healthcare Administered Drugs |
| J9033 | INJECTION BENDAMUSTINE HCL TREANDA 1 MG | Healthcare Administered Drugs |
| J9034 | INJECTION BENDAMUSTINE HCL BENDEKA 1 MG | Healthcare Administered Drugs |
| J9035 | INJECTION BEVACIZUMAB 10 MG | Healthcare Administered Drugs |
| J9036 | INJECTION BENDAMUSTINE HYDROCHLORIDE 1 MG | Healthcare Administered Drugs |
| J9036 | INJECTION BENDAMUSTINE HYDROCHLORIDE 1 MG | Healthcare Administered Drugs |
| J9037 | INJECTION, BELANTAMAB MAFODONTIN-BLMF, 0.5 MG | Healthcare Administered Drugs |
| J9039 | INJECTION BLINATUMOMAB 1 MICROGRAM | Healthcare Administered Drugs |
| J9041 | INJECTION BORTEZOMIB 0.1 MG | Healthcare Administered Drugs |
| J9042 | INJECTION BRENTUXIMAB VEDOTIN 1 MG | Healthcare Administered Drugs |
| J9043 | INJECTION CABAZITAXEL 1 MG | Healthcare Administered Drugs |
| J9044 | INJECTION BORTEZOMIB NOS 0.1 MG | Healthcare Administered Drugs |
| J9047 | INJECTION CARFILZOMIB 1 MG | Healthcare Administered Drugs |
| J9055 | INJECTION CETUXIMAB 10 MG | Healthcare Administered Drugs |
| J9057 | INJECTION COPANLISIB 1 MG | Healthcare Administered Drugs |
| J9061 | INJECTION, AMIVANTAMAB-VMJW, 2MG | Healthcare Administered Drugs |
| J9071 | INJECTION CYCLOPHOSPHAMIDE AUROMEDICS 5 MG | Healthcare Administered Drugs |
| J9098 | INJECTION CYTARABINE LIPOSOME 10 MG | Healthcare Administered Drugs |

| Code | Description | Service Category |
|-------|--|-------------------------------|
| J9118 | INJ. CALASPARGASE PEGOL-MKNL | Healthcare Administered Drugs |
| J9119 | INJECTION CEMIPLIMAB-RWLC 1 MG | Healthcare Administered Drugs |
| J9144 | INJECTION, DARATUMUMAB, 10 MG AND HYALURONIDASE-FIHJ | Healthcare Administered Drugs |
| J9145 | INJECTION DARATUMUMAB 10 MG | Healthcare Administered Drugs |
| J9153 | INJECTION LIPOSOMAL 1 MG DNR AND 2.27 MG CA | Healthcare Administered Drugs |
| J9155 | INJECTION DEGARELIX 1 MG | Healthcare Administered Drugs |
| J9160 | INJECTION DENILEUKIN DIFTITOX 300 MCG | Healthcare Administered Drugs |
| J9173 | INJECTION DURVALUMAB 10 MG | Healthcare Administered Drugs |
| J9176 | INJECTION ELOTUZUMAB 1 MG | Healthcare Administered Drugs |
| J9177 | INJECTION, ENFORTUMAB VEDOTIN-EJFV, 0.25 MG | Healthcare Administered Drugs |
| J9179 | INJECTION ERIBULIN MESYLATE 0.1 MG | Healthcare Administered Drugs |
| J9198 | INJECTION, GEMCITABINE HYDROCHLORIDE (infugem), 100 MG | Healthcare Administered Drugs |
| J9203 | INJECTION GEMTUZUMAB OZOGAMICIN 0.1 MG | Healthcare Administered Drugs |
| J9204 | INJECTION MOGAMULIZUMAB-KPKC 1 MG | Healthcare Administered Drugs |
| J9205 | INJECTION IRINOTECAN LIPOSOME 1 MG | Healthcare Administered Drugs |
| J9207 | INJECTION IXABEPILONE 1 MG | Healthcare Administered Drugs |
| J9210 | INJECTION EMAPALUMAB-LZSG 1 MG | Healthcare Administered Drugs |
| J9214 | INJECTION INTERFERON ALFA-2B RECOMBINANT 1 M U | Healthcare Administered Drugs |
| J9215 | INJECTION INTERFERON ALFA-N3 250,000 IU | Healthcare Administered Drugs |
| J9216 | INJECTION INTERFERON GAMMA-1B 3 MILLION UNITS | Healthcare Administered Drugs |
| J9218 | LEUPROLIDE ACETATE PER 1 MG | Healthcare Administered Drugs |
| J9219 | LEUPROLIDE ACETATE IMPLANT 65 MG | Healthcare Administered Drugs |
| J9223 | INJECTION, LURBINECTEDIN, 0.1 MG | Healthcare Administered Drugs |
| J9225 | HISTRELIN IMPLANT VANTAS 50 MG | Healthcare Administered Drugs |
| J9226 | HISTRELIN IMPLANT SUPPRELIN LA 50 MG | Healthcare Administered Drugs |
| J9227 | INJECTION, ISATUXIMAB-IRFC, 10 MG | Healthcare Administered Drugs |
| J9228 | INJECTION IPILIMUMAB 1 MG | Healthcare Administered Drugs |
| J9229 | INJECTION INOTUZUMAB OZOGAMICIN 0.1 MG | Healthcare Administered Drugs |
| J9246 | INJECTION MELPHALAN EVOMELA 1 MG | Healthcare Administered Drugs |
| J9247 | INJECTION, MELPHALAN FLUFENAMIDE, 1 MG | Healthcare Administered Drugs |
| J9262 | INJECTION OMACETAXINE MEPESUCCINATE 0.01 MG | Healthcare Administered Drugs |
| J9264 | INJECTION PACLITAXEL PROTEINBOUND PARTICLES 1 MG | Healthcare Administered Drugs |
| J9266 | INJECTION PEGASPARGASE PER SINGLE DOSE VIAL | Healthcare Administered Drugs |
| J9269 | INJECTION TAGRAXOFUSP-ERZS 10 MCG | Healthcare Administered Drugs |

| Code | Description | Service Category |
|-------|--|-------------------------------|
| J9271 | INJECTION PEMBROLIZUMAB 1 MG | Healthcare Administered Drugs |
| J9272 | INJECTION, DOSTARLIMAB-GXLY,10MG | Healthcare Administered Drugs |
| J9273 | INJECTION, TISOTUMAB VEDOTIN-TFTV, 1 MG | Healthcare Administered Drugs |
| J9281 | MITOMYCIN PYELOCALYCEAL INSTILLATION, 1 MG | Healthcare Administered Drugs |
| J9285 | INJECTION OLARATUMAB 10 MG | Healthcare Administered Drugs |
| J9295 | INJECTION NECITUMUMAB 1 MG | Healthcare Administered Drugs |
| J9299 | INJECTION NIVOLUMAB 1 MG | Healthcare Administered Drugs |
| J9301 | INJECTION OBINUTUZUMAB 10 MG | Healthcare Administered Drugs |
| J9302 | INJECTION OFATUMUMAB 10 MG | Healthcare Administered Drugs |
| J9303 | INJECTION PANITUMUMAB 10 MG | Healthcare Administered Drugs |
| J9304 | INJECTION PEMETREXED (PEMFEXY) 10 MG | Healthcare Administered Drugs |
| J9305 | INJECTION PEMETREXED 10 MG | Healthcare Administered Drugs |
| J9306 | INJECTION PERTUZUMAB 1 MG | Healthcare Administered Drugs |
| J9307 | INJECTION PRALATREXATE 1 MG | Healthcare Administered Drugs |
| J9308 | INJECTION RAMUCIRUMAB 5 MG | Healthcare Administered Drugs |
| J9309 | INJECTION, POLATUZUMAB VEDOTIN-PIIQ, 1 MG | Healthcare Administered Drugs |
| J9311 | INJECTION RITUXIMAB 10 MG AND HYALURONIDASE | Healthcare Administered Drugs |
| J9312 | INJECTION RITUXIMAB 10 MG | Healthcare Administered Drugs |
| J9313 | INJECTION MOXETUMOMAB PASUDOTOX-TDFK 0.01 MG | Healthcare Administered Drugs |
| J9316 | INJ PERTUZUMAB TRASTUZUMAB and HYAL-ZZXF PER 10 MG | Healthcare Administered Drugs |
| J9317 | INJECTION, SACITUZUMAB GOVITECAN-HZIY, 2.5 MG | Healthcare Administered Drugs |
| J9318 | INJECTION, ROMIDEPSIN, NONLYOPHILIZED, 0.1 MG | Healthcare Administered Drugs |
| J9319 | INJECTION, ROMIDEPSIN, LYOPHILIZED, 0.1 MG | Healthcare Administered Drugs |
| J9325 | INJ TALIMOGENE LAHERPAREPVEC PER 1 M PLAQUE F U | Healthcare Administered Drugs |
| J9331 | INJECTION, SIROLIMUS PROTEIN-BOUND PARTICLES, 1 MG | Healthcare Administered Drugs |
| J9332 | INJECTION, EFGARTIGIMOD ALFA-FCAB, 2 MG | Healthcare Administered Drugs |
| J9348 | INJECTION NAXITAMAB-GQGK 1 MG | Healthcare Administered Drugs |
| J9349 | INJECTION, TAFASITAMAB-CXIX, 2 MG | Healthcare Administered Drugs |
| J9352 | INJECTION TRABECTEDIN 0.1 MG | Healthcare Administered Drugs |
| J9353 | INJECTION MARGETUXIMAB-CMKB 5 MG | Healthcare Administered Drugs |
| J9354 | INJ ADO-TRASTUZUMAB EMTANSINE 1 MG | Healthcare Administered Drugs |
| J9355 | INJECTION TRASTUZUMAB EXCLUDES BIOSIMILAR 10 MG | Healthcare Administered Drugs |
| J9356 | INJECTION TRASTUZUMAB 10 MG AND HYALURONIDASE-OYSK | Healthcare Administered Drugs |
| J9358 | INJECTION, FAM-TRASTUZUMAB DERUXTECAN-NXKI, 1 MG | Healthcare Administered Drugs |

| Code | Description | Service Category |
|-------|--|-------------------------------|
| J9359 | INJ, LONCASTUXIMAB TESIRINE-LYPL, 0.1 MG | Healthcare Administered Drugs |
| J9371 | INJECTION VINCERISTINE SULFATE LIPOSOME 1 MG | Healthcare Administered Drugs |
| J9400 | INJECTION ZIV-AFLIBERCEPT 1 MG | Healthcare Administered Drugs |
| J9600 | INJECTION PORFIMER SODIUM 75 MG | Healthcare Administered Drugs |
| J9999 | NOT OTHERWISE CLASSIFIED ANTINEOPLASTIC DRUG | Healthcare Administered Drugs |
| Q0138 | INJ FERUMOXYTOL TX IRON DEF ANEMIA 1 MG NON-ESRD | Healthcare Administered Drugs |
| Q0139 | INJ FERUMOXYTOL TX IRON DEF ANEMIA 1 MG FOR ESRD | Healthcare Administered Drugs |
| Q2050 | INJECTION DOXORUBICIN HCL LIPOSOMAL NOS 10 MG | Healthcare Administered Drugs |
| Q3027 | INJECTION INTERFERON BETA-1A 1 MCG IM USE | Healthcare Administered Drugs |
| Q3028 | INJECTION INTERFERON BETA-1A 1 MCG SUBQ USE | Healthcare Administered Drugs |
| Q4074 | ILOPROST INHAL SOL THRU DME UNIT DOSE TO 20 MCG | Healthcare Administered Drugs |
| Q5103 | INJECTION INFILIXIMAB-DYYB BIOSIMILAR 10 MG | Healthcare Administered Drugs |
| Q5104 | INJECTION INFILIXIMAB-ABDA BIOSIMILAR 10 MG | Healthcare Administered Drugs |
| Q5105 | INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 100 U | Healthcare Administered Drugs |
| Q5106 | INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U | Healthcare Administered Drugs |
| Q5107 | INJECTION BEVACIZUMAB-AWWB BIOSIMILAR 10 MG | Healthcare Administered Drugs |
| Q5108 | INJECTION PEGFILGRASTIM-JMDB BIOSIMILAR 0.5 MG | Healthcare Administered Drugs |
| Q5109 | INJECTION INFILIXIMAB-QBTX BIOSIMILAR 10 MG | Healthcare Administered Drugs |
| Q5111 | INJECTION PEGFILGRASTIM-CBVQ BIOSIMILAR 0.5 MG | Healthcare Administered Drugs |
| Q5112 | INJECTION TRASTUZUMAB-DTTB BIOSIMILAR 10 MG | Healthcare Administered Drugs |
| Q5113 | INJECTION TRASTUZUMAB-PKRB BIOSIMILAR 10 MG | Healthcare Administered Drugs |
| Q5114 | INJECTION TRASTUZUMAB-DKST BIOSIMILAR 10 MG | Healthcare Administered Drugs |
| Q5115 | INJECTION RITUXIMAB-ABBS BIOSIMILAR 10 MG | Healthcare Administered Drugs |
| Q5116 | INJECTION, TRASTUZUMAG-QYYP, BIOSIMILAR, (TRAZIMERA), 10 MG | Healthcare Administered Drugs |
| Q5117 | INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR (kanjinti), 10 MG | Healthcare Administered Drugs |
| Q5118 | INJECTION, BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV), 10 MG | Healthcare Administered Drugs |
| Q5119 | INJECTION, RITUXIMAB-PVVR, BIOSIMILAR, (ruxience), 10 MG | Healthcare Administered Drugs |
| Q5120 | INJECTION, PEGFILGRASTIM-BMEZ, BIOSIMILAR, (ziextzeno), 0.5 MG | Healthcare Administered Drugs |
| Q5121 | INJECTION, INFILIXIMAB-AXXQ, BIOSIMILAR, (avsola), 10 MG | Healthcare Administered Drugs |
| Q5122 | INJECTION, PEGFILGRASTIM-APGF, BIOSIMILAR, (NYVEPRIA), 0.5 MG | Healthcare Administered Drugs |
| Q5123 | INJECTION RITUXIMAB-ARRX BIOSIMILAR 10 MG | Healthcare Administered Drugs |
| Q5124 | INJECTION RANIBIZUMAB-NUNA BS BYOOVIZ 0.1 MG | Healthcare Administered Drugs |
| Q9991 | INJECTION BUPRENORPHINE EXT-RLSE UNDER EQ TO 100 MG | Healthcare Administered Drugs |
| Q9992 | INJECTION BUPRENORPHINE EXTENDED-RELEASE OVER 100 MG | Healthcare Administered Drugs |

| Code | Description | Service Category |
|-------|---|-------------------------------|
| S0013 | ESKETAMINE, NASAL SPRAY, 1mg | Healthcare Administered Drugs |
| S0189 | TESTOSTERONE PELLET 75 MG | Healthcare Administered Drugs |
| G0151 | SERVICE PHYS THERAP HOME HLTH HOSPICE EA 15 MIN | Home Health Care Services |
| G0152 | SERVICE OCCUP THERAP HOME HLTH HOSPICE EA 15 MIN | Home Health Care Services |
| G0153 | SRVC SPCH AND LANG PATH HOME HLTH HOSPICE EA 15 MIN | Home Health Care Services |
| G0155 | SRVC CLINICAL SOCIAL WORKER HH HOSPICE EA 15 MIN | Home Health Care Services |
| G0156 | SRVC HH HOSPICE AIDE IN HH HOSPICE SET EA 15 MIN | Home Health Care Services |
| G0157 | SERVICES PT ASSIST HOME HEALTH HOSPICE EA 15 MIN | Home Health Care Services |
| G0158 | SERVICE OT ASSIST HOME HEALTH HOSPICE EA 15 MIN | Home Health Care Services |
| G0159 | SERVICES PT HOME HEALTH EST DEL PT MP EA 15 MINS | Home Health Care Services |
| G0160 | SERVICES OT HOME HEALTH EST DEL OT MP EA 15 MINS | Home Health Care Services |
| G0161 | SERVICE SLP HH EST DEL SPCH-LANG PATH MP EA 15 M | Home Health Care Services |
| G0162 | SKILLED SERVICE RN M AND E PLAN OF CARE; EA 15 MINS | Home Health Care Services |
| G0299 | DIRECT SNS RN HOME HEALTH HOSPICE SET EA 15 MIN | Home Health Care Services |
| G0300 | DIRECT SNS LPN HOME HLTH HOSPICE SET EA 15 MIN | Home Health Care Services |
| G0493 | SKILLED SERVICES RN OBV AND ASMT PT COND EA 15 MIN | Home Health Care Services |
| G0494 | SKILLED SRVC LPN OBS AND ASMT PT COND EA 15 MIN | Home Health Care Services |
| G0495 | SKD SRVC RN TRAIN AND EDU PT FAM HH HOSPC EA 15 MIN | Home Health Care Services |
| G0496 | SKD SRVC LPN TRAIN AND EDU PT FAM HH HOSPC E 15 MIN | Home Health Care Services |
| 99183 | PHYS QHP ATTN AND SUPVJ HYPRBARIC OXYGEN TX SESSION | Hyperbaric/Wound Therapy |
| A2011 | SUPRA SDRM PER SQ CM | Hyperbaric/Wound Therapy |
| A2012 | SUPRATHEL PER SQ CM | Hyperbaric/Wound Therapy |
| A2013 | INNOVAMATRIX FS PER SQ CM | Hyperbaric/Wound Therapy |
| A4100 | SKIN SUBSTITUTE FDA CLEARED AS A DEVICE NOS | Hyperbaric/Wound Therapy |
| G0277 | HPO UND PRESS FULL BODY CHMBR PER 30 MIN INT | Hyperbaric/Wound Therapy |
| G0460 | AUTOLOGOUS PLATELET-RICH PLASMA | Hyperbaric/Wound Therapy |
| Q4161 | BIO-CONEKT WOUND MATRIX PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy |
| Q4162 | WOUNDEX FLOW BIOSKIN FLOW 0.5 CC | Hyperbaric/Wound Therapy |
| Q4163 | WOUNDEX BIOSKIN PER SQUARE CM | Hyperbaric/Wound Therapy |
| Q4164 | HELICOLL PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy |
| Q4165 | KERAMATRIX PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy |
| Q4176 | NEOPATCH PER SQUARE CM | Hyperbaric/Wound Therapy |
| Q4177 | FLOWERAMNIOFLO 0.1 CC | Hyperbaric/Wound Therapy |
| Q4178 | FLOWERAMNIOPATCH PER SQUARE CM | Hyperbaric/Wound Therapy |

| Code | Description | Service Category |
|-------|--|--------------------------|
| Q4179 | FLOWERDERM PER SQUARE CM | Hyperbaric/Wound Therapy |
| Q4180 | REVITA PER SQUARE CM | Hyperbaric/Wound Therapy |
| Q4181 | AMNIO WOUND PER SQUARE CM | Hyperbaric/Wound Therapy |
| Q4182 | TRANSCYTE PER SQUARE CM | Hyperbaric/Wound Therapy |
| Q4183 | SURGIGRAFT PER SQ CM | Hyperbaric/Wound Therapy |
| Q4184 | CELLESTA PER SQ CM | Hyperbaric/Wound Therapy |
| Q4185 | CELLESTA FLOWABLE AMNIOTIC; PER 0.5 CC | Hyperbaric/Wound Therapy |
| Q4186 | EPIFIX PER SQ CM | Hyperbaric/Wound Therapy |
| Q4187 | EPICORD PER SQ CM | Hyperbaric/Wound Therapy |
| Q4188 | AMNIOARMOR PER SQ CM | Hyperbaric/Wound Therapy |
| Q4189 | ARTACENT AC 1 MG | Hyperbaric/Wound Therapy |
| Q4190 | ARTACENT AC PER SQ CM | Hyperbaric/Wound Therapy |
| Q4191 | RESTORIGIN PER SQ CM | Hyperbaric/Wound Therapy |
| Q4192 | RESTORIGIN 1 CC | Hyperbaric/Wound Therapy |
| Q4193 | COLL-E-DERM PER SQ CM | Hyperbaric/Wound Therapy |
| Q4194 | NOVACHOR PER SQ CM | Hyperbaric/Wound Therapy |
| Q4195 | PURAPLY PER SQ CM | Hyperbaric/Wound Therapy |
| Q4196 | PURAPLY AM PER SQ CM | Hyperbaric/Wound Therapy |
| Q4197 | PURAPLY XT PER SQ CM | Hyperbaric/Wound Therapy |
| Q4198 | GENESIS AMNIOTIC MEMBRANE PER SQ CM | Hyperbaric/Wound Therapy |
| Q4200 | SKINTE PER SQ CM | Hyperbaric/Wound Therapy |
| Q4201 | MATRION PER SQ CM | Hyperbaric/Wound Therapy |
| Q4202 | KEROXX (2.5G CC) 1CC | Hyperbaric/Wound Therapy |
| Q4203 | DERMA-GIDE PER SQ CM | Hyperbaric/Wound Therapy |
| Q4204 | XWRAP PER SQ CM | Hyperbaric/Wound Therapy |
| Q4224 | HMN HLTH FAC 10 AMNIOTIC PATCH HHF10-P PER SQ CM | Hyperbaric/Wound Therapy |
| Q4225 | AMNIOBIND PER SQ CM | Hyperbaric/Wound Therapy |
| Q4226 | NEW SKIN HOMOLOGOUS AUTOGRAPH | Hyperbaric/Wound Therapy |
| Q4249 | AMNIPLY, FOR TOPICAL USE ONLY, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy |
| Q4250 | AMNIOAMP-MP, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy |
| Q4251 | VIM PER SQ CM | Hyperbaric/Wound Therapy |
| Q4252 | VENDAJE PER SQ CM | Hyperbaric/Wound Therapy |
| Q4253 | ZENITH AMNIOTIC MEMBRANE PER SQ CM | Hyperbaric/Wound Therapy |
| Q4254 | NOVAFIX DL, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy |

| Code | Description | Service Category |
|-------------|--|--------------------------|
| Q4255 | REGUARD, FOR TOPICAL USE ONLY, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy |
| Q4256 | MYOWN SKIN INCL HARVEST AND PREP PROC PER SQ CM | Hyperbaric/Wound Therapy |
| Q4257 | RELESE PER SQ CM | Hyperbaric/Wound Therapy |
| Q4258 | ENVERSE PER SQ CM | Hyperbaric/Wound Therapy |
| 70336 | MRI TEMPOROMANDIBULAR JOINT | Imaging & Special Tests |
| 70450 | CT HEAD BRAIN W O CONTRAST MATERIAL | Imaging & Special Tests |
| 70460 | CT HEAD BRAIN W CONTRAST MATERIAL | Imaging & Special Tests |
| 70470 | CT HEAD BRAIN W O AND W CONTRAST MATERIAL | Imaging & Special Tests |
| 70480 | CT ORBIT SELLA POST FOSSA EAR W O CONTRAST MATRL | Imaging & Special Tests |
| 70481 | CT ORBIT SELLA POST FOSSA EAR W CONTRAST MATRL | Imaging & Special Tests |
| 70482 | CT ORBIT SELLA POST FOSSA EAR W O AND W CONTR MATR | Imaging & Special Tests |
| 70486 | CT MAXILLOFACIAL W O CONTRAST MATERIAL | Imaging & Special Tests |
| 70487 | CT MAXILLOFACIAL W CONTRAST MATERIAL | Imaging & Special Tests |
| 70488 | CT MAXILLOFACIAL W O AND W CONTRAST MATERIAL | Imaging & Special Tests |
| 70490 | CT SOFT TISSUE NECK W O CONTRAST MATERIAL | Imaging & Special Tests |
| 70491 | CT SOFT TISSUE NECK W CONTRAST MATERIAL | Imaging & Special Tests |
| 70492 | CT SOFT TISSUE NECK W O AND W CONTRAST MATERIAL | Imaging & Special Tests |
| 70496 | CT ANGIOGRAPHY HEAD W CONTRAST NONCONTRAST | Imaging & Special Tests |
| 70498 | CT ANGIOGRAPHY NECK W CONTRAST NONCONTRAST | Imaging & Special Tests |
| 70540 | MRI ORBIT FACE AND NECK W O CONTRAST | Imaging & Special Tests |
| 70542 | MRI ORBIT FACE AND NECK W CONTRAST MATERIAL | Imaging & Special Tests |
| 70543 | MRI ORBIT FACE AND NECK W O AND W CONTRAST MATRL | Imaging & Special Tests |
| 70544 | MRA HEAD W O CONTRST MATERIAL | Imaging & Special Tests |
| 70545 | MRA HEAD W CONTRAST MATERIAL | Imaging & Special Tests |
| 70546 | MRA HEAD W O AND W CONTRAST MATERIAL | Imaging & Special Tests |
| 70547 | MRA NECK W O CONTRST MATERIAL | Imaging & Special Tests |
| 70548 | MRA NECK W CONTRAST MATERIAL | Imaging & Special Tests |
| 70549 | MRA NECK W O AND W CONTRAST MATERIAL | Imaging & Special Tests |
| 70551 | MRI BRAIN BRAIN STEM W O CONTRAST MATERIAL | Imaging & Special Tests |
| 70552 | MRI BRAIN BRAIN STEM W CONTRAST MATERIAL | Imaging & Special Tests |
| 70553 | MRI BRAIN BRAIN STEM W O W CONTRAST MATERIAL | Imaging & Special Tests |
| 70554 | MRI BRAIN FUNCTIONAL W O PHYSICIAN ADMNISTRATION | Imaging & Special Tests |
| 70555 | MRI BRAIN FUNCTIONAL W PHYSICIAN ADMNISTRATION | Imaging & Special Tests |
| 71250 | CT THORAX W O CONTRAST MATERIAL | Imaging & Special Tests |

