FEP for DE, NY, PA, AND WV

This content is for enrollment codes located on the member's identification (ID) card, and is applicable for Delaware, New York, Pennsylvania, and West Virginia.

Standard Option: 104, 105, 106, 33D, 33E, and 33F.
Basic Option: 111, 112, 113, 33A, 33B, and 33C.
FEP Blue Focus: 131, 132, 133, 35A, 35B,and 35C.

All Inpatient Services, including Inpatient Hospice Services, require Precertification unless Medicare is primary.

*Sex-Trait Modification Prior Auth if Treatment began prior to 01/01/2026 (NO BENEFIT if Treatment began on or after 01/01/2026)	* Sex-Trait Modification • Eligibility for Exceptions: o Members 19 years or older who were actively engaged in treatment (i.e. "mid-treatment") and had an approved plan of care prior to December 31, 2025, may qualify for an exception. o Exceptions apply only to the stage of treatment already underway (e.g., hormone therapy or scheduled/approved surgery). o Members under the age of 19 are not eligible for an exception. o Members who switched health plans during open season are not eligible for an exception. NO BENEFIT *Sex-Trait Modification began on or after 01/01/2026
**No Prior Auth Needed Effective 01/01/2026	**Outpatient Hospice Services / Genetic Testing
***Requires Prior Auth Effective 01/01/2026	***Hip, Knee, or Spine Surgery Services / Medical Benefit Drug / Gene Therapy and Cellular Immunotherapy
****Requires Prior Auth Effective 02/01/2026	****Oncology Site of Care Drugs added

Modality	Code	Terminology	Bypass when Medicare/ COB Primary	Needs Prior Authorization Standard/ Basic Option	Needs Prior Authorization / FEP Blue Focus
Artificial Heart Transplant	33927	IMPLANTATION OF A TOTAL REPLACEMENT HEART SYSTEM (ARTIFICIAL HEART) WITH RECIPIENT CARDIECTOMY	No	Y	Y
Artificial Heart Transplant	33928	REMOVAL AND REPLACEMENT OF TOTAL REPLACEMENT HEART SYSTEM (ARTIFICIAL HEART)	No	Y	Y
Artificial Heart Transplant	33929	REMOVAL OF A TOTAL REPLACEMENT HEART SYSTEM (ARTIFICIAL HEART) FOR HEART TRANSPLANTATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	No	Y	Y
Blood Or Marrow Stem Cell Transplants	38240	HEMATOPOIETIC PROGENITOR CELL (HPC); ALLOGENEIC TRANSPLANTATION PER DONOR	No	Y	Y
Blood Or Marrow Stem Cell Transplants	38241	HEMATOPOIETIC PROGENITOR CELL (HPC); AUTOLOGOUS TRANSPLANTATION	No	Y	Y
Blood Or Marrow Stem Cell Transplants	S2142	CORD BLOOD-DERIVED STEM-CELL TRANSPLANTATION, ALLOGENEIC	No	Y	Y
Blood Or Marrow Stem Cell Transplants	S2150	BONE MARROW OR BLOOD-DERIVED STEM CELLS (PERIPHERAL OR UMBILICAL), ALLOGENIC OR AUTOLOGOUS, HARVESTING, TRANSPLANTATION, AND RELATED COMPLICATIONS; INCLUDING: PHERESIS AND CELL PREPARATION/STORAGE; MARROW ABLATIVE THERAPY; DRUGS; SUPPLIES; HOSPITALIZATION WITH OUTPATIENT FOLLOW UP; MEDICAL/SURGICAL, DIAGNOSTIC, EMERGENCY, AND REHABILITATIVE SERVICES; AND THE NUMBER OF DAYS OF PRE- AND POST- TRANSPLANT CARE IN THE GLOBAL DEFINITION	No	Y	Y
Blood Or Marrow Stem Cell Transplants	38205	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION, PER COLLECTION; ALLOGENEIC	No	Y	Y
Blood Or Marrow Stem Cell Transplants	38206	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION, PER COLLECTION; AUTOLOGOUS	No	Y	Y
Blood Or Marrow Stem Cell Transplants	38207	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; CRYOPRESERVATION AND STORAGE	No	Y	Y
Blood Or Marrow Stem Cell Transplants	38230	BONE MARROW HARVESTING FOR TRANSPLANTATION	No	Y	Y
Blood Or Marrow Stem Cell Transplants	38232	BONE MARROW HARVESTING FOR TRANSPLANTATION; AUTOLOGOUS	No	Y	Y
Blood Or Marrow Stem Cell Transplants	S2140	CORD BLOOD HARVESTING FOR TRANSPLANTATION, ALLOGENEIC	No	Y	Y
Organ/Tissue Transplants	32851	LUNG TRANSPLANT, SINGLE; WITHOUT CARDIOPULMONARY BYPASS	No	Y	Y
Organ/Tissue Transplants	32852	LUNG TRANSPLANT, SINGLE; WITH CARDIOPULMONARY BYPASS	No	Y	Y
Organ/Tissue Transplants	32853	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITHOUT CARDIOPULMONARY BYPASS	No	Y	Y
Organ/Tissue Transplants	32854	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITH CARDIOPULMONARY BYPASS	No	Y	Y
Organ/Tissue Transplants	33935	HEART-LUNG TRANSPLANT WITH RECIPIENT CARDIECTOMY-PNEUMONECTOMY	No	Y	Y
Organ/Tissue Transplants	33945	HEART TRANSPLANT, WITH OR WITHOUT RECIPIENT CARDIECTOMY	No	Y	Y
Organ/Tissue Transplants	44135	INTESTINAL ALLOTRANSPLANTATION; FROM CADAVER DONOR	No	Y	Y
Organ/Tissue Transplants	44136	INTESTINAL ALLOTRANSPLANTATION; FROM LIVING DONOR	No	Y	Y
Organ/Tissue Transplants	47135	LIVER ALLOTRANSPLANTATION; ORTHOTOPIC, PARTIAL OR WHOLE, FROM CADAVER OR LIVING DONOR, ANY AGE	No	Y	Y
Organ/Tissue Transplants	48160	PANCREATECTOMY, TOTAL OR SUBTOTAL, WITH AUTOLOGOUS TRANSPLANTATION OF PANCREAS OR ISLETS CELLS	No	Y	Y
Organ/Tissue Transplants	48554	TRANSPLANTATION OF PANCREATIC ALLOGRAFT	No	Y	Y
Organ/Tissue Transplants	0584T	INFUSION, INCLUDING ALL IMAGING, INCLUDING GUIDANCE, AND RADIOLOGICAL SUPERVISION AND INTERPRETATION, WHEN PERFORMED; PERCUTANEOUS	No	Y	Y
Organ/Tissue Transplants	0585T	ISLET CELL TRANSPLANT, INCLUDES PORTAL VEIN CATHETERIZATION AND INFUSION, INCLUDING ALL IMAGING, INCLUDING GUIDANCE, AND RADIOLOGICAL SUPERVISION AND INTERPRETATION, WHEN PERFORMED; LAPAROSCOPIC	No	Y	Y

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Organ/Tissue Transplants	0586T	ISLET CELL TRANSPLANT, INCLUDES PORTAL VEIN CATHETERIZATION AND INFUSION, INCLUDING ALL IMAGING, INCLUDING GUIDANCE, AND RADIOLOGICAL SUPERVISION AND INTERPRETATION, WHEN PERFORMED; OPEN	No	Y	Y
Organ/Tissue Transplants	G0341	PERCUTANEOUS ISLET CELL TRANSPLANT , INCLUDES PORTAL VEIN CATHETERIZATION AND INFUSION	No	Y	Y
Organ/Tissue Transplants	G0342	LAPAROSCOPY FOR ISLET CELL TRANSPLANT , INCLUDES PORTAL VEIN CATHETERIZATION AND INFUSION	No	Y	Y
Organ/Tissue Transplants	G0343	LAPAROTOMY FOR ISLET CELL TRANSPLANT , INCLUDES PORTAL VEIN CATHETERIZATION AND INFUSION	No	Y	Y
Organ/Tissue Transplants	S2053	TRANSPLANTATION OF SMALL INTESTINE AND LIVER ALLOGRAFTS	No	Y	Y
Organ/Tissue Transplants	S2054	TRANSPLANTATION OF MULTIVISCERAL ORGANS	No	Y	Y
Organ/Tissue Transplants	S2060	LOBAR LUNG TRANSPLANTATION	No	Y	Y
Organ/Tissue Transplants	S2065	SIMULTANEOUS PANCREAS KIDNEY TRANSPLANTATION	No	Y	Y
Organ/Tissue Transplants	S2152	SOLID ORGAN(S), COMPLETE OR SEGMENTAL, SINGLE ORGAN OR COMBINATION OF ORGANS; DECEASED OR LIVING DONOR(S), PROCUREMENT, TRANSPLANTATION, AND RELATED COMPLICATIONS; INCLUDING: DRUGS; SUPPLIES; HOSPITALIZATION WITH OUPATIENT FOLLOW-UP; MEDICAL/SURGICAL, DIAGNOSTIC, EMERGENCY, AND REHABILITATIVE SERVICES; AND THE NUMBER OF DAYS OF PRE- AND POST-TRANSPLANT CARE IN THE GLOBAL DEFINITION	No	Y	Y
Organ/Tissue Transplants	0494T	SURGICAL PREPARATION AND CANNULATION OF MARGINAL (EXTENDED) CADAVER DONOR LUNG(S) TO EX VIVO ORGAN PERFUSION SYSTEM, INCLUDING DECANNULATION, SEPARATION FROM THE PERFUSION SYSTEM, AND COLD PRESERVATION OF THE ALLOGRAFT PRIOR TO IMPLANTATION, WHEN PERFORMED	No	Y	Y
Organ/Tissue Transplants	0495T	INITIATION AND MONITORING MARGINAL (EXTENDED) CADAVER DONOR LUNG(S) ORGAN PERFUSION SYSTEM BY PHYSICIAN OR QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING PHYSIOLOGICAL AND LABORATORY ASSESSMENT (EG, PULMONARY ARTERY FLOW, PULMONARY ARTERY PRESSURE, LEFT ATRIAL PRESSURE, PULMONARY VASCULAR RESISTANCE, MEAN/PEAK AND PLATEAU AIRWAY PRESSURE, DYNAMIC COMPLIANCE AND PERFUSATE GAS ANALYSIS), INCLUDING BRONCHOSCOPY AND X RAY WHEN PERFORMED; FIRST TWO HOURS IN STERILE FIELD	No	Y	Y
Organ/Tissue Transplants	0496T	INITIATION AND MONITORING MARGINAL (EXTENDED) CADAVER DONOR LUNG(S) ORGAN PERFUSION SYSTEM BY PHYSICIAN OR QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING PHYSIOLOGICAL AND LABORATORY ASSESSMENT (EG, PULMONARY ARTERY FLOW, PULMONARY ARTERY PRESSURE, LEFT ATRIAL PRESSURE, PULMONARY VASCULAR RESISTANCE, MEAN/PEAK AND PLATEAU AIRWAY PRESSURE, DYNAMIC COMPLIANCE AND PERFUSATE GAS ANALYSIS), INCLUDING BRONCHOSCOPY AND X RAY WHEN PERFORMED; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	No	Y	Y
Organ/Tissue Transplants	0894T	CANNULATION OF THE LIVER ALLOGRAFT IN PREPARATION FOR CONNECTION TO THE NORMOTHERMIC PERFUSION DEVICE AND DECANNULATION OF THE LIVER ALLOGRAFT FOLLOWING NORMOTHERMIC PERFUSION	No	Y	Y
Organ/Tissue Transplants	0895T	CONNECTION OF LIVER ALLOGRAFT TO NORMOTHERMIC MACHINE PERFUSION DEVICE, HEMOSTASIS CONTROL; INITIAL 4 HOURS OF MONITORING TIME, INCLUDING HOURLY PHYSIOLOGICAL AND LABORATORY ASSESSMENTS (EG, PERFUSATE TEMPERATURE, PERFUSATE PH, HEMODYNAMIC PARAMETERS, BILE PRODUCTION, BILE PH, BILE GLUCOSE, BILIARY BICARBONATE, LACTATE LEVELS, MACROSCOPIC ASSESSMENT)	No	Y	Y
Organ/Tissue Transplants	0896T	CONNECTION OF LIVER ALLOGRAFT TO NORMOTHERMIC MACHINE PERFUSION DEVICE, HEMOSTASIS CONTROL; EACH ADDITIONAL HOUR, INCLUDING PHYSIOLOGICAL AND LABORATORY ASSESSMENTS (EG, PERFUSATE TEMPERATURE, PERFUSATE PH, HEMODYNAMIC PARAMETERS, BILE PRODUCTION, BILE PH, BILE GLUCOSE, BILIARY BICARBONATE, LACTATE LEVELS, MACROSCOPIC ASSESSMENT) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	No	Y	Y
Organ/Tissue Transplants	32850	DONOR PNEUMONECTOMY (INCLUDING COLD PRESERVATION), FROM CADAVER DONOR	No	Y	Y
Organ/Tissue Transplants	33930	DONOR CARDIECTOMY-PNEUMONECTOMY, (INCLUDING COLD PRESERVATION)	No	Y	Y
Organ/Tissue Transplants	33940	DONOR CARDIECTOMY (INCLUDING COLD PRESERVATION)	No	Y	Y
Organ/Tissue Transplants	44132	DONOR ENTERECTOMY, OPEN, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT; FROM CADAVER DONOR	No	Y	Y
Organ/Tissue Transplants	44133	DONOR ENTERECTOMY, OPEN, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT; PARTIAL, FROM LIVING DONOR	No	Y	Y
Organ/Tissue Transplants	47133	DONOR HEPATECTOMY (INCLUDING COLD PRESERVATION), FROM CADAVER DONOR	No	Y	Y
Organ/Tissue Transplants	47140	DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT, FROM LIVING DONOR; TOTAL LEFT LOBECTOMY (SEGMENTS II AND III)	No	Y	Y
Organ/Tissue Transplants	47141	DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT, FROM LIVING DONOR; TOTAL LEFT LOBECTOMY (SEGMENTS II, III, IV)	No	Y	Y
Organ/Tissue Transplants	47142	DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT, FROM LIVING DONOR; TOTAL RIGHT LOBECTOMY (SEGMENTS V, VI, VII, AND VIII)	No	Y	Y
Organ/Tissue Transplants	48550	DONOR PANCREATECTOMY (INCLUDING COLD PRESERVATION), WITH OR WITHOUT DUODENAL SEGMENT FOR TRANSPLANTATION	No	Y	Y
Organ/Tissue Transplants	S2055	HARVESTING OF DONOR MULTIVISCERAL ORGANS, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFTS; FROM CADAVER DONOR	No	Y	Y

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Organ/Tissue Transplants	S2061	DONOR LOBECTOMY (LUNG) FOR TRANSPLANTATION, LIVING DONOR	No	Y	Y
Organ/Tissue Transplants	32855	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR LUNG ALLOGRAFT PRIOR TO TRANSPLANTATION, INCLUDING DISSECTION OF ALLOGRAFT FROM SURROUNDING SOFT TISSUES TO PREPARE PULMONARY VENOUS/ATRIAL CUFF, PULMONARY ARTERY, AND BRONCHUS; UNILATERAL	No	Y	Y
Organ/Tissue Transplants	32856	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR LUNG ALLOGRAFT PRIOR TO TRANSPLANTATION, INCLUDING DISSECTION OF ALLOGRAFT FROM SURROUNDING SOFT TISSUES TO PREPARE PULMONARY VENOUS/ATRIAL CUFF, PULMONARY ARTERY, AND BRONCHUS; BILATERAL	No	Y	Y
Organ/Tissue Transplants	33933	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR HEART/LUNG ALLOGRAFT PRIOR TO TRANSPLANTATION, INCLUDING DISSECTION OF ALLOGRAFT FROM SURROUNDING SOFT TISSUES TO PREPARE AORTA, SUPERIOR VENA CAVA, AND TRACHEA FOR IMPLANTATION	No	Y	Y
Organ/Tissue Transplants	33944	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR HEART ALLOGRAFT PRIOR TO TRANSPLANTATION, INCLUDING DISSECTION OF ALLOGRAFT FROM SURROUNDING SOFT TISSUES TO PREPARE AORTA, SUPERIOR VENA CAVA, INFERIOR VENA CAVA, PULMONARY ARTERY, AND LEFT ATRIUM FOR IMPLANTATION	No	Y	Y
Organ/Tissue Transplants	44715	BACKBENCH STANDARD PREPARATION OF CADAVER OR LIVING DONOR INTESTINE ALLOGRAFT PRIOR TO TRANSPLANTATION, INCLUDING MOBILIZATION AND FASHIONING OF THE SUPERIOR MESENTERIC ARTERY AND VEIN	No	Y	Y
Organ/Tissue Transplants	44720	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR INTESTINE ALLOGRAFT PRIOR TO TRANSPLANTATION; VENOUS ANASTOMOSIS, EACH	No	Y	Y
Organ/Tissue Transplants	44721	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR INTESTINE ALLOGRAFT PRIOR TO TRANSPLANTATION; VENOUS ARTERIAL ANASTOMOSIS, EACH	No	Y	Y
Organ/Tissue Transplants	47143	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER GRAFT PRIOR TO ALLOTRANSPLANTATION, INCLUDING CHOLECYSTECTOMY, IF NECESSARY, AND DISSECTION AND REMOVAL OF SURROUNDING SOFT TISSUES TO PREPARE THE VENA CAVA, PORTAL VEIN, HEPATIC ARTERY, AND COMMON BILE DUCT FOR IMPLANTATION; WITHOUT TRISEGMENT OR LOBE SPLIT	No	Y	Y
Organ/Tissue Transplants	47144	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER GRAFT PRIOR TO ALLOTRANSPLANTATION, INCLUDING CHOLECYSTECTOMY, IF NECESSARY, AND DISSECTION AND REMOVAL OF SURROUNDING SOFT TISSUES TO PREPARE THE VENA CAVA, PORTAL VEIN, HEPATIC ARTERY, AND COMMON BILE DUCT FOR IMPLANTATION; WITH TRISEGMENT SPLIT WHOLE LIVER GRAFT INTO TWO PARTIAL LIVER GRAFTS (I.E., LEFT LATERAL SEGMENT (SEGMENTS II AND III) AND RIGHT TRISEGMENT (SEGMENTS I AND IV THROUGH VIII)	No	Y	Y
Organ/Tissue Transplants	47145	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER GRAFT PRIOR TO ALLOTRANSPLANTATION, INCLUDING CHOLECYSTECTOMY, IF NECESSARY, AND DISSECTION AND REMOVAL OF SURROUNDING SOFT TISSUES TO PREPARE THE VENA CAVA, PORTAL VEIN, HEPATIC ARTERY, AND COMMON BILE DUCT FOR IMPLANTATION; WITH LOBE SPLIT OF WHOLE LIVER GRAFT INTO TWO PARTIAL LIVER GRAFTS (I.E., LEFT LOBE (SEGMENTS II, III AND IV) AND RIGHT LOBE (SEGMENTS I AND IV THROUGH VIII)	No	Y	Y
Organ/Tissue Transplants	47146	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR LIVER GRAFT PRIOR TO ALLOTRANSPLANTATION; VENOUS ANASTOMOSIS, EACH	No	Y	Y
Organ/Tissue Transplants	47147	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR LIVER GRAFT PRIOR TO ALLOTRANSPLANTATION; ARTERIAL ANASTOMOSIS, EACH	No	Y	Y
Organ/Tissue Transplants	48551	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR PANCREAS ALLOGRAFT PRIOR TO TRANSPLANTATION, INCLUDING DISSECTION OF ALLOGRAFT FROM SURROUNDING SOFT TISSUES, SPLENECTOMY, DUODENOTOMY, LIGATION OF BILE DUCT, LIGATION OF MESENTERIC VESSELS, AND Y-GRAFT ARTERIAL ANASTOMOSES FROM ILIAC ARTERY TO SUPERIOR MESENTERIC ARTERY AND TO SPLENIC ARTERY	No	Y	Y
Organ/Tissue Transplants	48552	BACKBENCH RECONSTRUCTION OF CADAVER DONOR PANCREAS ALLOGRAFT PRIOR TO TRANSPLANTATION, VENOUS ANASTOMOSIS, EACH	No	Y	Y
Travel Benefit - Transplant	S9992	TRANSPORTATION COSTS TO AND FROM TRIAL LOCATION AND LOCAL TRANSPORTATION COSTS (E.G., FARES FOR TAXICAB OR BUS) FOR CLINICAL TRIAL PARTICIPANT AND ONE CAREGIVER/COMPANION	No	Y	Y
Travel Benefit - Transplant	S9994	LODGING COSTS (E.G., HOTEL CHARGES) FOR CLINICAL TRIAL PARTICIPANT AND ONE CAREGIVER/COMPANION	No	Y	Y
Kidney Transplants	50300	DONOR NEPHRECTOMY (INCLUDING COLD PRESERVATION); FROM CADAVER DONOR, UNILATERAL OR BILATERAL	No	Y	Y
Kidney Transplants	50320	DONOR NEPHRECTOMY (INCLUDING COLD PRESERVATION); OPEN, FROM LIVING DONOR	No	Y	Y
Kidney Transplants	50323	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR RENAL ALLOGRAFT PRIOR TO TRANSPLANTATION, INCLUDING DISSECTION AND REMOVAL OF PERINEPHRIC FAT, DIAPHRAGMATIC, AND RETROPERITONEAL ATTACHMENTS, EXCISION OF ADRENAL GLAND, AND PREPARATION OF URETER(S), RENAL VEIN(S), AND RENAL ARTERY(S), LIGATING BRANCHES, AS NECESSARY	No	Y	Y
Kidney Transplants	50325	BACKBENCH STANDARD PREPARATION OF LIVING DONOR RENAL ALLOGRAFT (OPEN OR LAPAROSCOPIC) PRIOR TO TRANSPLANTATION, INCLUDING DISSECTION AND REMOVAL OF PERINEPHRIC FAT AND PREPARATION OF URETER(S), RENAL VEIN(S), AND RENAL ARTERY(S), LIGATING BRANCHES, AS NECESSARY	No	Y	Y