| Code | Description | Service Category |
|-------|--|-------------------------|
| 71260 | CT THORAX W CONTRAST MATERIAL | Imaging & Special Tests |
| 71270 | CT THORAX W O AND W CONTRAST MATERIAL | Imaging & Special Tests |
| 71271 | COMPUTED TOMOGRAPHY THORAX LW DOSE LNG CA SCR C- | Imaging & Special Tests |
| 71275 | CT ANGIOGRAPHY CHEST W CONTRAST NONCONTRAST | Imaging & Special Tests |
| 71550 | MRI CHEST W O CONTRAST MATERIAL | Imaging & Special Tests |
| 71551 | MRI CHEST W CONTRAST MATERIAL | Imaging & Special Tests |
| 71552 | MRI CHEST W O AND W CONTRAST MATERIAL | Imaging & Special Tests |
| 71555 | MRA CHEST W O AND W CONTRAST MATERIAL | Imaging & Special Tests |
| 72125 | CT CERVICAL SPINE W O CONTRAST MATERIAL | Imaging & Special Tests |
| 72126 | CT CERVICAL SPINE W CONTRAST MATERIAL | Imaging & Special Tests |
| 72127 | CT CERVICAL SPINE W O AND W CONTRAST MATERIAL | Imaging & Special Tests |
| 72128 | CT THORACIC SPINE W O CONTRAST MATERIAL | Imaging & Special Tests |
| 72129 | CT THORACIC SPINE W CONTRAST MATERIAL | Imaging & Special Tests |
| 72130 | CT THORACIC SPINE W O AND W CONTRAST MATERIAL | Imaging & Special Tests |
| 72131 | CT LUMBAR SPINE W O CONTRAST MATERIAL | Imaging & Special Tests |
| 72132 | CT LUMBAR SPINE W CONTRAST MATERIAL | Imaging & Special Tests |
| 72133 | CT LUMBAR SPINE W O AND W CONTRAST MATERIAL | Imaging & Special Tests |
| 72141 | MRI SPINAL CANAL CERVICAL W O CONTRAST MATRL | Imaging & Special Tests |
| 72142 | MRI SPINAL CANAL CERVICAL W CONTRAST MATRL | Imaging & Special Tests |
| 72146 | MRI SPINAL CANAL THORACIC W O CONTRAST MATRL | Imaging & Special Tests |
| 72147 | MRI SPINAL CANAL THORACIC W CONTRAST MATRL | Imaging & Special Tests |
| 72148 | MRI SPINAL CANAL LUMBAR W O CONTRAST MATERIAL | Imaging & Special Tests |
| 72149 | MRI SPINAL CANAL LUMBAR W CONTRAST MATERIAL | Imaging & Special Tests |
| 72156 | MRI SPINAL CANAL CERVICAL W O AND W CONTR MATRL | Imaging & Special Tests |
| 72157 | MRI SPINAL CANAL THORACIC W O AND W CONTR MATRL | Imaging & Special Tests |
| 72158 | MRI SPINAL CANAL LUMBAR W O AND W CONTR MATRL | Imaging & Special Tests |
| 72159 | MRA SPINAL CANAL W WO CONTRAST MATERIAL | Imaging & Special Tests |
| 72191 | CT ANGIOGRAPHY PELVIS W CONTRAST NONCONTRAST | Imaging & Special Tests |
| 72192 | CT PELVIS W O CONTRAST MATERIAL | Imaging & Special Tests |
| 72193 | CT PELVIS W CONTRAST MATERIAL | Imaging & Special Tests |
| 72194 | CT PELVIS W O AND W CONTRAST MATERIAL | Imaging & Special Tests |
| 72195 | MRI PELVIS W O CONTRAST MATERIAL | Imaging & Special Tests |
| 72196 | MRI PELVIS W CONTRAST MATERIAL | Imaging & Special Tests |
| 72197 | MRI PELVIS W O AND W CONTRAST MATERIAL | Imaging & Special Tests |

| Code | Description | Service Category |
|-------|---|-------------------------|
| 72198 | MRA PELVIS W/WO CONTRAST MATERIAL | Imaging & Special Tests |
| 73200 | CT UPPER EXTREMITY W/O CONTRAST MATERIAL | Imaging & Special Tests |
| 73201 | CT UPPER EXTREMITY W/CONTRAST MATERIAL | Imaging & Special Tests |
| 73202 | CT UPPER EXTREMITY W/O AND W/CONTRAST MATERIAL | Imaging & Special Tests |
| 73206 | CT ANGIOGRAPHY UPPER EXTREMITY | Imaging & Special Tests |
| 73218 | MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL | Imaging & Special Tests |
| 73219 | MRI UPPER EXTREMITY OTH THAN JT W/CONTR MATRL | Imaging & Special Tests |
| 73220 | MRI UPPER EXTREM OTHER THAN JT W/O AND W/CONTRAS | Imaging & Special Tests |
| 73221 | MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL | Imaging & Special Tests |
| 73222 | MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL | Imaging & Special Tests |
| 73223 | MRI ANY JT UPPER EXTREMITY W/O AND W/CONTR MATRL | Imaging & Special Tests |
| 73225 | MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL | Imaging & Special Tests |
| 73700 | CT LOWER EXTREMITY W/O CONTRAST MATERIAL | Imaging & Special Tests |
| 73701 | CT LOWER EXTREMITY W/CONTRAST MATERIAL | Imaging & Special Tests |
| 73702 | CT LOWER EXTREMITY W/O AND W/CONTRAST MATRL | Imaging & Special Tests |
| 73706 | CT ANGIOGRAPHY LOWER EXTREMITY | Imaging & Special Tests |
| 73718 | MRI LOWER EXTREM OTH THN JT W/O CONTR MATRL | Imaging & Special Tests |
| 73719 | MRI LOWER EXTREM OTH THN JT W/CONTRAST MATRL | Imaging & Special Tests |
| 73720 | MRI LOWER EXTREM OTH THN JT W/O AND W/CONTR MATR | Imaging & Special Tests |
| 73721 | MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL | Imaging & Special Tests |
| 73722 | MRI ANY JT LOWER EXTREM W/CONTRAST MATERIAL | Imaging & Special Tests |
| 73723 | MRI ANY JT LOWER EXTREM W/O AND W/CONTRAST MATRL | Imaging & Special Tests |
| 73725 | MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL | Imaging & Special Tests |
| 74150 | CT ABDOMEN W/O CONTRAST MATERIAL | Imaging & Special Tests |
| 74160 | CT ABDOMEN W/CONTRAST MATERIAL | Imaging & Special Tests |
| 74170 | CT ABDOMEN W/O AND W/CONTRAST MATERIAL | Imaging & Special Tests |
| 74174 | CT ANGIO ABD AND PELVIS CNTRST MTRL W/WO CNTRST IMG | Imaging & Special Tests |
| 74175 | CT ANGIOGRAPHY ABDOMEN W/CONTRAST NONCONTRAST | Imaging & Special Tests |
| 74176 | CT ABDOMEN AND PELVIS W/O CONTRAST MATERIAL | Imaging & Special Tests |
| 74177 | CT ABDOMEN AND PELVIS W/CONTRAST MATERIAL | Imaging & Special Tests |
| 74178 | CT ABDOMEN AND PELVIS W/O CONTRST 1 OR GRT BODY RE | Imaging & Special Tests |
| 74181 | MRI ABDOMEN W/O CONTRAST MATERIAL | Imaging & Special Tests |
| 74182 | MRI ABDOMEN W/CONTRAST MATERIAL | Imaging & Special Tests |
| 74183 | MRI ABDOMEN W/O AND W/CONTRAST MATERIAL | Imaging & Special Tests |

| Code | Description | Service Category |
|-------|--|-------------------------|
| 74185 | MRA ABDOMEN W/WO CONTRAST MATERIAL | Imaging & Special Tests |
| 74261 | CT COLONOGHRY DX IMAGE POSTPROCESS W/O CONTRAST | Imaging & Special Tests |
| 74262 | CT COLONOGHRY DX IMAGE POSTPROCESS W/CONTRAST | Imaging & Special Tests |
| 74263 | CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING | Imaging & Special Tests |
| 74712 | FETAL MRI W/PLACNTL MATRNL PLVC IMG SING 1ST GES | Imaging & Special Tests |
| 75557 | CARDIAC MRI MORPHOLOGY AND FUNCTION W/O CONTRAST | Imaging & Special Tests |
| 75559 | CARDIAC MRI W/O CONTRAST W STRESS IMAGING | Imaging & Special Tests |
| 75561 | CARDIAC MRI W/WO CONTRAST AND FURTHER SEQ | Imaging & Special Tests |
| 75563 | CARDIAC MRI W/WO CONTRAST W STRESS | Imaging & Special Tests |
| 75571 | CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM | Imaging & Special Tests |
| 75572 | CT HEART CONTRAST EVAL CARDIAC STRUCTURE AND MORPH | Imaging & Special Tests |
| 75573 | CT HRT CONTRST CARDIAC STRUCT AND MORPH CONG HRT D | Imaging & Special Tests |
| 75574 | CTA HRT CORNRY ART BYPASS GRFTS CONTRST 3D POST | Imaging & Special Tests |
| 75635 | CTA ABDL AORTA AND BI ILIOFEM W CONTRAST AND POSTP | Imaging & Special Tests |
| 76376 | 3D RENDERING W/INTERP AND POSTPROCESS SUPERVISION | Imaging & Special Tests |
| 76377 | 3D RENDERING W/INTERP AND POSTPROC DIFF WORK STATION | Imaging & Special Tests |
| 76390 | MRI SPECTROSCOPY | Imaging & Special Tests |
| 76391 | MAGNETIC RESONANCE ELASTOGRAPHY | Imaging & Special Tests |
| 76497 | UNLISTED COMPUTED TOMOGRAPHY PROCEDURE | Imaging & Special Tests |
| 76498 | UNLISTED MAGNETIC RESONANCE PROCEDURE | Imaging & Special Tests |
| 76999 | UNLISTED US PROCEDURE | Imaging & Special Tests |
| 77046 | MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL | Imaging & Special Tests |
| 77047 | MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL | Imaging & Special Tests |
| 77048 | MRI BREAST W/OUT AND WITH CONTRAST W CAD UNILATERAL | Imaging & Special Tests |
| 77049 | MRI BREAST WITHOUT AND WITH CONTRAST W CAD BILATERAL | Imaging & Special Tests |
| 77084 | BONE MARROW BLOOD SUPPLY | Imaging & Special Tests |
| 77089 | TBS DXA/OTHER IMG CALCULATION W/I and R FX RISK | Imaging & Special Tests |
| 77090 | TBS TECHL PREP and TRANSMIS DATA ALYS PFRMD ELSEWHR | Imaging & Special Tests |
| 77091 | TBS TECHNICAL CALCULATION ONLY | Imaging & Special Tests |
| 77092 | TBS INTERPRETATION and REPORT FX RISK BY OTHER QHP | Imaging & Special Tests |
| 78429 | MYOCDR IMG PET METAB EVAL SINGLE STUDY CNCRNT CT | Imaging & Special Tests |
| 78430 | MYOCDR IMG PET PRFUJ 1STD REST STRESS CNCRNT CT | Imaging & Special Tests |
| 78431 | MYOCDR IMG PET PRFUJ MLT STD RST AND STRS CNCRNT CT | Imaging & Special Tests |
| 78432 | MYOCDR IMG PET PRFUJ W METAB DUAL RADIOTRACER | Imaging & Special Tests |

| Code | Description | Service Category |
|-------|--|-------------------------|
| 78433 | MYOCDR IMG PET PRFUI W METAB 2RTRACER CNCRNT CT | Imaging & Special Tests |
| 78451 | MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS | Imaging & Special Tests |
| 78452 | MYOCARDIAL SPECT MULTIPLE STUDIES | Imaging & Special Tests |
| 78453 | MYOCARDIAL PERfusion PLANAR 1 STUDY REST STRESS | Imaging & Special Tests |
| 78454 | MYOCARDIAL PERfusion PLANAR MULTIPLE STUDIES | Imaging & Special Tests |
| 78459 | MYOCARDIAL IMAGING PET METABOLIC EVALUATION | Imaging & Special Tests |
| 78466 | MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL QUAN | Imaging & Special Tests |
| 78468 | MYOCDR IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ | Imaging & Special Tests |
| 78469 | MYOCDR INFARCT AVID PLNR TOMOG SPECT W WO QUANTJ | Imaging & Special Tests |
| 78472 | CARD BLOOD POOL GATED PLANAR 1 STUDY REST STRESS | Imaging & Special Tests |
| 78473 | CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT | Imaging & Special Tests |
| 78481 | CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT | Imaging & Special Tests |
| 78483 | CARD BL POOL PLNR MLT STDY WAL MOTN EJECT FRACT | Imaging & Special Tests |
| 78491 | MYOCDR IMAGE PET PERFUS SINGLE STUDY REST STRESS | Imaging & Special Tests |
| 78492 | MYOCDR IMAGE PET PERFUS MULTPL STUDY REST STRESS | Imaging & Special Tests |
| 78494 | CARD BL POOL GATED SPECT REST WAL MOTN EJCT FRCT | Imaging & Special Tests |
| 78499 | UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE | Imaging & Special Tests |
| 78608 | BRAIN IMAGING PET METABOLIC EVALUATION | Imaging & Special Tests |
| 78609 | BRAIN IMAGING PET PERFUSION EVALUATION | Imaging & Special Tests |
| 78811 | PET IMAGING LIMITED AREA CHEST HEAD NECK | Imaging & Special Tests |
| 78812 | PET IMAGING SKULL BASE TO MID-THIGH | Imaging & Special Tests |
| 78813 | PET IMAGING WHOLE BODY | Imaging & Special Tests |
| 78814 | PET IMAGING CT FOR ATTENUATION LIMITED AREA | Imaging & Special Tests |
| 78815 | PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH | Imaging & Special Tests |
| 78816 | PET IMAGING FOR CT ATTENUATION WHOLE BODY | Imaging & Special Tests |
| 91113 | GI TRACT IMAGING INTRALUMINAL COLON I and R | Imaging & Special Tests |
| 93241 | EXTERNAL ECG REC GT 48HR LT 7D SCAN ALYS REPORT R and I | Imaging & Special Tests |
| 93242 | EXTERNAL ECG REC GT 48HR LT 7D RECORDING | Imaging & Special Tests |
| 93243 | EXTERNAL ECG REC GT 48HR LT 7D RECORDING | Imaging & Special Tests |
| 93244 | EXTERNAL ECG REC GT 48HR LT 7D REVIEW and INTERPRETATION | Imaging & Special Tests |
| 93245 | EXTERNAL ECG REC GT 7D LT 15D SCAN ALYS REPORT R and I | Imaging & Special Tests |
| 93246 | EXTERNAL ECG REC GT 7D LT 15D RECORDING | Imaging & Special Tests |
| 93247 | EXTERNAL ECG REC GT 7D LT 15D SCANNING ALYS W/REPORT | Imaging & Special Tests |
| 93248 | EXTERNAL ECG REC GT 7D LT 15D REVIEW and INTERPRETATION | Imaging & Special Tests |

| Code | Description | Service Category |
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| 0042T | CEREBRAL PERFUSION ANALYS CT W BLOOD FLOW AND VOLUME | Imaging & Special Tests |
| 0331T | MYOCD SYMPATHETIC INNERVAJ IMG PLNR QUAL AND QUANT | Imaging & Special Tests |
| 0332T | MYOCD SYMP INNERVAJ IMG PLNR QUAL AND QUANT W SPECT | Imaging & Special Tests |
| 0609T | MRS DISC PAIN ACQUISJ DATA | Imaging & Special Tests |
| 0610T | MRS DISC PAIN TRANSMIS DATA | Imaging & Special Tests |
| 0611T | MRS DISC PAIN ALG ALYS DATA | Imaging & Special Tests |
| 0612T | MRS DISCOGENIC PAIN I&R | Imaging & Special Tests |
| 0623T | AUTO QUAN and CHARAC CORONARY ATHEROSCLEROTIC PLAQUE | Imaging & Special Tests |
| 0624T | AUTO QUAN and CHARAC CORONARY PLAQ DATA PREP and TRNSMIS | Imaging & Special Tests |
| 0625T | AUTO QUAN and CHARAC CORONARY PLAQ COMPUTERIZED ALYS | Imaging & Special Tests |
| 0626T | AUTO QUAN and CHARAC CORONARY PLAQ REV CPTR ALYS I and R | Imaging & Special Tests |
| 0633T | CT BREAST W/3D RENDERING UNI WITHOUT CONTRAST | Imaging & Special Tests |
| 0634T | CT BREAST W/3D RENDERING UNI WITH CONTRAST | Imaging & Special Tests |
| 0635T | CT BRST W/3D RENDERING UNI WO CNTRST FLWD CNTRST | Imaging & Special Tests |
| 0636T | CT BREAST W/3D RENDERING BI WITHOUT CONTRAST | Imaging & Special Tests |
| 0637T | CT BREAST W/3D RENDERING BI WITH CONTRAST | Imaging & Special Tests |
| 0638T | CT BRST W/3D RENDERING BI WO CNTRST FLWD CNTRST | Imaging & Special Tests |
| 0689T | QUAN US TISS CHARAC I and R W/O DX US SAME ANAT | Imaging & Special Tests |
| 0710T | N-INVAS ARTL PLAQ ALYS DATA PRP QUAN REVIEW I and R | Imaging & Special Tests |
| 0711T | N-INVAS ARTL PLAQ ALYS DATA PREP and TRANSMISSION | Imaging & Special Tests |
| 0712T | N-INVAS ARTL PLAQ ALYS QUAN STRUX and COMPOS VSL WAL | Imaging & Special Tests |
| 0713T | N-INVAS ARTL PLAQ ALYS DATA REVIEW I and R | Imaging & Special Tests |
| C8900 | MR ANGIOGRAPHY WITH CONTRAST ABDOMEN | Imaging & Special Tests |
| C8901 | MR ANGIOGRAPHY WITHOUT CONTRAST ABDOMEN | Imaging & Special Tests |
| C8902 | MR ANGIO WITHOUT CONTRST FOLLOWED W CONTRST ABD | Imaging & Special Tests |
| C8903 | MR IMAGING WITH CONTRAST BREAST; UNILATERAL | Imaging & Special Tests |
| C8905 | MR IMAG W O CONTRST FLWED W CONTRST BRST; UNI | Imaging & Special Tests |
| C8906 | MR IMAGING WITH CONTRAST BREAST; BILATERAL | Imaging & Special Tests |
| C8908 | MR IMAG W O CONTRST FLWED W CONTRST BRST; BIL | Imaging & Special Tests |
| C8909 | MR ANGIOGRAPHY WITH CONTRAST CHEST | Imaging & Special Tests |
| C8910 | MR ANGIOGRAPHY WITHOUT CONTRAST CHEST | Imaging & Special Tests |
| C8911 | MR ANGIO WITHOUT CONTRST FOLLOWED W CONTRST CHST | Imaging & Special Tests |
| C8912 | MR ANGIOGRAPHY WITH CONTRAST LOWER EXTREMITY | Imaging & Special Tests |
| C8913 | MR ANGIOGRAPHY WITHOUT CONTRAST LOWER EXTREMITY | Imaging & Special Tests |

| Code | Description | Service Category |
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| C8914 | MR ANGIO W O CONTRST FLWED W CONTRST LOW EXTRM | Imaging & Special Tests |
| C8918 | MR ANGIOGRAPHY WITH CONTRAST PELVIS | Imaging & Special Tests |
| C8919 | MR ANGIOGRAPHY WITHOUT CONTRAST PELVIS | Imaging & Special Tests |
| C8920 | MRA WITHOUT CONTRAST FOLLOWED W CONTRAST PELVIS | Imaging & Special Tests |
| C8931 | MR ANGIOGRAPHY W CONTRAST SPINAL CANAL CONTENTS | Imaging & Special Tests |
| C8932 | MR ANGIOGRAPHY W O CONTRST SPINAL CANAL CONTENTS | Imaging & Special Tests |
| C8933 | MR ANGIO NO CONTRST FLW W CONTRST SP CANAL CNTN | Imaging & Special Tests |
| C8934 | MR ANGIOGRAPHY WITH CONTRAST UPPER EXTREMITY | Imaging & Special Tests |
| C8935 | MR ANGIOGRAPHY WITHOUT CONTRAST UPPER EXTREMITY | Imaging & Special Tests |
| C8936 | MR ANGIO W O CONTRST FOLLOWED W CONTRST UP EXT | Imaging & Special Tests |
| C8937 | CMP-AID DETN INCL CMP ALG ANALYS BR MRI IMG DATA | Imaging & Special Tests |
| C9762 | CMRI MORPHOL and FUNC QUAN SEG DYSFUNC;STRAIN IMAG | Imaging & Special Tests |
| C9763 | CMRI MORPHOL and FUNC QUAN SEG DYSFUNC;STRESS IMAG | Imaging & Special Tests |
| G0219 | PET IMAG WHOLE BODY; MELANOMA | Imaging & Special Tests |
| G0235 | PET IMAGING ANY SITE NOT OTHERWISE SPECIFIED | Imaging & Special Tests |
| G0252 | PET IMAG INIT DX BREST CA AND SURG PLAN | Imaging & Special Tests |
| 95700 | EEG CONT REC W VIDEO BY TECH MIN 8 CHANNELS | Neuropsychological and Psychological Tests |
| 95708 | EEG W O VID BY TECH EA INCR 12-26HR UNMONITORED | Neuropsychological and Psychological Tests |
| 95709 | EEG W O VID BY TECH EA INCR 12-26 HR INTMT MNTR | Neuropsychological and Psychological Tests |
| 95710 | EEG W O VID TECH EA INCR 12-26 HR CONT R-T MNTR | Neuropsychological and Psychological Tests |
| 95711 | VEEG BY TECH 2-12 HOURS UNMONITORED | Neuropsychological and Psychological Tests |
| 95712 | VEEG BY TECH 2-12 HR INTERMITTENT MONITORING | Neuropsychological and Psychological Tests |
| 95713 | VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING | Neuropsychological and Psychological Tests |
| 95714 | VEEG BY TECH EA INCR 12-26 HR UNMONITORED | Neuropsychological and Psychological Tests |
| 95715 | VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR | Neuropsychological and Psychological Tests |
| 95716 | VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR | Neuropsychological and Psychological Tests |
| 95718 | EEG PHYS QHP 2-12 HR WITH VEEG | Neuropsychological and Psychological Tests |
| 95719 | EEG PHYS QHP EA INCR OVER 12HR UNDER 26HR AFTER 24HR WO VI | Neuropsychological and Psychological Tests |
| 95720 | EEG PHYS QHP EA INCR OVER 12HR UNDER 26HR AFTER 24HR W VEE | Neuropsychological and Psychological Tests |
| 95721 | EEG COMPLETE STD PHYS QHP OVER 36 HR UNDER 60 HR W O VIDEO | Neuropsychological and Psychological Tests |
| 95722 | EEG COMPLETE STD PHYS QHP OVER 36 HR UNDER 60 HR W VEEG | Neuropsychological and Psychological Tests |
| 95723 | EEG COMPLETE STD PHYS QHP OVER 60 HR UNDER 84 HR W O VIDEO | Neuropsychological and Psychological Tests |
| 95724 | EEG COMPLETE STD PHYS QHP OVER 60 HR UNDER 84 HR W VEEG | Neuropsychological and Psychological Tests |
| 95725 | EEG COMPLETE STD PHYS QHP OVER 84 HR W O VID | Neuropsychological and Psychological Tests |

| Code | Description | Service Category |
|-------|--|---|
| 95726 | EEG COMPLETE STD PHYS QHP OVER 84 HR W VEEG | Neuropsychological and Psychological Tests |
| 95957 | DIGITAL ANALYSIS ELECTROENCEPHALogram | Neuropsychological and Psychological Tests |
| 96112 | DEVELOPMENTAL TST ADMIN PHYS QHP 1ST HOUR | Neuropsychological and Psychological Tests |
| 96113 | DEVELOPMENTAL TST ADMIN PHYS QHP EA ADDL 30 MIN | Neuropsychological and Psychological Tests |
| 96116 | NEUROBEHAVIORAL STATUS XM PHYS QHP 1ST HOUR | Neuropsychological and Psychological Tests |
| 96121 | NEUROBEHAVIORAL STATUS XM PHYS QHP EA ADDL HOUR | Neuropsychological and Psychological Tests |
| 96125 | STANDARDIZED COGNITIVE PERFORMANCE TESTING | Neuropsychological and Psychological Tests |
| 96130 | PSYCHOLOGICAL TST EVAL SVC PHYS QHP FIRST HOUR | Neuropsychological and Psychological Tests |
| 96131 | PSYCHOLOGICAL TST EVAL SVC PHYS QHP EA ADDL HOUR | Neuropsychological and Psychological Tests |
| 96132 | NEUROPSYCHOLOGICAL TST EVAL PHYS QHP 1ST HOUR | Neuropsychological and Psychological Tests |
| 96133 | NEUROPSYCHOLOGICAL TST EVAL PHYS QHP EA ADDL HR | Neuropsychological and Psychological Tests |
| 96136 | PSYCL NRPSYCL TST PHYS QHP 2 PLUS TST 1ST 30 MIN | Neuropsychological and Psychological Tests |
| 96137 | PSYCL NRPSYCL TST PHYS QHP 2 PLUS TST EA ADDL 30 MIN | Neuropsychological and Psychological Tests |
| 96138 | PSYCL NRPSYCL TST TECH 2 PLUS TST 1ST 30 MIN | Neuropsychological and Psychological Tests |
| 96139 | PSYCL NRPSYCL TST TECH 2 PLUS TST EA ADDL 30 MIN | Neuropsychological and Psychological Tests |
| 96146 | PSYCL NRPSYCL TST ELEC PLATFORM AUTO RESULT | Neuropsychological and Psychological Tests |
| 97152 | BEHAVIOR ID SUPPORT ASSMT BY 1 TECH EA 15 MIN | Neuropsychological and Psychological Tests |
| 97110 | THERAPEUTIC PX 1 OR GRT AREAS EACH 15 MIN EXERCISES | Occupational Therapy |
| 97112 | THER PX 1 OR GRT AREAS EACH 15 MIN NEUROMUSC RE-ED | Occupational Therapy |
| 97129 | THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES | Occupational Therapy |
| 97130 | THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES | Occupational Therapy |
| 97763 | ORTHOTICS PROSTH MGMT AND TRAINJ SBSQ ENCTR 15 MIN | Occupational Therapy |
| 10040 | ACNE SURGERY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 15730 | MIDFACE FLAP W PRESERVATION OF VASCULAR PEDICLES | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 15733 | MUSC MYOQ FSCQ FLAP HEAD AND NECK W NAMED VASC PEDCL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 15769 | GRAFTING OF AUTOLOGOUS SOFT TISS BY DIRECT EXC | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 15771 | GRAFTING OF AUTOLOGOUS FAT BY LIPO 50 CC OR LESS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 15773 | GRAFTING OF AUTOLOGOUS FAT BY LIPO 25 CC OR LESS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 15786 | ABRASION 1 LESION | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 15819 | CERVICOPLASTY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 15830 | EXCISION SKIN ABD INFRAUMBILICAL PANNICULECTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 17004 | DESTRUCTION PREMALIGNANT LESION 15 OR GRT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 17360 | CHEMICAL EXFOLIATION ACNE | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 21073 | MANIPULATION TMJ THERAPEUTIC REQUIRE ANESTHESIA | OP Hosp/Amb Surgery Center (ASC) Procedures |

| Code | Description | Service Category |
|-------|---|---|
| 21120 | GENIOPLASTY AUGMENTATION | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 21121 | GENIOPLASTY SLIDING OSTEOTOMY SINGLE PIECE | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 21122 | GENIOPLASTY 2 OR GRT SLIDING OSTEOTOMIES | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 21123 | GENIOP SLIDING AGMNTJ W INTERPOSAL BONE GRAFTS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 21125 | AGMNTJ MNDBLR BODY ANGLE PROSTHETIC MATERIAL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 21127 | AGMNTJ MNDBLR BDY ANGL W GRF ONLAY INTERPOSAL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 21137 | REDUCTION FOREHEAD CONTOURING ONLY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 21138 | RDCTJ FHD CNTRG AND PROSTHETIC MATRL BONE GRAFT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 21139 | RDCTJ FHD CNTRG AND SETBACK ANT FRONTAL SINUS WALL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 21141 | RCNSTJ MIDFACE LEFORT I 1 PIECE W O BONE GRAFT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 21142 | RCNSTJ MIDFACE LEFORT I 2 PIECES W O BONE GRAFT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 21143 | RCNSTJ MIDFACE LEFORT I 3 OR GRT PIECE W O BONE GRAFT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 21145 | RCNSTJ MIDFACE LEFORT I 1 PIECE W BONE GRAFTS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 21146 | RCNSTJ MIDFACE LEFORT I 2 PIECES W BONE GRAFTS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 21147 | RCNSTJ MIDFACE LEFORT I 3 OR GRT PIECE W BONE GRAFTS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 21150 | RCNSTJ MIDFACE LEFORT II ANTERIOR INTRUSION | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 21151 | RCNSTJ MIDFACE LEFORT II W BONE GRAFTS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 21154 | RCNSTJ MIDFACE LEFORT III W O LEFORT I | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 21155 | RCNSTJ MIDFACE LEFORT III W LEFORT I | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 21159 | RCNSTJ MIDFACE LEFORT III W FHD W O LEFORT I | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 21160 | RCNSTJ MIDFACE LEFORT III W FHD W LEFORT I | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 21172 | RCNSTJ SUPERIOR-LATERAL ORBITAL RIM AND LOWER FHD | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 21175 | RCNSTJ BIFRONTAL SUPERIOR-LAT ORB RIMS AND LWR FHD | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 21240 | ARTHROP TEMPOROMANDIBULAR JOINT W WO AUTOGRAPH | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 21242 | ARTHROPLASTY TEMPOROMANDIBULAR JT W ALLOGRAFT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 21243 | ARTHROP TMPRMAND JOINT W PROSTHETIC REPLACEMENT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 21270 | MALAR AUGMENTATION PROSTHETIC MATERIAL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 21280 | MEDIAL CANTHOPEXY SEPARATE PROCEDURE | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 21282 | LATERAL CANTHOPEXY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 21295 | REDUCTION MASSETER MUSCLE AND BONE EXTRAORAL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 21296 | REDUCTION MASSETER MUSCLE AND BONE INTRAORAL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 21601 | EXCISION CH WAL TUM INC RIB(S) | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22100 | PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM CRV | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22101 | PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM THRC | OP Hosp/Amb Surgery Center (ASC) Procedures |

| Code | Description | Service Category |
|-------|---|---|
| 22102 | PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM LMBR | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22110 | PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM CRV | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22112 | PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM THRC | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22114 | PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM LMBR | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22206 | OSTEOTOMY SPINE POSTERIOR 3 COLUMN THORACIC | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22207 | OSTEOTOMY SPINE POSTERIOR 3 COLUMN LUMBAR | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22210 | OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM CRV | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22212 | OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM THRC | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22214 | OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM LMBR | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22220 | OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM CRV | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22222 | OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM THRC | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22224 | OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM LMBR | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22532 | ARTHRODESIS LATERAL EXTRACAVITARY THORACIC | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22533 | ARTHRODESIS LATERAL EXTRACAVITARY LUMBAR | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22534 | ARTHRODESIS LAT EXTRACAVITARY EA ADDL THRC/LMBR | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22548 | ARTHRD ANT TRANSORL XTRORAL C1-C2 W WO EXC ODNTD | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22551 | ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2 | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22552 | ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22554 | ARTHRD ANT MIN DISCECT INTERBODY CERV BELOW C2 | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22556 | ARTHRD ANT MIN DISCECTOMY INTERBODY THORACIC | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22558 | ARTHRODESIS ANTERIOR INTERBODY LUMBAR | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22585 | ARTHRODESIS ANTERIOR INTERBODY EA ADDL NTRSPC | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22586 | ARTHRODESIS PRESACRAL INTRBDY W INSTRUMENT L5-S1 | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22590 | ARTHRODESIS POSTERIOR CRANIOCERVICAL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22595 | ARTHRODESIS POSTERIOR ATLAS-AXIS C1-C2 | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22600 | ARTHRODESIS PST PSTLAT CERVICAL BELW C2 SGM | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22610 | ARTHRODESIS POSTERIOR POSTEROLATERAL THORACIC | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22612 | ARTHRODESIS POSTERIOR POSTEROLATERAL LUMBAR | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22614 | ARTHRODESIS POSTERIOR/POSTEROLATERAL EA ADDL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22630 | ARTHRODESIS POSTERIOR INTERBODY LUMBAR | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22632 | ARTHRODESIS POSTERIOR INTERBODY EA ADDL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22633 | ARTHDSIS POST POSTEROLATRL POSTINTERBODY LUMBAR | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22634 | ARTHRODESIS POST/POSTERLATRL/POSTINTRBDYADL SPC/SEG | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22800 | ARTHRODESIS POSTERIOR SPINAL DFRM UP 6 VRT SEG | OP Hosp/Amb Surgery Center (ASC) Procedures |

| Code | Description | Service Category |
|-------|---|---|
| 22802 | ARTHRODESIS POSTERIOR SPINAL DFRM 7-12 VRT SEG | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22804 | ARTHRODESIS POSTERIOR SPINAL DFRM 13 OR GRT VRT SEG | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22808 | ARTHRODESIS ANTERIOR SPINAL DFRM 2-3 VRT SEG | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22810 | ARTHRODESIS ANTERIOR SPINAL DFRM 4-7 VRT SEG | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22812 | ARTHRODESIS ANTERIOR SPINAL DFRM 8 OR GRT VRT SEG | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22818 | KYPHECTOMY SINGLE OR TWO SEGMENTS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22819 | KYPHECTOMY 3 OR MORE SEGMENTS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22849 | REINSERTION SPINAL FIXATION DEVICE | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22850 | REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22852 | REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22855 | REMOVAL ANTERIOR INSTRUMENTATION | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22856 | TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC CRV | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22857 | TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC LMBR | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22858 | TOT DISC ARTHRP ANT APPR DISC 2ND LEVEL CERVICAL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22861 | REVJ RPLCMT DISC ARthroPLASTY ANT 1 NTRSPC CRV | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22862 | REVJ RPLCMT DISC ARthroPLASTY ANT 1 NTRSPC LMBR | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22864 | RMVL DISC ARthroPLASTY ANT 1 INTERSPACE CERVICAL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22865 | RMVL DISC ARthroPLASTY ANT 1 INTERSPACE LUMBAR | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22867 | INSJ STABLJ DEV W DCMPRN LUMBAR SINGLE LEVEL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22868 | INSJ STABLJ DEV W DCMPRN LUMBAR SECOND LEVEL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22869 | INSJ STABLJ DEV W O DCMPRN LUMBAR SINGLE LEVEL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 22870 | INSJ STABLJ DEV W O DCMPRN LUMBAR SECOND LEVEL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 23120 | CLAVICULECTOMY PARTIAL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 23125 | CLAVICULECTOMY TOTAL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 23130 | PARTIAL REPAIR OR REMOVAL OF SHOULDER BONE | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 23405 | TENOTOMY SHOULDER AREA 1 TENDON | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 23410 | OPEN REPAIR OF ROTATOR CUFF ACUTE | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 23412 | OPEN REPAIR OF ROTATOR CUFF CHRONIC | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 23415 | CORACOACROMIAL LIGAMENT RELEASE W/WOACROMIPLASTY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 23420 | RECONSTRUCTION ROTATOR CUFF AVULSION CHRONIC | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 23430 | TENODESIS LONG TENDON BICEPS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 23450 | CAPSULORRHAPHY ANTERIOR PUTTI-PLATT/MAGNUSON | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 23455 | CAPSULORRHAPHY ANTERIOR W/LABRAL REPAIR | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 23460 | CAPSULORRHAPHY ANTERIOR WITH BONE BLOCK | OP Hosp/Amb Surgery Center (ASC) Procedures |

| Code | Description | Service Category |
|-------|--|---|
| 23462 | CAPSULORRHAPHY ANTERIOR W/CORACOID PROCESS TR | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 23465 | CAPSULORRHAPHY GLENOHUMERAL JT PST W/WO BONE BLK | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 23466 | CAPSULORRHAPHY GLENOHUMRL JT MULTI-DIRIONAL INS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 23470 | ARTHROPLASTY GLENOHUMRL JT HEMIARTHROPLASTY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 23472 | ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 23473 | REVIS SHOULDER ARTHRPLSTY HUMERAL/GLENOID COMPNT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 23474 | REVIS SHOULDER ARTHRPLSTY HUMERAL AND GLENOID COMPNT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 23700 | MANJ W/ANES SHOULDER JOINT W/FIXATION APPARATUS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 25447 | ARTHRP INTERPOS INTERCARPAL METACARPAL JOINTS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 26499 | CORRECTION CLAW FINGER OTHER METHODS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 27120 | ACETABULOPLASTY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 27122 | ACETABULOPLASTY RESECTION FEMORAL HEAD | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 27125 | HEMIARTHROPLASTY HIP PARTIAL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 27130 | ARTHRP ACETBLR PROX FEM PROSTC AGRFT ALGRFT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 27132 | CONV PREV HIP TOT HIP ARTHRP W WO AGRFT ALGRFT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 27134 | REVJ TOT HIP ARTHRP BTH W WO AGRFT ALGRFT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 27137 | REVJ TOT HIP ARTHRP ACTBLR W WO AGRFT ALGRFT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 27138 | REVJ TOT HIP ARTHRP FEM ONLY W WO ALGRFT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 27332 | ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL/LAT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 27333 | ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL and LAT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 27405 | RPR PRIMARY TORN LIGM and /CAPSULE KNEE COLLATERAL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 27407 | REPAIR PRIMARY TORN LIGM and /CAPSULE KNEE CRUCIAT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 27409 | RPR 1 TORN LIGM and /CAPSL KNE COLTRL and CRUCIATE | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 27412 | AUTOLOGOUS CHONDROCYTE IMPLANTATION KNEE | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 27415 | OSTEOCHONDRAL ALLOGRAFT KNEE OPEN | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 27416 | OSTEOCHONDRAL AUTOGRAPH KNEE OPEN MOSAICPLASTY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 27418 | ANTERIOR TIBIAL TUBERCLEPLASTY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 27420 | RCNSTJ DISLOCATING PATELLA | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 27422 | RCNSTJ DISLC PATELLA W/XTNSR RELIGNMT and /MUSC RL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 27424 | RCNSTJ DISLC PATELLA W/PATELECTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 27425 | LATERAL RETINACULAR RELEASE OPEN | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 27427 | LIGAMENTOUS RECONSTRUCTION KNEE EXTRA-ARTICULAR | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 27428 | LIGAMENTOUS RECONSTRUCTION KNEE INTRA-ARTICULAR | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 27429 | LIGMOUS RCNSTJ AGMNTJ KNE INTRA-ARTICULAR XTR | OP Hosp/Amb Surgery Center (ASC) Procedures |

| Code | Description | Service Category |
|-------|---|---|
| 27438 | ARTHROPLASTY PATELLA W PROSTHESIS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 27440 | ARTHROPLASTY KNEE TIBIAL PLATEAU | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 27441 | ARTHROP KNEE TIBIAL PLATEAU DBRDMT AND PRTL SYNVCT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 27442 | ARTHROPLASTY FEM CONDYLES TIBIAL PLATEAU KNEE | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 27443 | ARTHROP FEM CONDYLES TIBL PLATU KNE DBRDMT AND PRTL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 27445 | ARTHROPLASTY KNEE HINGE PROSTHESIS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 27446 | ARTHROP KNEE CONDYLE AND PLATEAU MEDIAL LAT CMPRT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 27447 | ARTHROP KNE CONDYLE AND PLATU MEDIAL AND LAT COMPARTMENTS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 27486 | REVJ TOTAL KNEE ARTHRP W WO ALGRFT 1 COMPONENT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 27487 | REVJ TOT KNEE ARTHRP FEM AND ENTIRE TIBIAL COMPONE | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28005 | INCISION BONE CORTEX FOOT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28008 | FASCIOTOMY FOOT AND TOE | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28010 | TENOTOMY PERCUTANEOUS TOE SINGLE TENDON | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28011 | TENOTOMY PERCUTANEOUS TOE MULTIPLE TENDON | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28035 | RELEASE TARSAL TUNNEL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28060 | FASCIECTOMY PLANTAR FASCIA PARTIAL SPX | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28062 | FASCIOTOMY PLANTAR FASCIA RADICAL SPX | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28080 | EXCISION INTERDIGITAL MORTON NEUROMA SINGLE EACH | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28090 | EXC LESION TENDON SHEATH CAPSULE W SYNVCT FOOT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28092 | EXC LESION TENDON SHEATH CAPSULE W SYNVCT TOE EA | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28100 | EXCISION CURETTAGE CYST TUMOR TALUS CALCANEUS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28102 | EXC CURTG CST B9 TUM TALUS CLCNS W ILIAC AGRFT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28103 | EXC CURETTAGE CYST TUMOR TALUS CALCANEUS ALGRFT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28104 | EXC CURTG BONE CYST B9 TUMORTARSAL METATARSAL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28106 | EXC CURTG CST B9 TUM TARSAL METAR W ILIAC AGRFT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28107 | EXC CURTG CST B9 TUM TARSAL METAR W ALGRFT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28108 | EXC CURTG CST B9 TUM PHALANGES FOOT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28110 | OSTECTOMY PRTL 5TH METAR HEAD SPX | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28111 | OSTECTOMY COMPLETE 1ST METATARSAL HEAD | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28112 | OSTECTOMY COMPLETE OTHER METATARSAL HEAD 2 3 4 | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28113 | OSTECTOMY COMPLETE 5TH METATARSAL HEAD | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28114 | OSTC COMPL ALL METAR HEADS W PRTL PROX PHALANGC | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28116 | OSTECTOMY TARSAL COALITION | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28118 | OSTECTOMY CALCANEUS | OP Hosp/Amb Surgery Center (ASC) Procedures |

| Code | Description | Service Category |
|-------|--|---|
| 28119 | OSTECTOMY CALCANEUS SPUR W/WO PLNTAR FASCIAL RLS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28120 | PARTIAL EXCISION BONE TALUS CALCANEUS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28122 | PRTL EXC B1 TARSAL METAR B1 XCP TALUS CALCANEUS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28124 | PARTIAL EXCISION BONE PHALANX TOE | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28126 | RESECTION PARTIAL COMPLETE PHALANGEAL BASE EACH | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28130 | TALECTOMY ASTRAGALECTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28140 | METATARSECTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28160 | HEMIPHALANGECTOMY INTERPHALANGEAL JOINT EXC TOE | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28171 | RAD RESCJ TUMOR TARSAL EXCEPT TALUS CALCANEUS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28173 | RADICAL RESECTION TUMOR METATARSAL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28175 | RADICAL RESECTION TUMOR PHALANX OR TOE | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28200 | RPR TDN FLXR FOOT 1 2 W/O FREE GRAFT EACH TENDON | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28202 | RPR TENDON FLXR FOOT SEC W FREE GRAFT EA TENDON | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28208 | REPAIR TENDON EXTENSOR FOOT 1 2 EACH TENDON | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28210 | RPR TENDON XTNSR FOOT SEC W FREE GRAFT EA TENDON | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28220 | TENOLYSIS FLEXOR FOOT SINGLE TENDON | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28222 | TENOLYSIS FLEXOR FOOT MULTIPLE TENDONS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28225 | TENOLYSIS EXTENSOR FOOT SINGLE TENDON | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28226 | TENOLYSIS EXTENSOR FOOT MULTIPLE TENDON | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28230 | TX OPN TENDON FLEXOR FOOT SINGLE MULT TENDON SPX | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28232 | TX OPEN TENDON FLEXOR TOE 1 TENDON SPX | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28234 | TENOTOMY OPEN EXTENSOR FOOT TOE EACH TENDON | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28238 | RCNSTJ PST TIBL TDN W EXC ACCESSORY TARSL NAVCLR | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28240 | TENOTOMY LENGTHENING RLS ABDUCTOR HALLUCIS MUSC | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28250 | DIVISION PLANTAR FASCIA AND MUSCLE SPX | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28260 | CAPSULOTOMY MIDFOOT MEDIAL RELEASE ONLY SPX | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28261 | CAPSULOTOMY MIDFOOT W TENDON LENGTHENING | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28262 | CAPSUL MIDFOOT W PST TALOTIBL CAPSUL AND TDN LNGTH | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28264 | CAPSULOTOMY MIDTARSAL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28270 | CAPSUL MTTARPHLNGL JT W/WO TENORRHAPHY EA JT SPX | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28272 | CAPSULOTOMY IPHAL JOINT EACH JOINT SPX | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28280 | SYNDACTYLIZATION TOES | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28285 | CORRECTION HAMMERTOE | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28286 | CORRECTION COCK-UP 5TH TOE W PLASTIC CLOSURE | OP Hosp/Amb Surgery Center (ASC) Procedures |

| Code | Description | Service Category |
|-------|--|---|
| 28288 | OSTC PRTL EXOSTC CONDYLIC METAR HEAD | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28289 | HALLUX RIGIDUS W CHEILECTOMY 1ST MP JT W O IMPLT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28291 | HALLUX RIGIDUS W CHEILECTOMY 1ST MP JT W IMPLT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28292 | CORRJ HALLUX VALGUS W SESMDC W RESCJ PROX PHAL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28295 | CORRJ HALLUX VALGUS W SESMDC W PROX METAR OSTEOT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28296 | CORRJ HALLUX VALGUS W SESMDC W DIST METAR OSTEOT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28297 | CORRJ HALLUX VALGUS W SESMDC W 1METAR MEDIAL CNF | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28298 | CORRJ HALLUX VALGUS W SESMDC W PROX PHLNX OSTEOT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28299 | CORRJ HALLUX VALGUS W SESMDC W 2 OSTEOT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28300 | OSTEOTOMY CALCANEUS W WO INTERNAL FIXATION | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28302 | OSTEOTOMY TALUS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28304 | OSTEOTOMY TARSAL BONES OTH THN CALCANEUS TALUS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28305 | OSTEOT TARSAL OTH THN CALCANEUS TALUS W AGRFT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28306 | OSTEOT W WO LNGTH SHRT CORRJ 1ST METAR | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28307 | OSTEOT W WO LNGTH SHRT CORRJ METAR XCP 1ST TOE | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28308 | OSTEOT W WO LNGTH SHRT CORRJ METAR XCP 1ST EA | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28309 | OSTEOT W WO LNGTH SHRT ANGULAR CORRJ METAR MLT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28310 | OSTEOT SHRT CORRJ PROX PHALANX 1ST TOE | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28312 | OSTEOT SHRT CORRJ OTH PHALANGES ANY TOE | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28313 | RCNSTJ ANGULAR DFRM TOE SOFT TISS PX ONLY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28315 | SESAMOIDECTOMY FIRST TOE SPX | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28320 | REPAIR NONUNION MALUNION TARSAL BONES | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28322 | RPR NON MALUNION METARSAL W WO BONE GRAFT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28340 | RCNSTJ TOE MACRODACTYLY SOFT TISSUE RESECTION | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28341 | RCNSTJ TOE MACRODACTYLY REQUIRING BONE RESECTION | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28344 | RECONSTRUCTION TOE POLYDACTYLY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28345 | RCNSTJ TOE SYNDACTYLY W WO SKIN GRAFT EACH WEB | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28360 | RECONSTRUCTION CLEFT FOOT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28705 | ARTHRODESIS PANTALAR | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28715 | ARTHRODESIS TRIPLE | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28725 | ARTHRODESIS SUBTALAR | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28730 | ARTHRD MIDTARSL TARSOMETATARSAL MULT TRANSVRS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28735 | ARTHRD MIDTARSL TARS MLT TRANSVRS W OSTEOT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28737 | ARTHRD W TDN LNGTH AND ADVMNT TARSL NVCLR-CUNEIFOR | OP Hosp/Amb Surgery Center (ASC) Procedures |