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Kidney Transplants	50327	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PRIOR TO TRANSPLANTATION; VENOUS ANASTOMOSIS, EACH	No	Y	Y
Kidney Transplants	50328	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PRIOR TO TRANSPLANTATION; ARTERIAL ANASTOMOSIS, EACH	No	Y	Y
Kidney Transplants	50329	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PRIOR TO TRANSPLANTATION; URETERAL ANASTOMOSIS, EACH	No	Y	Y
Kidney Transplants	50340	RECIPIENT NEPHRECTOMY (SEPARATE PROCEDURE)	No	Y	Y
Kidney Transplants	50360	RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITHOUT RECIPIENT NEPHRECTOMY	No	Y	Y
Kidney Transplants	50365	RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITH RECIPIENT NEPHRECTOMY	No	Y	Y
Kidney Transplants	50380	RENAL AUTOTRANSPLANTATION, REIMPLANTATION OF KIDNEY	No	Y	Y
Kidney Transplants	50547	LAPAROSCOPY, SURGICAL; DONOR NEPHRECTOMY (INCLUDING COLD PRESERVATION) FROM LIVING DONOR	No	Y	Y
ABA Services	0362T	BEHAVIOR IDENTIFICATION SUPPORTING ASSESSMENT, EACH 15 MINUTES OF TECHNICIAN'S TIME FACE-TO-FACE WITH A PATIENT, REQUIRING THE FOLLOWING COMPONENTS: ADMINISTRATION BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WHO IS ON SITE; WITH THE ASSISTANCE OF TWO OR MORE TECHNICIANS; FOR A PATIENT WHO EXHIBITS DESTRUCTIVE BEHAVIOR; COMPLETION IN AN ENVIRONMENT THAT IS CUSTOMIZED TO THE PATIENT'S BEHAVIOR.	No	Y	Y
ABA Services	0373T	EXPOSURE BEHAVIORAL FOLLOW-UP ASSESSMENT, INCLUDES PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL DIRECTION WITH INTERPRETATION AND REPORT ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WITH THE ASSISTANCE OF ONE OR MORE TECHNICIANS; EACH ADDITIONAL 30 MINUTES OF TECHNICIAN(S) TIME, FACE-TO-FACE WITH THE PATIENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	No	Y	Y
ABA Services	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIAN'S OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL'S TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) ADMINISTERING ASSESSMENTS AND DISCUSSING FINDINGS AND RECOMMENDATIONS, AND NON FACE-TO-FACE ANALYZING PAST DATA, SCORING/INTERPRETING THE ASSESSMENT, AND PREPARING THE REPORT/TREATMENT PLAN.	No	Y	Y
ABA Services	97152	BEHAVIOR IDENTIFICATION-SUPPORTING ASSESSMENT, ADMINISTERED BY ONE TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH THE PATIENT, EACH 15 MINUTES	No	Y	Y
ABA Services	97153	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH ONE PATIENT, EACH 15 MINUTES	No	Y	Y
ABA Services	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	No	Y	Y
ABA Services	97155	ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, WHICH MAY INCLUDE SIMULTANEOUS DIRECTION OF TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT, EACH 15 MINUTES	No	Y	Y
ABA Services	97156	FAMILY ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL(WITH OR WITHOUT THE PATIENT PRESENT), FACE-TO-FACE WITH GUARDIAN(S)/CAREGIVER(S), EACH 15 MINUTES	No	Y	Y
ABA Services	97157	MULTIPLE-FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL(WITHOUT THE PATIENT PRESENT), FACE-TO-FACE WITH MULTIPLE SETS OF GUARDIANS/CAREGIVERS, EACH 15 MINUTES	No	Y	Y
ABA Services	97158	GROUP ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH MULTIPLE PATIENTS, EACH 15 MINUTES	No	Y	Y
*Sex-Trait Modification	11920	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN, INCLUDING MICROPIGMENTATION; 6.0 SQ CM OR LESS	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification	11921	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN, INCLUDING MICROPIGMENTATION; 6.1 TO 20.0 SQ CM	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification	11922	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN, INCLUDING MICROPIGMENTATION; EACH ADDITIONAL 20.0 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification	11970	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT IMPLANT	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE

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*Sex-Trait Modification	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; 50 CC OR LESS INJECTATE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification	15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 50 CC INJECTATE, OR PART THEREOF(LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification	15877	SUCTION ASSISTED LIPECTOMY; TRUNK	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification	19303	MASTECTOMY, SIMPLE, COMPLETE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification	19318	REDUCTION MAMMOPLASTY	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification	19325	MAMMOPLASTY, AUGMENTATION; WITH PROSTHETIC IMPLANT	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification	19350	NIPPLE/AREOLA RECONSTRUCTION	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification	53410	URETHROPLASTY, ONE-STAGE RECONSTRUCTION OF MALE ANTERIOR URETHRA	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification	53430	URETHROPLASTY, RECONSTRUCTION OF FEMALE URETHRA	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification	54125	AMPUTATION OF PENIS; COMPLETE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification	54400	INSERTION OF PENILE PROSTHESIS; NON-INFLATABLE (SEMI-RIGID)	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification	54401	INSERTION OF PENILE PROSTHESIS; INFLATABLE (SELF CONTAINED)	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification	54405	INSERTION OF (MULTI-COMPONENT), INFLATABLE PENILE PROSTHESIS, INCLUDING PLACEMENT OF PUMP, CYLINDERS, AND RESERVOIR	ONLY / SEE GUIDELINES	ONLY / SEE GUIDELINES	ONLY / SEE GUIDELINES
*Sex-Trait Modification	54660	INSERTION OF TESTICULAR PROSTHESIS (SEPARATE PROCEDURE)	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification	54520	ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT TESTICULAR PROSTHESIS, SCROTAL OR INGUINAL APPROACH	ONLY / SEE GUIDELINES	ONLY / SEE GUIDELINES	ONLY / SEE GUIDELINES
*Sex-Trait Modification	54690	LAPAROSCOPY, SURGICAL; ORCHIECTOMY	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification	55175	SCROTOPLASTY; SIMPLE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification	55180	SCROTOPLASTY; COMPLICATED	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification	55899	UNLISTED PROCEDURE, MALE GENITAL SYSTEM	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification	55970	INTERSEX SURGERY; MALE TO FEMALE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification	55980	INTERSEX SURGERY; FEMALE TO MALE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification	56625	VULVECTOMY SIMPLE; COMPLETE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE

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*Sex-Trait Modification	56805	CLITOROPLASTY FOR INTERSEX STATE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification	57110	VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification	57291	CONSTRUCTION OF ARTIFICIAL VAGINA; WITHOUT GRAFT	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification	57292	CONSTRUCTION OF ARTIFICIAL VAGINA; WITH GRAFT	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification	57335	VAGINOPLASTY FOR INTERSEX STATE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification	58150	TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF FALLOPIAN TUBES AND OVARIES	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification	58180	SUPRACERVICAL ABDOMINAL HYSTERECTOMY (SUBTOTAL HYSTERECTOMY), WITH OR WITHOUT REMOVAL OF FALLOPIAN TUBES AND OVARIES	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification	58260	VAGINAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification	58262	VAGINAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S), AND/OR OVARY(S)	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification	58275	VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL VAGINECTOMY	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification	58290	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G;	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification	58291	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification	58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification	58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	ONLY / SEE GUIDELINES	ONLY / SEE GUIDELINES	ONLY / SEE GUIDELINES
*Sex-Trait Modification	58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification	58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification	58550	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITHOUT REMOVAL OF TUBE(S) AND/OR OVARY(S)	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification	58552	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification	58553	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITHOUT REMOVAL OF TUBE(S) AND/OR OVARY(S)	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification	58554	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification	58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITHOUT REMOVAL OF TUBE(S) AND/OR OVARY(S)	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification	58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE

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*Sex-Trait Modification	58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITHOUT REMOVAL OF TUBE(S) AND/OR OVARY(S)	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification	58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification	58661	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL OOPHORECTOMY AND/OR SALPINGECTOMY)	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification	58720	SALPINGO-OOPHORECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification	58999	UNLISTED PROCEDURE, FEMALE GENITAL SYSTEM NONOBSTETRICAL	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification	C1789	PROSTHESIS, BREAST (IMPLANTABLE) (FOR FACILITY CLAIMS ONLY)	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification	C1813	PROSTHESIS, PENILE, INFLATABLE (FOR FACILITY CLAIMS ONLY)	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification	C2622	PROSTHESIS, PENILE, NON-INFLATABLE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification	L8600	IMPLANTABLE BREAST PROSTHESIS, SILICONE OR EQUAL	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	11950	SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (E.G., COLLAGEN); 1 CC OR LESS	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	11951	SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (E.G., COLLAGEN); 1.1 TO 5 CC	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	11952	SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (E.G., COLLAGEN); 5.1 TO 10 CC	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	11954	SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (E.G., COLLAGEN); OVER 10 CC	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE, OTHER, HARVESTED BY DIRECT EXCISION (E.G., FAT, DERMIS, FASCIA)	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	15770	GRAFT; DERMA-FAT-FASCIA	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	15773	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO FACE, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, AND/OR FEET; 25 CC OR LESS INJECTATE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	15774	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO FACE, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, AND/OR FEET; EACH ADDITIONAL 25 CC INJECTATE OR PART THEREOF(LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	15775	PUNCH GRAFT FOR HAIR TRANSPLANT; 1 TO 15 PUNCH GRAFTS	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	15776	PUNCH GRAFT FOR HAIR TRANSPLANT; MORE THAN 15 PUNCH GRAFTS	ONLY / SEE	ONLY / SEE	ONLY / SEE
*Sex-Trait Modification Facial Surgery	15780	DERMABRASION; TOTAL FACE (EG, FOR ACNE SCARRING, FINE WRINKLING, RHYTIDS, GENERAL KERATOSIS)	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	15781	DERMABRASION; SEGMENTAL, FACE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	15782	DERMABRASION REGIONAL, OTHER THAN FACE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE

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*Sex-Trait Modification Facial Surgery	15783	DERMABRASION; SUPERFICIAL, ANY SITE (EG, TATTOO REMOVAL)	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	15788	CHEMICAL PEEL, FACIAL; EPIDERMAL	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	15789	CHEMICAL PEEL, FACIAL; DERMAL	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	15792	CHEMICAL PEEL, NONFACIAL; EPIDERMAL	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	15793	CHEMICAL PEEL, NONFACIAL; DERMAL	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	15820	BLEPHAROPLASTY, LOWER EYELID	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	15821	BLEPHAROPLASTY, LOWER EYELID; WITH EXTENSIVE HERNIATED FAT PAD	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	15822	BLEPHAROPLASTY, UPPER EYELID;	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXTENSIVE SKIN WEIGHTING DOWN LID	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	15824	RHYTIDECTOMY; FOREHEAD	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	15825	RHYTIDECTOMY; NECK WITH PLATYSMAL TIGHTENING (PLATYSMAL FLAP, P-FLAP)	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	15826	RHYTIDECTOMY; GLABELLAR FROWN LINES	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	15828	RHYTIDECTOMY; CHEEK, CHIN, AND NECK	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	15829	RHYTIDECTOMY; SUPERFICIAL MUSCULOAPONEUROTIC SYSTEM (SMAS) FLAP	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	15876	SUCTION ASSISTED LIPECTOMY; HEAD AND NECK	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	17380	ELECTROLYSIS EPILATION, EACH 1/2 HOUR	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	21025	EXCISION OF BONE (E.G., FOR OSTEOMYELITIS OR BONE ABCESS); MANDIBLE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	21120	GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL)	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	21121	GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	21122	GENIOPLASTY; SLIDING OSTEOTOMIES, TWO OR MORE OSTEOTOMIES (EG, WEDGE EXCISION OR BONE WEDGE REVERSAL FOR ASYMMETRICAL CHIN)	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	21123	GENIOPLASTY; SLIDING, AUGMENTATION WITH INTERPOSITIONAL BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	21125	AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE

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*Sex-Trait Modification Facial Surgery	21127	AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR INTERPOSITIONAL (INCLUDES OBTAINING AUTOGRAFT)	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	21137	REDUCTION FOREHEAD; CONTOURING ONLY	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	21138	REDUCTION FOREHEAD; CONTOURING AND APPLICATION OF PROSTHETIC MATERIAL OR BONE GRAFT (INCLUDES OBTAINING AUTOGRAFT)	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	21139	REDUCTION FOREHEAD; CONTOURING AND SETBACK OF ANTERIOR FRONTAL SINUS WALL	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	21141	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION (E.G., FOR LONG FACE SYNDROME), WITHOUT BONE GRAFT	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	21142	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	21143	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	21145	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	21146	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) (E.G., UNGRAFTED UNILATERAL ALVEOLAR CLEFT)	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	21147	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) (E.G., UNGRAFTED BILATERAL ALVEOLAR CLEFT OR MULTIPLE OSTEOTOMIES)	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	21150	RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (E.G., TREACHER-COLLINS SYNDROME)	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	21151	RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	21154	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS); WITHOUT LEFORT I	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	21155	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS); WITH LEFORT I	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	21159	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL), WITH FOREHEAD ADVANCEMENT (E.G., MONO BLOC), REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS); WITHOUT LEFORT I	ONLY / SEE GUIDELINES ABOVE	ONLY / SEE GUIDELINES ABOVE	ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	21160	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL), WITH FOREHEAD ADVANCEMENT (E.G., MONO BLOC), REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS); WITH LEFORT I	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	21172	RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION, WITH OR WITHOUT GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	21175	RECONTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION (E.G., PLAGIOCEPHALY, TRIGONOCEPHALY, BRACHYCEPHALY), WITH OR WITHOUT GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	21179	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WITH GRAFTS (ALLOGRAFT OR PROSTHETIC MATERIAL)	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	21180	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFTS)	ONLY / SEE GUIDELINES	ONLY / SEE GUIDELINES	ONLY / SEE GUIDELINES
*Sex-Trait Modification Facial Surgery	21188	RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	21193	RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "I" OSTEOTOMY; WITHOUT BONE GRAFT	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	21194	RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "I" OSTEOTOMY; WITH BONE GRAFT (INCLUDES OBTAINING GRAFT)	ONLY / SEE GUIDELINES	ONLY / SEE GUIDELINES	ONLY / SEE GUIDELINES

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*Sex-Trait Modification Facial Surgery	21195	RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTERNAL RIGID FIXATION	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	21196	RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITH INTERNAL RIGID FIXATION	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	21208	OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETIC IMPLANT)	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	21209	OSTEOPLASTY, FACIAL BONES; REDUCTION	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	21210	GRAFT, BONE; NASAL, MAXILLARY AND MALAR AREAS (INCLUDES OBTAINING GRAFT)	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	21215	GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	21230	GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES OBTAINING GRAFT)	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	21235	GRAFT; EAR CARTILAGE, AUTOGRAFT, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	21244	RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (E.G., MANDIBULAR STAPLE BONE PLATE)	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	21245	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	21246	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	21248	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (E.G., BLADE, CYLINDER); PARTIAL	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	21249	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (E.G., BLADE, CYLINDER); COMPLETE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	21270	MALAR AUGMENTATION, PROSTHETIC MATERIAL	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	21899	UNLISTED PROCEDURE, NECK OR THORAX	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	30400	RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES AND/OR ELEVATION OF NASAL TIP	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	30410	RHINOPLASTY, PRIMARY; COMPLETE, EXTERNAL PARTS INCLUDING BONY PYRAMID, LATERAL AND ALAR CARTILAGES, AND/OR ELEVATION OF NASAL TIP	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	30420	RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	30430	RHINOPLASTY, SECONDARY; MINOR REVISION (SMALL AMOUNT OF NASAL TIP WORK)	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	30435	RHINOPLASTY, SECONDARY; INTERMEDIATE REVISION (BONY WORK WITH OSTEOTOMIES)	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	30450	RHINOPLASTY, SECONDARY; MAJOR REVISION (NASAL TIP WORK AND OSTEOTOMIES)	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	31599	UNLISTED PROCEDURE, LARYNX	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE

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*Sex-Trait Modification Facial Surgery	40799	UNLISTED PROCEDURE, LIPS	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH)	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
*Sex-Trait Modification Facial Surgery	69300	OTOPLASTY PROTRUDING EAR, WITH OR WITHOUT SIZE REDUCTION	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE	BY EXCEPTION ONLY / SEE GUIDELINES ABOVE
Sleep Studies Outside the Home	95782	POLYSOMNOGRAPHY; YOUNGER THAN 6 YEARS, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Yes	Y	N
Sleep Studies Outside the Home	95783	POLYSOMNOGRAPHY; YOUNGER THAN 6 YEARS, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, WITH INITIATION OF CONTINUOUS POSITIVE AIRWAY PRESSURE THERAPY OR BI-LEVEL VENTILATION, ATTENDED BY A TECHNOLOGIST	Yes	Y	N
Sleep Studies Outside the Home	95803	ACTIGRAPHY TESTING, RECORDING, ANALYSIS, INTERPRETATION, AND REPORT (MINIMUM OF 72 HOURS TO 14 CONSECUTIVE DAYS OF RECORDING)	Yes	Y	N
Sleep Studies Outside the Home	95805	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING, RECORDING, ANALYSIS AND INTERPRETATION OF PHYSIOLOGICAL MEASUREMENTS OF SLEEP DURING MULTIPLE TRIALS TO ASSESS SLEEPINESS	Yes	Y	N
Sleep Studies Outside the Home	95807	SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATORY EFFORT, ECG OR HEART RATE, AND OXYGEN SATURATION, ATTENDED BY A TECHNOLOGIST	Yes	Y	N
Sleep Studies Outside the Home	95808	POLYSOMNOGRAPHY; ANY AGE, SLEEP STAGING WITH 1-3 ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Yes	Y	N
Sleep Studies Outside the Home	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Yes	Y	N
Sleep Studies Outside the Home	95811	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, WITH INITIATION OF CONTINUOUS POSITIVE AIRWAY PRESSURE THERAPY OR BILEVEL VENTILATION, ATTENDED BY A TECHNOLOGIST	Yes	Y	N
Gene Therapy and Cellular Immunotherapy	C9301	OBECABTAGENE AUTOLEUCEL, UP TO 410 MILLION CD19 CAR-POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE (AUCATZYL)	Yes	Y	Y
Gene Therapy and Cellular Immunotherapy	J1411	INJECTION, ETRANACOGENE DEZAPARVOVEC-DRIB, PER THERAPEUTIC DOSE (HEMGENIX)	Yes	Y	Y
Gene Therapy and Cellular Immunotherapy	J1412	INJECTION, VALOTOCOGENE ROXAPARVOVEC-RVOX, PER ML, CONTAINING NOMINAL 2X10^13 VECTOR GENOMES (ROCTAVIAN)	Yes	Y	Y
Gene Therapy and Cellular Immunotherapy	J1413	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE (ELEVIDYS)	Yes	Y	Y
Gene Therapy and Cellular Immunotherapy	J1414	INJECTION, FIDANACOGENE ELAPARVOVEC-DZKT, PER THERAPEUTIC DOSE (BEQVEZ)	Yes	Y	Y
***Gene Therapy and Cellular Immunotherapy	J3389	TOPICAL ADMINISTRATION, PRADEMAGENE ZAMIKERACEL, PER TREATMENT (ZEVASKYN)	Yes	Y	Y
Immunotherapy	J3391	INJECTION, ATIDARSAGENE AUTOTEMCEL, PER TREATMENT	Yes	Y	Y
Gene Therapy and Cellular Immunotherapy	J3392	INJECTION, EXAGAMGLOGENE AUTOTEMCEL, PER TREATMENT (CASGEVY)	Yes	Y	Y
Gene Therapy and Cellular Immunotherapy	J3393	INJECTION, BETIBEGLOGENE AUTOTEMCEL	Yes	Y	Y
Gene Therapy and Cellular Immunotherapy	J3394	INJECTION LOVOTIBEGLOGENE AUTOTEMCEL, PER TREATMENT (LYFGENIA)	Yes	Y	Y
Gene Therapy and Cellular Immunotherapy	J3398	INJECTION, VORETIGENE NEPARVOVEC-RZYL, 1 BILLION VECTOR GENOME (LUXTURNA)	Yes	Y	Y
Gene Therapy and Cellular Immunotherapy	J3399	INJECTION, ONASEMNOGENE ABEPARVOVEC-XIOI, PER TREATMENT, UP TO 5X1015 VECTOR GENOMES (ZOLGENSMA)	Yes	Y	Y
Gene Therapy and Cellular Immunotherapy	J3401	BEREMAGENE GEPERPAVEC-SVDT FOR TOPICAL ADMINISTRATION, CONTAINING NOMINAL 5X10^9 PFU/ML VECTOR GENOMES, PER 0.1 ML (VYJUVEK)	Yes	Y	Y
Gene Therapy and Cellular Immunotherapy	J3402	INJECTION, REMESTEMCEL-L-RKND, PER THERAPEUTIC DOSE (RYONCIL)	Yes	Y	Y
Gene Therapy and Cellular Immunotherapy	J3403	REVAKINAGENE TARORETCEL-LWEY, PER IMPLANT (ENCELTO)	Yes	Y	Y
Gene Therapy and Cellular Immunotherapy	J9029	INTRAVESICAL INSTILLATION, NADOFARAGENE FIRADENOVEC-VNCG, PER THERAPEUTIC DOSE (ADSTILADIN)	Yes	Y	Y
Gene Therapy and Cellular Immunotherapy	J9325	INJECTION, TALIMOGENE LAHERPAREPVEC, PER 1 MILLION PLAQUE FORMING UNITS	Yes	Y	Y
Gene Therapy and Cellular Immunotherapy	J9380	INJECTION, TECLISTAMAB-CQYV, 0.5MG (TECVAYLI)	Yes	Y	Y
Gene Therapy and Cellular Immunotherapy	Q2041	AXICABTAGENE CILOLEUCEL, UP TO 200 MILLION AUTOLOGOUS ANTI-CD19 CAR T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER INFUSION (YESCARTA)	Yes	Y	Y
Gene Therapy and Cellular Immunotherapy	Q2042	TISAGENLECLEUCEL, UP TO 600 MILLION CAR-POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE (KYMRIAH)	Yes	Y	Y
Gene Therapy and Cellular Immunotherapy	Q2043	SIPULEUCEL-T, MINIMUM OF 50 MILLION AUTOLOGOUS CD54+ CELLS ACTIVATED WITH PAP-GM-CSF, INCLUDING LEUKAPHERESIS AND ALL OTHER PREPARATORY PROCEDURES, PER INFUSION (PROVENGE)	Yes	Y	Y
Gene Therapy and Cellular Immunotherapy	Q2053	BREXUCABTAGENE AUTOLEUCEL, UP TO 200 MILLION AUTOLOGOUS ANIT-CD 19 CAR POSITIVE VIABLE T-CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE (TECARUS)	Yes	Y	Y

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Gene Therapy and Cellular Immunotherapy	Q2054	LISOCABTAGENE MARALEUCEL, UP TO 110 MILLION AUTOLOGOUS ANTI-CD19 CARPOSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE (BREYANZI)	Yes	Y	Y
Gene Therapy and Cellular Immunotherapy	Q2055	IDECABTAGENE VICLEUCEL, UP TO 460 MILLION AUTOLOGOUS B-CELL MATURATION ANTIGEN (BCMA) DIRECTED CAR-POSITIVE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE (ABCEMA)	Yes	Y	Y
Gene Therapy and Cellular Immunotherapy	Q2056	CILTACABTAGENE AUTOLEUCEL, UP TO 100 MILLION AUTOLOGOUS B-CELL MATURATION ANTIGEN (BCMA) DIRECTED CAR-POSITIVE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE (CARVYKTI)	Yes	Y	Y
Gene Therapy and Cellular Immunotherapy	Q2057	AFAMITRESGENE AUTOLEUCEL, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE (TECELRA)	Yes	Y	Y
Gene Therapy and Cellular Immunotherapy	Q2058	OBECABTAGENE AUTOLEUCEL, 10 UP TO 400 MILLION CD19 CAR-POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER INFUSION (AUCATZYL)	Yes	Y	Y
Gene Therapy and Cellular Immunotherapy	S2107	ADOPTIVE IMMUNOTHERAPY E.E. DEVELOPMENT OF SPECIFIC ANTI-TUMOR REACTIVITY (E.G., TUMOR-INFILTRATING LYMPHOCYTE THERAPY) PER COURSE OF TREATMENT	Yes	Y	Y
Gene Therapy and Cellular Immunotherapy	38225	CHIMERIC ANTIGEN RECEPTOR T-CELL (CAR-T) THERAPY; HARVESTING OF BLOOD-DERIVED T LYMPHOCYTES FOR DEVELOPMENT OF GENETICALLY MODIFIED AUTOLOGOUS CAR-T CELLS PER DAY	Yes	Y	Y
Gene Therapy and Cellular Immunotherapy	38226	CHIMERIC ANTIGEN RECEPTOR T-CELL (CAR-T) THERAPY; PREPARATION OF BLOOD-DERIVED T LYMPHOCYTES FOR TRANSPORTATION. (CRYOPRESERVATION, STORAGE)	Yes	Y	Y
Gene Therapy and Cellular Immunotherapy	38227	CHIMERIC ANTIGEN RECEPTOR T-CELL (CAR-T) THERAPY; RECEIPT AND PREPARATION OF CAR-T CELLS FOR ADMINISTRATION	Yes	Y	Y
Gene Therapy and Cellular Immunotherapy	38228	CHIMERIC ANTIGEN RECEPTOR T-CELL (CAR-T) THERAPY; CAR-T CELL ADMINISTRATION, AUTOLOGOUS	Yes	Y	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	69930	COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L8627	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR, COMPONENT, REPLACEMENT	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L8628	COCHLEAR IMPLANT, EXTERNAL CONTROLLER COMPONENT, REPLACEMENT	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L8615	HEADSET/HEADPIECE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L8616	MICROPHONE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L8617	TRANSMITTING COIL FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L8618	TRANSMITTER CABLE FOR US WITH COCHLEAR IMPLANT DEVICE OR AUDITORY OSSEOINTEGRATED DEVICE, REPLACEMENT	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L8619	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E0738	UPPER EXTREMITY REHABILITATION SYSTEM PROVIDING ACTIVE ASSISTANCE TO FACILITATE MUSCLE RE-EDUCATION, INCLUDE MICROPROCESSOR, ALL COMPONENTS AND ACCESSORIES	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E0739	REHABILITATION SYSTEM WITH INTERACTIVE INTERFACE PROVIDING ACTIVE ASSISTANCE IN REHABILITATION THERAPY, INCLUDES ALL COMPONENTS AND ACCESSORIES, MOTORS, MICROPROCESSORS, SENSORS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5000	PARTIAL FOOT, SHOE INSERT WITH LONGITUDINAL ARCH, TOE FILLER	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5010	PARTIAL FOOT, MOLDED SOCKET, ANKLE HEIGHT, WITH TOE FILLER	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5020	PARTIAL FOOT, MOLDED SOCKET, TIBIAL TUBERCLE HEIGHT, WITH TOE FILLER	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5050	ANKLE (SYME), MOLDED SOCKET, SACH FOOT	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5060	ANKLE (SYME), METAL FRAME, MOLDED LEATHER SOCKET, ARTICULATED ANKLE/FOOT	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5100	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5105	BELOW KNEE, PLASTIC SOCKET, JOINTS AND THIGH LACER, SACH FOOT	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5150	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5160	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, BENT KNEE CONFIGURATION, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5200	ABOVE KNEE, MOLDED SOCKET, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5210	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ("STUBBIES"), WITH FOOT BLOCKS, NO ANKLE JOINTS, EACH	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5220	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ("STUBBIES"), WITH ARTICULATED ANKLE/FOOT, DYNAMICALLY ALIGNED, EACH	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5230	ABOVE KNEE, FOR PROXIMAL FEMORAL FOCAL DEFICIENCY, CONSTANT FRICTION KNEE, SHIN, SACH FOOT	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5250	HIP DISARTICULATION, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5270	HIP DISARTICULATION, TILT TABLE TYPE; MOLDED SOCKET, LOCKING HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5280	HEMIPELVECTOMY, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	Yes	N	Y

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Cochlear Implants/Prosthetic Devices/ Specialty DME	L5301	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5312	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, SINGLE AXIS KNEE, PYLON, SACH FOOT, ENDOSKELETAL SYSTEM	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5321	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, SINGLE AXIS KNEE, PYLON, SACH FOOT, ENDOSKELETAL SYSTEM	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5331	HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5341	HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5500	INITIAL, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, DIRECT FORMED	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5505	INITIAL, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, DIRECT FORMED	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5510	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, MOLDED TO MODEL	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5520	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, DIRECT FORMED	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5530	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO MODEL	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5535	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, NO COVER, SACH FOOT, PREFABRICATED, ADJUSTABLE OPEN END SOCKET	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5540	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO MODEL	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5560	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, MOLDED TO MODEL	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5570	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, DIRECT FORMED	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5580	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO MODEL	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5585	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PREFABRICATED ADJUSTABLE OPEN END SOCKET	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5590	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO MODEL	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5595	PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO PATIENT MODEL	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5600	PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO PATIENT MODEL	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5610	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, HYDRACADENCE SYSTEM	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5611	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE - KNEE DISARTICULATION, 4 BAR LINKAGE, WITH FRICTION SWING PHASE CONTROL	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5613	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE - KNEE DISARTICULATION, 4 BAR LINKAGE, WITH HYDRAULIC SWING PHASE CONTROL	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5614	ADDITION TO LOWER EXTREMITY, EXOSKELETAL SYSTEM, ABOVE KNEE - KNEE DISARTICULATION, 4 BAR LINKAGE, WITH PNEUMATIC SWING PHASE CONTROL	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5615	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, 4 BAR LINKAGE OR MULTIAXIAL, FLUID SWING AND STANCE PHASE CONTROL	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5616	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE (AK) UNIVERSAL MULTIPLEX SYSTEM, FRICTION SWING PHASE CONTROL	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5617	ADDITION TO LOWER EXTREMITY, QUICK CHANGE SELF-ALIGNING UNIT, ABOVE KNEE OR BELOW KNEE, EACH	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5618	ADDITION TO LOWER EXTREMITY, TEST SOCKET, SYMES	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5620	ADDITION TO LOWER EXTREMITY, TEST SOCKET, BELOW KNEE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5622	ADDITION TO LOWER EXTREMITY, TEST SOCKET, KNEE DISARTICULATION	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5624	ADDITION TO LOWER EXTREMITY, TEST SOCKET, ABOVE KNEE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5626	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HIP DISARTICULATION	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5628	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HEMIPELVECTOMY	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5629	ADDITION TO LOWER EXTREMITY, BELOW KNEE, ACRYLIC SOCKET	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5630	ADDITION TO LOWER EXTREMITY, SYMES TYPE, EXPANDABLE WALL SOCKET	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5631	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, ACRYLIC SOCKET	Yes	N	Y

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Cochlear Implants/Prosthetic Devices/ Specialty DME	L5632	ADDITION TO LOWER EXTREMITY, SYMES TYPE, "PTB" BRIM DESIGN SET	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5634	ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING (CANADIAN) SOCKET	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5636	ADDITION TO LOWER EXTREMITY, SYMES TYPE, MEDIAL OPENING SOCKET	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5637	ADDITION TO LOWER EXTREMITY, BELOW KNEE, TOTAL CONTACT	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5638	ADDITION TO LOWER EXTREMITY, BELOW KNEE, LEATHER SOCKET	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5639	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WOOD SOCKET	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5640	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, LEATHER SOCKET	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5642	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, LEATHER SOCKET	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5643	ADDITION TO LOWER EXTREMITY, HIP DISARTICULATION, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5644	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, WOOD SOCKET	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5645	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5646	ADDITION TO LOWER EXTREMITY, BELOW KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION SOCKET	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5647	ADDITION TO LOWER EXTREMITY, BELOW KNEE, SUCTION SOCKET	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5648	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION SOCKET	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5649	ADDITION TO LOWER EXTREMITY, ISCHIAL CONTAINMENT/NARROW M-L SOCKET	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5650	ADDITION TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE DISARTICULATION SOCKET	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5651	ADDITION TO LOWER EXTREMITY, ABOVE KNEE (AK), FLEXIBLE INNER SOCKET, EXTERNAL FRAME	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5652	ADDITION TO LOWER EXTREMITY, SUCTION SUSPENSION, ABOVE KNEE OR KNEE DISARTICULATION, SOCKET	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5653	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, EXPANDABLE WALL SOCKET	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5654	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, SYMES (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5655	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, BELOW KNEE (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5656	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, KNEE DISARTICULATION (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5657	ADDITION TO LOWER EXTREMITY PROSTHESIS, MANUAL/AUTOMATED ADJUSTABLE AIR, FLUID, GEL OR EQUAL SOCKET INSERT FOR LIMB VOLUME MANAGEMENT, ANY MATERIALS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5658	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, ABOVE KNEE (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5661	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULT-DUROMETER, SYMES	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5665	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULT-DUROMETER, BELOW KNEE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5666	ADDITION TO LOWER EXTREMITY, BELOW KNEE, CUFF SUSPENSION	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5668	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED DISTAL CUSHION	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5670	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED SUPRACONDYLAR SUSPENSION ("PTS" OR SIMILAR)	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5671	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE SUSPENSION LOCKING MECHANISM (SHUTTLE, LANYARD OR EQUAL), EXCLUDES SOCKET INSERT	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5672	ADDITION TO LOWER EXTREMITY, BELOW KNEE, REMOVABLE MEDIAL BRIM SUSPENSION	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5673	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH LOCKING MECHANISM	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5676	ADDITION TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, SINGLE AXIS, PAIR	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5677	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, POLYCENTRIC, PAIR	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5678	ADDITION TO LOWER EXTREMITY, BELOW KNEE, JOINT COVERS, PAIR	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5679	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, NOT FOR USE WITH LOCKING MECHANISM	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5680	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, NON-MOLDED	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5681	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY (FOR OTHER THAN INITIAL, USE CODE L5673 OR L5679)	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5682	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, GLUTEAL/ISCHIAL, MOLDED	Yes	N	Y

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Cochlear Implants/Prosthetic Devices/ Specialty DME	L5683	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY (FOR OTHER THAN INITIAL, USE CODE L5673 OR L5679)	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5684	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FORK STRAP	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5685	ADDITION TO LOWER EXTREMITY PROSTHESIS, BELOW KNEE, SUSPENSION/SEALING SLEEVE, WITH OR WITHOUT VALVE, ANY MATERIAL, EACH	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5686	ADDITION TO LOWER EXTREMITY, BELOW KNEE, BACK CHECK (EXTENSION CONTROL)	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5688	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, WEBBING	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5690	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, PADDED AND LINED	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5692	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, LIGHT	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5694	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, PADDED AND LINED	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5695	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL, SLEEVE SUSPENSION, NEOPRENE OR EQUAL, SACH	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5696	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC JOINT	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5697	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC BAND	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5698	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, SILESIAN BANDAGE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5699	ALL LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5700	REPLACEMENT, SOCKET, BELOW KNEE, MOLDED TO PATIENT MODEL	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5701	REPLACEMENT, SOCKET, ABOVE KNEE/KNEE DISARTICULATION, INCLUDING ATTACHMENT PLATE, MOLDED TO PATIENT MODEL	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5702	REPLACEMENT, SOCKET, HIP DISARTICULATION, INCLUDING HIP JOINT, MOLDED TO PATIENT MODEL	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5703	ANKLE, SYMES, MOLDED TO PATIENT MODEL, SOCKET WITHOUT SOLID ANKLE CUSHION HEEL (SACH) FOOT, REPLACEMENT ONLY	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5704	CUSTOM SHAPED PROTECTIVE COVER, BELOW KNEE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5705	CUSTOM SHAPED PROTECTIVE COVER, ABOVE KNEE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5706	CUSTOM SHAPED PROTECTIVE COVER, KNEE DISARTICULATION	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5707	CUSTOM SHAPED PROTECTIVE COVER, HIP DISARTICULATION	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5710	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5711	ADDITIONS EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA LIGHT MATERIAL	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5712	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5714	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION SWING PHASE CONTROL (SAFETY KNEE)	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5716	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM,POLYCENTRIC, MECHANICAL STANCE PHASE LOCK	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5718	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING AND STANCE PHASE CONTROL	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5722	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5724	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5726	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, EXTERNAL JOINTS FLUID SWING PHASE CONTROL	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5728	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5780	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/HYDRA PNEUMATIC SWING PHASE CONTROL	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5781	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5782	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM, HEAVY DUTY	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5783	ADDITION TO LOWER EXTREMITY, USER ADJUSTABLE, MECHANICAL, RESIDUAL LIMB VOLUME MANAGEMENT SYSTEM	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5785	ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5790	ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5795	ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5810	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5811	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5812	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)	Yes	N	Y