| Code | Description | Service Category |
|-------|---|---|
| 28740 | ARTHRODESIS MIDTARSOMETATARSAL SINGLE JOINT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28750 | ARTHRODESIS GREAT TOE METATARSOPHALANGEAL JOINT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28755 | ARTHRODESIS GREAT TOE INTERPHALANGEAL JOINT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28760 | ARTHRODESIS W XTNSR HALLUCIS LONGUS TR 1ST METAR NCK | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 28890 | ESWT HI NRG PHYS QHP W US GDN INVG PLNTAR FASCIA | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 29805 | ARTHROSCOPY SHOULDER DX W/WO SYNOVIAL BIOPSY SPX | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 29806 | ARTHROSCOPY SHOULDER SURGICAL CAPSULORRHAPHY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 29807 | ARTHROSCOPY SHOULDER SURGICAL REPAIR SLAP LESION | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 29819 | ARTHROSCOPY SHOULDER SURGICAL REMOVAL LOOSE FB | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 29820 | ARTHROSCOPY SHOULDER SURG SYNOVECTOMY PARTIAL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 29821 | ARTHROSCOPY SHOULDER SURG SYNOVECTOMY COMPLETE | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 29822 | ARTHROSCOPY SHOULDER SURG DEBRIDEMENT LIMITED | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 29823 | ARTHROSCOPY SHOULDER SURG DEBRIDEMENT EXTENSIVE | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 29824 | ARTHROSCOPY SHOULDER DISTAL CLAVICLECTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 29825 | ARTHROSCOPY SHOULDER AHESIOLYSIS W/WO MANIPJ | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 29827 | ARTHROSCOPY SHOULDER ROTATOR CUFF REPAIR | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 29828 | ARTHROSCOPY SHOULDER BICEPS TENODESIS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 29860 | ARTHROSCOPY HIP DIAGNOSTIC W/WO SYNOVIAL BYP SPX | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 29862 | ARTHROSCOPY HIP DEBRIDEMENT/SHAVING ARTICULAR CRTLG | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 29863 | ARTHROSCOPY HIP SURGICAL W/SYNOVECTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 29866 | ARTHROSCOPY KNEE OSTEOCHONDRAL AGRFT MOSAICPLAST | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 29867 | ARTHROSCOPY KNEE OSTEOCHONDRAL ALLOGRAFT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 29868 | ARTHROSCOPY KNEE MENISCAL TRNSPLJ MED/LAT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 29870 | ARTHROSCOPY KNEE DIAGNOSTIC W/WO SYNOVIAL BX SPX | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 29873 | ARTHROSCOPY KNEE LATERAL RELEASE | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 29874 | ARTHROSCOPY KNEE REMOVAL LOOSE FOREIGN BODY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 29875 | ARTHROSCOPY KNEE SYNOVECTOMY LIMITED SPX | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 29876 | ARTHROSCOPY KNEE SYNOVECTOMY 2 OR GRT COMPARTMENTS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 29877 | ARTHROSCOPY KNEE DEBRIDEMENT SHAVING ARTICULAR CRTLG | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 29879 | ARTHROSCOPY KNEE ABRASION ARTHRP MLT DRLG MICROFX | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 29880 | ARTHROSCOPY KNEE W MENISCECTOMY MED AND LAT W SHAVING | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 29881 | ARTHROSCOPY KNEE SURG W MENISCECTOMY MED LAT W SHVG | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 29882 | ARTHROSCOPY KNEE W MENISCUS RPR MEDIAL LATERAL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 29883 | ARTHROSCOPY KNEE W MENISCUS RPR MEDIAL AND LATERAL | OP Hosp/Amb Surgery Center (ASC) Procedures |

| Code | Description | Service Category |
|-------|--|---|
| 29884 | ARTHROSCOPY KNEE W LYSIS ADHESIONS W WO MANJ SPX | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 29885 | ARTHRS KNEE DRILL OSTEOCHONDRITIS DISSECANS GRFG | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 29886 | ARTHRS KNEE DRILLING OSTEOCHOND DISSECANS LESION | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 29887 | ARTHRS KNEE DRLG OSTEOCHOND DISSECANS INT FIXJ | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 29888 | ARTHRS AIDED ANT CRUCIATE LIGM RPR AGMNTJ RCNSTJ | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 29889 | ARTHRS AIDED PST CRUCIATE LIGM RPR AGMNTJ RCNSTJ | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 29891 | ARTHRS ANKLE EXC OSTCHNDRL DFCT W DRLG DFCT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 29892 | ARTHRS AID RPR LES TALAR DOME FX TIBL PLAFOND FX | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 29893 | ENDOSCOPIC PLANTAR FASCIOTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 29894 | ARTHROSCOPY ANKLE W REMOVAL LOOSE FOREIGN BODY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 29895 | ARTHROSCOPY ANKLE SURGICAL SYNOVECTOMY PARTIAL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 29897 | ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT LIMITED | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 29898 | ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT EXTENSIVE | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 29899 | ARTHROSCOPY ANKLE SURGICAL W ANKLE ARTHRODESIS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 29914 | ARTHROSCOPY HIP W FEMOROPLASTY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 29915 | ARTHROSCOPY HIP W ACETABULOPLASTY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 29916 | ARTHROSCOPY HIP W LABRAL REPAIR | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 30465 | REPAIR NASAL VESTIBULAR STENOSIS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 30520 | SEPTOPLASTY SUBMUCOUS RESECT W WO CARTILAGE GRF | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 30540 | REPAIR CHOANAL ATRESIA INTRANASAL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 30545 | REPAIR CHOANAL ATRESIA TRANSPALATINE | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 31253 | NASAL SINUS NDSC TOT W FRNT SINS EXPL TISS RMVL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 31257 | NASAL SINUS NDSC TOTAL WITH SPHENOIDOTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 31259 | NASAL SINUS NDSC TOT W SPHENNDT W SPHEN TISS RMVL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 31295 | NASAL SINUS NDSC SURG W DILAT MAXILLARY SINUS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 31296 | NASAL SINUS NDSC SURG W DILATION FRONTAL SINUS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 31297 | NASAL SINUS NDSC SURG W DILATION SPHENOID SINUS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 31298 | NASAL SINUS NDSC W FRONTAL AND SPHEN SINS DILATION | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 31660 | BRONCHOSCOPIC THERMOPLASTY ONE LOBE | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 31661 | BRONCHOSCOPIC THERMOPLASTY 2 OR GRT LOBES | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 32994 | ABLATION THER 1 PLUS PULM TUMORS PERQ CRYOABLATION | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 33206 | INS NEW RPLCMT PRM PACEMAKR W TRANS ELTRD ATRIAL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 33207 | INS NEW RPLC PRM PACEMAKER W TRANSV ELTRD VENTR | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 33208 | INS NEW RPLCMT PRM PM W TRANSV ELTRD ATRIAL AND VENT | OP Hosp/Amb Surgery Center (ASC) Procedures |

| Code | Description | Service Category |
|-------|--|---|
| 33210 | INSJ/RPLCMT TEMP TRANSVNS 1CHMBR ELTRD/PM CATH | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 33211 | INSJ/RPLCMT TEMP TRANSVNS 2CHMBR PACG ELTRDS SPX | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 33212 | INS PM PLS GEN W EXIST SINGLE LEAD | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 33213 | INS PACEMAKER PULSE GEN ONLY W EXIST DUAL LEADS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 33214 | UPG PACEMAKER SYS CONVERT 1CHMBR SYS 2CHMBR SYS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 33215 | RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 33216 | INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 33217 | INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 33221 | INS PACEMAKER PULSE GEN ONLY W EXIST MULT LEADS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 33224 | INSJ ELTRD CAR VEN SYS ATTCH PREV PM DFB PLS GEN | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 33225 | INSJ ELTRD CAR VEN SYS TM INSJ DFB PM PLS GEN | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 33227 | REMVL PERM PM PLSE GEN W REPL PLSE GEN SNGL LEAD | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 33228 | REMVL PERM PM PLS GEN W REPL PLSE GEN 2 LEAD SYS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 33229 | REMVL PERM PM PLS GEN W REPL PLSE GEN MULT LEAD | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 33230 | INSJ IMPLNTBL DEFIB PULSE GEN W EXIST DUAL LEADS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 33231 | INSJ IMPLNTBL DEFIB PULSE GEN W EXIST MULTILEADS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 33240 | INSJ IMPLNTBL DEFIB PULSE GEN W 1 EXISTING LD | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 33249 | INSJ RPLCMT PERM DFB W TRNSVNS LDS 1 DUAL CHMBR | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 33262 | RMVL IMPLTBL DFB PLSE GEN W REPL PLSE GEN 1 LEAD | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 33263 | RMVL IMPLTBL DFB PLSE GEN W RPLCMT PLSE GEN 2 LD | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 33264 | RMVL IMPLTBL DFB PLS GEN W RPLCMT PLS GEN MLT LD | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 33267 | EXCLUSION LEFT ATRIAL APPENDAGE OPEN ANY METHOD | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 33268 | EXCLUSION LAA OPEN TM STRNT/THRCM ANY METHOD | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 33269 | EXCLUSION L ATR APPENDAGE THORACOSCOPIC ANY METH | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 33270 | INS RPLCMNT PERM SUBQ IMPLTBL DFB W SUBQ ELTRD | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 33274 | TCAT INSJ RPL PERM LEADLESS PACEMAKER RV W IMG | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 33275 | TCAT REMOVAL PERM LEADLESS PACEMAKER R VENTR | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 33285 | INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 33289 | TCAT IMPL WRLS P-ART PRS SNR L-T HEMODYN MNTR | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 33370 | TRANSCATHETER PLACEMENT and SBSQ REMOVAL CEPD PERQ | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 33975 | INSJ VENTRIC ASSIST DEV XTRCORP SINGLE VENTRICLE | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 33976 | INSJ VENTRIC ASSIST DEV XTRCORP BIVENTRICULAR | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 33979 | INSJ VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 36460 | TRANSFUSION INTRAUTERINE FETAL | OP Hosp/Amb Surgery Center (ASC) Procedures |

| Code | Description | Service Category |
|-------|--|---|
| 36465 | NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 36466 | NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 36468 | INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM TRNK | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 36470 | INJECTION SCLEROSANT SINGLE INCMPTNT VEIN | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 36471 | INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 36473 | ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 36475 | ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 36476 | ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND PLUS VEINS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 36478 | ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 36479 | ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND PLUS VEINS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 36482 | ENDOVEN ABLTI THER CHEM ADHESIVE 1ST VEIN | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 36483 | ENDOVEN ABLTI THER CHEM ADHESIVE SBSQ VEIN | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 36514 | THERAPEUTIC APHERESIS PLASMA PHERESIS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 37191 | INS INTRVAS VC FILTR W WO VAS VSL SELXN RS AND I | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 37220 | REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 37221 | REVSC OPN/PRQ ILIAC ART W/STNT PLMT & ANGIOPLSTY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 37224 | REVSC OPN/PRG FEM/POP W/ANGIOPLASTY UNI | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 37225 | REVSC OPN/PRQ FEM/POP W/ATHRC/ANGIOP SM VSL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 37226 | REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 37227 | REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 37228 | REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 37229 | REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 37230 | REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 37231 | REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 37243 | VASCULAR EMBOLIZE OCCLUDE ORGAN TUMOR INFARCT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 37500 | VASC ENDOSCOPY SURG W/LIG PERFORATOR VEINS SPX | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 37700 | LIG AND DIV LONG SAPH VEIN SAPHFEM JUNCT INTERRUPJ | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 37718 | LIGJ DIVJ AND STRIPPING SHORT SAPHENOUS VEIN | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 37722 | LIGJ DIVJ AND STRIP LONG SAPH SAPHFEM JUNCT KNE BELW | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 37735 | LIGJ AND DIVJ RADICAL STRIP LONG SHORT SAPHENOUS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 37760 | LIG PRFRATR VEIN SUBFSCAL RAD INCL SKN GRF 1 LEG | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 37761 | LIG PRFRATR VEIN SUBFSCAL OPEN INCL US GID 1 LEG | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 37765 | STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 37766 | STAB PHLEBT VARICOSE VEINS 1 XTR OVER 20 INCS | OP Hosp/Amb Surgery Center (ASC) Procedures |

| Code | Description | Service Category |
|-------|--|---|
| 37780 | LIGJ AND DIV SHORT SAPH VEIN SAPHENOPOP JUNCT SPX | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 37785 | LIGJ DIVJ AND EXCJ VARICOSE VEIN CLUSTER 1 LEG | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 38204 | MGMT RCP HEMATOP PROGENITOR CELL DONOR AND ACQUISJ | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 38232 | BONE MARROW HARVEST TRANSPLANTATION AUTOLOGOUS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 38573 | LAPS W BI TOT PEL LMPHADEC AND OMNTC LYMPH BX | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 42975 | DISE DYN EVAL SLEEP DISORDERED BREATHING FLX DX | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 43644 | LAPS GSTR RSTCV PX W BYP ROUX-EN-Y LIMB UNDER 150 CM | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 43645 | LAPS GSTR RSTCV PX W BYP AND SM INT RCNSTJ | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 43647 | LAPS IMPLTJ RPLCMT GASTRIC NSTIM ELTRD ANTRUM | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 43648 | LAPS REVISION RMVL GASTRIC NSTIM ELTRD ANTRUM | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 43653 | LAPS SURG GASTROSTOMY W O CONSTJ GSTR TUBE SPX | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 43770 | LAPS GASTRIC RESTRICTIVE PROCEDURE PLACE DEVICE | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 43771 | LAPS GASTRIC RESTRICTIVE PX REVISION DEVICE | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 43772 | LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 43773 | LAPS GASTRIC RESTRICTIVE PX REMOVE AND RPLCMT DEVICE | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 43774 | LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE AND PORT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 43775 | LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 43843 | GSTR RSTCV W O BYP OTH THN VER-BANDED GSTP | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 43845 | GASTRIC RSTCV W PRTL GASTRECTOMY 50-100 CM | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 43846 | GASTRIC RSTCV W BYP W SHORT LIMB 150 CM OR LESS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 43847 | GASTRIC RSTCV W BYP W SM INT RCNSTJ LIMIT ABSRPJ | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 43848 | REVISION OPEN GASTRIC RESTRICTIVE PX NOT DEVICE | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 43881 | IMPLTJ RPLCMT GASTRIC NSTIM ELTRDE ANTRUM OPEN | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 43882 | REVISION RMVL GASTRIC NSTIM ELTRDE ANTRUM OPEN | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 43886 | GSTR RSTCV PX OPN REVJ SUBQ PORT COMPONENT ONLY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 43887 | GSTR RSTCV PX OPN RMVL SUBQ PORT COMPONENT ONLY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 43888 | GSTR RSTCV OPN RMVL AND RPLCMT SUBQ PORT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 47380 | ABL TJ OPN 1 OR GRT LVR TUM RF | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 47381 | ABL TJ OPN 1 OR GRT LVR TUM CRYOSURG | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 47382 | ABL TJ 1 OR GRT LVR TUM PRQ RF | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 47605 | CHOLECYSTECTOMY W CHOLANGIOGRAPHY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 47610 | CHOLECYSTECTOMY W EXPLORATION COMMON DUCT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 47612 | CHOLECYSTECTOMY EXPL DUCT CHOLEDUCHOENTEROSTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 47620 | CHOLECSTC EXPL DUX SPHNCTROTOMY SPHNCTROP | OP Hosp/Amb Surgery Center (ASC) Procedures |

| Code | Description | Service Category |
|-------|---|---|
| 49904 | OMENTAL FLAP EXTRA-ABDOMINAL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 49906 | FREE OMENTAL FLAP W MICROVASCULAR ANAST | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 50590 | LITHOTRIPSY XTRCOPR SHOCK WAVE | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 52441 | CYSTO INSERTION TRANSPROSTATIC IMPLANT SINGLE | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 52649 | LASER ENUCLEATION PROSTATE W MORCELLATION | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 53451 | PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV BI INSJ | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 53452 | PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV UNI INSJ | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 53453 | PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV RMVL EA | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 53454 | PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV ADJMT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 53850 | TRURL DSTRJ PRSTATE TISS MICROWAVE THERMOTH | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 53852 | TRURL DSTRJ PRSTATE TISS RF THERMOTH | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 53854 | TRURL DSTRJ PROSTATE TISS RF WV THERMOTHERAPY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 54401 | INSJ PENILE PROSTHESOS INFLATABLE SELF-CONTAINED | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 54405 | INSJ MULTI-COMPONENT INFLATABLE PENILE PROSTH | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 55874 | TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1 MLT NJX | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 55880 | TRANSRECTAL ABLTJ MAL PRST8 TISSUE HIFU W/US | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 57288 | SLING OPERATION STRESS INCONTINENCE | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 57289 | PEREYRA PX W ANTERIOR COLPORRHAPHY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 57465 | COMPUTER-AIDED MAPG CERVIX UTERI DRG COLPOSCOPY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58150 | TOTAL ABDOMINAL HYSTERECT W WO RMVL TUBE OVARY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58152 | TOT ABD HYST W WO RMVL TUBE OVARY W COLPURETHRXY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58180 | SUPRACERVICAL ABDL HYSTER W WO RMVL TUBE OVARY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58200 | TOT ABD HYST W PARAORTIC AND PELVIC LYMPH NODE SAM | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58210 | RAD ABDL HYSTERECTOMY W BI PELVIC LMPHADENECTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58240 | PEL EXNTJ GYNECOLOGIC MAL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58260 | VAGINAL HYSTERECTOMY UTERUS 250 GM OR LESS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58262 | VAG HYST 250 GM OR LESS W RMVL TUBE AND OVARY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58263 | VAG HYST 250 GM OR LESS W RMVL TUBE OVARY W RPR NTRCL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58267 | VAG HYST 250 GM OR LESS W COLPO-URTCSTOPEXY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58270 | VAGINAL HYSTERECTOMY 250 GM OR LESS W RPR ENTEROCELE | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58275 | VAGINAL HYSTERECTOMY W TOT PRTL VAGINECTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58280 | VAG HYSTER W TOT PRTL VAGINECT W RPR ENTEROCELE | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58285 | VAGINAL HYSTERECTOMY RADICAL SCHAUTA OPERATION | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58290 | VAGINAL HYSTERECTOMY UTERUS OVER 250 GM | OP Hosp/Amb Surgery Center (ASC) Procedures |

| Code | Description | Service Category |
|-------|--|---|
| 58291 | VAG HYST OVER 250 GM RMVL TUBE AND OVARY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58292 | VAG HYST OVER 250 GM RMVL TUBE AND OVARY W RPR ENTRCLE | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58294 | VAGINAL HYSTERECTOMY OVER 250 GM RPR ENTEROCELE | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58321 | ARTIFICIAL INSEMINATION INTRA-CERVICAL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58322 | ARTIFICIAL INSEMINATION INTRA-UTERINE | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58323 | SPERM WASHING ARTIFICIAL INSEMINATION | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58345 | TRANSCERV FALLOPIAN TUBE CATH W WO HYSTOSALPING | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58350 | CHROMOTUBATION OVIDUCT W MATERIALS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58356 | ENDOMETRIAL CRYOABLATION W US AND ENDOMETRIAL CR | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58540 | HYSTEROPLASTY RPR UTERINE ANOMALY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58541 | LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY 250 GM OR LESS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58542 | LAPS SUPRACRV HYSTERECT 250 GM OR LESS RMVL TUBE OVAR | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58543 | LAPS SUPRACERVICAL HYSTERECTOMY OVER 250 | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58544 | LAPS SUPRACRV HYSTEREC OVER 250 G RMVL TUBE OVARY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58545 | LAPS MYOMECTION EXC 1-4 MYOMAS 250 GM OR LESS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58546 | LAPS MYOMECTION EXC 5 OR GRT MYOMAS OVER 250 GRAMS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58548 | LAPS W RAD HYST W BILAT LMPHADEC RMVL TUBE OVARY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58550 | LAPS VAGINAL HYSTERECTOMY UTERUS 250 GM OR LESS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58552 | LAPS W VAG HYSTERECT 250 GM AND RMVL TUBE AND OVARIES | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58553 | LAPS W VAGINAL HYSTERECTOMY OVER 250 GRAMS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58554 | LAPS VAGINAL HYSTERECT OVER 250 GM RMVL TUBE AND OVAR | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58570 | LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250 GM OR LESS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58571 | LAPS TOTAL HYSTERECT 250 GM OR LESS W RMVL TUBE OVARY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58572 | LAPAROSCOPY TOTAL HYSTERECTOMY UTERUS OVER 250 GM | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58573 | LAPAROSCOPY TOT HYSTERECTOMY OVER 250 G W TUBE OVAR | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58660 | LAPAROSCOPY W LYSIS OF ADHESIONS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58661 | LAPAROSCOPY W RMVL ADNEXAL STRUCTURES | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58662 | LAPS FULG EXC OVARY VISCERA PERITONEAL SURFACE | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58672 | LAPAROSCOPY FIMBRIOPLASTY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58673 | LAPAROSCOPY SALPINGOSTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58700 | SALPINGECTOMY COMPLETE PARTIAL UNI BI SPX | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58720 | SALPINGO-OOPHORECTOMY COMPL PRTL UNI BI SPX | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58740 | LYSIS OF ADHESIONS SALPINX OVARY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58750 | TUBOTUBAL ANASTATOMOSIS | OP Hosp/Amb Surgery Center (ASC) Procedures |

| Code | Description | Service Category |
|-------|---|---|
| 58752 | TUBOUTERINE IMPLANTATION | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58760 | FIMBRIOPLASTY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58770 | SALPINGOSTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58940 | OOPHORECTOMY PARTIAL TOTAL UNI BI | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58943 | OOPHORECTOMY PRTL TOT UNI BI OVARIAN MALIGNANCY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58950 | RESCJ OVARIAN TUBAL PERITONEAL MALIGNANCY W BSO | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58951 | RESCJ PRIM PRTL MAL W BSO AND OMNTC TAH AND LMPHAD | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58952 | RESCJ PRIM PRTL MAL W BSO AND OMNTC RAD DEBULKING | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58953 | BSO W OMENTECTOMY TAH AND RAD DEBULKING DISSECTION | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58954 | BSO W OMENTECTOMY TAH DEBULKING W LMPHADECTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58956 | BSO W TOT OMENTECTOMY AND HYSTERECTOMY MALIGNANCY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58957 | RESECJ RECUR OVARIAN TUBAL PERITONEAL MALIGNANCY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58958 | RESECTION RECRT MAL W OMENTECTOMY PEL LMPHADEC | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58970 | FOLLICLE PUNCTURE OOCYTE RETRIEVAL ANY METHOD | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58974 | EMBRYO TRANSFER INTRAUTERINE | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 58976 | GAMETE ZYGOTE EMBRYO FALLOPIAN TRANSFER ANY METH | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 59070 | TRANSABDOMINAL AMNIOINFUSION W ULTRASND GUIDANCE | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 59074 | FETAL FLUID DRAINAGE W ULTRASOUND GUIDANCE | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 59076 | FETAL SHUNT PLACEMENT W ULTRASOUND GUIDANCE | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 61863 | STRCTC IMPLTJ NSTIM ELTRD W O RECORD 1ST ARRAY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 61867 | STRCTC IMPLTJ NSTIM ELTRD W RECORD 1ST ARRAY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 61885 | INSJ RPLCMT CRANIAL NEUROSTIM PULSE GENERATOR | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 61886 | INSJ RPLCMT CRANIAL NEUROSTIM GENER 2 OR GRT ELTRDS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 62324 | NJX DX THER SBST INTRLMNR CRV THRC W O IMG GDN | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 62325 | NJX DX THER SBST INTRLMNR CRV THRC W IMG GDN | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 62326 | NJX DX THER SBST INTRLMNR LMBR SAC W O IMG GDN | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 62327 | NJX DX THER SBST INTRLMNR LMBR SAC W IMG GDN | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 62380 | NDSC DCMPRN SPINAL CORD 1 W LAMOT NTRSPC LUMBAR | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 63001 | LAM W O FACETEC FORAMOT DSKC 1 2 VRT SEG CRV | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 63003 | LAMINECTOMY W O FFD 1 2 VERT SEG THORACIC | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 63005 | LAMINECTOMY W O FFD 1 2 VERT SEG LUMBAR | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 63011 | LAMINECTOMY W O FFD 1 2 VERT SEG SACRAL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 63012 | LAMINECTOMY W RMVL ABNORMAL FACETS LUMBAR | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 63015 | LAMINECTOMY W O FFD OVER 2 VERT SEG CERVICAL | OP Hosp/Amb Surgery Center (ASC) Procedures |