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Cochlear Implants/Prosthetic Devices/ Specialty DME	L5814	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, HYDRAULIC SWING PHASE CONTROL, MECHANICAL STANCE PHASE LOCK	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5816	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5818	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING AND STANCE PHASE CONTROL	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5822	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5824	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5826	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, HYDRAULIC SWING PHASE CONTROL, WITH MINIATURE HIGH ACTIVITY FRAME	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5827	ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, ELECTROMECHANICAL SWING AND STANCE PHASE CONTROL, WITH OR WITHOUT SHOCK ABSORPTION AND STANCE EXTENSION DAMPING	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5828	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5830	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/SWING PHASE CONTROL	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5840	ADDITION, ENDOSKELETAL KNEE/SHIN SYSTEM, 4-BAR LINKAGE OR MULTIAXIAL, PNEUMATIC SWING PHASE CONTROL	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5841	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, PNEUMATIC SWING, AND STANCE PHASE CONTROL	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5845	ADDITION, ENDOSKELETAL, KNEE-SHIN SYSTEM, STANCE FLEXION FEATURE, ADJUSTABLE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5848	ADDITION TO ENDOSKELETAL KNEE-SHIN SYSTEM, FLUID STANCE EXTENSION, DAMPENING FEATURE, WITH OR WITHOUT ADJUSTABILITY	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5850	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, KNEE EXTENSION ASSIST	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5855	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, MECHANICAL HIP EXTENSION ASSIST	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5856	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING AND STANCE PHASE, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5857	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING PHASE ONLY, INCLUDES ELECTRONIC SENSOR(S) ANY TYPE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5858	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, STANCE PHASE ONLY, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5859	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, POWERED AND PROGRAMMABLE FLEXION/EXTENSION ASSIST CONTROL, INCLUDES ANY TYPE MOTOR(S)	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5910	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ALIGNABLE SYSTEM	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5920	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, ALIGNABLE SYSTEM	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5925	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, KNEE DISARTICULATION OR HIP DISARTICULATION, MANUAL LOCK	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5926	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL, KNEE DISARTICULATION, ABOVE KNEE, HIP DISARTICULATION, POSITIONAL ROTATION UNIT, ANY TYPE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5930	ADDITION, ENDOSKELETAL SYSTEM, HIGH ACTIVITY KNEE CONTROL FRAME	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5940	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5950	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5960	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5961	ADDITION, ENDOSKELETAL SYSTEM, POLYCENTRIC HIP JOINT, PNEUMATIC OR HYDRAULIC CONTROL, ROTATION CONTROL, WITH OR WITHOUT FLEXION AND/OR EXTENSION CONTROL	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5962	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5964	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5966	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5968	ADDITION TO LOWER LIMB PROSTHESIS, MULTIAXIAL ANKLE WITH SWING PHASE ACTIVE DORSIFLEXION FEATURE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5969	ADDITION, ENDOSKELETAL ANKLE-FOOT OR ANKLE SYSTEM, POWER ASSIST, INCLUDES ANY TYPE MOTOR(S)	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5970	ALL LOWER EXTREMITIES PROSTHESIS, FOOT, EXTERNAL KEEL, SACH FOOT	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5971	ALL LOWER EXTREMITY PROSTHESIS, SOLID ANKLE CUSHION HEEL (SACH) FOOT, REPLACEMENT ONLY	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5972	ALL LOWER EXTREMITY PROSTHESES, FOOT, FLEXIBLE KEEL	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5973	ENDOSKELETAL ANKLE FOOT SYSTEM, MICROPROCESSOR CONTROLLED FEATURE, DORSIFLEXION AND/OR PLANTAR FLEXION CONTROL, INCLUDES POWER SOURCE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5974	ALL LOWER EXTREMITY PROSTHESIS, FOOT, SINGLE AXIS ANKLE/FOOT	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5975	ALL LOWER EXTREMITY PROSTHESIS, COMBINATION SINGLE AXIS ANKLE AND FLEXIBLE KEEL FOOT	Yes	N	Y

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Cochlear Implants/Prosthetic Devices/ Specialty DME	L5976	ALL LOWER EXTREMITY PROSTHESIS, ENERGY STORING FOOT (SEATTLE CARBON COPY II OR EQUAL)	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5978	ALL LOWER EXTREMITY PROSTHESES, FOOT, MULTIAXIAL ANKLE/FOOT	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5979	ALL LOWER EXTREMITY PROSTHESIS, MULTI-AXIAL ANKLE, DYNAMIC RESPONSE FOOT, ONE PIECE SYSTEM	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5980	ALL LOWER EXTREMITY PROSTHESIS, FLEX FOOT SYSTEM	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5981	ALL LOWER EXTREMITY PROSTHESES, FLEX-WALK SYSTEM OR EQUAL	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5982	ALL EXOSKELETAL LOWER EXTREMITY PROSTHESIS, AXIAL ROTATION UNIT	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5984	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESIS, AXIAL ROTATION UNIT, WITH OR WITHOUT ADJUSTABILITY	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5985	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESIS, DYNAMIC PROSTHETIC PYLON	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5986	ALL LOWER EXTREMITY PROSTHESIS, MULTI-AXIAL ROTATION UNIT ("MCP" OR EQUAL)	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5987	ALL LOWER EXTREMITY PROSTHESIS, SHANK FOOT SYSTEM WITH VERTICAL LOADING PYLON	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5988	ADDITION TO LOWER LIMB PROSTHESIS, VERTICAL SHOCK REDUCING PYLON FEATURE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5990	ADDITION TO LOWER EXTREMITY PROSTHESIS, USER ADJUSTABLE HEEL HEIGHT	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5991	ADDITION TO LOWER EXTREMITY PROSTHESES, OSSEOINTEGRATED EXTERNAL PROSTHETIC CONNECTOR	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L5999	LOWER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6000	PARTIAL HAND, THUMB REMAINING	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6010	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, HYDRACADENCE SYSTEM	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6020	PARTIAL HAND, NO FINGER REMAINING	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6026	TRANSCARPAL/METACARPAL OR PARTIAL HAND DISARTICULATION PROSTHESIS, EXTERNAL POWER, SELF-SUSPENDED, INNER SOCKET WITH REMOVABLE FOREARM SECTION, ELECTRODES AND CABLES, TWO BATTERIES, CHARGER, MYOELECTRIC CONTROL OF TERMINAL DEVICE, EXCLUDES TERMINAL DEVICE(S)	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6028	PARTIAL HAND INCLUDING FINGERS, FLEXIBLE OR NON-FLEXIBLE INTERFACE, ENDOSKELETAL SYSTEM, MOLDED TO PATIENT MODEL, FOR USE WITHOUT EXTERNAL POWER, NOT INCLUDING INSERTS DESCRIBED BY L6692	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6029	UPPER EXTREMITY ADDITION, TEST SOCKET/INTERFACE, PARTIAL HAND INCLUDING FINGERS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6030	UPPER EXTREMITY ADDITION, EXTERNAL FRAME, PARTIAL HAND INCLUDING FINGERS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6031	REPLACEMENT SOCKET/INTERFACE, PARTIAL HAND INCLUDING FINGERS, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6032	ADDITION TO UPPER EXTREMITY PROSTHESIS, PARTIAL HAND INCLUDING FINGERS, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6033	ADDITION TO UPPER EXTREMITY PROSTHESIS, PARTIAL HAND INCLUDING FINGERS, ACRYLIC MATERIAL	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6034	PARTIAL HAND, FINGER, AND THUMB PROSTHESIS WITHOUT PROSTHETIC DIGIT(S)/THUMB, AMPUTATION AT TRANSMETACARPAL LEVEL, INCLUDING FLEXIBLE OR NON-FLEXIBLE INTERFACE, MOLDED TO PATIENT MODEL, FOR USE WITHOUT EXTERNAL POWER AND/OR PASSIVE PROSTHETIC DIGIT/THUMB, NOT INCLUDING INSERTS DESCRIBED BY L6692	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6035	SINGLE PROSTHETIC DIGIT, MECHANICAL, CAN INCLUDE METACARPOPHALANGEAL (MCP), PROXIMAL INTERPHALANGEAL (PIP), AND/OR DISTAL INTERPHALANGEAL (DIP) JOINT(S), WITH OR WITHOUT LOCKING MECHANISM, CAN INCLUDE FLEXION OR EXTENSION ASSIST, ANY MATERIAL, ATTACHMENT, INITIAL ISSUE OR REPLACEMENT	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6036	PROSTHETIC THUMB, MECHANICAL, CAN INCLUDE METACARPOPHALANGEAL (MCP), INTERPHALANGEAL (IP) JOINT(S), WITH OR WITHOUT LOCKING MECHANISM, CAN INCLUDE FLEXION OR EXTENSION ASSIST, ANY MATERIAL, ATTACHMENT, INITIAL ISSUE OR REPLACEMENT	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6037	IMMEDIATE POST-SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING ALIGNMENT AND SUSPENSION OF COMPONENTS, AND ONE CAST CHANGE, PARTIAL HAND INCLUDING FINGERS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6038	ADDITION TO SINGLE PROSTHETIC DIGIT OR THUMB, MECHANICAL, ATTACHMENT, MULTIAXIAL AND/OR INTERNAL/EXTERNAL ROTATION/ABDUCTION/ADDUCTION MECHANISM, WITH OR WITHOUT LOCKING FEATURE, ANY MATERIAL	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6039	PASSIVE PROSTHETIC DIGIT OR THUMB PROSTHESIS NOT INCLUDING HAND RESTORATION PARTIAL HAND, FULL OR PARTIAL, CUSTOM MADE, ANY MATERIAL, INITIAL OR REPLACEMENT, PER SINGLE PASSIVE PROSTHETIC DIGIT OR THUMB	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6050	WRIST DISARTICULATION, MOLDED SOCKET, FLEXIBLE ELBOW HINGES, TRICEPS PAD	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6055	WRIST DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, FLEXIBLE ELBOW HINGES, TRICEPS PAD	Yes	N	Y

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Cochlear Implants/Prosthetic Devices/ Specialty DME	L6100	BELOW ELBOW, MOLDED SOCKET, FLEXIBLE ELBOW HINGE, TRICEPS PAD	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6110	BELOW ELBOW, MOLDED SOCKET, (MUENSTER OR NORTHWESTERN SUSPENSION TYPES)	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6120	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STEP-UP HINGES, HALF CUFF	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6130	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STUMP ACTIVATED LOCKING HINGE, HALF CUFF	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6200	ELBOW DISARTICULATION, MOLDED SOCKET, OUTSIDE LOCKING HINGE, FOREARM	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6205	ELBOW DISARTICULATION, MOLDED SOCKET, OUTSIDE LOCKING HINGE, FOREARM	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6250	ABOVE ELBOW, MOLDED DOUBLE WALL SOCKET, INTERNAL LOCKING ELBOW, FOREARM	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6300	SHOULDER DISARTICULATION, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6310	SHOULDER DISARTICULATION, PASSIVE RESTORATION (COMPLETE PROSTHESIS)	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6320	SHOULDER DISARTICULATION, PASSIVE RESTORATION (SHOULDER CAP ONLY)	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6350	INTERSCAPULAR THORACIC, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION INTERNAL LOCKING ELBOW, FOREARM	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6360	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (COMPLETE PROSTHESIS)	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6370	SHOULDER DISARTICULATION, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6380	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING ALIGNMENT AND SUSPENSION OF COMPONENTS, AND ONE CAST CHANGE, WRIST DISARTICULATION OR BELOW ELBOW	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6382	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING ALIGNMENT AND SUSPENSION OF COMPONENTS, AND ONE CAST CHANGE, ELBOW DISARTICULATION OR ABOVE ELBOW	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6384	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING ALIGNMENT AND SUSPENSION OF COMPONENTS, AND ONE CAST CHANGE, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6386	IMMEDIATE POST SURGICAL OR EARLY FITTING, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6388	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF RIGID DRESSING ONLY	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6400	BELOW ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6450	ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6500	ABOVE ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6550	SHOULDER DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6570	INTERSCAPULAR THORACIC, MOLDED SOCKET, ENDOSKELETAL SYSTEM INCLUDING SOFT PROSTHETIC TISSUE SHAPING	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6580	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL PLASTIC SOCKET, FRICTION WRIST, FLEXIBLE ELBOW HINGES, FIGURE OF EIGHT HARNESS, HUMERAL CUFF, BOWDEN CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6582	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL SOCKET FRICTION WRIST, FLEXIBLE ELBOW HINGES, FIGURE OF EIGHT HARNESS, HUMERAL CUFF, BOWDEN CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, DIRECT FORMED	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6584	PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL PLASTIC SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE OF EIGHT HARNESS, FAIR LEAD CABLE CONTROL USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6586	PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE OF EIGHT HARNESS, FAIR LEAD CABLE CONTROL USMC OR EQUAL PYLON, NO COVER, DIRECT FORMED	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6588	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL PLASTIC SOCKET, SHOULDER JOINT, LOCKING ELBOW, FRICTION WRIST, CHEST STRAP, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6590	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL SOCKET, SHOULDER JOINT, LOCKING ELBOW, FRICTION WRIST, CHEST STRAP, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, DIRECT FORMED	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6600	UPPER EXTREMITY ADDITIONS, POLYCENTRIC HINGE, PAIR	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6605	UPPER EXTREMITY ADDITIONS, SINGLE PIVOT HINGE, PAIR	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6610	UPPER EXTREMITY ADDITIONS, FLEXIBLE METAL HINGE, PAIR	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6611	ADDITION TO UPPER EXTREMITY PROSTHESIS, EXTERNAL POWERED, ADDITIONAL SWITCH, ANY TYPE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6615	UPPER EXTREMITY ADDITION, DISCONNECT LOCKING WRIST UNIT	Yes	N	Y

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Cochlear Implants/Prosthetic Devices/ Specialty DME	L6616	UPPER EXTREMITY ADDITION, ADDITIONAL DISCONNECT INSERT FOR LOCKING WRIST UNIT, EACH	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6620	UPPER EXTREMITY ADDITION, FLEXION/EXTENSION WRIST UNIT, WITH OR WITHOUT FRICTION	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6621	UPPER EXTREMITY PROSTHESIS ADDITION, FLEXION/EXTENSION WRIST WITH OR WITHOUT FRICTION, FOR USE WITH EXTERNAL POWERED TERMINAL DEVICE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6623	UPPER EXTREMITY ADDITION, SPRING ASSISTED ROTATIONAL WRIST UNIT WITH LATCH RELEASE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6624	UPPER EXTREMITY ADDITION, FLEXION/EXTENSION AND ROTATION WRIST UNIT	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6625	UPPER EXTREMITY ADDITION, ROTATION WRIST UNIT WITH CABLE LOCK	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6628	UPPER EXTREMITY ADDITION, QUICK DISCONNECT HOOK ADAPTER, OTTO BOCK OR EQUAL	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6629	UPPER EXTREMITY ADDITION, QUICK DISCONNECT LAMINATION COLLAR WITH COUPLING PIECE, OTTO BOCK OR EQUAL	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6630	UPPER EXTREMITY ADDITION, STAINLESS STEEL, ANY WRIST	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6632	UPPER EXTREMITY ADDITION, LATEX SUSPENSION SLEEVE, EACH	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6635	UPPER EXTREMITY ADDITION, LIFT ASSIST FOR ELBOW	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6637	UPPER EXTREMITY ADDITION, NUDGE CONTROL ELBOW LOCK	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6638	UPPER EXTREMITY ADDITION TO PROSTHESIS, ELECTRIC LOCKING FEATURE, ONLY FOR USE WITH MANUALLY POWERED ELBOW	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6640	UPPER EXTREMITY ADDITIONS, SHOULDER ABDUCTION JOINT, PAIR	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6641	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, PULLEY TYPE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6642	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, LEVER TYPE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6645	UPPER EXTREMITY ADDITION, SHOULDER FLEXION-ABDUCTION JOINT, EACH	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6646	UPPER EXTREMITY ADDITION, SHOULDER JOINT, MULTIPOSITIONAL LOCKING, FLEXION, ADJUSTABLE ABDUCTION FRICTION CONTROL, FOR USE WITH BODY POWERED OR EXTERNAL POWERED SYSTEM	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6647	UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, BODY POWERED ACTUATOR	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6648	UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, EXTERNAL POWERED ACTUATOR	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6650	UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT, EACH	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6655	UPPER EXTREMITY ADDITION, STANDARD CONTROL CABLE, EXTRA	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6660	UPPER EXTREMITY ADDITION, HEAVY DUTY CONTROL CABLE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6665	UPPER EXTREMITY ADDITION, TEFLON, OR EQUAL, CABLE LINING	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6670	UPPER EXTREMITY ADDITION, HOOK TO HAND, CABLE ADAPTER	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6672	UPPER EXTREMITY ADDITION, HARNESS, CHEST OR SHOULDER, SADDLE TYPE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6675	UPPER EXTREMITY ADDITION, HARNESS, (E.G., FIGURE OF EIGHT TYPE), SINGLE CABLE DESIGN	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6676	UPPER EXTREMITY ADDITION, HARNESS, (E.G., FIGURE OF EIGHT TYPE), DUAL CABLE DESIGN	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6677	UPPER EXTREMITY ADDITION, HARNESS, TRIPLE CONTROL, SIMULTANEOUS OPERATION OF TERMINAL DEVICE AND ELBOW	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6680	UPPER EXTREMITY ADDITION, TEST SOCKET, WRIST DISARTICULATION OR BELOW ELBOW	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6682	UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULATION OR ABOVE ELBOW	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6684	UPPER EXTREMITY ADDITION, TEST SOCKET, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6686	UPPER EXTREMITY ADDITION, SUCTION SOCKET	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6687	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, BELOW ELBOW	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6688	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, ABOVE ELBOW	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6689	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, SHOULDER DISARTICULATION	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6690	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, INTERSCAPULAR-THORACIC	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6691	UPPER EXTREMITY ADDITION, REMOVABLE INSERT, EACH	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6692	UPPER EXTREMITY ADDITION, SILICONE GEL INSERT OR EQUAL, WITH OR WITHOUT LOCKING MECHANISM, EACH	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6693	UPPER EXTREMITY ADDITION, LOCKING ELBOW, FOREARM COUNTERBALANCE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6694	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMETRIC OR EQUAL, FOR USE WITH LOCKING MECHANISM	Yes	N	Y

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Cochlear Implants/Prosthetic Devices/ Specialty DME	L6695	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, NOT FOR USE WITH LOCKING MECHANISM	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6696	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED SOCKET INSERT FOR CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY (FOR OTHER THAN INITIAL, USE CODE L6694 OR L6695)	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6697	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY (FOR OTHER THAN INITIAL, USE CODE L6694 OR L6695)	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6698	ADDITION TO UPPER EXTREMITY PROSTHESIS, LOCK MECHANISM, EXCLUDES SOCKET INSERT	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6700	UPPER EXTREMITY ADDITION, EXTERNAL POWERED FEATURE, MYOELECTRONIC CONTROL MODULE, ADDITIONAL EMG INPUTS, PATTERN-RECOGNITION DECODING INTENT MOVEMENT	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6703	TERMINAL DEVICE, PASSIVE HAND/MITT, ANY MATERIAL, ANY SIZE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6704	TERMINAL DEVICE, SPORT/RECREATIONAL/WORK ATTACHMENT, ANY MATERIAL, ANY SIZE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6706	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6707	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6708	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6709	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6711	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED, PEDIATRIC	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6712	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED, PEDIATRIC	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6713	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, PEDIATRIC	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6714	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6715	TERMINAL DEVICE, MULTIPLE ARTICULATING DIGIT, INCLUDES MOTOR(S), INITIAL ISSUE OR REPLACEMENT	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6721	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6722	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6805	ADDITION TO TERMINAL DEVICE, MODIFIER WRIST UNIT	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6810	ADDITION TO TERMINAL DEVICE, PRECISION PINCH DEVICE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6880	ELECTRIC HAND, SWITCH OR MYOLELECTRIC CONTROLLED, INDEPENDENTLY ARTICULATING DIGITS, ANY GRASP PATTERN OR COMBINATION OF GRASP PATTERNS, INCLUDES MOTOR(S)	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6881	AUTOMATIC GRASP FEATURE, ADDITION TO UPPER LIMB ELECTRIC PROSTHETIC TERMINAL DEVICE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6882	MICROPROCESSOR CONTROL FEATURE, ADDITION TO UPPER LIMB PROSTHETIC TERMINAL DEVICE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6883	REPLACEMENT SOCKET, BELOW ELBOW/WRIST DISARTICULATION, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6884	REPLACEMENT SOCKET, ABOVE ELBOW/ELBOW DISARTICULATION, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6885	REPLACEMENT SOCKET, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6890	ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL DEVICE, ANY MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6895	ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL DEVICE, ANY MATERIAL, CUSTOM FABRICATED	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6900	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, THUMB OR ONE FINGER REMAINING	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6905	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS, INCLUDED), PARTIAL HAND, WITH GLOVE, MULTIPLE FINGERS REMAINING	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6910	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, NO FINGERS REMAINING	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6915	HAND RESTORATION (SHADING, AND MEASUREMENTS INCLUDED), REPLACEMENT GLOVE FOR ABOVE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6920	WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6925	WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	Yes	N	Y

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Cochlear Implants/Prosthetic Devices/ Specialty DME	L6930	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6935	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6940	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, OUTSIDE LOCKING HINGES, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6945	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, OUTSIDE LOCKING HINGES, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, 2 BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6950	ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, INTERNAL LOCKING ELBOW, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6955	ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, INTERNAL LOCKING ELBOW, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6960	SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6965	SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONT	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6970	INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L6975	INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONT	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L7007	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L7008	ELECTRIC HAND, SWITCH OR MYOELECTRIC, CONTROLLED, PEDIATRIC	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L7009	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L7040	PREHENSILE ACTUATOR, SWITCH CONTROLLED	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L7045	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, PEDIATRIC	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L7170	ELECTRONIC ELBOW, HOSMER OR EQUAL, SWITCH CONTROLLED	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L7180	ELECTRONIC ELBOW, MICROPROCESSOR SEQUENTIAL CONTROL OF ELBOW AND TERMINAL DEVICE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L7181	ELECTRONIC ELBOW, MICROPROCESSOR SIMULTANEOUS CONTROL OR ELBOW AND TERMINAL DEVICE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L7185	ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR-EQUAL, SWITCH CONTROLLED	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L7186	ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L7190	ELECTRONIC ELBOW, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L7191	ELECTRONIC ELBOW CHILD, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L7259	ELECTRONIC WRIST ROTATOR, ANY TYPE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L7400	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L7401	ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L7402	ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION/ INTERSCAPULAR THORACIC, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L7403	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ACRYLIC MATERIAL	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L7404	ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ACRYLIC MATERIAL	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L7405	ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION/ INTERSCAPULAR THORACIC, ACRYLIC MATERIAL	Yes	N	Y

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Cochlear Implants/Prosthetic Devices/ Specialty DME	L7406	ADDITION TO UPPER EXTREMITY, USER ADJUSTABLE, MECHANICAL, RESIDUAL LIMB VOLUME MANAGEMENT SYSTEM	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L7499	UPPER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L7510	REPAIR PROSTHETIC DEVICE, REPAIR OR REPLACE MINOR PARTS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L7520	REPAIR PROSTHETIC DEVICE, LABOR COMPONENT, PER 15 MINUTES	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L7600	PROSTHETIC DONNING SLEEVE, ANY MATERIAL, EACH	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L7700	GASKET OR SEAL, FOR USE WITH PROSTHETIC SOCKET INSERT, ANY TYPE, EACH	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L8000	BREAST PROSTHESIS, MASTECTOMY BRA, WITHOUT INTEGRATED BREAST PROSTHESIS FORM, ANY SIZE, ANY TYPE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L8001	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM, UNILATERAL, ANY SIZE, ANY TYPE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L8002	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM, BILATERAL, UNILATERAL, ANY SIZE, ANY TYPE.	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L8015	EXTERNAL BREAST PROSTHESIS GARMENT, WITH MASTECTOMY FORM, POST MASTECTOMY	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L8020	BREAST PROSTHESIS, MASTECTOMY FORM	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L8030	BREAST PROSTHESIS, SILICONE OR EQUAL, WITHOUT INTEGRAL ADHESIVE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L8031	BREAST PROSTHESIS, SILICONE OR EQUAL, WITH INTEGRAL ADHESIVE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L8032	NIPPLE PROSTHESIS, PREFABRICATED, REUSABLE, ANY TYPE, EACH	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L8033	NIPPLE PROSTHESIS, CUSTOM FABRICATED, REUSABLE, ANY MATERIAL, ANY TYPE, EACH	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L8035	CUSTOM BREAST PROSTHESIS, POST MASTECTOMY, MOLDED TO PATIENT MODEL	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L8039	BREAST PROSTHESIS, NOT OTHERWISE SPECIFIED	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L8040	NASAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L8041	MIDFACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L8042	ORBITAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L8043	UPPER FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L8044	HEMI-FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L8045	AURICULAR PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L8046	PARTIAL FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L8047	NASAL SEPTAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L8048	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT, PROVIDED BY A NON-PHYSICIAN	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L8049	REPAIR OR MODIFICATION OF MAXILLOFACIAL PROSTHESIS, LABOR COMPONENT, 15 MINUTE INCREMENTS, PROVIDED BY A NON-PHYSICIAN	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L8608	MISCELLANEOUS EXTERNAL COMPONENT, SUPPLY OR ACCESSORY FOR USE WITH THE ARGUS II RETINAL PROSTHESIS SYSTEM	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L8701	POWERED UPPER EXTREMITY RANGE OF MOTION ASSIST DEVICE, ELBOW, WRIST, HAND WITH SINGLE OR DOUBLE UPRIGHT(S), INCLUDES MICROPROCESSOR, SENSORS, ALL COMPONENTS AND ACCESSORIES, CUSTOM FABRICATED	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L8702	POWERED UPPER EXTREMITY RANGE OF MOTION ASSIST DEVICE, ELBOW, WRIST, HAND, FINGER, SINGLE OR DOUBLE UPRIGHT(S), INCLUDES MICROPROCESSOR, SENSORS, ALL COMPONENTS AND ACCESSORIES, CUSTOM FABRICATED	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L8720	EXTERNAL LOWER EXTREMITY SENSORY PROSTHETIC DEVICE, CUTANEOUS STIMULATION OF MECHANORECEPTORS PROXIMAL TO THE ANKLE, PER LEG	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	L8721	RECEPTOR SOLE FOR USE WITH L8720, REPLACEMENT, EACH	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E0265	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E0266	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E0270	HOSPITAL BED, INSTITUTIONAL TYPE INCLUDES: OSCILLATING, CIRCULATING AND STRYKER FRAME, WITH MATTRESS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E0296	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITHOUT SIDE RAILS, WITH MATTRESS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E0297	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITHOUT SIDE RAILS, WITHOUT MATTRESS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E0300	PEDIATRIC CRIB, HOSPITAL GRADE, FULLY ENCLOSED, WITH OR WITHOUT TOP ENCLOSURE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS WITHOUT MATTRESS	Yes	N	Y

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Cochlear Implants/Prosthetic Devices/ Specialty DME	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E0328	HOSPITAL BED, PEDIATRIC, MANUAL, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, INCLUDES MATTRESS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E0329	HOSPITAL BED, PEDIATRIC, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, INCLUDES MATTRESS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E0983	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E0984	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E0986	MANUAL WHEELCHAIR ACCESSORY, PUSH-RIM ACTIVATED POWER ASSIST SYSTEM	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E1003	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E1004	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E1005	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E1006	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITHOUT SHEAR REDUCTION	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E1007	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E1008	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E1009	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING PUSHROD AND LEG REST, EACH	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E1010	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST, PAIR	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E1012	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, CENTER MOUNT POWER ELEVATING LEG REST/PLATFORM, COMPLETE SYSTEM, ANY TYPE, EACH	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E1230	POWER OPERATED VEHICLE (THREE OR FOUR WHEEL NONHIGHWAY) SPECIFY BRAND NAME AND MODEL NUMBER	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E1239	POWER WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2310	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM MOTOR, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH, AND FIXED MOUNTING HARDWARE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2311	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH, AND FIXED MOUNTING HARDWARE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2312	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTION FIXED MOUNTING HARDWARE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2313	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2321	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2322	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2323	POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2324	POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE	Yes	N	Y

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Cochlear Implants/Prosthetic Devices/ Specialty DME	E2325	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND MANUAL SWINGAWAY MOUNTING HARDWARE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2326	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2327	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE SWITCH, AND FIXED MOUNTING HARDWARE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2328	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2329	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2330	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2331	POWER WHEELCHAIR ACCESSORY, ATTENDANT CONTROL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2340	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 20-23 INCHES	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2341	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2342	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2343	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22-25 INCHES	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2351	POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR CONTROL INTERFACE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2358	POWER WHEELCHAIR ACCESSORY, GROUP 34 NON-SEALED LEAD ACID BATTERY, EACH	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2359	POWER WHEELCHAIR ACESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2360	POWER WHEELCHAIR ACCESSORY, 22NF NON-SEALED LEAD ACID BATTERY, EACH	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2361	POWER WHEELCHAIR ACCESSORY 22NF SEALED LEAD ACID BATTERY, EACH, (E.G., GEL CELL, ABSORBED GLASSMAT)	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2370	POWER WHEELCHAIR COMPONENT, MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (EG, GEL CELL, ABSORBED GLASSMAT), EACH	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2372	POWER WHEELCHAIR ACCESSORY, GROUP 27 NON-SEALED LEAD ACID BATTERY, EACH	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2373	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2374	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE JOYSTICK (NOT INCLUDING CONTROLLER), PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE, REPLACEMENT ONLY	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2376	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2378	POWER WHEELCHAIR COMPONENT, ACTUATOR, REPLACEMENT ONLY	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	Yes	N	Y

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Cochlear Implants/Prosthetic Devices/ Specialty DME	E2382	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2385	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2388	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2389	POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2390	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	E2398	WHEELCHAIR ACCESSORY, DYNAMIC POSITIONING HARDWARE FOR BACK	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0010	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0011	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR WITH PROGRAMMABLE CONTROL PARAMETERS FOR SPEED ADJUSTMENT, TREMOR DAMPENING, ACCELERATION CONTROL AND BRAKING	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0012	LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0013	CUSTOM MOTORIZED/POWER WHEELCHAIR BASE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0014	OTHER MOTORIZED/POWER WHEELCHAIR BASE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0108	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E.G., GELL CELL, ABSORBED GLASSMAT)	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY, 301 TO 450 POUNDS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0806	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0807	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0808	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes	N	Y

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Cochlear Implants/Prosthetic Devices/ Specialty DME	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0830	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0831	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY, 451 TO 600 POUNDS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes	N	Y

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Cochlear Implants/Prosthetic Devices/ Specialty DME	K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0871	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0877	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0878	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0879	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0880	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0885	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0886	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0891	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED	Yes	N	Y
Cochlear Implants/Prosthetic Devices/ Specialty DME	K0899	POWER MOBILITY DEVICE, NOT CODED BY DME PDAC OR DOES NOT MEET CRITERIA	Yes	N	Y
Bariatric Surgery	0813T	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL, WITH VOLUME ADJUSTMENT OF INTRAGASTRIC BARIATRIC BALLOON	Yes	Y	Y
Bariatric Surgery	43290	ESOPHAGOGASTRODUODENOSCOPY FLEXIBLE TRANSORAL WITH DEPLOYMENT OF INTRAGASTRIC BARIATRIC BALLOON	Yes	Y	Y
Bariatric Surgery	43291	ESOPHAGOGASTRODUODENOSCOPY FLEXIBLE TRANSORAL WITH REMOVAL OF INTRAGASTRIC BARIATRIC BALLOONS	Yes	Y	Y
Bariatric Surgery	43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	Yes	Y	Y
Bariatric Surgery	43645	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND SMALL INTESTINE RECONSTRUCTION TO LIMIT ABSORPTION	Yes	Y	Y
Bariatric Surgery	43770	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; PLACEMENT OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE (E.G., GASTRIC BAND AND SUBCUTANEOUS PORT COMPONENTS)	Yes	Y	Y
Bariatric Surgery	43771	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REVISION OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE COMPONENT ONLY	Yes	Y	Y
Bariatric Surgery	43772	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE COMPONENT ONLY	Yes	Y	Y
Bariatric Surgery	43773	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL AND REPLACEMENT OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE COMPONENT ONLY	Yes	Y	Y
Bariatric Surgery	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Yes	Y	Y
Bariatric Surgery	43842	GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBESITY; VERTICAL-BANDED GASTROPLASTY	Yes	Y	Y
Bariatric Surgery	43843	GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBESITY; OTHER THAN VERTICAL-BANDED GASTROPLASTY	Yes	Y	Y
Bariatric Surgery	43845	GASTRIC RESTRICTIVE PROCEDURE WITH PARTIAL GASTRECTOMY, PYLORUS-PRESERVING DUODENOILEOSTOMY AND ILEOILEOSTOMY (50 TO 100 CM COMMON CHANNEL) TO LIMIT ABSORPTION (BILIOPANCREATIC DIVERSION WITH DUODENAL SWITCH)	Yes	Y	Y
Bariatric Surgery	43846	GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; WITH SHORT LIMB (150 CM OR LESS) ROUX-EN-Y GASTROENTEROSTOMY	Yes	Y	Y
Bariatric Surgery	43847	GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; WITH SMALL INTESTINE RECONSTRUCTION TO LIMIT ABSORPTION	Yes	Y	Y
Bariatric Surgery	43848	REVISION, OPEN, OF GASTRIC RESTRICTIVE PROCEDURE FOR MORBID OBESITY, OTHER THAN ADJUSTABLE GASTRIC RESTRICTIVE DEVICE (SEPARATE PROCEDURE)	Yes	Y	Y
Bariatric Surgery	43886	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REVISION OF SUBCUTANEOUS PORT COMPONENT ONLY	Yes	Y	Y
Bariatric Surgery	43888	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL AND REPLACEMENT OF SUBCUTANEOUS PORT COMPONENT ONLY	Yes	Y	Y
Bariatric Surgery	S2083	ADJUSTMENT OF GASTRIC BAND DIAMETER VIA SUBCUTANEOUS PORT BY INJECTION OR ASPIRATION LIGATION OF SALINE	Yes	Y	Y

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Bariatric Surgery	C9784	GASTRIC RESTRICTIVE PROCEDURE, ENDOSCOPIC SLEEVE GASTROPLASTY, WITH ESOPHAGOGASTRODUODENOSCOPY AND INTRALUMINAL TUBE INSERTION, IF PERFORMED, INCLUDING ALL SYSTEM AND TISSUE ANCHORING COMPONENTS	Yes	Y	Y
Bariatric Surgery	C9785	ENDOSCOPIC OUTLET REDUCTION, GASTRIC POUCH APPLICATION, WITH ENDOSCOPY AND INTRALUMINAL TUBE INSERTION, IF PERFORMED, INCLUDING ALL SYSTEM AND TISSUE ANCHORING COMPONENTS	Yes	Y	Y
Oral/Maxillofacial Surgery	21010	ARTHROTOMY, TEMPOROMANDIBULAR JOINT	Yes	N	Y
Oral/Maxillofacial Surgery	21050	CONDYLECTOMY, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)	Yes	N	Y
Oral/Maxillofacial Surgery	21060	MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)	Yes	N	Y
Oral/Maxillofacial Surgery	21070	CORONOIDECTOMY (SEPARATE PROCEDURE)	Yes	N	Y
Oral/Maxillofacial Surgery	21073	MANIPULATION OF TEMPOROMANDIBULAR JOINT(S) (TMJ), THERAPEUTIC, REQUIRING AN ANESTHESIA SERVICE (I.E., GENERAL OR MONITORED ANESTHESIA CARE)	Yes	N	Y
Oral/Maxillofacial Surgery	21193	RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, ''C'', OR ''L'' OSTEOTOMY; WITHOUT BONE GRAFT	Yes	N	Y
Oral/Maxillofacial Surgery	21194	RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" OSTEOTOMY; WITH BONE GRAFT (INCLUDES OBTAINING GRAFT)	Yes	N	Y
Oral/Maxillofacial Surgery	21195	RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTERNAL RIGID FIXATION	Yes	N	Y
Oral/Maxillofacial Surgery	21196	RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITH INTERNAL RIGID FIXATION	Yes	N	Y
Oral/Maxillofacial Surgery	21198	OSTEOTOMY, MANDIBLE, SEGMENTAL	Yes	N	Y
Oral/Maxillofacial Surgery	21199	OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT	Yes	N	Y
Oral/Maxillofacial Surgery	21206	OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)	Yes	N	Y
Oral/Maxillofacial Surgery	21210	GRAFT, BONE; NASAL, MAXILLARY AND MALAR AREAS (INCLUDES OBTAINING GRAFT)	Yes	N	Y
Oral/Maxillofacial Surgery	21215	GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)	Yes	N	Y
Oral/Maxillofacial Surgery	21240	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES OBTAINING GRAFT)	Yes	N	Y
Oral/Maxillofacial Surgery	21242	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT	Yes	N	Y
Oral/Maxillofacial Surgery	21243	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT	Yes	N	Y
Oral/Maxillofacial Surgery	21244	RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MANDIBULAR STAPLE BONE PLATE)	Yes	N	Y
Oral/Maxillofacial Surgery	21245	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL	Yes	N	Y
Oral/Maxillofacial Surgery	21246	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE	Yes	N	Y
Oral/Maxillofacial Surgery	21247	RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS (INCLUDES OBTAINING GRAFTS) (EG, FOR HEMIFACIAL MICROSOMIA)	Yes	N	Y
Oral/Maxillofacial Surgery	21248	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER); PARTIAL	Yes	N	Y
Oral/Maxillofacial Surgery	21249	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER); COMPLETE	Yes	N	Y
Oral/Maxillofacial Surgery	21345	CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH INTERDENTAL WIRE FIXATION OR FIXATION OF DENTURE OR SPLINT	Yes	N	Y
Oral/Maxillofacial Surgery	21346	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH WIRING AND/OR LOCAL FIXATION	Yes	N	Y
Oral/Maxillofacial Surgery	21347	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); REQUIRING MULTIPLE OPEN APPROACHES	Yes	N	Y
Oral/Maxillofacial Surgery	21348	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT)	Yes	N	Y
Oral/Maxillofacial Surgery	21355	PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD, WITH MANIPULATION	Yes	N	Y
Oral/Maxillofacial Surgery	21356	OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GILLES APPROACH)	Yes	N	Y
Oral/Maxillofacial Surgery	21360	OPEN TREATMENT OF DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD	Yes	N	Y
Oral/Maxillofacial Surgery	21365	OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA. INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD; WITH INTERNAL FIXATION AND MULTIPLE SURGICAL APPROACHES	Yes	N	Y
Oral/Maxillofacial Surgery	21366	OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD; WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT)	Yes	N	Y
Oral/Maxillofacial Surgery	21421	CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), WITH INTERDENTAL WIRE FIXATION OR FIXATION OF DENTURE OR SPLINT	Yes	N	Y
Oral/Maxillofacial Surgery	21422	OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE);	Yes	N	Y
Oral/Maxillofacial Surgery	21423	OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATED (COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA), MULTIPLE APPROACHES	Yes	N	Y
Oral/Maxillofacial Surgery	21431	CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDENTAL WIRE FIXATION OF DENTURE OR SPLINT	Yes	N	Y
Oral/Maxillofacial Surgery	21432	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); WITH WIRING AND/OR INTERNAL FIXATION	Yes	N	Y