| Code | Description | Service Category |
|-------------|--|---|
| 63016 | LAMINECTOMY W O FFD OVER 2 VERT SEG THORACIC | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 63017 | LAMINECTOMY W O FFD OVER 2 VERT SEG LUMBAR | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 63020 | LAMNOTMY INCL W DCMPRSN NRV ROOT 1 INTRSPC CERVIC | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 63030 | LAMNOTMY INCL W DCMPRSN NRV ROOT 1 INTRSPC LUMBR | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 63035 | LAMNOTMY W/DCMPSRN NRV EACH ADDL CRVCL/LMBR | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 63040 | LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC CERVICAL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 63042 | LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 63043 | LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC EA CRV | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 63044 | LAMOT W/PRTL FFD HRNA8 REEXPL 1 NTRSPC EA LMBR | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 63045 | LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT CERVICAL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 63046 | LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT THORACIC | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 63047 | LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT LUMBAR | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 63048 | LAM FACETECTOMY and FORAMTOMY 1 SGM EA CRV THRC/LMBR | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 63050 | LAMOP CERVICAL W DCMPRN SPI CORD 2 OR GRT VERT SEG | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 63051 | LAMOPLASTY CERVICAL DCMPRN CORD 2 OR GRT SEG RCNSTJ | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 63052 | LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 63053 | LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 63055 | TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG THORACIC | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 63056 | TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 63057 | TRANSPEDICULAR DCMPRN 1 SEG EA THORACIC/LUMBAR | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 63064 | COSTOVERTEBRAL DCMPRN SPINAL CORD THORACIC 1 SEG | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 63075 | DISCECTOMY ANT DCMPRN CORD CERVICAL 1 NTRSPC | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 63076 | DISCECTOMY ANT DCMPRN CORD CERVICAL EA NTRSPC | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 63077 | DISCECTOMY ANT DCMPRN CORD THORACIC 1 NTRSPC | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 63081 | VERTEBRAL CORPECTOMY ANT DCMPRN CERVICAL 1 SEG | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 63082 | VERTEBRAL CORPECTOMY DCMPRN CERVICAL EA SEG | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 63085 | VERTEBRAL CORPECTOMY DCMPRN CORD THORACIC 1 SEG | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 63087 | VCRPEC THORACOLMBR DCMPRN LWR THRC LMBR 1 SEG | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 63090 | VCRPEC TRANSPRTL RPR DCMPRN THRC LMBR SAC 1 SEG | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 63101 | VERTEB CORPECT LAT XTRCAVITARY DCMPRN THRC 1 SEG | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 63102 | VERTEB CORPECT LAT XTRCAVITARY DCMPRN LMBR 1 SEG | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 63300 | VCRPEC LES 1 SGM XDRL CERVICAL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 63304 | VERTEBRAL CORPECTOMY EXC LES 1 SEG IDRL CERVICAL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 63308 | VERTEBRAL CORPECTOMY EXC INDRL LES EACH SEG | OP Hosp/Amb Surgery Center (ASC) Procedures |

| Code | Description | Service Category |
|-------|--|---|
| 64553 | PRQ IMPLTJ NEUROSTIMULATOR ELTRD CRANIAL NERVE | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 64568 | INC IMPLTJ CRNL NRV NSTIM ELTRDS AND PULSE GENER | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 64569 | REVISION REPLMT NEUROSTIMULATOR ELTRD CRANIAL NRV | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 64570 | REMOVAL CRNL NRV NSTIM ELTRDS AND PULSE GENERATO | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 64582 | OPEN IMPLTJ HPGSL NRV NSTIM RA PG and RESPIR SENSOR | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 64583 | REVJ/RPLCMT HPGSL NERVE NSTIM RA PG and RESPIR SNR | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 64584 | REMOVAL HYPOGLOSSAL NERVE NSTIM RA PG and RESPIR SNR | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 64590 | INSERTION RPLCMT PERIPHERAL GASTRIC NPGR | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 64595 | REVISION RMVL PERIPHERAL GASTRIC NPGR | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 64912 | NERVE REPAIR W NERVE ALLOGRAFT FIRST STRAND | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 65775 | CRNL WEDGE RESCJ CORRJ INDUCED ASTIGMATISM | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 67900 | REPAIR BROW PTOSIS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 67901 | RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR OTH MATRL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 67902 | RPR BLEPHAROPT FRONTALIS MUSC AUTOL FASCAL SLING | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 67903 | RPR BLEPHAROPTOSIS LEVATOR RESCJ ADVMNT INTERNAL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 67909 | REDUCTION OVERCORRECTION PTOSIS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 67950 | CANTHOPLASTY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 68841 | INSJ RX ELUTING IMPLT PUNCTAL DILAT LAC CANAL EA | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 69714 | IMPLTJ OSSEointegrated TEMPORAL BONE W MASTOID | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 69716 | IMPLTJ OI IMPLT SKULL MAG TC ATTACHMENT ESP | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 69717 | RPLMCT OSSEointegrate IMPLNT W O MASTOIDECKOMY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 69719 | REVJ/RPLCMT OI IMPLT SKULL MAG TC ATTACHMENT ESP | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 69726 | REMOVAL OI IMPLT SKULL PERQ ATTACHMENT ESP | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 69727 | REMOVAL OI IMPLT SKULL MAG TC ATTACHMENT ESP | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 69930 | COCHLEAR DEVICE IMPLANTATION W WO MASTOIDECKOMY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 93025 | MICROVOLT T-WAVE ASSESS VENTRICULAR ARRHYTHMIAS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 93229 | XTRNL MOBILE CV TELEMETRY W TECHNICAL SUPPORT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 93580 | PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 93581 | PRQ TCAT CLSR CGEN VENTR SEPTAL DFCT W/IMPLT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 93582 | PERCUTAN TRANSCATH CLOSURE PAT DUCT ARTERIOSUS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 95249 | CONT GLUC MONITORING PATIENT PROVIDED EQUIPTMENT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 95909 | NERVE CONDUCTION STUDIES 5-6 STUDIES | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 96567 | PDT DSTR PRMLG LES SKN ILLUM ACTIVJ PER DAY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 96570 | PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX 30 MIN | OP Hosp/Amb Surgery Center (ASC) Procedures |

| Code | Description | Service Category |
|-------|--|---|
| 96571 | PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX A 15 MIN | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 96573 | PDT DSTR PRMLG LES SKN ILLUM ACTIVJ BY PHYS QHP | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 96574 | DEBRIDEMENT PRMLG HYPERKERATOTIC LES W PDT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 96900 | ACTINOTHERAPY ULTRAVIOLET LIGHT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 96902 | MCRSCP XM HAIR PLUCK CLIP FOR CNTS STRUCT ABNORM | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 96910 | PHOTOCHEMOTX TAR AND UVB PETROLATUM UVB | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 96912 | PHOTOCHEMOTX PSORALENS AND ULTRAVIOLET PUVA | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 96913 | PHOTOCHEMOTHERAPY DERMATOSES 4-8 HRS SUPERVISION | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 96920 | LASER SKIN DISEASE PSORIASIS TOT AREA UNDER 250 SQ CM | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 96921 | LASER SKIN DISEASE PSORIASIS 250-500 SQ CM | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 96922 | LASER SKIN DISEASE PSORIASIS OVER 500 SQ CM | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 96931 | RCM CELULR AND SUBCELULR SKN IMGNG IMG ACQ I AND R 1ST | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 96932 | RCM CELULR AND SUBCELULR SKN IMGNG IMG ACQUISITION | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 96933 | RCM CELULR AND SUBCELULR SKN IMGNG I AND R 1ST LES | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 96934 | RCM CELULR AND SUBCELULR SKN IMGNG IMG ACQ I AND R ADD | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 96935 | RCM CELULR AND SUBCELULR SKN IMGNG IMG ACQ EA ADDL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 96936 | RCM CELULR AND SUBCELULR SKN IMGNG I AND R EA ADDL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 0095T | RMVL TOT DISC ARTHRP ANT APPR CRV EA NTRSPC | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 0098T | REVJ TOT DISC ARTHRP ANT APPR CRV EA NTRSPC | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 0671T | INSJ ANT SGM DRG DEV TRAB MW W/O RES and CTRC RMVL1 Plus | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 0672T | NDOVAG CRYG COOLD RF REMDL TISS FML BLDR NCK and URT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 0673T | ABLATION B9 THYROID NODULE PERQ LASER W/IMG GDN | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 0674T | LAPS INSJ NEW/RPLCMT PERM ISDSS AGMNTJ CAR FUNCJ | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 0675T | LAPS INSJ NEW/RPLCMT LEAD PERM ISDSS 1ST LEAD | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 0676T | LAPS INSJ NEW/RPLCMT LEAD PERM ISDSS EA ADL LEAD | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 0677T | LAPS REPOS LEAD PERM ISDSS 1ST REPOSITIONED LEAD | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 0678T | LAPS REPOS LEAD PERM ISDSS EA ADDL REPOS LEAD | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 0679T | LAPAROSCOPIC REMOVAL LEAD PERM ISDSS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 0680T | INSJ/RPLCMT PULSE GENERATOR ONLY ISDSS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 0681T | RELOCATION PULSE GENERATOR ONLY ISDSS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 0682T | REMOVAL PULSE GENERATOR ONLY ISDSS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 0683T | PROGRAMMING DEVICE EVALUATION IN PERSON ISDSS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 0684T | PERIPROCEDURAL DEVICE EVALUATION IN PERSON ISDSS | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 0685T | INTERROGATION DEVICE EVALUATION IN PERSON ISDSS | OP Hosp/Amb Surgery Center (ASC) Procedures |

| Code | Description | Service Category |
|-------|--|---|
| 0686T | HISTOTRIPSY MAL HEPATOCELLULAR TISS W/IMG GDN | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 0687T | TX AMBLYOPIA DEV SUPPLY EDUCATIONAL SETUP 1ST SES | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 0688T | TX AMBLYOPIA ASSMT PERF PHYS/QHP W/REPORT CAL MO | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 0707T | NJX BONE SUB MATRL INTO SUBCHONDRAL BONE DEFECT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| C1825 | GEN NEUROSTIM NONRCHRGBL W/CAR SIN BR STIM LEAD | OP Hosp/Amb Surgery Center (ASC) Procedures |
| C1831 | PERSONALIZED ANTERIOR AND LAT INTERBODY CAGE IMPLANT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| C2616 | BRACHYTHERAPY NONSTRANDED YTTRIUM-90 PER SOURCE | OP Hosp/Amb Surgery Center (ASC) Procedures |
| C9734 | FOCUSED U S ABL TX INT OTH THAN UT LEIOMYOMATA | OP Hosp/Amb Surgery Center (ASC) Procedures |
| C9738 | ADJUNCTIVE BLUE LIGHT CYSTOSCOPY FLUO IMAG AGT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| C9739 | CYSTURETHRSCPY INSRT TRANSPROSTAT IMPL; 1-3 IMPL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| C9740 | CYSTURETHRSCPY INSRT TRANSPROSTAT IMPL; 4 OR GRT IMPL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| C9757 | LAMINOTOMY DECOMP NERVE ROOT; 1 INTERSPACE LUMB | OP Hosp/Amb Surgery Center (ASC) Procedures |
| C9761 | CYSTO, LITHO, VACUUM KIDNEY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| C9764 | REV EVAR OPEN/PERQ ANY VESSEL;IV LITHOTRIPSY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| C9765 | REV EVAR ANY VES;IV LITHOTRIPSY and TL STENT PLCMT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| C9766 | REV EVAR ANY VES);IV LITHOTRIPSY AND ATHERECTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| C9767 | REV EVAR ANY VES;IV LITHO and TL STNT PLCMT and ATHERECT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| C9769 | CYSTOURETHROSCOPY INS TEMP PROS IMPL/STENT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| C9770 | VITRECTOMY MECH PP APP SR INJ PHRMACL/BIOL AGENT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| C9771 | NASAL/SINUS ENDO CRYO NSL TISS and / NERVE UNIL/BIL | OP Hosp/Amb Surgery Center (ASC) Procedures |
| C9772 | RVSC EVAR OPN/PERC TIB/PER ART IVASC LITHOTRIPSY | OP Hosp/Amb Surgery Center (ASC) Procedures |
| C9773 | RVSC EVAR OPEN/PC TIBIAL/PA;IVASC LITH and TL SP | OP Hosp/Amb Surgery Center (ASC) Procedures |
| C9774 | RVSC EVAR OPN/PERQ TIB/PER ART;IVASC LITH and ATHREC | OP Hosp/Amb Surgery Center (ASC) Procedures |
| C9775 | RVSC EVAR OPN/P TIB/PA;IVASC LITH and TL STNT PL and ATH | OP Hosp/Amb Surgery Center (ASC) Procedures |
| G2170 | AVF BY TISSUE W THERMAL E | OP Hosp/Amb Surgery Center (ASC) Procedures |
| G2171 | AVF USE MAGNETIC/ART/VEN | OP Hosp/Amb Surgery Center (ASC) Procedures |
| J7330 | AUTOLOGOUS CULTURED CHONDROCYTES IMPLANT | OP Hosp/Amb Surgery Center (ASC) Procedures |
| 01937 | ANES PERQ IMG NJX DRG/ASPIR PX SPI/SP CRV/THRC | Pain Management Procedures |
| 01938 | ANES PERQ IMG NJX DRG/ASPIR PX SPI/SP LMBR/SAC | Pain Management Procedures |
| 01939 | ANES PERQ IMG DSTRJ PX NULYT AGT SPI/SP CRV/THRC | Pain Management Procedures |
| 01940 | ANES PERQ IMG DSTRJ PX NULYT AGT SPI/SP LMBR/SAC | Pain Management Procedures |
| 01941 | ANES PERQ IMG NEUROMD/NTRVRT PX SPI/SP CRV/THRC | Pain Management Procedures |
| 01942 | ANES PERQ IMG NEUROMD/NTRVRT PX SPI/SP LMBR/SAC | Pain Management Procedures |
| 27096 | INJECT SI JOINT ARTHRGRPHY AND ANES STEROID W IMA | Pain Management Procedures |

| Code | Description | Service Category |
|-------|--|----------------------------|
| 27279 | ARTHRODESIS SACROILIAC JOINT PERCUTANEOUS | Pain Management Procedures |
| 62263 | PRQ LYSIS EPIDURAL ADHESIONS MULT SESS 2 OR GRT DAYS | Pain Management Procedures |
| 62264 | PRQ LYSIS EPIDURAL ADHESIONS MULT SESSIONS 1 DAY | Pain Management Procedures |
| 62320 | NJX DX THER SBST INTRLMNR CRV THRC W O IMG GDN | Pain Management Procedures |
| 62321 | NJX DX THER SBST INTRLMNR CRV THRC W IMG GDN | Pain Management Procedures |
| 62322 | NJX DX THER SBST INTRLMNR LMBR SAC W O IMG GDN | Pain Management Procedures |
| 62323 | NJX DX THER SBST INTRLMNR LMBR SAC W IMG GDN | Pain Management Procedures |
| 62351 | IMPLTJ REVJ RPSG ITHCL EDRL CATH W LAM | Pain Management Procedures |
| 62360 | IMPLTJ RPLCMT ITHCL EDRL DRUG NFS SUBQ RSVR | Pain Management Procedures |
| 62361 | IMPLTJ RPLCMT FS NON-PRGRBL PUMP | Pain Management Procedures |
| 62362 | IMPLTJ RPLCMT ITHCL EDRL DRUG NFS PRGRBL PUMP | Pain Management Procedures |
| 63650 | PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL | Pain Management Procedures |
| 63655 | LAM IMPLTJ NSTIM ELTRDS PLATE PADDLE EDRL | Pain Management Procedures |
| 63662 | RMVL SPINAL NSTIM ELTRD PLATE PADDLE INCL FLUOR | Pain Management Procedures |
| 63663 | REVJ INCL RPLCMT NSTIM ELTRD PRQ RA INCL FLUOR | Pain Management Procedures |
| 63664 | REVJ INCL RPLCMT NSTIM ELTRD PLT PDLE INCL FLUOR | Pain Management Procedures |
| 63685 | INSJ RPLCMT SPI NPGR DIR INDUXIVE COUPLING | Pain Management Procedures |
| 63688 | REVJ RMVL IMPLANTED SPINAL NEUROSTIM GENERATOR | Pain Management Procedures |
| 64450 | INJECTION ANES OTHER PERIPHERAL NERVE BRANCH | Pain Management Procedures |
| 64451 | INJECTION AA AND STRD NERVES NRVTG SI JOINT W IMG | Pain Management Procedures |
| 64454 | INJECTION AA AND STRD GENICULAR NRV BRANCHES W IMG | Pain Management Procedures |
| 64479 | NJX ANES AND STRD W IMG TFRML EDRL CRV THRC 1 LVL | Pain Management Procedures |
| 64480 | NJX ANES AND STRD W IMG TFRML EDRL CRV THRC EA LV | Pain Management Procedures |
| 64483 | NJX ANES AND STRD W IMG TFRML EDRL LMBR SAC 1 LVL | Pain Management Procedures |
| 64484 | NJX ANES AND STRD W IMG TFRML EDRL LMBR SAC EA LV | Pain Management Procedures |
| 64487 | TAP BLOCK UNILATERAL BY CONTINUOUS INFUSION(S) | Pain Management Procedures |
| 64490 | NJX DX THER AGT PVRT FACET JT CRV THRC 1 LEVEL | Pain Management Procedures |
| 64491 | NJX DX THER AGT PVRT FACET JT CRV THRC 2ND LEVEL | Pain Management Procedures |
| 64492 | NJX DX THER AGT PVRT FACET JT CRV THRC 3 PLUS LEVEL | Pain Management Procedures |
| 64493 | NJX DX THER AGT PVRT FACET JT LMBR SAC 1 LEVEL | Pain Management Procedures |
| 64494 | NJX DX THER AGT PVRT FACET JT LMBR SAC 2ND LEVEL | Pain Management Procedures |
| 64495 | NJX DX THER AGT PVRT FACET JT LMBR SAC 3 PLUS LEVEL | Pain Management Procedures |
| 64624 | DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W IMG | Pain Management Procedures |
| 64625 | RADIOFREQUENCY ABLTJ NRV NRVTG SI JT W IMG GDN | Pain Management Procedures |

| Code | Description | Service Category |
|-------|--|----------------------------|
| 64628 | THERMAL DSTRJ INTRASSEOUS BVN 1ST 2 LMBR/SAC | Pain Management Procedures |
| 64629 | THERMAL DSTRJ INTRASSEOUS BVN EA ADDL LMBR/SAC | Pain Management Procedures |
| 64633 | DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL THORA | Pain Management Procedures |
| 64634 | DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL THORA | Pain Management Procedures |
| 64635 | DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR SACRAL | Pain Management Procedures |
| 64636 | DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR SACRAL | Pain Management Procedures |
| 64640 | DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE | Pain Management Procedures |
| 97110 | THERAPEUTIC PX 1 OR GRT AREAS EACH 15 MIN EXERCISES | Physical Therapy |
| 97112 | THER PX 1 OR GRT AREAS EACH 15 MIN NEUROMUSC RE-ED | Physical Therapy |
| 97129 | THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES | Physical Therapy |
| 97130 | THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES | Physical Therapy |
| 97763 | ORTHOTICS PROSTH MGMT AND TRAINJ SBSQ ENCTR 15 MIN | Physical Therapy |
| L0452 | TLSO FLEXIBLE TRUNK SUPP UP THOR REGION CUSTOM | Prosthetics & Orthotics |
| L0480 | TLSO TRIPLANAR 1 PIECE W O INTERFCE LINER CSTM | Prosthetics & Orthotics |
| L0482 | TLSO TRIPLANAR 1 PIECE W INTERFCE LINER CSTM | Prosthetics & Orthotics |
| L0484 | TLSO TRIPLANAR 2 PIECE W O INTERFCE LINER CSTM | Prosthetics & Orthotics |
| L0486 | TLSO TRIPLANAR 2 PIECE W INTERFCE LINER CSTM | Prosthetics & Orthotics |
| L0622 | SACROILIAC ORTHOTIC FLEXIBLE CUSTOM FABRICATED | Prosthetics & Orthotics |
| L0637 | LUMB-SACRAL ORTHOS SAG-COR CNTRL RIGD A AND P PREFAB | Prosthetics & Orthotics |
| L0640 | LSO SAGITTAL-CORONAL RIGID SHELL PANEL CUSTM FAB | Prosthetics & Orthotics |
| L0650 | LSO SAGITTAL-CORONAL CNTRL RIGD ANT POST PANELS | Prosthetics & Orthotics |
| L0700 | CTL SO ANT-POSTERIOR-LAT CONTROL MOLDED PT MODEL | Prosthetics & Orthotics |
| L0710 | CTL SO ANT-POST-LAT CNTRL MOLD PT-INTRFCE MATL | Prosthetics & Orthotics |
| L1000 | CTL SO INCLUSIVE FURNISHING INIT ORTHOS INCL MDL | Prosthetics & Orthotics |
| L1005 | TENSION BASED SCOLIOSIS ORTHOTIC AND ACCESSORY PADS | Prosthetics & Orthotics |
| L1110 | ADD CTL SO SCOLIOS RING FLNGE MOLD PT MDL | Prosthetics & Orthotics |
| L1640 | HIP ORTHOTIC-PELV BAND SPRDR BAR THI CUFFS FAB | Prosthetics & Orthotics |
| L1680 | HIP ORTHOT DYN PELV CONTROL THIGH CUFF CSTM FAB | Prosthetics & Orthotics |
| L1685 | HIP ORTHOS ABDCT CNTRL POSTOP HIP ABDCT CSTM | Prosthetics & Orthotics |
| L1700 | LEGG PERTHES ORTHOTIC TORONTO CUSTOM FABRICATED | Prosthetics & Orthotics |
| L1710 | LEGG PERTHES ORTHOTIC NEWINGTON CUSTOM FAB | Prosthetics & Orthotics |
| L1720 | LEGG PERTHES ORTHOTIC TRILAT TACHDIJAN CSTM FAB | Prosthetics & Orthotics |
| L1730 | LEGG PERTHES ORTHOTIC SCOTTISH RITE CUSTOM FAB | Prosthetics & Orthotics |
| L1755 | LEGG PERTHES ORTHOTIC PATTEN BOTTOM CSTM FAB | Prosthetics & Orthotics |