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Oral/Maxillofacial Surgery	21433	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA), MULTIPLE SURGICAL APPROACHES	Yes	N	Y
Oral/Maxillofacial Surgery	21435	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, UTILIZING INTERNAL AND/OR EXTERNAL FIXATION TECHNIQUES (EG, HEAD CAP, HALO DEVICE, AND/OR INTERMAXILLARY FIXATION)	Yes	N	Y
Oral/Maxillofacial Surgery	21436	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, MULTIPLE SURGICAL APPROACHES, INTERNAL FIXATION, WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT)	Yes	N	Y
Oral/Maxillofacial Surgery	21440	CLOSED TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE PROCEDURE)	Yes	N	Y
Oral/Maxillofacial Surgery	21445	OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE PROCEDURE)	Yes	N	Y
Oral/Maxillofacial Surgery	21452	PERCUTANEOUS TREATMENT OF MANDIBULAR FRACTURE, WITH EXTERNAL FIXATION	Yes	N	Y
Oral/Maxillofacial Surgery	21454	OPEN TREATMENT OF MANDIBULAR FRACTURE WITH EXTERNAL FIXATION	Yes	N	Y
Oral/Maxillofacial Surgery	21461	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITHOUT INTERDENTAL FIXATION	Yes	N	Y
Oral/Maxillofacial Surgery	21462	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION	Yes	N	Y
Oral/Maxillofacial Surgery	21465	OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE	Yes	N	Y
Oral/Maxillofacial Surgery	21470	OPEN TREATMENT OF COMPLICATED MANDIBULAR FRACTURE BY MULTIPLE SURGICAL APPROACHES INCLUDING INTERNAL FIXATION, INTERDENTAL FIXATION, AND/OR WIRING OF DENTURES OR SPLINTS	Yes	N	Y
Oral/Maxillofacial Surgery	21480	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION, INITIAL OR SUBSEQUENT	Yes	N	Y
Oral/Maxillofacial Surgery	21485	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION, INITIAL OR SUBSEQUENT COMPLICATED (EG, RECURRENT REQUIRING INTERMAXILLARY FIXATION OR SPLINTING), INITIAL OR SUBSEQUENT	Yes	N	Y
Oral/Maxillofacial Surgery	21490	OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION	Yes	N	Y
Oral/Maxillofacial Surgery	21497	INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE	Yes	N	Y
Oral/Maxillofacial Surgery	21450	CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITHOUT MANIPULATION	Yes	N	Y
Oral/Maxillofacial Surgery	21451	CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITH MANIPULATION	Yes	N	Y
Oral/Maxillofacial Surgery	21453	CLOSED TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIXATION	Yes	N	Y
Oral/Maxillofacial Surgery	29804	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL	Yes	N	Y
Oral/Maxillofacial Surgery	40510	EXCISION LIP; TRANSVERSE WEDGE EXCISION WITH PRIMARY CLOSURE	Yes	N	Y
Oral/Maxillofacial Surgery	40520	EXCISION LIP; V-EXCISION WITH PRIMARY DIRECT LINEAR CLOSURE	Yes	N	Y
Oral/Maxillofacial Surgery	40525	EXCISION LIP; FULL THICKNESS, RECONSTRUCTION WITH LOCAL FLAP (E.G., ESTLANDER OR FAN)	Yes	N	Y
Oral/Maxillofacial Surgery	40527	EXCISION LIP; FULL THICKNESS, RECONSTRUCTION WITH CROSS FLAP (ABBE-ESTLANDER)	Yes	N	Y
Oral/Maxillofacial Surgery	40530	RESECTION LIP, MORE THAN ONE-FOURTH, WITHOUT RECONSTRUCTION	Yes	N	Y
Oral/Maxillofacial Surgery	40650	REPAIR LIP, FULL THICKNESS; VERMILION ONLY	Yes	N	Y
Oral/Maxillofacial Surgery	40652	REPAIR LIP, FULL THICKNESS; UP TO HALF VERTICAL HEIGHT	Yes	N	Y
Oral/Maxillofacial Surgery	40654	REPAIR LIP, FULL THICKNESS; OVER ONE HALF VERTICAL HEIGHT, OR COMPLEX	Yes	N	Y
Oral/Maxillofacial Surgery	40800	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; SIMPLE	Yes	N	Y
Oral/Maxillofacial Surgery	40801	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; COMPLICATED	Yes	N	Y
Oral/Maxillofacial Surgery	40804	REMOVAL OF IMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; SIMPLE	Yes	N	Y
Oral/Maxillofacial Surgery	40805	REMOVAL OF IMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; COMPLICATED	Yes	N	Y
Oral/Maxillofacial Surgery	40830	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; 2.5 CM OR LESS	Yes	N	Y
Oral/Maxillofacial Surgery	40831	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR COMPLEX	Yes	N	Y
Oral/Maxillofacial Surgery	41000	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; LINGUAL	Yes	N	Y
Oral/Maxillofacial Surgery	41005	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBLINGUAL, SUPERFICIAL	Yes	N	Y
Oral/Maxillofacial Surgery	41006	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBLINGUAL, DEEP, SUPRAMYLOHYOID	Yes	N	Y
Oral/Maxillofacial Surgery	41007	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBMENTAL SPACE	Yes	N	Y
Oral/Maxillofacial Surgery	41008	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBMANDIBULAR SPACE	Yes	N	Y
Oral/Maxillofacial Surgery	41009	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; MASTICATOR SPACE	Yes	N	Y
Oral/Maxillofacial Surgery	41015	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; SUBLINQUAL	Yes	N	Y
Oral/Maxillofacial Surgery	41016	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; SUBMENTAL	Yes	N	Y
Oral/Maxillofacial Surgery	41017	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; SUBMANDIBULAR	Yes	N	Y
Oral/Maxillofacial Surgery	41018	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; MASTICATOR SPACE	Yes	N	Y
Oral/Maxillofacial Surgery	41250	REPAIR OF LACERATION, 2.5CM OR LESS; FLOOR OF MOUTH AND/OR ANTERIOR TWO-THIRDS OF TONGUE	Yes	N	Y

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Oral/Maxillofacial Surgery	41251	REPAIR LACERATION UP TO 2 CM; POSTERIOR ONE-THIRD OF TONGUE	Yes	N	Y
Oral/Maxillofacial Surgery	41252	REPAIR OF LACERATION OF TONGUE, FLOOR OF MOUTH, OVER 2.6CM OR COMPLEX	Yes	N	Y
Oral/Maxillofacial Surgery	42180	REPAIR LACERATION OF PALATE; UP TO 2 CM	Yes	N	Y
Oral/Maxillofacial Surgery	42182	REPAIR LACERATION OF PALATE; OVER 2 CM OR COMPLEX	Yes	N	Y
Oral/Maxillofacial Surgery	D7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	Yes	N	Y
Oral/Maxillofacial Surgery	D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	Yes	N	Y
Oral/Maxillofacial Surgery	D7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	Yes	N	Y
Oral/Maxillofacial Surgery	D7241	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	Yes	N	Y
Oral/Maxillofacial Surgery	D7251	CORONECTOMY - INTENTIONAL PARTIAL TOOTH REMOVAL, IMPACTED TEETH ONLY	Yes	N	Y
Oral/Maxillofacial Surgery	D7260	OROANTRAL FISTULA CLOSURE	Yes	N	Y
Oral/Maxillofacial Surgery	D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	Yes	N	Y
Oral/Maxillofacial Surgery	D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH	Yes	N	Y
Oral/Maxillofacial Surgery	D7272	TOOTH TRANSPLANTATION (INCLUDES REIMPLANTATION FROM ONE SITE TO ANOTHER AND SPLINTING AND/OR STABILIZATION)	Yes	N	Y
Oral/Maxillofacial Surgery	D7282	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION	Yes	N	Y
Oral/Maxillofacial Surgery	D7285	INCISIONAL BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH)	Yes	N	Y
Oral/Maxillofacial Surgery	D7286	INCISIONAL BIOPSY OF ORAL TISSUE - SOFT	Yes	N	Y
Oral/Maxillofacial Surgery	D7290	SURGICAL REPOSITIONING OF TEETH	Yes	N	Y
Oral/Maxillofacial Surgery	D7291	TRANSSEPTAL FIBEROTOMY/SUPRA CRESTAL FIBEROTOMY, BY REPORT	Yes	N	Y
Oral/Maxillofacial Surgery	D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	Yes	N	Y
Oral/Maxillofacial Surgery	D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUANDRANT	Yes	N	Y
Oral/Maxillofacial Surgery	D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	Yes	N	Y
Oral/Maxillofacial Surgery	D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	Yes	N	Y
Oral/Maxillofacial Surgery	D7340	VESTIBULOPLASTY - RIDGE EXTENSION (SECONDARY EPITHELIALIZATION)	Yes	N	Y
Oral/Maxillofacial Surgery	D7350	VESTIBULOPLASTY - RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS, MUSCLE REATTACHMENT, REVISION OF SOFT TISSUE ATTACHMENT AND MANAGEMENT OF HYPERTROPHIED AND HYPERPLASTIC TISSUE)	Yes	N	Y
Oral/Maxillofacial Surgery	D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	Yes	N	Y
Oral/Maxillofacial Surgery	D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	Yes	N	Y
Oral/Maxillofacial Surgery	D7412	EXCISION OF BENIGN LESION, COMPLICATED	Yes	N	Y
Oral/Maxillofacial Surgery	D7413	EXCISION OF MALIGNANT LESION UP TO 1.25 CM	Yes	N	Y
Oral/Maxillofacial Surgery	D7414	EXCISION OF MALIGNANT LESION GREATER THAN 1.25 CM	Yes	N	Y
Oral/Maxillofacial Surgery	D7415	EXCISION OF MALIGNANT LESION, COMPLICATED	Yes	N	Y
Oral/Maxillofacial Surgery	D7440	EXCISION OF MALIGNANT TUMOR - LESION DIAMETER UP TO 1.25 CM	Yes	N	Y
Oral/Maxillofacial Surgery	D7441	EXCISION OF MALIGNANT TUMOR - LESION DIAMETER UP TO 1.25 CM	Yes	N	Y
Oral/Maxillofacial Surgery	D7460	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM	Yes	N	Y
Oral/Maxillofacial Surgery	D7461	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM	Yes	N	Y
Oral/Maxillofacial Surgery	D7465	DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHOD, BY REPORT	Yes	N	Y
Oral/Maxillofacial Surgery	D7471	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)	Yes	N	Y
Oral/Maxillofacial Surgery	D7472	REMOVAL OF TORUS PALATINUS	Yes	N	Y
Oral/Maxillofacial Surgery	D7473	REMOVAL OF TORUS MANDIBULARIS	Yes	N	Y
Oral/Maxillofacial Surgery	D7485	REDUCTION OF OSSEOUS TUBEROSITY	Yes	N	Y
Oral/Maxillofacial Surgery	D7490	RADICAL RESECTION OF MAXILLA OR MANDIBLE	Yes	N	Y
Oral/Maxillofacial Surgery	D7509	MARSUPIALIZATION OF ODONTOGENIC CYST	Yes	N	Y
Oral/Maxillofacial Surgery	D7510	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE	Yes	N	Y
Oral/Maxillofacial Surgery	D7511	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE - COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES)	Yes	N	Y
Oral/Maxillofacial Surgery	D7520	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE	Yes	N	Y
Oral/Maxillofacial Surgery	D7521	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE - COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES)	Yes	N	Y
Oral/Maxillofacial Surgery	D7530	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBCUTANEOUS ALVEOLAR TISSUE	Yes	N	Y
Oral/Maxillofacial Surgery	D7540	REMOVAL OF REACTION PRODUCING FOREIGN BODIES, MUSCULOSKELETAL SYSTEM	Yes	N	Y
Oral/Maxillofacial Surgery	D7550	PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE	Yes	N	Y
Oral/Maxillofacial Surgery	D7560	MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OR FOREIGN BODY	Yes	N	Y
Oral/Maxillofacial Surgery	D7610	MAXILLA - OPEN REDUCTION (TEETH IMMOBILIZED, IF PRESENT)	Yes	N	Y
Oral/Maxillofacial Surgery	D7620	MAXILLA - CLOSED REDUCTION (TEETH IMMOBILIZED, IF PRESENT)	Yes	N	Y
Oral/Maxillofacial Surgery	D7630	MANDIBLE - OPEN REDUCTION (TEETH IMMOBILIZED, IF PRESENT)	Yes	N	Y
Oral/Maxillofacial Surgery	D7640	MANDIBLE - CLOSED REDUCTION (TEETH IMMOBILIZED, IF PRESENT)	Yes	N	Y
Oral/Maxillofacial Surgery	D7650	MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION	Yes	N	Y
Oral/Maxillofacial Surgery	D7660	MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION	Yes	N	Y
Oral/Maxillofacial Surgery	D7670	ALVEOLUS - CLOSED REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	Yes	N	Y
Oral/Maxillofacial Surgery	D7671	ALVEOLUS - OPEN REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	Yes	N	Y
Oral/Maxillofacial Surgery	D7680	FACIAL BONES - COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL	Yes	N	Y
Oral/Maxillofacial Surgery	D7710	MAXILLA - OPEN REDUCTION	Yes	N	Y
Oral/Maxillofacial Surgery	D7720	MAXILLA - CLOSED REDUCTION	Yes	N	Y
Oral/Maxillofacial Surgery	D7730	MANDIBLE - OPEN REDUCTION	Yes	N	Y
Oral/Maxillofacial Surgery	D7740	MANDIBLE - CLOSED REDUCTION	Yes	N	Y

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Oral/Maxillofacial Surgery	D7750	MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION	Yes	N	Y
Oral/Maxillofacial Surgery	D7760	MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION	Yes	N	Y
Oral/Maxillofacial Surgery	D7770	ALVEOLUS - OPEN REDUCTION STABILIZATION OF TEETH	Yes	N	Y
Oral/Maxillofacial Surgery	D7771	ALVEOLUS, CLOSED REDUCTION STABILIZATION OF TEETH	Yes	N	Y
Oral/Maxillofacial Surgery	D7780	FACIAL BONES - COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE APPROACHES	Yes	N	Y
Oral/Maxillofacial Surgery	D7810	OPEN REDUCTION OF DISLOCATION	Yes	N	Y
Oral/Maxillofacial Surgery	D7820	CLOSED REDUCTION OF DISLOCATION	Yes	N	Y
Oral/Maxillofacial Surgery	D7830	MANIPULATION UNDER ANESTHESIA	Yes	N	Y
Oral/Maxillofacial Surgery	D7840	CONDYLECTOMY	Yes	N	Y
Oral/Maxillofacial Surgery	D7850	SURGICAL DISCECTOMY, WITH/WITHOUT IMPLANT	Yes	N	Y
Oral/Maxillofacial Surgery	D7852	DISC REPAIR	Yes	N	Y
Oral/Maxillofacial Surgery	D7854	SYNOVECTOMY	Yes	N	Y
Oral/Maxillofacial Surgery	D7856	MYOTOMY	Yes	N	Y
Oral/Maxillofacial Surgery	D7858	JOINT RECONSTRUCTION	Yes	N	Y
Oral/Maxillofacial Surgery	D7860	ARTHROTOMY	Yes	N	Y
Oral/Maxillofacial Surgery	D7865	ARTHROPLASTY	Yes	N	Y
Oral/Maxillofacial Surgery	D7870	ARTHROCENTESIS	Yes	N	Y
Oral/Maxillofacial Surgery	D7871	NON-ARTHROSCOPIC LYSIS AND LAVAGE	Yes	N	Y
Oral/Maxillofacial Surgery	D7872	ARTHROSCOPY - DIAGNOSTIC, WITH OR WITHOUT BIOPSY	Yes	N	Y
Oral/Maxillofacial Surgery	D7873	ARTHROSCOPY: LAVAGE AND LYSIS OF ADHESIONS	Yes	N	Y
Oral/Maxillofacial Surgery	D7874	ARTHROSCOPY: DISC REPOSITIONING AND STABILIZATION	Yes	N	Y
Oral/Maxillofacial Surgery	D7875	ARTHROSCOPY: SYNOVECTOMY	Yes	N	Y
Oral/Maxillofacial Surgery	D7876	ARTHROSCOPY: DISCECTOMY	Yes	N	Y
Oral/Maxillofacial Surgery	D7877	ARTHROSCOPY: DEBRIDEMENT	Yes	N	Y
Oral/Maxillofacial Surgery	D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	Yes	N	Y
Oral/Maxillofacial Surgery	D7911	COMPLICATED SUTURE - UP TO 5 CM	Yes	N	Y
Oral/Maxillofacial Surgery	D7912	COMPLICATED SUTURE - GREATER THAN 5 CM	Yes	N	Y
Oral/Maxillofacial Surgery	D7920	SKIN GRAFT (IDENTIFY DEFECT COVERED, LOCATION, AND TYPE OF GRAFT)	Yes	N	Y
Oral/Maxillofacial Surgery	D7922	PLACEMENT OF INTRA-SOCKET BIOLOGICAL DRESSING TO AID IN HEMOSTASIS OR CLOT STABILIZATION, PER SITE	Yes	N	Y
Oral/Maxillofacial Surgery	D7940	OSTEOPLASTY - FOR ORTHOGNATHIC DEFORMITIES	Yes	N	Y
Oral/Maxillofacial Surgery	D7941	OSTEOTOMY - MANDIBULAR RAMI	Yes	N	Y
Oral/Maxillofacial Surgery	D7943	OSTEOTOMY - MANDIBULAR RAMI WITH BONE GRAFT; INCLUDING OBTAINING THE GRAFT	Yes	N	Y
Oral/Maxillofacial Surgery	D7944	OSTEOTOMY - SEGMENTED OR SUBAPICAL	Yes	N	Y
Oral/Maxillofacial Surgery	D7945	OSTEOTOMY - BODY OF MANDIBLE	Yes	N	Y
Oral/Maxillofacial Surgery	D7946	LEFORT I (MAXILLA - TOTAL)	Yes	N	Y
Oral/Maxillofacial Surgery	D7947	LEFORT I (MAXILLA - SEGMENTED)	Yes	N	Y
Oral/Maxillofacial Surgery	D7948	LEFORT II OR LEFORT III (OSTEOPLASTY OF FACIAL BONE FOR MIDFACE HYPOPLASIA OR RETRUSION) - WITHOUT BONE GRAFT	Yes	N	Y
Oral/Maxillofacial Surgery	D7949	LEFORT II OR LEFORT III - WITH BONE GRAFT	Yes	N	Y
Oral/Maxillofacial Surgery	D7950	OSSEOUS, OSTEOPERIOSTEAL, OR CARTILAGE GRAFT OF THE MANDIBLE OR MAXILLA - AUTOGENOUS OR NONAUTOGENOUS, BY REPORT	Yes	N	Y
Oral/Maxillofacial Surgery	D7951	SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES VIA A LATERAL OPEN APPROACH.	Yes	N	Y
Oral/Maxillofacial Surgery	D7952	SINUS AUGMENTATION VIA A VERTICAL APPROACH	Yes	N	Y
Oral/Maxillofacial Surgery	D7953	BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION - PER SITE	Yes	N	Y
Oral/Maxillofacial Surgery	D7955	REPAIR OF MAXILLOFACIAL SOFT AND/OR HARD TISSUE DEFECT	Yes	N	Y
Oral/Maxillofacial Surgery	D7956	GUIDED TISSUE REGENERATION, EDENTULOUS AREA RESORBABLE BARRIER, PER SITE	Yes	N	Y
Oral/Maxillofacial Surgery	D7957	GUIDED TISSUE REGENERATION, EDENTULOUS AREA NON-RESORBABLE BARRIER, PER SITE	Yes	N	Y
Oral/Maxillofacial Surgery	D7963	FRENULOPLASTY	Yes	N	Y
Oral/Maxillofacial Surgery	D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	Yes	N	Y
Oral/Maxillofacial Surgery	D7980	SURGICAL SIALOLITHOTOMY	Yes	N	Y
Oral/Maxillofacial Surgery	D7981	EXCISION OF SALIVARY GLAND, BY REPORT	Yes	N	Y
Oral/Maxillofacial Surgery	D7982	SIALODOCHOPLASTY	Yes	N	Y
Oral/Maxillofacial Surgery	D7983	CLOSURE OF SALIVARY FISTULA	Yes	N	Y
Oral/Maxillofacial Surgery	D7993	SURGICAL PLACEMENT OF CRANIOFACIAL IMPLANT - EXTRA ORAL	Yes	N	Y
Oral/Maxillofacial Surgery	D7994	SURGICAL PLACEMENT: ZYGOMATIC IMPLANT	Yes	N	Y
Oral/Maxillofacial Surgery	D7995	SYNTHETIC GRAFT - MANDIBLE OR FACIAL BONES, BY REPORT	Yes	N	Y
Oral/Maxillofacial Surgery	D7996	IMPLANT - MANDIBLE FOR AUGMENTATION PURPOSES (EXCLUDING ALVEOLAR RIDGE),BY REPORT	Yes	N	Y
Oral/Maxillofacial Surgery	D7997	APPLIANCE REMOVAL (NOT BY DENTIST WHO PLACED APPLIANCE), INCLUDES REMOVAL OF ARCHBAR	Yes	N	Y
Congenital Anomaly Surgery	23400	SCAPULOPEXY	Yes	Y	Y
Congenital Anomaly Surgery	27158	OSTEOTOMY, PELVIS, BILATERAL (EG, CONGENITAL MALFORMATION)	Yes	Y	Y
Congenital Anomaly Surgery	27258	OPEN TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL OR PATHOLOGICAL), REPLACEMENT OF FEMORAL HEAD IN ACETABULUM (INCLUDING TENOTOMY, ETC)	Yes	Y	Y
Congenital Anomaly Surgery	27259	OPEN TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL OR PATHOLOGICAL), REPLACEMENT OF FEMORAL HEAD IN ACETABULUM (INCLUDING TENOTOMY, ETC); WITH FEMORAL SHAFT SHORTENING	Yes	Y	Y
Congenital Anomaly Surgery	27727	REPAIR OF CONGENITAL PSEUDARTHROSIS, TIBIA	Yes	Y	Y
Congenital Anomaly Surgery	31300	LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); WITH REMOVAL OF TUMOR OR LARYNGOCELE, CORDECTOMY	Yes	Y	Y
Congenital Anomaly Surgery	33814	OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT, WITH CARDIOPULMONARY BYPASS	Yes	Y	Y