| Code | Description | Service Category |
|-------|--|-------------------------|
| L1834 | KO WITHOUT KNEE JOINT RIGID CUSTOM FABRICATED | Prosthetics & Orthotics |
| L1840 | KO DEROTATION MEDIAL-LATERAL ACL CUSTOM FAB | Prosthetics & Orthotics |
| L1844 | KNEE ORTHOSIS SINGLE UPRIGHT THIGH AND CALF CUSTOM | Prosthetics & Orthotics |
| L1846 | KNEE ORTHOSIS DOUBLE UPRIGHT THIGH AND CALF CUSTOM | Prosthetics & Orthotics |
| L1860 | KNEE ORTHOS MOD SUPRACONDYLAR PROS SOCKT CSTM FAB | Prosthetics & Orthotics |
| L1900 | AFO SPRNG WIRE DORSIFLX ASST CALF BAND CSTM FAB | Prosthetics & Orthotics |
| L1904 | ANKLE ORTH ANKLE GAUNTLET SIMILAR CUSTOM FAB | Prosthetics & Orthotics |
| L1907 | ANKLE ORTHOSIS SUPRAMALLEOLAR WITH STRAPS CUSTOM | Prosthetics & Orthotics |
| L1920 | AFO SINGLE UPRT W STATIC ADJUSTBL STOP CSTM FAB | Prosthetics & Orthotics |
| L1940 | ANK FT ORTHOTIC PLASTIC OTH MATERIAL CUSTOM FAB | Prosthetics & Orthotics |
| L1945 | AFO MOLD PT MDL PLSTC RIGD ANT TIBL SECT CSTM | Prosthetics & Orthotics |
| L1950 | ANKLE FOOT ORTHOTIC SPIRAL PLASTIC CUSTOM-FAB | Prosthetics & Orthotics |
| L1960 | AFO POSTERIOR SOLID ANK PLASTIC CUSTOM FAB | Prosthetics & Orthotics |
| L1970 | AFO PLASTIC WITH ANKLE JOINT CUSTOM FABRICATED | Prosthetics & Orthotics |
| L1980 | AFO 1 UPRT FREE PLANTR DORSIFLX SOLID STIRUP FAB | Prosthetics & Orthotics |
| L1990 | AFO DBL UPRT PLANTR DORSIFLX SOLID STIRUP CSTM | Prosthetics & Orthotics |
| L2000 | KAFO 1 UPRT FREE KNEE FREE ANK SOLID STIRUP CSTM | Prosthetics & Orthotics |
| L2005 | KAFO ANY MATL AUTO LOCK AND SWNG RLSE W ANK JNT CSTM | Prosthetics & Orthotics |
| L2006 | KAF DVC ANY MATERIAL ADJUSTABILITY CUSTOM FAB | Prosthetics & Orthotics |
| L2010 | KAFO 1 UPRT SOLID STIRUP W O KNEE JNT CSTM FAB | Prosthetics & Orthotics |
| L2020 | KAFO DBL UPRT SOLID STIRUP THI AND CALF CSTM FAB | Prosthetics & Orthotics |
| L2030 | KAFO DBL UPRT SOLID STIRUP W O KNEE JNT CSTM | Prosthetics & Orthotics |
| L2034 | KAFO PLASTIC MED LAT ROTAT CNTRL CSTM FAB | Prosthetics & Orthotics |
| L2036 | KAFO FULL PLASTIC DOUBLE UPRIGHT CSTM FAB | Prosthetics & Orthotics |
| L2037 | KAFO FULL PLASTIC SINGLE UPRIGHT CUSTOM FAB | Prosthetics & Orthotics |
| L2038 | KAFO FULL PLASTIC MX-AXIS ANKLE CUSTOM FAB | Prosthetics & Orthotics |
| L2050 | HKAFO TORSION CNTRL BIL TORSION CABLES CSTM FAB | Prosthetics & Orthotics |
| L2060 | HKAFO TORSION CNTRL BIL TORSION BALL BEAR CSTM | Prosthetics & Orthotics |
| L2080 | HKAFO TORSION CNTRL UNI TORSION CABLE CSTM FAB | Prosthetics & Orthotics |
| L2090 | HKAFO UNI TORSION CABLE BALL BEAR CSTM | Prosthetics & Orthotics |
| L2106 | AFO FX ORTHOTIC TIB FX CAST THERMOPLSTC CSTM FAB | Prosthetics & Orthotics |
| L2108 | AFO FX ORTHOTIC TIB FX CAST ORTHOSIS CSTM FAB | Prosthetics & Orthotics |
| L2126 | KAFO FEM FX CAST ORTHOTIC THERMOPLSTC CSTM FAB | Prosthetics & Orthotics |
| L2128 | KAFO FX ORTHOTIC FEM FX CAST ORTHOSIS CSTM FAB | Prosthetics & Orthotics |

| Code | Description | Service Category |
|-------|--|-----------------------------------|
| L3761 | ELBOW ORTHOSIS ADJ POS LOCKING JOINT PREFAB OTS | Prosthetics & Orthotics |
| L4631 | AFO WALK BOOT TYP ROCKR BOTTM ANT TIB SHELL CSTM | Prosthetics & Orthotics |
| L5856 | ADD LOW EXT PROS KNEE-SHIN SYS SWING AND STANCE PHSE | Prosthetics & Orthotics |
| L5857 | ADD LOW EXT PROS KNEE-SHIN SYS SWING PHASE ONLY | Prosthetics & Orthotics |
| L5858 | ADD LW EXT PROS KNEE SHIN SYS STANCE PHASE ONLY | Prosthetics & Orthotics |
| L5859 | ADD LOW EXT PROS KN-SHIN PROG FLX EXT ANY MOTOR | Prosthetics & Orthotics |
| L6026 | TRANSCARPAL MC PART HAND DISARTICULATION PROS | Prosthetics & Orthotics |
| L7259 | ELECTRONIC WRIST ROTATOR ANY TYPE | Prosthetics & Orthotics |
| L7700 | GASKET SEAL USE PROS SOCKET INSERT ANY TYPE EA | Prosthetics & Orthotics |
| L8033 | NIPPLE PROSTH CSTM FAB REUSABL ANY MATL ANY T EA | Prosthetics & Orthotics |
| L8614 | COCHLEAR DEVICE INCLUDES ALL INT AND EXT COMPONENTS | Prosthetics & Orthotics |
| L8625 | EXT RECHARGING SYS BATT CI AO DEV C REPL ONLY EA | Prosthetics & Orthotics |
| L8694 | AUD OSSEointeg DEV C TRANSDUCER ACTR REPL ONLY EA | Prosthetics & Orthotics |
| 77014 | CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT | Radiation Therapy & Radio Surgery |
| 77386 | INTENSITY MODULATED RADIATION TX DLVR COMPLEX | Radiation Therapy & Radio Surgery |
| 77387 | GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR | Radiation Therapy & Radio Surgery |
| 77401 | RADIATION TX DELIVERY SUPERFICIAL AND ORTHO VOLTA | Radiation Therapy & Radio Surgery |
| 77412 | RADIATION TREATMENT DELIVERY 1 MEV EQ OVER COMPLEX | Radiation Therapy & Radio Surgery |
| 77423 | HI ENRGY NEUTRON RADJ TX DLVR 1 OR GRT ISOCENTER | Radiation Therapy & Radio Surgery |
| 77522 | PROTON TX DELIVERY SIMPLE W COMPENSATION | Radiation Therapy & Radio Surgery |
| 77523 | PROTON TX DELIVERY INTERMEDIATE | Radiation Therapy & Radio Surgery |
| 77525 | PROTON TX DELIVERY COMPLEX | Radiation Therapy & Radio Surgery |
| 77600 | HYPERTHERMIA EXTERNAL GENERATED SUPERFICIAL | Radiation Therapy & Radio Surgery |
| A9543 | YTTRIUM Y-90 IBRITUMOMAB TIUXETAN TX TO 40 MCI | Radiation Therapy & Radio Surgery |
| A9590 | IODINE I-131 IBOBENGUANE, THERAPEUTIC, I MILLCURE | Radiation Therapy & Radio Surgery |
| A9606 | RADIUM RA-223 DICHLORIDE THERAPEUTIC PER UCI | Radiation Therapy & Radio Surgery |
| G0339 | IMAGE GUID ROBOTIC ACCEL BASE SRS CMPL TX 1 SESS | Radiation Therapy & Radio Surgery |
| G0340 | IMAGE GUID ROBOTIC ACCL SRS FRAC TX LES 2-5 SESS | Radiation Therapy & Radio Surgery |
| G6001 | ULTRASONIC GUID PLACEMENT RADIATION TX FIELDS | Radiation Therapy & Radio Surgery |
| G6016 | COMP-BASED BEAM MOD TX DEL I PLND TX 3 OVER HR SESS | Radiation Therapy & Radio Surgery |
| G6017 | INTRA-FRAC LOC AND TRACKING TARGET PT M EA FRAC TX | Radiation Therapy & Radio Surgery |
| 95782 | POLYSOM UNDER 6 YRS SLEEP STAGE 4 OR GRT ADDL PARAM ATTN | Sleep Studies |
| 95800 | SLP STDY UNATND W HRT RATE O2 SAT RESP SLP TIME | Sleep Studies |
| 95801 | SLP STDY UNATND W MIN HRT RATE O2 SAT RESP ANAL | Sleep Studies |

| Code | Description | Service Category |
|-------|---|--------------------------|
| 95805 | MLT SLEEP LATENCY MAINT OF WAKEFULNESS TSTG | Sleep Studies |
| 95806 | SLEEP STD AIRFLOW HRT RATE AND O2 SAT EFFORT UNATT | Sleep Studies |
| 95807 | SLEEP STD REC VNTJ RESPIR ECG HRT RATE AND O2 ATTN | Sleep Studies |
| 95808 | POLYSOM ANY AGE SLEEP STAGE 1-3 ADDL PARAM ATTND | Sleep Studies |
| 95810 | POLYSOM 6 OR GRT YRS SLEEP 4 OR GRT ADDL PARAM ATTND | Sleep Studies |
| 95811 | POLYSOM 6 OR GRT YRS SLEEP W CPAP 4 OR GRT ADDL PARAM ATT | Sleep Studies |
| A4604 | TUBING W INTGR HEAT ELEM W POS AIRWAY PRESS DEV | Sleep Studies |
| 92507 | TX SPEECH LANG VOICE COMMJ AND AUDITORY PROC IND | Speech Therapy |
| 92508 | TX SPEECH LANGUAGE VOICE COMMJ AUDITRY 2 OR GRT INDIV | Speech Therapy |
| 32850 | DONOR PNEUMONECTOMY(S), INCL COLD PRESERV, FROM CADAVER DONOR | Transplants/Gene Therapy |
| 32851 | LUNG TRANSPL, SINGLE, W O CARDIOPULM BYPASS | Transplants/Gene Therapy |
| 32852 | LUNG TRANSPL, SINGLE, W CARDIOPULM BYPASS | Transplants/Gene Therapy |
| 32853 | LUNG TRANSPLANT 2 W O CARDIOPULMONARY BYPASS | Transplants/Gene Therapy |
| 32854 | LUNG TRANSPLANT 2 W CARDIOPULMONARY BYPASS | Transplants/Gene Therapy |
| 32855 | BKBENCH PREPJ CADAVER DONOR LUNG ALLOGRAFT UNI | Transplants/Gene Therapy |
| 32856 | BKBENCH PREPJ CADAVER DONOR LUNG ALLOGRAFT BI | Transplants/Gene Therapy |
| 33929 | REMOVAL TOTAL RPLCMT HEART SYS FOR HEART TRNSPL | Transplants/Gene Therapy |
| 33930 | DONOR CARDIECTOMY - PNEUMONECTOMY | Transplants/Gene Therapy |
| 33933 | BKBENCH PREPJ CADAVER DONOR HEART LUNG ALLOGRAFT | Transplants/Gene Therapy |
| 33935 | HEART-LUNG TRNSPL W/RECIPIENT CARDIECTOMY-PNUMEC | Transplants/Gene Therapy |
| 33940 | DONOR CARDIECTOMY | Transplants/Gene Therapy |
| 33944 | BKBENCH PREPJ CADAVER DONOR HEART ALLOGRAFT | Transplants/Gene Therapy |
| 33945 | HEART TRANSPLANT W/WO RECIPIENT CARDIECTOMY | Transplants/Gene Therapy |
| 33995 | INSJ PERQ VAD W/RS and I R HEART VENOUS ACCESS ONLY | Transplants/Gene Therapy |
| 38205 | BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ ALGNC | Transplants/Gene Therapy |
| 38206 | BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ AUTOL | Transplants/Gene Therapy |
| 38230 | BONE MARROW HARVEST TRANSPLANTATION ALLOGENEIC | Transplants/Gene Therapy |
| 38240 | TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR | Transplants/Gene Therapy |
| 38241 | TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR | Transplants/Gene Therapy |
| 38242 | ALLOGENEIC LYMPHOCYTE INFUSIONS | Transplants/Gene Therapy |
| 38243 | TRNSPLJ HEMATOPOIETIC CELL BOOST | Transplants/Gene Therapy |
| 44135 | INTESTINAL ALLOTXN; CADAVER DONOR | Transplants/Gene Therapy |
| 44136 | INTESTINAL ALLOTXN; LIVING DONOR | Transplants/Gene Therapy |

| Code | Description | Service Category |
|-------|---|--------------------------|
| 44137 | RMVL TRNSPLED INTESTINAL ALLOGRAFT COMPL | Transplants/Gene Therapy |
| 44715 | BKBENCH PREP CADAVER LIVING DONOR INTESTINE | Transplants/Gene Therapy |
| 44720 | BKBENCH RCNSTJ INT ALGRFT VEN ANAST EA | Transplants/Gene Therapy |
| 44721 | BKBENCH RCNSTJ INT ALGRFT ARTL ANAST EA | Transplants/Gene Therapy |
| 47133 | DONOR HEPATECTOMY CADAVER DONOR | Transplants/Gene Therapy |
| 47135 | LVR ALTRNSPLJ ORTHOTOPIC PRTL WHL DON ANY AGE | Transplants/Gene Therapy |
| 47140 | DONOR HEPATECTOMY LIVING DONOR SEG II AND III | Transplants/Gene Therapy |
| 47141 | DONOR HEPATECTOMY LIVING DONOR SEG II III AND IV | Transplants/Gene Therapy |
| 47142 | DONOR HEPATECTOMY LIVING DONOR SEG V VI VII AND VI | Transplants/Gene Therapy |
| 47143 | BKBENCH PREP CADAVER DONOR | Transplants/Gene Therapy |
| 47146 | BKBENCH RCNSTJ LVR GRF VENOUS ANAST EA | Transplants/Gene Therapy |
| 47147 | BKBENCH RCNSTJ LVR GRF ARTL ANAST EA | Transplants/Gene Therapy |
| 48550 | DONOR PANCREATECTOMY DUODENAL SGM TRANSPLANT | Transplants/Gene Therapy |
| 48551 | BKBENCH PREPJ CADAVER DONOR PANCREAS ALLOGRAFT | Transplants/Gene Therapy |
| 48552 | BKBENCH RCNSTJ CDVR PNCRS ALGRFT VEN ANAST EA | Transplants/Gene Therapy |
| 48554 | TRANSPLANTATION PANCREATIC ALLOGRAFT | Transplants/Gene Therapy |
| 48556 | RMVL TRANSPLANTED PANCREATIC ALLOGRAFT | Transplants/Gene Therapy |
| 50300 | DONOR NEPHRECTOMY CADAVER DONOR UNI BILATERAL | Transplants/Gene Therapy |
| 50320 | DONOR NEPHRECTOMY OPEN LIVING DONOR | Transplants/Gene Therapy |
| 50323 | BKBENCH PREPJ CADAVER DONOR RENAL ALLOGRAFT | Transplants/Gene Therapy |
| 50325 | BKBENCH PREPJ LIVING RENAL DONOR ALLOGRAFT | Transplants/Gene Therapy |
| 50327 | BKBENCH RCNSTJ RENAL ALGRFT VENOUS ANAST EA | Transplants/Gene Therapy |
| 50328 | BKBENCH RCNSTJ RENAL ALLOGRAFT ARTERIAL ANAST EA | Transplants/Gene Therapy |
| 50329 | BKBENCH RCNSTJ ALGRFT URETERAL ANAST EA | Transplants/Gene Therapy |
| 50340 | RECIPIENT NEPHRECTOMY SEPARATE PROCEDURE | Transplants/Gene Therapy |
| 50360 | RENAL ALTRNSPLJ IMPLTJ GRF W O RCP NEPHRECTOMY | Transplants/Gene Therapy |
| 50365 | RENAL ALTRNSPLJ IMPLTJ GRF W RCP NEPHRECTOMY | Transplants/Gene Therapy |
| 50370 | RMVL TRNSPLED RENAL ALLOGRAFT | Transplants/Gene Therapy |
| 50380 | RENAL AUTOTRNSPLJ REIMPLANTATION KIDNEY | Transplants/Gene Therapy |
| 81560 | TRNSPLJ PED LVR and BWL MES CD154 Plus T CLL WHL PRPH BLD | Transplants/Gene Therapy |
| 0537T | CAR-T THERAPY HRVG BLD DRV T LMPHCYT PR DAY | Transplants/Gene Therapy |
| 0538T | CAR-T THERAPY PREPJ BLD DRV T LMPHCYT F TRNS | Transplants/Gene Therapy |
| 0539T | CAR-T THERAPY RECEIPT AND PREP CAR-T CELLS F ADMN | Transplants/Gene Therapy |
| 0540T | CAR-T THERAPY AUTOLOGOUS CELL ADMINISTRATION | Transplants/Gene Therapy |

| Code | Description | Service Category |
|-------|---|--------------------------|
| 0584T | PERCUTANEOUS ISLET CELL TRANSPLANT | Transplants/Gene Therapy |
| 0585T | LAPAROSCOPIC ISLET CELL TRANSPLANT | Transplants/Gene Therapy |
| 0586T | OPEN ISLET CELL TRANSPLANT | Transplants/Gene Therapy |
| Q2041 | KTE-C19 TO 200 M A ANTI-CD19 CAR POST CE P TD | Transplants/Gene Therapy |
| Q2042 | TISAGENLECLEUCEL TO 600 M CAR-POS VI T CE PER TD | Transplants/Gene Therapy |
| Q2043 | SIPULEUCEL-T AUTO CD54 PLUS | Transplants/Gene Therapy |
| Q2053 | BREXUCABTAGENE CAR POST | Transplants/Gene Therapy |
| Q2054 | LM GT OR EQUAL TO 110 MIL AUTOL ANTI-CD19 CAR-POS VIABL T | Transplants/Gene Therapy |
| Q2055 | IDECACTAGENE VICL 460MIL AUTO BCMA CAR PLUS T LEUKAPH | Transplants/Gene Therapy |
| A0430 | AMB SERVICE CONVENTION AIR SRVC TRANSPORT 1 WAY FIXED WING | Transportation Services |
| A0431 | AMB SERVICE CONVENTION AIR SRVC TRANSPORT 1 WAY ROTARY WING | Transportation Services |
| 01999 | UNLISTED ANESTHESIA PROCEDURE | Unlisted/Miscellaneous |
| 15999 | UNLISTED PROCEDURE EXCISION PRESSURE ULCER | Unlisted/Miscellaneous |
| 17999 | UNLISTED PX SKIN MUC MEMBRANE AND SUBQ TISSUE | Unlisted/Miscellaneous |
| 19499 | UNLISTED PROCEDURE BREAST | Unlisted/Miscellaneous |
| 20999 | UNLISTED PROCEDURE MUSCOSKELETAL SYSTEM GENERAL | Unlisted/Miscellaneous |
| 21089 | UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE | Unlisted/Miscellaneous |
| 21299 | UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE | Unlisted/Miscellaneous |
| 21499 | UNLISTED MUSCOSKELETAL PROCEDURE HEAD | Unlisted/Miscellaneous |
| 21899 | UNLISTED PROCEDURE NECK THORAX | Unlisted/Miscellaneous |
| 22899 | UNLISTED PROCEDURE SPINE | Unlisted/Miscellaneous |
| 22999 | UNLISTED PX ABDOMEN MUSCOSKELETAL SYSTEM | Unlisted/Miscellaneous |
| 23929 | UNLISTED PROCEDURE SHOULDER | Unlisted/Miscellaneous |
| 24999 | UNLISTED PROCEDURE HUMERUS ELBOW | Unlisted/Miscellaneous |
| 25999 | UNLISTED PROCEDURE FOREARM WRIST | Unlisted/Miscellaneous |
| 26989 | UNLISTED PROCEDURE HANDS FINGERS | Unlisted/Miscellaneous |
| 27299 | UNLISTED PROCEDURE PELVIS HIP JOINT | Unlisted/Miscellaneous |
| 27599 | UNLISTED PROCEDURE FEMUR KNEE | Unlisted/Miscellaneous |
| 27899 | UNLISTED PROCEDURE LEG ANKLE | Unlisted/Miscellaneous |
| 28899 | UNLISTED PROCEDURE FOOT TOES | Unlisted/Miscellaneous |
| 29999 | UNLISTED PROCEDURE ARTHROSCOPY | Unlisted/Miscellaneous |
| 30999 | UNLISTED PROCEDURE NOSE | Unlisted/Miscellaneous |
| 31299 | UNLISTED PROCEDURE ACCESSORY SINUSES | Unlisted/Miscellaneous |
| 31599 | UNLISTED PROCEDURE LARYNX | Unlisted/Miscellaneous |

| Code | Description | Service Category |
|-------|---|------------------------|
| 31899 | UNLISTED PROCEDURE TRACHEA BRONCHI | Unlisted/Miscellaneous |
| 32999 | UNLISTED PROCEDURE LUNGS AND PLEURA | Unlisted/Miscellaneous |
| 33999 | UNLISTED CARDIAC SURGERY | Unlisted/Miscellaneous |
| 36299 | UNLISTED PROCEDURE VASCULAR INJECTION | Unlisted/Miscellaneous |
| 37501 | UNLISTED VASCULAR ENDOSCOPY PROCEDURE | Unlisted/Miscellaneous |
| 37799 | UNLISTED PROCEDURE VASCULAR SURGERY | Unlisted/Miscellaneous |
| 38129 | UNLISTED LAPAROSCOPY PROCEDURE SPLEEN | Unlisted/Miscellaneous |
| 38589 | UNLISTED LAPAROSCOPY PX LYMPHATIC SYSTEM | Unlisted/Miscellaneous |
| 38999 | UNLISTED PROCEDURE HEMIC OR LYMPHATIC SYSTEM | Unlisted/Miscellaneous |
| 39499 | UNLISTED PROCEDURE MEDIASTINUM | Unlisted/Miscellaneous |
| 39599 | UNLISTED PROCEDURE DIAPHRAGM | Unlisted/Miscellaneous |
| 40799 | UNLISTED PROCEDURE LIPS | Unlisted/Miscellaneous |
| 40899 | UNLISTED PROCEDURE VESTIBULE MOUTH | Unlisted/Miscellaneous |
| 41599 | UNLISTED PROCEDURE TONGUE FLOOR MOUTH | Unlisted/Miscellaneous |
| 42299 | UNLISTED PROCEDURE PALATE UVULA | Unlisted/Miscellaneous |
| 42699 | UNLISTED PX SALIVARY GLANDS DUCTS | Unlisted/Miscellaneous |
| 42999 | UNLISTED PROCEDURE PHARYNX ADENOIDS TONSILS | Unlisted/Miscellaneous |
| 43289 | UNLISTED LAPAROSCOPIC PROCEDURE ESOPHAGUS | Unlisted/Miscellaneous |
| 43499 | UNLISTED PROCEDURE ESOPHAGUS | Unlisted/Miscellaneous |
| 43659 | UNLISTED LAPAROSCOPIC PROCEDURE STOMACH | Unlisted/Miscellaneous |
| 43999 | UNLISTED PROCEDURE STOMACH | Unlisted/Miscellaneous |
| 44238 | UNLISTED LAPAROSCOPY PX INTESTINE XCP RECTUM | Unlisted/Miscellaneous |
| 44799 | UNLISTED PROCEDURE SMALL INTESTINE | Unlisted/Miscellaneous |
| 44899 | UNLISTED PX MECKEL'S DIVERTICULUM AND MESENTERY | Unlisted/Miscellaneous |
| 44979 | UNLISTED LAPAROSCOPY PROCEDURE APPENDIX | Unlisted/Miscellaneous |
| 45399 | UNLISTED PROCEDURE COLON | Unlisted/Miscellaneous |
| 45499 | UNLISTED LAPAROSCOPY PROCEDURE RECTUM | Unlisted/Miscellaneous |
| 45999 | UNLISTED PROCEDURE RECTUM | Unlisted/Miscellaneous |
| 46999 | UNLISTED PROCEDURE ANUS | Unlisted/Miscellaneous |
| 47379 | UNLIS LAPAROSCOPIC PROCEDURE LIVER | Unlisted/Miscellaneous |
| 47399 | UNLISTED PROCEDURE LIVER | Unlisted/Miscellaneous |
| 47579 | UNLISTED LAPAROSCOPY PROCEDURE BILIARY TRACT | Unlisted/Miscellaneous |
| 47999 | UNLISTED PROCEDURE BILIARY TRACT | Unlisted/Miscellaneous |
| 48999 | UNLISTED PROCEDURE PANCREAS | Unlisted/Miscellaneous |

| Code | Description | Service Category |
|-------|---|------------------------|
| 49329 | UNLISTED LAPAROSCOPIC PX ABD PERTONEUM AND OMENTUM | Unlisted/Miscellaneous |
| 49659 | UNLIS LAPS PX HRNAP HERNIORRHAPHY HERNIOTOMY | Unlisted/Miscellaneous |
| 49999 | UNLISTED PROCEDURE ABDOMEN PERITONEUM AND OMENTUM | Unlisted/Miscellaneous |
| 50549 | UNLISTED LAPAROSCOPY PROCEDURE RENAL | Unlisted/Miscellaneous |
| 50949 | UNLISTED LAPAROSCOPY PROCEDURE URETER | Unlisted/Miscellaneous |
| 51999 | UNLISTED LAPAROSCOPY PROCEDURE BLADDER | Unlisted/Miscellaneous |
| 53899 | UNLISTED PROCEDURE URINARY SYSTEM | Unlisted/Miscellaneous |
| 54699 | UNLISTED LAPAROSCOPY PROCEDURE TESTIS | Unlisted/Miscellaneous |
| 55559 | UNLISTED LAPROSCOPY PROCEDURE SPERMATIC CORD | Unlisted/Miscellaneous |
| 55899 | UNLISTED PROCEDURE MALE GENITAL SYSTEM | Unlisted/Miscellaneous |
| 58578 | UNLISTED LAPAROSCOPY PROCEDURE UTERUS | Unlisted/Miscellaneous |
| 58579 | UNLISTED HYSTEROSCOPY PROCEDURE UTERUS | Unlisted/Miscellaneous |
| 58679 | UNLISTED LAPAROSCOPY PROCEDURE OVIDUCT OVARY | Unlisted/Miscellaneous |
| 58999 | UNLISTED PX FEMALE GENITAL SYSTEM NONOBSTETRICAL | Unlisted/Miscellaneous |
| 59897 | UNLISTED FETAL INVASIVE PX W ULTRASOUND | Unlisted/Miscellaneous |
| 59898 | UNLISTED LAPAROSCOPY PX MATERNITY CARE AND DELIVERY | Unlisted/Miscellaneous |
| 59899 | UNLISTED PROCEDURE MATERNITY CARE AND DELIVERY | Unlisted/Miscellaneous |
| 60659 | UNLISTED LAPAROSCOPY PROCEDURE ENDOCRINE SYSTEM | Unlisted/Miscellaneous |
| 60699 | UNLISTED PROCEDURE ENDOCRINE SYSTEM | Unlisted/Miscellaneous |
| 64999 | UNLISTED PROCEDURE NERVOUS SYSTEM | Unlisted/Miscellaneous |
| 66999 | UNLISTED PROCEDURE ANTERIOR SEGMENT EYE | Unlisted/Miscellaneous |
| 67299 | UNLISTED PROCEDURE POSTERIOR SEGMENT | Unlisted/Miscellaneous |
| 67399 | UNLISTED PROCEDURE EXTRAOCULAR MUSCLE | Unlisted/Miscellaneous |
| 67599 | UNLISTED PROCEDURE ORBIT | Unlisted/Miscellaneous |
| 67999 | UNLISTED PROCEDURE EYELIDS | Unlisted/Miscellaneous |
| 68399 | UNLISTED PROCEDURE CONJUNCTIVA | Unlisted/Miscellaneous |
| 68899 | UNLISTED PROCEDURE LACRIMAL SYSTEM | Unlisted/Miscellaneous |
| 69399 | UNLISTED PROCEDURE EXTERNAL EAR | Unlisted/Miscellaneous |
| 69799 | UNLISTED PROCEDURE MIDDLE EAR | Unlisted/Miscellaneous |
| 69949 | UNLISTED PROCEDURE INNER EAR | Unlisted/Miscellaneous |
| 69979 | UNLISTED PROCEDURE TEMPORAL BONE MIDDLE FOSSA | Unlisted/Miscellaneous |
| 78399 | UNLISTED MUSCULOSKELETAL PX DX NUCLEAR MEDICINE | Unlisted/Miscellaneous |
| 78699 | UNLISTED NERVOUS SYSTEM PX DX NUCLEAR MEDICINE | Unlisted/Miscellaneous |
| 78799 | UNLISTED GENITOURINARY PX DX NUCLEAR MEDICINE | Unlisted/Miscellaneous |

| Code | Description | Service Category |
|-------|--|------------------------|
| 78999 | UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE | Unlisted/Miscellaneous |
| 79999 | RP THERAPY UNLISTED PROCEDURE | Unlisted/Miscellaneous |
| 80299 | QUANTITATION DRUG NOT ELSEWHERE SPECIFIED | Unlisted/Miscellaneous |
| 81099 | UNLISTED URINALYSIS PROCEDURE | Unlisted/Miscellaneous |
| 85999 | UNLISTED HEMATOLOGY AND COAGULATION PROCEDURE | Unlisted/Miscellaneous |
| 86486 | SKIN TEST UNLISTED ANTIGEN EACH | Unlisted/Miscellaneous |
| 86849 | UNLISTED IMMUNOLOGY | Unlisted/Miscellaneous |
| 86999 | UNLISTED TRANSFUSION MEDICINE PROCEDURE | Unlisted/Miscellaneous |
| 87797 | IADNA NOS DIRECT PROBE TQ EACH ORGANISM | Unlisted/Miscellaneous |
| 87798 | IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM | Unlisted/Miscellaneous |
| 87799 | IADNA NOS QUANTIFICATION EACH ORGANISM | Unlisted/Miscellaneous |
| 87899 | IAADIADOO NOT OTHERWISE SPECIFIED | Unlisted/Miscellaneous |
| 87999 | UNLISTED MICROBIOLOGY | Unlisted/Miscellaneous |
| 88199 | UNLISTED CYTOPATHOLOGY PROCEDURE | Unlisted/Miscellaneous |
| 88299 | UNLISTED CYTOGENETIC STUDY | Unlisted/Miscellaneous |
| 88399 | UNLISTED SURGICAL PATHOLOGY PROCEDURE | Unlisted/Miscellaneous |
| 88749 | UNLISTED IN VIVO LABORTORY SERVICE | Unlisted/Miscellaneous |
| 89240 | UNLIS MISC PATH | Unlisted/Miscellaneous |
| 89398 | UNLISTED REPRODUCTIVE MEDICINE LAB PROCEDURE | Unlisted/Miscellaneous |
| 90899 | UNLISTED PSYCHIATRIC SERVICE PROCEDURE | Unlisted/Miscellaneous |
| 91299 | UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE | Unlisted/Miscellaneous |
| 92499 | UNLISTED OPHTHALMOLOGICAL SERVICE PROCEDURE | Unlisted/Miscellaneous |
| 92700 | UNLISTED OTORHINOLARYNGOLOGICAL SERVICE | Unlisted/Miscellaneous |
| 93799 | UNLISTED CARDIOVASCULAR SERVICE PROCEDURE | Unlisted/Miscellaneous |
| 94799 | UNLISTED PULMONARY SERVICE PROCEDURE | Unlisted/Miscellaneous |
| 95199 | UNLISTED ALLERGY CLINICAL IMMUNOLOGIC SRVC PX | Unlisted/Miscellaneous |
| 95999 | UNLIS NEUROLOGICAL NEUROMUSCULAR DX PX | Unlisted/Miscellaneous |
| 96379 | UNLISTED THERAPEUTIC PROPH DX IV IA NJX NFS | Unlisted/Miscellaneous |
| 96549 | UNLISTED CHEMOTHERAPY PROCEDURE | Unlisted/Miscellaneous |
| 96999 | UNLISTED SPECIAL DERMATOLOGICAL SERVICE PROCED | Unlisted/Miscellaneous |
| 97039 | UNLIST MODALITY SPEC TYPE AND TIME CONSTANT ATTEND | Unlisted/Miscellaneous |
| 97139 | UNLISTED THERAPEUTIC PROCEDURE SPECIFY | Unlisted/Miscellaneous |
| 97799 | UNLISTED PHYSICAL MEDICINE REHAB SERVICE PROC | Unlisted/Miscellaneous |
| 99199 | UNLISTED SPECIAL SERVICE PROCEDURE REPORT | Unlisted/Miscellaneous |

| Code | Description | Service Category |
|-------------|--|-------------------------|
| 99202 | OFFICE/OUTPATIENT NEW SF MDM 15-29 MINUTES | Unlisted/Miscellaneous |
| 99203 | OFFICE/OUTPATIENT NEW LOW MDM 30-44 MINUTES | Unlisted/Miscellaneous |
| 99204 | OFFICE/OUTPATIENT NEW MODERATE MDM 45-59 MINUTES | Unlisted/Miscellaneous |
| 99205 | OFFICE/OUTPATIENT NEW HIGH MDM 60-74 MINUTES | Unlisted/Miscellaneous |
| 99211 | OFFICE/OUTPATIENT ESTABLISHED MINIMAL PROBLEM(S) | Unlisted/Miscellaneous |
| 99212 | OFFICE/OUTPATIENT ESTABLISHED SF MDM 10-19 MIN | Unlisted/Miscellaneous |
| 99213 | OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN | Unlisted/Miscellaneous |
| 99214 | OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN | Unlisted/Miscellaneous |
| 99215 | OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40-54 MIN | Unlisted/Miscellaneous |
| 99217 | OBSERVATION CARE DISCHARGE MANAGEMENT | Unlisted/Miscellaneous |
| 99218 | INITIAL OBSERVATION CARE/DAY 30 MINUTES | Unlisted/Miscellaneous |
| 99219 | INITIAL OBSERVATION CARE/DAY 50 MINUTES | Unlisted/Miscellaneous |
| 99220 | INITIAL OBSERVATION CARE/DAY 70 MINUTES | Unlisted/Miscellaneous |
| 99221 | INITIAL HOSPITAL CARE/DAY 30 MINUTES | Unlisted/Miscellaneous |
| 99222 | INITIAL HOSPITAL CARE/DAY 50 MINUTES | Unlisted/Miscellaneous |
| 99223 | INITIAL HOSPITAL CARE/DAY 70 MINUTES | Unlisted/Miscellaneous |
| 99224 | SBSQ OBSERVATION CARE/DAY 15 MINUTES | Unlisted/Miscellaneous |
| 99225 | SBSQ OBSERVATION CARE/DAY 25 MINUTES | Unlisted/Miscellaneous |
| 99226 | SBSQ OBSERVATION CARE/DAY 35 MINUTES | Unlisted/Miscellaneous |
| 99231 | SBSQ HOSPITAL CARE/DAY 15 MINUTES | Unlisted/Miscellaneous |
| 99232 | SBSQ HOSPITAL CARE/DAY 25 MINUTES | Unlisted/Miscellaneous |
| 99233 | SBSQ HOSPITAL CARE/DAY 35 MINUTES | Unlisted/Miscellaneous |
| 99234 | OBSERVATION/INPATIENT HOSPITAL CARE 40 MINUTES | Unlisted/Miscellaneous |
| 99235 | OBSERVATION/INPATIENT HOSPITAL CARE 50 MINUTES | Unlisted/Miscellaneous |
| 99236 | OBSERVATION/INPATIENT HOSPITAL CARE 55 MINUTES | Unlisted/Miscellaneous |
| 99238 | HOSPITAL DISCHARGE DAY MANAGEMENT 30 MIN OR LT | Unlisted/Miscellaneous |
| 99239 | HOSPITAL DISCHARGE DAY MANAGEMENT GT 30 MIN | Unlisted/Miscellaneous |
| 99251 | INITIAL INPATIENT CONSULT NEW/ESTAB PT 20 MIN | Unlisted/Miscellaneous |
| 99252 | INITIAL INPATIENT CONSULT NEW/ESTAB PT 40 MIN | Unlisted/Miscellaneous |
| 99253 | INITIAL INPATIENT CONSULT NEW/ESTAB PT 55 MIN | Unlisted/Miscellaneous |
| 99254 | INITIAL INPATIENT CONSULT NEW/ESTAB PT 80 MIN | Unlisted/Miscellaneous |
| 99255 | INITIAL INPATIENT CONSULT NEW/ESTAB PT 110 MIN | Unlisted/Miscellaneous |
| 99281 | EMERGENCY DEPARTMENT VISIT LIMITED/MINOR PROB | Unlisted/Miscellaneous |
| 99282 | EMERGENCY DEPARTMENT VISIT LOW/MODER SEVERITY | Unlisted/Miscellaneous |

| Code | Description | Service Category |
|-------|---|------------------------|
| 99283 | EMERGENCY DEPARTMENT VISIT MODERATE SEVERITY | Unlisted/Miscellaneous |
| 99284 | EMERGENCY DEPARTMENT VISIT HIGH/URGENT SEVERITY | Unlisted/Miscellaneous |
| 99285 | EMERGENCY DEPT VISIT HIGH SEVERITY AND THREAT FUNCJ | Unlisted/Miscellaneous |
| 99288 | PHYS/QHP DIRECTION EMERGENCY MEDICAL SYSTEMS | Unlisted/Miscellaneous |
| 99291 | CRITICAL CARE ILL/INJURED PATIENT INIT 30-74 MIN | Unlisted/Miscellaneous |
| 99292 | CRITICAL CARE ILL/INJURED PATIENT ADDL 30 MIN | Unlisted/Miscellaneous |
| 99499 | UNLISTED EVALUATION AND MANAGEMENT SERVICE | Unlisted/Miscellaneous |
| 99600 | UNLISTED HOME VISIT SERVICE PROCEDURE | Unlisted/Miscellaneous |
| 0708T | INTRADERMAL CANCER IMMNTX PREP and 1ST INJECTION | Unlisted/Miscellaneous |
| 0709T | INTRADERMAL CANCER IMMNTX EACH ADDL INJECTION | Unlisted/Miscellaneous |
| A0999 | UNLISTED AMBULANCE SERVICE | Unlisted/Miscellaneous |
| A4421 | OSTOMY SUPPLY; MISCELLANEOUS | Unlisted/Miscellaneous |
| A4641 | RADIOPHARMACEUTICAL DIAGNOSTIC NOC | Unlisted/Miscellaneous |
| A4649 | SURGICAL SUPPLY; MISCELLANEOUS | Unlisted/Miscellaneous |
| A4913 | MISCELLANEOUS DIALYSIS SUPPLIES NOS | Unlisted/Miscellaneous |
| A6261 | WOUND FILLER GEL PASTE PER FL OZ NOS | Unlisted/Miscellaneous |
| A6262 | WOUND FILLER DRY FORM PER G NOT OTHERWISE SPEC | Unlisted/Miscellaneous |
| A9291 | PRESCRIPTION DIGITAL BT FDA CLEARED PER CRS TX | Unlisted/Miscellaneous |
| A9698 | NON-RADIOACTV CONTRST IMAG MATERIAL NOC PER STDY | Unlisted/Miscellaneous |
| A9699 | RADIOPHARMACEUTICAL THERAPEUTIC NOC | Unlisted/Miscellaneous |
| A9900 | DME SUP ACCESS SRV-COMPON OTH HCPCS | Unlisted/Miscellaneous |
| A9999 | MISCELLANEOUS DME SUPPLY OR ACCESSORY NOS | Unlisted/Miscellaneous |
| B9998 | NOC FOR ENTERAL SUPPLIES | Unlisted/Miscellaneous |
| B9999 | NOC FOR PARENTERAL SUPPLIES | Unlisted/Miscellaneous |
| C1849 | SKIN SUBSTITUTE SYNTHETIC RESORBABLE PER SQ CM | Unlisted/Miscellaneous |
| C2698 | BRACHYTHERAPY SOURCE STRANDED NOS PER SOURCE | Unlisted/Miscellaneous |
| C2699 | BRACHYTHERAPY SOURCE NONSTRANDED NOS PER SOURCE | Unlisted/Miscellaneous |
| E0769 | ESTIM ELECTROMAGNETIC WOUND TREATMENT DEVN NOC | Unlisted/Miscellaneous |
| E0770 | FES TRANSQ STIM NERV AND MUSC GRP CMPL SYS NOS | Unlisted/Miscellaneous |
| E1399 | DURABLE MEDICAL EQUIPMENT MISCELLANEOUS | Unlisted/Miscellaneous |
| E1699 | DIALYSIS EQUIPMENT NOT OTHERWISE SPECIFIED | Unlisted/Miscellaneous |
| G0501 | RESOURCE-INT SRVC PT SPZ M-ASST TECH MED NEC | Unlisted/Miscellaneous |
| G9012 | OTHER SPECIFIED CASE MANAGEMENT SERVICE NEC | Unlisted/Miscellaneous |
| J7599 | IMMUNOSUPPRESSIVE DRUG NOT OTHERWISE CLASSIFIED | Unlisted/Miscellaneous |

| Code | Description | Service Category |
|-------|---|------------------------|
| J7699 | NOC DRUGS INHALATION SOLUTION ADMINED THRU DME | Unlisted/Miscellaneous |
| J7799 | NOC RX OTH THAN INHALATION RX ADMINED THRU DME | Unlisted/Miscellaneous |
| J8597 | ANTIEMETIC DRUG ORAL NOT OTHERWISE SPECIFIED | Unlisted/Miscellaneous |
| K0812 | POWER OPERATED VEHICLE NOT OTHERWISE CLASSIFIED | Unlisted/Miscellaneous |
| K0898 | POWER WHEELCHAIR NOT OTHERWISE CLASSIFIED | Unlisted/Miscellaneous |
| K0899 | PWR MOBILTY DVC NOT CODED DME PDAC NOT MEET CRIT | Unlisted/Miscellaneous |
| L0999 | ADD TO SPINAL ORTHOTIC NOT OTHERWISE SPECIFIED | Unlisted/Miscellaneous |
| L1499 | SPINAL ORTHOTIC NOT OTHERWISE SPECIFIED | Unlisted/Miscellaneous |
| L2999 | LOWER EXTREMITY ORTHOSES NOT OTHERWISE SPECIFIED | Unlisted/Miscellaneous |
| L3999 | UPPER LIMB ORTHOSIS NOT OTHERWISE SPECIFIED | Unlisted/Miscellaneous |
| L5999 | LOWER EXTREMITY PROSTHESIS NOS | Unlisted/Miscellaneous |
| L7499 | UPPER EXTREMITY PROSTHESIS NOS | Unlisted/Miscellaneous |
| L8039 | BREAST PROSTHESIS NOT OTHERWISE SPECIFIED | Unlisted/Miscellaneous |
| L8499 | UNLISTED PROC MISCELLANEOUS PROSTHETIC SERVICES | Unlisted/Miscellaneous |
| L8698 | MISC COMP SPL ACCESS FOR USE WITH TOT AH SYSTEM | Unlisted/Miscellaneous |
| L8699 | PROSTHETIC IMPLANT NOT OTHERWISE SPECIFIED | Unlisted/Miscellaneous |
| P9099 | BLOOD COMPONENT OR PRODUCT NOC | Unlisted/Miscellaneous |
| P9603 | TRAVEL 1 WAY MED NEC LAB SPEC; PRORAT ACTL MILE | Unlisted/Miscellaneous |
| P9604 | TRAVEL 1 WAY MED NEC LAB SPEC; PRORATD TRIP CHRG | Unlisted/Miscellaneous |
| Q0507 | MISC SUPPLY OR ACCESSORY USE WITH EXTERNAL VAD | Unlisted/Miscellaneous |
| Q0508 | MISC SUPPLY OR ACCESSORY USE WITH IMPLANTED VAD | Unlisted/Miscellaneous |
| Q0509 | MISC SPL ACSS IMPL VAD NO PAYMENT MEDICARE PRT A | Unlisted/Miscellaneous |
| Q2039 | INFLUENZA VIRUS VACCINE NOT OTHERWISE SPECIFIED | Unlisted/Miscellaneous |
| Q4050 | CAST SUPPLIES UNLISTED TYPES AND MATERIALS OF CASTS | Unlisted/Miscellaneous |
| Q4051 | SPLINT SUPPLIES MISCELLANEOUS | Unlisted/Miscellaneous |
| Q4082 | DRUG OR BIOLOGICAL NOC PART B DRUG CAP | Unlisted/Miscellaneous |
| Q4100 | SKIN SUBSTITUTE NOT OTHERWISE SPECIFIED | Unlisted/Miscellaneous |
| V2199 | NOT OTHERWISE CLASSIFIED SINGLE VISION LENS | Unlisted/Miscellaneous |
| V2524 | CONTACT LENS HPI SPH PC ADDITIVE PER LENS | Unlisted/Miscellaneous |
| V2797 | VISN SPL ACSS AND SRVC CMPNT ANOTHER HCPCS CODE | Unlisted/Miscellaneous |
| V2799 | VISION ITEM OR SERVICE MISCELLANEOUS | Unlisted/Miscellaneous |
| V5298 | HEARING AID NOT OTHERWISE CLASSIFIED | Unlisted/Miscellaneous |
| V5299 | HEARING SERVICE MISCELLANEOUS | Unlisted/Miscellaneous |



CA CODE/BENEFIT EXCEPTIONS

Effective Q3, 2022

Behavioral Health, Mental Health, Alcohol and Chemical Dependency Services: PA is required for Medicaid - Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT). For Applied Behavior Analysis (ABA), the benefit is no longer restricted to the Autism diagnosis and is covered for all diagnosis, however, prior authorization is required.

Outpatient Physical, Occupational, Speech Therapy: PA after eval plus 12 visits.

Home Health: PA after eval plus 6 visits for Medicaid and Marketplace. Medicare only requires authorization after the first 60 day episode of care.