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Congenital Anomaly Surgery	34707	ENDOVASCULAR REPAIR OF ILIAC ARTERY BY DEPPLOYMENT OF AN ILIO-ILIAC TUBE ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION, ALL NONSELECTIVE CATHETERIZATION(S), ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, AND ALL ENDOGRAFT EXTENSION(S) PROXIMALLY TO THE AORTIC BIFURCATION AND DISTALLY TO THE ILIAC BIFURCATION, AND TREATMENT ZONE ANGIOPLASTY/STENTING, WHEN PERFORMED, UNILATERAL; FOR OTHER THAN RUPTURE (EG, FOR ANEURYSM, PSEUDOANEURYSM, DISSECTION, ARTERIOVENOUS MALFORMATION)	Yes	Y	Y
Congenital Anomaly Surgery	34708	ENDOVASCULAR REPAIR OF ILIAC ARTERY BY DEPPLOYMENT OF AN ILIO-ILIAC TUBE ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION, ALL NONSELECTIVE CATHETERIZATION(S), ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, AND ALL ENDOGRAFT EXTENSION(S) PROXIMALLY TO THE AORTIC BIFURCATION AND DISTALLY TO THE ILIAC BIFURCATION, AND TREATMENT ZONE ANGIOPLASTY/STENTING, WHEN PERFORMED, UNILATERAL; FOR RUPTURE INCLUDING TEMPORARY AORTIC AND.OR ILIAC BALLOON OCCLUSION, WHEN PERFORMED (EG, FOR ANEURYSM, PSEUDOANEURYSM, DISSECTION, ARTERIOVENOUS MALFORMATION, TRAUMATIC DISRUPTION)	Yes	Y	Y
Congenital Anomaly Surgery	35180	REPAIR, CONGENITAL ARTERIVENOUS FISTULA; HEAD AND NECK	Yes	Y	Y
Congenital Anomaly Surgery	35182	REPAIR, CONGENITAL ARTERIVENOUS FISTULA; THORAX AND ABDOMEN	Yes	Y	Y
Congenital Anomaly Surgery	35184	REPAIR, CONGENITAL ARTERIVENOUS FISTULA; EXTREMITIES	Yes	Y	Y
Congenital Anomaly Surgery	40700	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPLETE, UNILATERAL	Yes	Y	Y
Congenital Anomaly Surgery	40701	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, 1-STAGE PROCEDURE	Yes	Y	Y
Congenital Anomaly Surgery	40702	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, 1 OR 2 STAGES	Yes	Y	Y
Congenital Anomaly Surgery	40720	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; SECONDARY, BY RECREATION OF DEFECT AND RECLOSURE	Yes	Y	Y
Congenital Anomaly Surgery	40761	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; WITH CROSS LIP PEDICLE FLAP (ABBE-ESTLANDER TYPE), INCLUDING SECTIONING AND INSERTING OF PEDICLE	Yes	Y	Y
Congenital Anomaly Surgery	42200	PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY	Yes	Y	Y
Congenital Anomaly Surgery	42205	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE ONLY	Yes	Y	Y
Congenital Anomaly Surgery	42210	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GRAFT TO ALVEOLAR RIDGE (INCLUDES OBTAINING GRAFT)	Yes	Y	Y
Congenital Anomaly Surgery	42215	PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION	Yes	Y	Y
Congenital Anomaly Surgery	42220	PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE	Yes	Y	Y
Congenital Anomaly Surgery	42225	PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP	Yes	Y	Y
Congenital Anomaly Surgery	43313	ESOPHAGOPLASTY FOR CONGENITAL DEFECT, (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH; WITHOUT REPAIR OF CONGENITAL TRACHEOESOPHAGEAL FISTULA	Yes	Y	Y
Congenital Anomaly Surgery	43314	ESOPHAGOPLASTY FOR CONGENITAL DEFECT, (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH; WITH REPAIR OF CONGENITAL TRACHEOESOPHAGEAL FISTULA	Yes	Y	Y
Congenital Anomaly Surgery	44126	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENTIAL ATRESIA, SINGLE RESECTION AND ANASTOMOSIS OF PROXIMAL SEGMENT OF INTESTINE; WITHOUT TAPERING	Yes	Y	Y
Congenital Anomaly Surgery	44127	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE RESECTION AND ANASTOMOSIS OF PROXIMAL SEGMENT OF INTESTINE; WITH TAPERING	Yes	Y	Y
Congenital Anomaly Surgery	44128	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE RESECTION AND ANASTOMOSIS OF PROXIMAL SEGMENT OF INTESTINE; EACH ADDITIONAL RESECTION AND ANASTOMOSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	Y	Y
Congenital Anomaly Surgery	47700	EXPLORATION FOR CONGENITAL ATRESIA OF BILE DUCTS, WITHOUT REPAIR, WITH OR WITHOUT LIVER BIOPSY, WITH OR WITHOUT CHOLANGIOGRAPHY	Yes	Y	Y
Congenital Anomaly Surgery	50070	NEPHROLITHOTOMY; COMPLICATED BY CONGENITAL KIDNEY ABNORMALITY	Yes	Y	Y
Congenital Anomaly Surgery	50405	PYELOPLASTY (FOLEY Y-PYELOPLASTY), PLASTIC OPERATION ON RENAL PELVIS, WITH OR WITHOUT PLASTIC OPERATION ON URETER, NEPHROPEXY, NEPHROSTOMY, PYELOSTOMY, OR URETERAL SPLINTING; COMPLICATED (CONGENITAL KIDNEY ABNORMALITY, SECONDARY PYELOPLASTY, SOLITARY KIDNEY, CALYCOPLASTY)	Yes	Y	Y
Congenital Anomaly Surgery	52400	CYSTOURETHROSCOPY WITH INCISION, FULGURATION, OR RESECTION OF CONGENITAL POSTERIOR URETHERAL VALVES, OR CONGENITAL OBSTRUCTIVE HYPERTROPHIC MUCOSAL FOLDS	Yes	Y	Y
Congenital Anomaly Surgery	61613	OBLITERATION OF CAROTID ANEURYSM, ARTERIOVENOUS MALFORMATION, OR CAROTID-CAVERNOUS FISTULA BY DISSECTION WITHIN CAVERNOUS SINUS	Yes	Y	Y
Congenital Anomaly Surgery	61680	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; SUPRATENTORIAL, SIMPLE	Yes	Y	Y
Congenital Anomaly Surgery	61682	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; SUPRATENTORIAL, COMPLEX	Yes	Y	Y
Congenital Anomaly Surgery	61684	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; INFRATENTORIAL, SIMPLE	Yes	Y	Y
Congenital Anomaly Surgery	61686	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; INFRATENTORIAL, COMPLEX	Yes	Y	Y
Congenital Anomaly Surgery	61690	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; DURAL, SIMPLE	Yes	Y	Y

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Congenital Anomaly Surgery	61692	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; DURAL, COMPLEX	Yes	Y	Y
Congenital Anomaly Surgery	61705	SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTULA; BY INTRACRANIAL AND CERVICAL OCCLUSION OF CAROTID ARTERY	Yes	Y	Y
Congenital Anomaly Surgery	61708	SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTULA; BY INTRACRANIAL ELECTROTHROMBOSIS	Yes	Y	Y
Congenital Anomaly Surgery	61710	SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTULA; BY INTRA-ARTERIAL EMBOLIZATION, INJECTION PROCEDURE, BALLOON CATHETER	Yes	Y	Y
Congenital Anomaly Surgery	69320	RECONSTRUCTION EXTERNAL AUDITORY CANAL FOR CONGENITAL ATRESIA, SINGLE STAGE	Yes	Y	Y
Congenital Anomaly Surgery	93580	PERCUTANEOUS TRANSCATHETER CLOSURE OF CONGENTIAL INTERATRIAL COMMUNICATION (I.E., FONTAN FENESTRATION, ATRIAL SEPTAL DEFECT) WITH IMPLANT	Yes	Y	Y
Congenital Anomaly Surgery	93581	PERCUTANEOUS TRANSCATHETER CLOSURE OF A CONGENITAL VENTRICULAR SEPTAL DEFECT WITH IMPLANT	Yes	Y	Y
Congenital Anomaly Surgery	D7961	BUCCAL / LABIAL FRENECTOMY - FRENULECTOMY	Yes	Y	Y
Congenital Anomaly Surgery	D7962	LINGUAL FRENECTOMY - FRENULECTOMY	Yes	Y	Y
Other Surgical Services	0054T	COMPUTER ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC PROCEDURE, WITH IMAGE-GUIDANCE BASED ON FLUOROSCOPIC IMAGES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	N	Y
Other Surgical Services	0055T	COMPUTER-ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC PROCEDURE, WITH IMAGE-GUIDANCE BASED ON CT/MRI IMAGES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	N	Y
Other Surgical Services	0511T	REMOVAL AND REINSERTION OF SINUS TARSI IMPLANT	Yes	N	Y
Other Surgical Services	0524T	ENDOVENOUS CATHETER DIRECTED CHEMICAL ABLATION WITH BALLOON ISOLATION OF INCOMPETENT EXTREMITY VEIN, OPEN OR PERCUTANEOUS, INCLUDING ALL VASCULAR ACCESS, CATHETER MANIPULATION, DIAGNOSTIC IMAGING, IMAGING GUIDANCE AND MONITORING	Yes	N	Y
Other Surgical Services	0717T	AUTOLOGOUS ADIPOSE-DERIVED REGENERATIVE CELL (ADRC) THERAPY FOR PARTIAL THICKNESS ROTATOR CUFF TEAR; ADIPOSE TISSUE HARVESTING, ISOLATION AND PREPARATION OF HARVESTED CELLS, INCLUDING INCUBATION WITH CELL DISSOCIATION ENZYMES, FILTRATION, WASHING AND CONCENTRATION OF ADRCS	Yes	N	Y
Other Surgical Services	0718T	AUTOLOGOUS ADIPOSE-DERIVED REGENERATIVE CELL (ADRC) THERAPY FOR PARTIAL THICKNESS ROTATOR CUFF TEAR; INJECTION INTO SUPRASPINATUS TENDON INCLUDING ULTRASOUND GUIDANCE, UNILATERAL	Yes	N	Y
Other Surgical Services	0719T	POSTERIOR VERTEBRAL JOINT REPLACEMENT, INCLUDING BILATERAL FACETECTOMY, LAMINECTOMY, AND RADICAL DISCECTOMY, INCLUDING IMAGING GUIDANCE, LUMBAR SPINE, SINGLE SEGMENT	Yes	N	Y
Other Surgical Services	15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE, OTHER, HARVESTED BY DIRECT EXCISION (EG, FAT, DERMIS, FASCIA)	Yes	N	Y
Other Surgical Services	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; 50 CC OR LESS INJECTATE	Yes	N	Y
Other Surgical Services	15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 50 CC INJECTATE, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	N	Y
Other Surgical Services	15773	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO FACE, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, AND/OR FEET; 25 CC OR LESS INJECTATE	Yes	N	Y
Other Surgical Services	15774	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO FACE, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, AND/OR FEET; EACH ADDITIONAL 25 CC INJECTATE, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	N	Y
Other Surgical Services	19350	NIPPLE/AREOLA RECONSTRUCTION	Yes	N	Y
Other Surgical Services	19355	CORRECTION OF INVERTED NIPPLES	Yes	N	Y
Other Surgical Services	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Yes	N	Y
Other Surgical Services	19361	BREAST RECONSTRUCTION; WITH LATISSIMUS DORSI FLAP	Yes	N	Y
Other Surgical Services	19364	BREAST RECONSTRUCTION; WITH FREE FLAP (EG, FTRAM, DIEP, SIEA, GAP FLAP)	Yes	N	Y
Other Surgical Services	19367	BREAST RECONSTRUCTION; WITH SINGLE-PEDICLED TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS (TRAM) FLAP	Yes	N	Y
Other Surgical Services	19368	BREAST RECONSTRUCTION; WITH SINGLE-PEDICLED TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS (TRAM) FLAP, REQUIRING SEPARATE MICROVASCULAR ANASTOMOSIS (SUPERCHARGING)	Yes	N	Y
Other Surgical Services	19369	BREAST RECONSTRUCTION; WITH BIPEDICLED TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS (TRAM) FLAP	Yes	N	Y
Other Surgical Services	19380	REVISION OF RECONSTRUCTED BREAST (EG, SIGNIFICANT REMOVAL OF TISSUE, RE-ADVANCEMENT AND/OR RE-INSET OF FLAPS IN AUTOLOGOUS RECONSTRUCTION OR SIGNIFICANT CAPSULAR REVISION COMBINED WITH SOFT TISSUE EXCISION IN IMPLANT-BASED RECONSTRUCTION)	Yes	N	Y
Other Surgical Services	19396	PREPARATION OF MOULAGE FOR CUSTOM BREAST IMPLANT	Yes	N	Y
Other Surgical Services	20650	INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING REMOVAL (SEPARATE PROCEDURE)	Yes	N	Y
Other Surgical Services	20662	APPLICATION OF HALO, INCLUDING REMOVAL; PELVIC	Yes	N	Y
Other Surgical Services	20663	APPLICATION OF HALO, INCLUDING REMOVAL; FEMORAL	Yes	N	Y
Other Surgical Services	20665	REMOVAL OF TONGS OR HALO APPLIED BY ANOTHER INDIVIDUAL	Yes	N	Y

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Other Surgical Services	20670	REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BURIED WIRE, PIN OR ROD) (SEPARATE PROCEDURE)	Yes	N	Y
Other Surgical Services	20680	REMOVAL OF IMPLANT; DEEP, (EG, BURIED WIRE, PIN, SCREW, METAL BAN, NAIL, ROD OR PLATE)	Yes	N	Y
Other Surgical Services	20690	APPLICATION OF A UNIPLANE (PINS OR WIRES IN 1 PLANE), UNILATERAL, EXTERNAL FIXATION SYSTEM	Yes	N	Y
Other Surgical Services	20692	APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN 1 PLANE), UNILATERAL, EXTERNAL FIXATION SYSTEM (EG, ILIZAROV, MONTICELLI TYPE)	Yes	N	Y
Other Surgical Services	20693	ADJUSTMENT OR REVISION OF EXTERNAL FIXATION SYSTEM REQUIRING ANESTHESIA (EG, NEW PIN(S) OR WIRE(S), AND/OR NEW RING(S) OR BAR(S))	Yes	N	Y
Other Surgical Services	20694	REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM	Yes	N	Y
Other Surgical Services	20696	APPLICATION OF MULTIPLANE (PINS OR WIRES IN MORE THAN 1 PLANE), UNILATERAL, EXTERNAL FIXATION WITH STEREOTACTIC COMPUTER-ASSISTED ADJUSTMENT (EG, SPATIAL FRAME), INCLUDING IMAGING; INITIAL AND SUBSEQUENT ALIGNMENT(S), ASSESSMENT(S), AND COMPUTATIONS(S) OF ADJUSTMENT SCHEDULE(S)	Yes	N	Y
Other Surgical Services	20697	APPLICATION OF MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL, EXTERNAL FIXATION WITH STEREOTACTIC COMPUTER-ASSISTED ADJUSTMENT (EG, SPATIAL FRAME), INCLUDING IMAGING; EXCHANGE (IE, REMOVAL AND REPLACEMENT) OF STRUT, EACH	Yes	N	Y
Other Surgical Services	20900	BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)	Yes	N	Y
Other Surgical Services	20902	BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE	Yes	N	Y
Other Surgical Services	20920	FASCIA LATA GRAFT; BY STRIPPER	Yes	N	Y
Other Surgical Services	20922	FASCIA LATA GRAFT; BY INCISION AND AREA EXPOSURE, COMPLEX OR SHEET	Yes	N	Y
Other Surgical Services	20924	TENDON GRAFT, FROM A DISTANCE (EG, PALMARIS, TOE EXTENSOR, PLANTARIS)	Yes	N	Y
Other Surgical Services	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	N	Y
Other Surgical Services	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	N	Y
Other Surgical Services	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (E.G., RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	N	Y
Other Surgical Services	20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	N	Y
Other Surgical Services	20938	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); STRUCTURAL, BICORTICAL OR TRICORTICAL (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	N	Y
Other Surgical Services	20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	N	Y
Other Surgical Services	20955	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; FIBULA	Yes	N	Y
Other Surgical Services	20956	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST	Yes	N	Y
Other Surgical Services	20962	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN FIBULA, ILIAC CREST, OR METATARSA	Yes	N	Y
Other Surgical Services	20970	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST	Yes	N	Y
Other Surgical Services	20985	COMPUTER-ASSISTED SURGICAL NAVIGATIONAL PROCEDURE FOR MUSCULOSKELETAL PROCEDURES, IMAGE-LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	N	Y
Other Surgical Services	21026	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); FACIAL BONE(S)	Yes	N	Y
Other Surgical Services	21030	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA OR ZYGOMA, BY ENUCLEATION AND CURETTAGE	Yes	N	Y
Other Surgical Services	21031	EXCISION OF TORUS MANDIBULARIS	Yes	N	Y
Other Surgical Services	21032	EXCISION OF MAXILLARY TORUS PALATINUS	Yes	N	Y
Other Surgical Services	21034	EXCISION OF MALIGNANT TUMOR OF MAXILLA OR ZYGOMA	Yes	N	Y
Other Surgical Services	21040	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE, BY ENUCLEATION AND CURETTAGE	Yes	N	Y
Other Surgical Services	21044	EXCISION OF MALIGNANT TUMOR OF MANDIBLE;	Yes	N	Y
Other Surgical Services	21045	EXCISION OF MALIGNANT TUMOR OF MANDIBLE; RADICAL RESECTION	Yes	N	Y
Other Surgical Services	21046	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL OSTEOTOMY (E.G., LOCALLY AGGRESSIVE OR DESTRUCTIVE LESION(S))	Yes	N	Y
Other Surgical Services	21047	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRA-ORAL OSTEOTOMY AND PARTIAL MANDIBULECTOMY (E.G., LOCALLY AGGRESSIVE OR DESTRUCTIVE LESION(S))	Yes	N	Y
Other Surgical Services	21048	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING INTRA-ORAL OSTEOTOMY (E.G., LOCALLY AGGRESSIVE OR DESTRUCTIVE LESION(S))	Yes	N	Y
Other Surgical Services	21049	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTEOTOMY AND PARTIAL MAXILLECTOMY (E.G., LOCALLY AGGRESSIVE OR DESTRUCTIVE LESIONS(S))	Yes	N	Y
Other Surgical Services	21116	INJECTION PROCEDURE FOR TEMPOROMANDIBULAR JOINT ARTHROGRAPHY	Yes	N	Y
Other Surgical Services	21120	GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL)	Yes	N	Y
Other Surgical Services	21121	GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE	Yes	N	Y