Link to Provider Frequently Used Forms:

MediCal: <https://www.molinahealthcare.com/providers/ca/medicaid/forms/Pages/fuf.aspx>

Marketplace: <https://www.molinahealthcare.com/providers/ca/marketplace/forms/pages/fuf.aspx>

MMP: <https://www.molinahealthcare.com/providers/ca/duals/forms/pages/fuf.aspx>

Medicare: <https://www.molinahealthcare.com/providers/common/medicare/Pages/medicare.aspx>

Healthcare Administered Drug Requests faxed to:

Medicare via Novologix Provider Portal or fax at 800-391-6437 Medicaid & Marketplace 866-508-6445

Y: PA REQUIRED / N: NO PA REQUIRED / NC: NOT COVERED

| Code | MediCal | Marketplace | Description for "Y" Exceptions | Service Category for "Y" Exceptions | Code Notes |
|-------|---------|-------------|--------------------------------|-------------------------------------|------------|
| 81205 | NC | | | | |
| 81333 | NC | | | | |
| 90291 | NC | | | | |
| 90867 | NC | | | | |
| 90868 | NC | | | | |
| 90869 | NC | | | | |
| 96125 | NC | | | | |
| 97153 | NC | | | | |
| 97154 | NC | | | | |
| 97155 | NC | | | | |
| 97156 | NC | | | | |
| 97157 | NC | | | | |
| 97158 | NC | | | | |
| 0022U | NC | | | | |
| 0048U | NC | | | | |
| 0049U | NC | | | | |
| 0053U | NC | | | | |
| 0055U | NC | | | | |
| 0056U | NC | | | | |
| 0058U | NC | | | | |

| Code | MediCal | Marketplace | Description for "Y" Exceptions | Service Category for "Y" Exceptions | Code Notes |
|-------|---------|-------------|--------------------------------|-------------------------------------|---|
| 0059U | NC | | | | |
| 0060U | NC | | | | |
| 0447T | NC | | | | |
| 0448T | NC | | | | |
| 0525T | NC | | | | |
| 0537T | NC | | | | |
| 0538T | NC | | | | |
| 0539T | NC | | | | |
| A4269 | N* | | | | *No PA Required when submitted with Modifier U1 (Retro to 9/1/20) |
| A4563 | NC | | | | |
| A4649 | N* | | | | *No PA Required when submitted with Modifier U1 or U2 (Retro to 9/1/20) |
| A5514 | NC | | | | |
| A9274 | NC | | | | |
| C8937 | NC | | | | |
| C9758 | NC | | | | |
| E0652 | NC | | | | |
| G0219 | NC | | | | |
| G0235 | NC | | | | |
| G0252 | NC | | | | |
| J3490 | N* | | | | *No PA Required when submitted with Modifiers U5, U6, or U8 (Retro to 8/1/20) |
| J7175 | NC | | | | |
| J7179 | NC | | | | |
| J7180 | NC | | | | |
| J7181 | NC | | | | |
| J7182 | NC | | | | |
| J7183 | NC | | | | |
| J7185 | NC | | | | |
| J7186 | NC | | | | |
| J7187 | NC | | | | |
| J7188 | NC | | | | |
| J7189 | NC | | | | |

| Code | MediCal | Marketplace | Description for "Y" Exceptions | Service Category for "Y" Exceptions | Code Notes |
|-------|---------|-------------|--|---|------------|
| J7190 | NC | | | | |
| J7192 | NC | | | | |
| J7193 | NC | | | | |
| J7194 | NC | | | | |
| J7195 | NC | | | | |
| J7198 | NC | | | | |
| J7200 | NC | | | | |
| J7201 | NC | | | | |
| J7202 | NC | | | | |
| J7203 | NC | | | | |
| J7204 | NC | | | | |
| J7205 | NC | | | | |
| J7207 | NC | | | | |
| J7208 | NC | | | | |
| J7209 | NC | | | | |
| J7210 | NC | | | | |
| J7211 | NC | | | | |
| J7212 | NC | | | | |
| K1001 | NC | | | | |
| K1002 | NC | | | | |
| K1003 | NC | | | | |
| K1004 | NC | | | | |
| L8698 | NC | | | | |
| L8701 | NC | | | | |
| L8702 | NC | | | | |
| H0031 | Y | Y | MENTAL HEALTH ASSESSMENT BY NON-PHYSICIAN | Behavioral/Mental Health, Alcohol-Chemical Dependency | |
| H0032 | Y | Y | MENTAL HEALTH SERVICE PLAN DVLPMNT NON-PHYSICIAN | Behavioral/Mental Health, Alcohol-Chemical Dependency | |
| H2014 | Y | Y | SKILLS TRAINING AND DEVELOPMENT PER 15 MINUTES | Behavioral/Mental Health, Alcohol-Chemical Dependency | |
| H2019 | Y | Y | THERAPEUTIC BEHAVIORAL SERVICES PER 15 MINUTES | Behavioral/Mental Health, Alcohol-Chemical Dependency | |

| Code | MediCal | Marketplace | Description for "Y" Exceptions | Service Category for "Y" Exceptions | Code Notes |
|-------|---------|-------------|---|-------------------------------------|--|
| 0564T | Y | Y | ONC CHEMO RX CYTOTOXICITY ASSAY CSC MIN 14 DRUGS | Experimental/Investigational | NO PA required for members with stage III/iV/Advanced cancer |
| 81120 | Y | Y | IDH1 COMMON VARIANTS | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81121 | Y | Y | IDH2 COMMON VARIANTS | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81162 | Y | Y | BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP DEL ALYS | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81163 | Y | Y | BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYS | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81164 | Y | Y | BRCA1 BRCA2 GENE ANALYSIS FULL DUP DEL ANALYSIS | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81165 | Y | Y | BRCA1 GENE ANALYSIS FULL SEQUENCE ANALYSIS | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81166 | Y | Y | BRCA1 GENE ANALYSIS FULL DUP DEL ANALYSIS | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81167 | Y | Y | BRCA2 GENE ANALYSIS FULL DUP DEL ANALYSIS | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81175 | Y | Y | ASXL1 GENE ANALYSIS FULL GENE SEQUENCE | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81176 | Y | Y | ASXL1 GENE ANALYSIS TARGETED SEQ ANALYSIS | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81181 | Y | Y | ATXN7 GENE ANALYSIS EVAL DETECT ABNORMAL ALLE | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81182 | Y | Y | ATXN8OS GENE ANALYSIS EVAL DETECT ABNOR ALLELE | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81183 | Y | Y | ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLEL | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81191 | Y | Y | NTRK1 (NEUROTROPHIC RECEPTOR TYROSINE KINASE 1 | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81192 | Y | Y | NTRK2 (NEUROTROPHIC RECEPTOR TYROSINE KINASE 2 | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81193 | Y | Y | NTRK3 (NEUROTROPHIC RECEPTOR TYROSINE KINASE 3 | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |

| Code | MediCal | Marketplace | Description for "Y" Exceptions | Service Category for "Y" Exceptions | Code Notes |
|-------|---------|-------------|---|-------------------------------------|--|
| 81194 | Y | Y | NTRK (NEUROTROPHIC-TROPOMYOSIN RECEPTOR TYR) ANALYSIS | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81201 | Y | Y | APC GENE ANALYSIS FULL GENE SEQUENCE | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81202 | Y | Y | APC GENE ANALYSIS KNOWN FAMILIAL VARIANTS | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81203 | Y | Y | APC GENE ANALYSIS DUPLICATION DELETION VARIANT | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81210 | Y | Y | BRAF GENE ANALYSIS V600 VARIANT(S) | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81212 | Y | Y | BRCA1 BRCA 2 GEN ALYS 185DELAG 5385INSC 6174DEI | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81215 | Y | Y | BRCA1 GENE ANALYSIS KNOWN FAMILIAL VARIANT | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81216 | Y | Y | BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81217 | Y | Y | BRCA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81218 | Y | Y | CEBPA GENE ANALYSIS FULL GENE SEQUENCE | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81219 | Y | Y | CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9 | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81233 | Y | Y | BTK GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81235 | Y | Y | EGFR GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81236 | Y | Y | EZH2 GENE ANALYSIS FULL GENE SEQUENCE | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81246 | Y | Y | FLT3 GENE ANLYS TYROSINE KINASE DOMAIN VARIANT | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81275 | Y | Y | KRAS GENE ANALYSIS VARIANTS IN EXON 2 | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81276 | Y | Y | KRAS GENE ANALYSIS ADDITIONAL VARIANT(S) | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |

| Code | MediCal | Marketplace | Description for "Y" Exceptions | Service Category for "Y" Exceptions | Code Notes |
|-------|---------|-------------|---|-------------------------------------|--|
| 81277 | Y | Y | CYTogenomic Neoplasia Microarray Analysis | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81278 | Y | Y | IGH@/BCL2 TLCJ ALYS MBR and MCR BP QUAL/QU | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81279 | Y | Y | JAK2 (Janus Kinase 2) (EG, Myeloproliferative Dis | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81279 | Y | Y | JAK2 Targeted Sequence Analysis | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81283 | Y | Y | IFNL3 Gene Analysis RS12979860 Variant | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81291 | Y | Y | MTHFR Gene Analysis Common Variants | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81292 | Y | Y | MLH1 Gene Analysis Full Sequence Analysis | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81293 | Y | Y | MLH1 Gene Analysis Known Familial Variants | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81294 | Y | Y | MLH1 Gene Analysis Duplication Deletion Variant | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81295 | Y | Y | MSH2 Gene Analysis Full Sequence Analysis | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81296 | Y | Y | MSH2 Gene Analysis Known Familial Variants | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81297 | Y | Y | MSH2 Gene Analysis Duplication Deletion Variant | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81298 | Y | Y | MSH6 Gene Analysis Full Sequence Analysis | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81299 | Y | Y | MSH6 Gene Analysis Known Familial Variants | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81300 | Y | Y | MSH6 Gene Analysis Duplication Deletion Variant | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81305 | Y | Y | MYD88 Gene Analysis P.LEU265 (L265P) Variant | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81306 | Y | Y | NUDT15 Gene Analysis Common Variants | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |

| Code | MediCal | Marketplace | Description for "Y" Exceptions | Service Category for "Y" Exceptions | Code Notes |
|-------|---------|-------------|---|-------------------------------------|--|
| 81307 | Y | Y | PALB2 GENE ANALYSIS (FULL GENE SEQ) | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81308 | Y | Y | PALB2 GENE ANALYSIS (KNOWN FAMILIAL VARIANT) | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81309 | Y | Y | PIK3CA GENE ANALYSIS TARGETED SEQUENCE ANALYSIS | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81311 | Y | Y | NRAS GENE ANALYSIS VARIANTS IN EXON 2 AND 3 | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81312 | Y | Y | PABPN1 GENE ANALYSIS EVAL DETC ABNORMAL ALLEL | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81313 | Y | Y | PCA3 KLK3 PROSTATE SPECIFIC ANTIGEN RATIO | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81314 | Y | Y | PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81317 | Y | Y | PMS2 GENE ANALYSIS FULL SEQUENCE | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81318 | Y | Y | PMS2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81319 | Y | Y | PMS2 GENE ANALYSIS DUPLICATION DELETION VARIAN | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81320 | Y | Y | PLCG2 GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81321 | Y | Y | PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81322 | Y | Y | PTEN GENE ANALYSIS KNOWN FAMILIAL VARIANT | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81323 | Y | Y | PTEN GENE ANALYSIS DUPLICATION DELETION VARIAN | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81327 | Y | Y | SEPT9 GENE PROMOTER METHYLATION ANALYSIS | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81334 | Y | Y | RUNX1 GENE ANALYSIS TARGETED SEQUENCE ANALYSI | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81335 | Y | Y | TPMT GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |

| Code | MediCal | Marketplace | Description for "Y" Exceptions | Service Category for "Y" Exceptions | Code Notes |
|-------|---------|-------------|---|-------------------------------------|--|
| 81338 | Y | Y | MPL (MPL PROTO-ONCOGENE, THROMBOPOIETIN REC | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81339 | Y | Y | MPL (MPL PROTO-ONCOGENE, THROMBOPOIETIN REC | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81345 | Y | Y | TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81347 | Y | Y | SF3B1 (SPLICING FACTOR [3B] SUBUNIT B1) (EG, MYEL | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81351 | Y | Y | TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUMENI SYNDRO | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81352 | Y | Y | TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUMENI SYNDRO | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81353 | Y | Y | TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUMENI SYNDRO | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81355 | Y | Y | VKORC1 GENE ANALYSIS COMMON VARIANT(S) | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81400 | Y | Y | MOLECULAR PATHOLOGY PROCEDURE LEVEL 1 | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81401 | Y | Y | MOLECULAR PATHOLOGY PROCEDURE LEVEL 2 | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81402 | Y | Y | MOLECULAR PATHOLOGY PROCEDURE LEVEL 3 | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81403 | Y | Y | MOLECULAR PATHOLOGY PROCEDURE LEVEL 4 | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81404 | Y | Y | MOLECULAR PATHOLOGY PROCEDURE LEVEL 5 | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81405 | Y | Y | MOLECULAR PATHOLOGY PROCEDURE LEVEL 6 | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81406 | Y | Y | MOLECULAR PATHOLOGY PROCEDURE LEVEL 7 | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81407 | Y | Y | MOLECULAR PATHOLOGY PROCEDURE LEVEL 8 | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81408 | Y | Y | MOLECULAR PATHOLOGY PROCEDURE LEVEL 9 | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |

| Code | MediCal | Marketplace | Description for "Y" Exceptions | Service Category for "Y" Exceptions | Code Notes |
|-------|---------|-------------|---|-------------------------------------|--|
| 81412 | Y | Y | ASHKENAZI JEWISH ASSOC DSRDRS GEN SEQ ANAL 9 G | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81415 | Y | Y | EXOME SEQUENCE ANALYSIS | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81416 | Y | Y | EXOME SEQUENCE ANALYSIS EACH COMPARATOR EXO | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81417 | Y | Y | EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SE | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81425 | Y | Y | GENOME SEQUENCE ANALYSIS | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81426 | Y | Y | GENOME SEQUENCE ANALYSIS EACH COMPARATOR GI | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81432 | Y | Y | HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GE | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81433 | Y | Y | HEREDITARY BRST CA-RELATED DUP DEL ANALYSIS | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81434 | Y | Y | HEREDITARY RETINAL DSRDRS GEN SEQ ANALYS 15 GE | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81435 | Y | Y | HEREDITARY COLON CA DSRDRS GEN SEQ ANALYS 10 G | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81436 | Y | Y | HEREDITARY COLON CA DSRDRS DUP DEL ANALYS 5 GE | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81437 | Y | Y | HEREDTRY NUROND CRN TUM DSRDRS GEN SEQ ANAL | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81438 | Y | Y | HEREDTRY NUROND CRN TUM DSRDRS DUP DEL ANALY | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81443 | Y | Y | GENETIC TESTING FOR SEVERE INHERITED CONDITIONS | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81445 | Y | Y | GEN SEQ ANALYS SOLID ORGAN NEOPLASM 5-50 GENE | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81450 | Y | Y | GEN SEQ ANALYS HEMATOLYMPHOID NEO 5-50 GENE | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81455 | Y | Y | GEN SEQ ANALYS SOL ORG HEMTOLYMPHOID NEO 51 O | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |

| Code | MediCal | Marketplace | Description for "Y" Exceptions | Service Category for "Y" Exceptions | Code Notes |
|-------|---------|-------------|--|-------------------------------------|--|
| 81479 | Y | Y | UNLISTED MOLECULAR PATHOLOGY PROCEDURE | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81500 | Y | Y | ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81503 | Y | Y | ONCO (OVARIAN) BIOCHEMICAL ASSAY FIVE PROTEINS | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81518 | Y | Y | ONCOLOGY BREAST mRNA GENE EXPRESSION 11 GENE | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81519 | Y | Y | ONCOLOGY BREAST mRNA GENE EXPRESSION 21 GENE | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81520 | Y | Y | ONC BREAST mRNA GENE XPRSN PRFL HYBRD 58 GENE | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81521 | Y | Y | ONC BREAST mRNA MICRORA GENE XPRSN PRFL 70 GE | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81522 | Y | Y | ONCOLOGY BREAST mRNA GENE XPRSN PRFL 12 GENE | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81523 | Y | Y | ONC BRST mRNA NEXT GNRJ SEQ GEN XPRSN 70 C | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81525 | Y | Y | ONCOLOGY COLON mRNA GENE EXPRESSION 12 GENE | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81529 | Y | Y | ONCOLOGY (CUTANEOUS MELANOMA), mRNA, GENE | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81538 | Y | Y | ONCOLOGY LUNG MS 8-PROTEIN SIGNATURE | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81539 | Y | Y | ONCOLOGY PROSTATE BIOCHEMICAL ASSAY 4 PROTEIN | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81540 | Y | Y | ONCOLOGY TUM UNKNOWN ORIGIN mRNA 92 GENES | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81541 | Y | Y | ONC PROSTATE mRNA GENE XPRSN PRFL RT-PCR 46 GE | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81542 | Y | Y | ONC PROSTATE mRNA MICRORA GENE XPRSN PRFL 22 | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81546 | Y | Y | ONCOLOGY (THYROID), mRNA, GENE EXPRESSION ANA | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |

| Code | MediCal | Marketplace | Description for "Y" Exceptions | Service Category for "Y" Exceptions | Code Notes |
|-------|---------|-------------|---|-------------------------------------|--|
| 81551 | Y | Y | ONC PROSTATE PRMTR METHYLATION PRFL R-T PCR 3 | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81552 | Y | Y | UVEAL MELANOMA, MRNA, GENE EXPRESSION PROFILING | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 81599 | Y | Y | UNLISTED MULTIANALYTE ASSAY ALGORITHMIC ANALY | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 84999 | Y | Y | UNLISTED CHEMISTRY PROCEDURE | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 86152 | Y | Y | CELL ENUMERATION IMMUNE SELECTJ AND ID FLUID S | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 86153 | Y | Y | CELL ENUMERATION IMMUNE SELECTJ AND ID PHYS IN | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 88261 | Y | Y | CHRMSM COUNT 5 CELL 1KARYOTYPE BANDING | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 88271 | Y | Y | MOLECULAR CYTOGENETICS DNA PROBE EACH | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 88369 | Y | Y | M PHMTRC ALYS ISH QUANT SEMIQ MNL PER SPEC EA | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 88373 | Y | Y | M PHMTRC ALYS ISH QUANT SEMIQ CPTR PER SPEC EA | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 88374 | Y | Y | M PHMTRC ALYS ISH QUANT SEMIQ CPTR EACH MULTI | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 88377 | Y | Y | M PHMTRC ALYS ISH QUANT SEMIQ MNL EACH MULTI | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 0001U | Y | Y | RBC DNA HEA 35 AG 11 BLD GRP WHL BLD CMN ALLEL | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 0005U | Y | Y | ONCO PROSTATE GENE XPRS PRFL 3 GENE UR ALG RSK | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 0006M | Y | Y | ONCOLOGY HEP MRNA 161 GENES RISK CLASSIFIER | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 0007M | Y | Y | ONCOLOGY GASTRO 51 GENES NOMOGRAM DISEASE INDEX | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 0009U | Y | Y | ONC BRST CA ERBB2 COPY NUMBER FISH AMP NONAMP | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |

| Code | MediCal | Marketplace | Description for "Y" Exceptions | Service Category for "Y" Exceptions | Code Notes |
|-------|---------|-------------|---|-------------------------------------|--|
| 0011M | Y | Y | ONC PROSTATE CA MRNA 12 GENES BLD PLSM AND UR ALG | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 0012M | Y | Y | ONC MRNA 5 GENES UR ALG RISK UROTHELIAL CANCER | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 0013M | Y | Y | ONC MRNA 5 GENES UR ALG RISK RECR UROTHELIAL CA | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 0013U | Y | Y | ONC SLD ORGN NEO GENE REARGMT DNA FRSH FRZN TISS | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 0014U | Y | Y | HEM HMTLMF NEO GENE REARGMT DNA WHL BLD MARROW | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 0016M | Y | Y | ONC BLADDER MRNA 209 GEN ALG | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 0016U | Y | Y | ONC HMTLMF NEO RNA BCR ABL1 BLD BNE MARROW | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 0017M | Y | Y | ONC DLBCL MRNA 20 GENES ALG | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 0017U | Y | Y | ONC HMTLMF NEO JAK2 MUTATION DNA BLD BNE MARROW | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 0018U | Y | Y | ONC THYR 10 MICRORNA SEQ PLUS - RSLT MOD HI RSK | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 0019U | Y | Y | ONC RNA WHL TRANSCIPTOME SEQ TISS PREDCT ALG | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 0026U | Y | Y | ONC THYR DNA AND MRNA 112 GENES FNA NDUL ALG | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 0027U | Y | Y | JAK2 GENE ANALYSIS TRGT SEQ ALYS EXONS 12-15 | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 0034U | Y | Y | TPMT NUDT15 GENE ANALYSIS COMMON VARIANTS-T | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 0036U | Y | Y | EXOME TUMOR TISSUE AND NORMAL SPECIMEN SEQ ALYS | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 0037U | Y | Y | TRGT GEN SEQ ALYS SLD ORGN NEO DNA 324 GENES-F | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 0045U | Y | Y | ONC BRST DUX CARC IS MRNA 12 GENES ALG RSK SCOF | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |

| Code | MediCal | Marketplace | Description for "Y" Exceptions | Service Category for "Y" Exceptions | Code Notes |
|-------|---------|-------------|--|-------------------------------------|--|
| 0046U | Y | Y | FLT3 GENE INT TANDEM DUPL VARIANTS QUANTITATIV | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 0047U | Y | Y | ONC PROSTATE mRNA GEN XPRS PRFL 17 GEN ALG RS | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 0050U | Y | Y | TRGT GEN SEQ ALYS AML 194 GENE INTERROG SEQ VR | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 0067U | Y | Y | ONC BRST IMHCHEM PRTN XPRS PRFL 4 BMRK CA | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 0069U | Y | Y | PRTN | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 0101U | Y | Y | ONC CLRCT MICRORNA XPRS PRFL MIR-31-3P ALG | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 0102U | Y | Y | HERED COLON CA DO GEN SEQ ALYS PNL 15 GENE | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 0103U | Y | Y | HERED BRST CA RLTD DO GEN SEQ ALYS PNL 17 GENE | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 0153U | Y | Y | HERED OVARIAN CA GEN SEQ ALYS PANEL 24 GENE | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 0154U | Y | Y | ONC BREAST mRNA GENE EXPRESSION PRFL 101 GENES | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 0155U | Y | Y | ONC UROTHELIAL CANCER RNA RT-PCR FGFR3 TISS | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 0162U | Y | Y | HERED COLON CA TARGETED mRNA SEQUENCE ALYS PANEL | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 0172U | Y | Y | ONC SLD TUM ALYS BRCA1 BRCA2-My Choice CDx | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 0174U | Y | Y | OC SLD TUMOR 30 PRTN TRGT | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 0177U | Y | Y | ONC BRST CA DNA PIK3CA 11 | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 0179U | Y | Y | ONC NONSM CLL LNG CA ALYS 23 | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 0204U | Y | Y | ONC THYR mRNA XPRSN ALYS 593 | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |

| Code | MediCal | Marketplace | Description for "Y" Exceptions | Service Category for "Y" Exceptions | Code Notes |
|-------|---------|-------------|--|-------------------------------------|--|
| 0208U | Y | Y | ONC MTC MRNA XPRSN ALYS 108 | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 0211U | Y | Y | ONC PAN-TUM DNA&RNA GNRJ SEQ-Caris Life Sciences | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 0220U | Y | Y | ONC BRST CA AI ASSMT 12 FEAT | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 0228U | Y | Y | ONCOLOGY (PROSTATE), MULTIANALYTE MOLECULAR | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| | | | ONC LYNCH SYNDROME GENOMIC DNA | | NO PA required for members with stage III/iV/Advanced cancer |
| 0238U | Y | Y | SEQUENCE ANALYSIS | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| | | | TRGT GEN SEQ ALYS SLD ORGN NEO CLL-FR DNA | | NO PA required for members with stage III/iV/Advanced cancer |
| 0239U | Y | Y | 311 Plus | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 0306U | Y | Y | ONC MRD NXT-GNRJ ALYS 1ST | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 0307U | Y | Y | ONC MRD NXT-GNRJ ALYS SBSQ | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 0313U | Y | Y | ONC PNCRS DNA&MRNA SEQ 74 | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 0314U | Y | Y | ONC CUTAN MLNMA MRNA 35 GENE | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 0315U | Y | Y | ONC CUTAN SQ CLL CA MRNA 40 | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 0317U | Y | Y | ONC LUNG CA 4-PRB FISH ASSAY | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 0324U | Y | Y | ONC OVVAR SPHRD CELL 4 RX PNL | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 0325U | Y | Y | ONC OVVAR SPHRD CELL PARP | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 0326U | Y | Y | TRGT GEN SEQ ALYS PNL 83+ | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 0329U | Y | Y | ONC NEO XOME&TRNS SEQ ALYS | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| 0331U | Y | Y | ONC HL NEO OPT GEN MAPPING | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |

| Code | MediCal | Marketplace | Description for "Y" Exceptions | Service Category for "Y" Exceptions | Code Notes |
|-------|---------|-------------|--|---|--|
| S3841 | Y | Y | GENETIC TESTING FOR RETINOBLASTOMA | Genetic Counseling & Testing | NO PA required for members with stage III/iV/Advanced cancer |
| J0248 | N | N | INJ, REMDESIVIR, 1 MG | Healthcare Administered Drugs | |
| 36474 | N | | ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHE SBSQ VEINS | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 89258 | | Y | CRYOPRSRV EMBRYO | OP Hosp/Amb Surgery Center (ASC) Procedures | These services are covered with Prior Authorization in accordance with Senate Bill 600 |
| 89259 | | Y | CRYOPRSRV SPRM | OP Hosp/Amb Surgery Center (ASC) Procedures | These services are covered with Prior Authorization in accordance with Senate Bill 600 |
| 89337 | | Y | CRYOPRESERVATION MATURE OOCYTE(S) | OP Hosp/Amb Surgery Center (ASC) Procedures | These services are covered with Prior Authorization in accordance with Senate Bill 600 |
| 89342 | | Y | STORAGE PER YEAR EMBRYO | OP Hosp/Amb Surgery Center (ASC) Procedures | These services are covered with Prior Authorization in accordance with Senate Bill 600 |
| 89343 | | Y | STORAGE PER YEAR SPERM/SEMEN | OP Hosp/Amb Surgery Center (ASC) Procedures | These services are covered with Prior Authorization in accordance with Senate Bill 600 |
| 89346 | | Y | STORAGE PER YEAR OOCYTE | OP Hosp/Amb Surgery Center (ASC) Procedures | These services are covered with Prior Authorization in accordance with Senate Bill 600 |
| S4030 | | Y | SPERM PROCUREMENT AND CRYOPRES SERVICES; INIT VISIT | OP Hosp/Amb Surgery Center (ASC) Procedures | These services are covered with Prior Authorization in accordance with Senate Bill 600 |