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Other Surgical Services	21122	GENIOPLASTY; SLIDING OSTEOTOMIES, TWO OR MORE OSTEOTOMIES (EG, WEDGE EXCISION OR BONE WEDGE REVERSAL FOR ASYMMETRICAL CHIN)	Yes	N	Y
Other Surgical Services	21123	GENIOPLASTY; SLIDING, AUGMENTATION WITH INTERPOSITIONAL BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	Yes	N	Y
Other Surgical Services	21125	AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL	Yes	N	Y
Other Surgical Services	21127	AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR INTERPOSITIONAL (INCLUDES OBTAINING AUTOGRAFT)	Yes	N	Y
Other Surgical Services	21137	REDUCTION FOREHEAD; CONTOURING ONLY	Yes	N	Y
Other Surgical Services	21138	REDUCTION FOREHEAD; CONTOURING AND APPLICATION OF PROSTHETIC MATERIAL OR BONE GRAFT (INCLUDES OBTAINING AUTOGRAFT)	Yes	N	Y
Other Surgical Services	21139	REDUCTION FOREHEAD; CONTOURING AND SETBACK OF ANTERIOR FRONTAL SINUS WALL	Yes	N	Y
Other Surgical Services	21141	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION (EG, FOR LONG FACE SYNDROME), WITHOUT BONE GRAFT	Yes	N	Y
Other Surgical Services	21142	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT	Yes	N	Y
Other Surgical Services	21143	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT	Yes	N	Y
Other Surgical Services	21145	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	Yes	N	Y
Other Surgical Services	21146	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) (EG, UNGRAFTED UNILATERAL ALVEOLAR CLEFT)	Yes	N	Y
Other Surgical Services	21147	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) (EG, UNGRAFTED BILATERAL ALVEOLAR CLEFT OR MULTIPLE OSTEOTOMIES)	Yes	N	Y
Other Surgical Services	21150	RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS SYNDROME)	Yes	N	Y
Other Surgical Services	21151	RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	Yes	N	Y
Other Surgical Services	21154	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS); WITHOUT LEFORT I	Yes	N	Y
Other Surgical Services	21155	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS); WITH LEFORT I	Yes	N	Y
Other Surgical Services	21159	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD ADVANCEMENT (EG, MONO BLOC), REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS); WITHOUT LEFORT I	Yes	N	Y
Other Surgical Services	21160	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD ADVANCEMENT (EG, MONO BLOC), REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS); WITH LEFORT I	Yes	N	Y
Other Surgical Services	21172	RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION, WITH OR WITHOUT GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	Yes	N	Y
Other Surgical Services	21175	RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION (EG, PLAGIOCEPHALY, TRIGONOCEPHALY, BRACHYCEPHALY), WITH OR WITHOUT GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	Yes	N	Y
Other Surgical Services	21179	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WITH GRAFTS (ALLOGRAFT OR PROSTHETIC MATERIAL)	Yes	N	Y
Other Surgical Services	21180	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFTS)	Yes	N	Y
Other Surgical Services	21181	REMOVAL BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS DYSPLASIA), EXTRACRANIAL	Yes	N	Y
Other Surgical Services	21182	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA- AND EXTRACRANIAL EXCISION OF BENIGN TUMOR OF CRANIAL BONE (EG, FIBROUS DYSPLASIA), WITH MULTIPLE AUTOGRAFTS (INCLUDES OBTAINING GRAFTS); TOTAL AREA OF BONE GRAFTING LESS THAN 40 CM	Yes	N	Y
Other Surgical Services	21183	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA- AND EXTRACRANIAL EXCISION OF BENIGN TUMOR OF CRANIAL BONE (EG, FIBROUS DYSPLASIA), WITH MULTIPLE AUTOGRAFTS (INCLUDES OBTAINING GRAFTS); TOTAL AREA OF BONE GRAFTING GREATER THAN 40 SQ CM BUT LESS THAN 80 SQ CM	Yes	N	Y
Other Surgical Services	21184	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA- AND EXTRACRANIAL EXCISION OF BENIGN TUMOR OF CRANIAL BONE (EG, FIBROUS DYSPLASIA), WITH MULTIPLE AUTOGRAFTS (INCLUDES OBTAINING GRAFTS); TOTAL AREA OF BONE GRAFTING GREATER THAN 80 SQ CM	Yes	N	Y
Other Surgical Services	21188	RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	Yes	N	Y
Other Surgical Services	21208	OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETIC IMPLANT)	Yes	N	Y
Other Surgical Services	21209	OSTEOPLASTY, FACIAL BONES; REDUCTION	Yes	N	Y
Other Surgical Services	21230	GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES OBTAINING GRAFT)	Yes	N	Y

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Other Surgical Services	21235	GRAFT; EAR CARTILAGE, AUTOGRAFT, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)	Yes	N	Y
Other Surgical Services	21255	RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID FOSSA WITH BONE AND CARTILAGE (INCLUDES OBTAINING AUTOGRAFTS)	Yes	Y	Y
Other Surgical Services	21256	RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) (EG, MICROOPHTHALMIA)	Yes	N	Y
Other Surgical Services	21260	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; EXTRACRANIAL APPROACH	Yes	N	Y
Other Surgical Services	21261	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL APPROACH	Yes	N	Y
Other Surgical Services	21263	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; WITH FOREHEAD ADVANCEMENT	Yes	N	Y
Other Surgical Services	21267	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; EXTRACRANIAL APPROACH	Yes	N	Y
Other Surgical Services	21268	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL APPROACH	Yes	N	Y
Other Surgical Services	21270	MALAR AUGMENTATION, PROSTHETIC MATERIAL	Yes	Y	Y
Other Surgical Services	21275	SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION	Yes	N	Y
Other Surgical Services	21280	MEDIAL CANTHOPEXY (SEPARATE PROCEDURE)	Yes	N	Y
Other Surgical Services	21282	LATERAL CANTHOPEXY	Yes	N	Y
Other Surgical Services	21295	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH	Yes	N	Y
Other Surgical Services	21296	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); INTRAORAL APPROACH	Yes	N	Y
Other Surgical Services	21740	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; OPEN	Yes	N	Y
Other Surgical Services	21742	RECONSTRUCTION REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE APPROACH (NUSS PROCEDURE), WITHOUT THORACOSCOPY	Yes	N	Y
Other Surgical Services	21743	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE APPROACH (NUSS PROCEDURE), WITH THORACOSCOPY	Yes	N	Y
Other Surgical Services	22010	INCISION AND DRAINAGE, OPEN, OF DEEP ABSCESS (SUBFASCIAL), POSTERIOR SPINE; CERVICAL, THORACIC, OR CERVICOTHORACIC	Yes	N	Y
Other Surgical Services	22015	INCISION AND DRAINAGE, OPEN, OF DEEP ABSCESS (SUBFASCIAL), POSTERIOR SPINE; LUMBAR, SACRAL, OR LUMBOSACRAL	Yes	N	Y
Other Surgical Services	22100	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAMINA OR FACET) FOR INTRINSIC BONY LESION, SINGLE VERTEBRAL SEGMENT; CERVICAL	Yes	N	Y
Other Surgical Services	22101	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAMINA OR FACET) FOR INTRINSIC BONY LESION, SINGLE VERTEBRAL SEGMENT; THORACIC	Yes	N	Y
Other Surgical Services	22102	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAMINA OR FACET) FOR INTRINSIC BONY LESION, SINGLE VERTEBRAL SEGMENT; LUMBAR	Yes	N	Y
Other Surgical Services	22103	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAMINA OR FACET) FOR INTRINSIC BONY LESION, SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	N	Y
Other Surgical Services	22110	PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S), SINGLE VERTEBRAL SEGMENT; CERVICAL	Yes	N	Y
Other Surgical Services	22112	PARTIAL EXCISION OF VERTEBRAL BODY FOR INTRINSIC BONY LESION, WITHOUT DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S), SINGLE VERTEBRAL SEGMENT; THORACIC	Yes	N	Y
Other Surgical Services	22114	PARTIAL EXCISION OF VERTEBRAL BODY FOR INTRINSIC BONY LESION, WITHOUT DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S), SINGLE VERTEBRAL SEGMENT; LUMBAR	Yes	N	Y
Other Surgical Services	22116	PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL VERTEBRAL SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	N	Y
Other Surgical Services	22206	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, 3 COLUMNS, 1 VERTEBRAL SEGMENT (E.G., PEDICLE/VERTEBRAL BODY SUBTRACTION); THORACIC	Yes	N	Y
Other Surgical Services	22207	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THREE COLUMNS, ONE VERTEBRAL SEGMENT (E.G., PEDICLE/VERTEBRAL BODY SUBTRACTION); LUMBAR	Yes	N	Y
Other Surgical Services	22208	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THREE COLUMNS, ONE VERTEBRAL SEGMENT (E.G., PEDICLE/VERTEBRAL BODY SUBTRACTION); EACH ADDITIONAL VERTEBRAL SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	N	Y
Other Surgical Services	22210	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, 1 VERTEBRAL SEGMENT; CERVICAL	Yes	N	Y
Other Surgical Services	22212	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRAL SEGMENT; THORACIC	Yes	N	Y
Other Surgical Services	22214	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRAL SEGMENT; LUMBAR	Yes	N	Y
Other Surgical Services	22216	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRAL SEGMENT; EACH ADDITIONAL VERTEBRAL SEGMENT (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	Yes	N	Y
Other Surgical Services	22220	OSTEOTOMY OF SPINE, INCLUDING DISCECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL SEGMENT; CERVICAL	Yes	N	Y
Other Surgical Services	22222	OSTEOTOMY OF SPINE, INCLUDING DISCECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL SEGMENT; THORACIC	Yes	N	Y

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Other Surgical Services	22224	OSTEOTOMY OF SPINE, INCLUDING DISCECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL SEGMENT; LUMBAR	Yes	N	Y
Other Surgical Services	22226	OSTEOTOMY OF SPINE, INCLUDING DISCECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL VERTEBRAL SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	N	Y
Other Surgical Services	22830	EXPLORATION OF SPINAL FUSION	Yes	N	Y
Other Surgical Services	22836	ANTERIOR THORACIC VERTEBRAL BODY TETHERING, INCLUDING THORACOSCOPY, WHEN PERFORMED; UP TO 7 VERTEBRAL SEGMENTS	Yes	N	Y
Other Surgical Services	22837	ANTERIOR THORACIC VERTEBRAL BODY TETHERING, INCLUDING THORACOSCOPY, WHEN PERFORMED; 8 OR MORE VERTEBRAL SEGMENTS	Yes	N	Y
Other Surgical Services	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (E.G., HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS 1 INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	N	Y
Other Surgical Services	22841	INTERNAL SPINAL FIXATION BY WIRING OF SPINOUS PROCESSES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	N	Y
Other Surgical Services	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (E.G., PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	N	Y
Other Surgical Services	22843	POSTERIOR SEGMENTAL INSTRUMENTATION (E.G., PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 7 TO 12 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	N	Y
Other Surgical Services	22844	POSTERIOR SEGMENTAL INSTRUMENTATION (E.G., PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 13 OR MORE VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	N	Y
Other Surgical Services	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	N	Y
Other Surgical Services	22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	N	Y
Other Surgical Services	22847	ANTERIOR INSTRUMENTATION; 8 OR MORE VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	N	Y
Other Surgical Services	22848	PELVIC FIXATION (ATTACHMENT OF CAUDAL END OF INSTRUMENTATION TO PELVIC BONY STRUCTURES) OTHER THAN SACRUM (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	N	Y
Other Surgical Services	22849	REINSERTION OF SPINAL FIXATION DEVICE	Yes	N	Y
Other Surgical Services	22850	REMOVAL OF POSTERIOR NONSEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD)	Yes	N	Y
Other Surgical Services	22852	REMOVAL OF POSTERIOR SEGMENTAL INSTRUMENTATION	Yes	N	Y
Other Surgical Services	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (E.G., SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (E.G., SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	N	Y
Other Surgical Services	22854	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (E.G., SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (E.G., SCREWS, FLANGES), WHEN PERFORMED, TO VERTEBRAL CORPECTOMY(IES) (VERTEBRAL BODY RESECTION, PARTIAL OR COMPLETE) DEFECT, IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH CONTIGUOUS DEFECT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	N	Y
Other Surgical Services	22855	REMOVAL OF ANTERIOR INSTRUMENTATION	Yes	N	Y
Other Surgical Services	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL, CERVICAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	N	Y
Other Surgical Services	22859	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (E.G., SYNTHETIC CAGE, MESH, METHYLMETHACRYLATE) TO INTERVERTEBRAL DISC SPACE OR VERTEBRAL BODY DEFECT WITHOUT INTERBODY ARTHRODESIS, EACH CONTIGUOUS DEFECT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	N	Y
Other Surgical Services	22860	TOTAL DISC ARTHROPLASTY ARTIFICIAL DISC ANTERIOR APPROACH INCLUDING DISCECTOMY TO PREPARE INTERSPACE OTHER THAN FOR DECOMPRESSION SECOND INTERSPACE LUMBAR LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Yes	N	Y
Other Surgical Services	22861	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, SINGLE INTERSPACE; CERVICAL	Yes	N	Y
Other Surgical Services	22862	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, SINGLE INTERSPACE; LUMBAR	Yes	N	Y
Other Surgical Services	22864	REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, SINGLE INTERSPACE; CERVICAL	Yes	N	Y
Other Surgical Services	22865	REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, SINGLE INTERSPACE; LUMBAR	Yes	N	Y

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Other Surgical Services	22868	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE, WITHOUT FUSION, INCLUDING IMAGE GUIDANCE WHEN PERFORMED, WITH OPEN DECOMPRESSION, LUMBAR; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	N	Y
Other Surgical Services	22870	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE, WITHOUT OPEN DECOMPRESSION OR FUSION, INCLUDING IMAGE GUIDANCE WHEN PERFORMED, LUMBAR; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	N	Y
Other Surgical Services	23020	CAPSULAR CONTRACTURE RELEASE (E.G., SEVER TYPE PROCEDURE)	Yes	N	Y
Other Surgical Services	23035	INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), SHOULDER AREA	Yes	N	Y
Other Surgical Services	23040	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY	Yes	N	Y
Other Surgical Services	23044	ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLAVICULAR JOINT, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY	Yes	N	Y
Other Surgical Services	23100	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING BIOPSY	Yes	N	Y
Other Surgical Services	23101	ARTHROTOMY, ACROMIOCLAVICULAR JOINT OR STERNOCLAVICULAR JOINT, INCLUDING BIOPSY AND/OR EXCISION OF TORN CARTILAGE	Yes	N	Y
Other Surgical Services	23105	ARTHROTOMY; GLENOHUMERAL JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOPSY	Yes	N	Y
Other Surgical Services	23106	ARTHROTOMY; STERNOCLAVICULAR JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOPSY	Yes	N	Y
Other Surgical Services	23107	ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY	Yes	N	Y
Other Surgical Services	23120	CLAVICULECTOMY; PARTIAL	Yes	N	Y
Other Surgical Services	23125	CLAVICULECTOMY; TOTAL	Yes	N	Y
Other Surgical Services	23130	ACROMIOPLASTY OR ACROMIONECTOMY, PARTIAL, WITH OR WITHOUT CORACOACROMIAL LIGAMENT RELEASE	Yes	N	Y
Other Surgical Services	23170	SEQUESTRECTOMY FOR OSTEOMYELITIS OR BONE ABSCESS, CLAVICLE;	Yes	N	Y
Other Surgical Services	23172	SEQUESTRECTOMY FOR OSTEOMYELITIS OR BONE ABSCESS, SCAPULA;	Yes	N	Y
Other Surgical Services	23174	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERAL HEAD TO SURGICAL NECK	Yes	N	Y
Other Surgical Services	23180	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS), CLAVICLE	Yes	N	Y
Other Surgical Services	23182	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS), SCAPULA	Yes	N	Y
Other Surgical Services	23184	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS), PROXIMAL HUMERUS	Yes	N	Y
Other Surgical Services	23190	OSTECTOMY OF SCAPULA, PARTIAL	Yes	N	Y
Other Surgical Services	23195	RESECTION HUMERAL HEAD	Yes	N	Y
Other Surgical Services	23395	MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM; SINGLE	Yes	N	Y
Other Surgical Services	23397	MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM; MULTIPLE	Yes	N	Y
Other Surgical Services	23405	TENOTOMY, SHOULDER AREA; SINGLE TENDON	Yes	N	Y
Other Surgical Services	23406	TENOTOMY, SHOULDER AREA; MULTIPLE TENDONS THROUGH SAME INCISION	Yes	N	Y
Other Surgical Services	23410	REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (E.G., ROTATOR CUFF) OPEN; ACUTE	Yes	N	Y
Other Surgical Services	23412	REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (E.G., ROTATOR CUFF) OPEN; CHRONIC	Yes	N	Y
Other Surgical Services	23415	CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY	Yes	N	Y
Other Surgical Services	23420	RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES ACROMIOPLASTY)	Yes	N	Y
Other Surgical Services	23430	TENODESIS OF LONG TENDON OF BICEPS	Yes	N	Y
Other Surgical Services	23440	RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS	Yes	N	Y
Other Surgical Services	23450	CAPSULORRHAPHY, ANTERIOR; PUTTI-PLATT PROCEDURE OR MAGNUSON TYPE OPERATION	Yes	N	Y
Other Surgical Services	23455	CAPSULORRHAPHY, ANTERIOR; WITH LABRAL REPAIR (E.G., BANKART PROCEDURE)	Yes	N	Y
Other Surgical Services	23460	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH BONE BLOCK	Yes	N	Y
Other Surgical Services	23462	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH CORACOID PROCESS TRANSFER	Yes	N	Y
Other Surgical Services	23465	CAPSULORRHAPHY, GLENOHUMERAL JOINT, POSTERIOR, WITH OR WITHOUT BONE BLOCK	Yes	N	Y
Other Surgical Services	23466	CAPSULORRHAPHY, GLENOHUMERAL JOINT, ANY TYPE MULTI-DIRECTIONAL INSTABILITY	Yes	N	Y
Other Surgical Services	23470	ARTHROPLASTY, GLENOHUMERAL JOINT; HEMIARTHROPLASTY	Yes	N	Y
Other Surgical Services	23472	ARTHROPLASTY, GLENOHUMERAL JOINT; TOTAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT (E.G., TOTAL SHOULDER))	Yes	N	Y
Other Surgical Services	23473	REVISION OF TOTAL SHOULDER ARTHROPLASTY; INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL OR GLENOID COMPONENT	Yes	N	Y
Other Surgical Services	23474	REVISION OF TOTAL SHOULDER ARTHROPLASTY; INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL OR GLENOID COMPONENT	Yes	N	Y
Other Surgical Services	23480	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION;	Yes	N	Y
Other Surgical Services	23485	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION; WITH BONE GRAFT FOR NONUNION OR MALUNION (INCLUDES OBTAINING GRAFT AND/OR NECESSARY FIXATION)	Yes	N	Y
Other Surgical Services	23490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYL METHACRYLATE; CLAVICLE	Yes	N	Y
Other Surgical Services	23491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; PROXIMAL HUMERUS	Yes	N	Y
Other Surgical Services	23700	MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, INCLUDING APPLICATION OF FIXATION APPARATUS (DISLOCATION EXCLUDED)	Yes	N	Y
Other Surgical Services	23800	ARTHRODESIS, GLENOHUMERAL JOINT;	Yes	N	Y
Other Surgical Services	23802	ARTHRODESIS, GLENOHUMERAL JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)	Yes	N	Y

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Other Surgical Services	23900	INTERTHORACOSCAPULAR AMPUTATION (FOREQUARTER)	Yes	N	Y
Other Surgical Services	23920	DISARTICULATION OF SHOULDER;	Yes	N	Y
Other Surgical Services	23921	DISARTICULATION OF SHOULDER; SECONDARY CLOSURE OR SCAR REVISION	Yes	N	Y
Other Surgical Services	24134	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SHAFT OR DISTAL HUMERUS	Yes	N	Y
Other Surgical Services	24140	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS), HUMERUS	Yes	N	Y
Other Surgical Services	24344	RECONSTRUCTION LATERAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUDES HARVESTING OF GRAFT)	Yes	N	Y
Other Surgical Services	24346	RECONSTRUCTION MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUDES HARVESTING OF GRAFT)	Yes	N	Y
Other Surgical Services	24498	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING), WITH OR WITHOUT METHYLMETHACRYLATE, HUMERAL SHAFT	Yes	N	Y
Other Surgical Services	26500	RECONSTRUCTION OF TENDON PULLEY, EACH TENDON; WITH LOCAL TISSUES (SEPARATE PROCEDURE)	Yes	N	Y
Other Surgical Services	26502	RECONSTRUCTION OF TENDON PULLEY, EACH TENDON; WITH TENDON OR FASCIAL GRAFT (INCLUDES OBTAINING GRAFT) (SEPARATE PROCEDURE)	Yes	N	Y
Other Surgical Services	26541	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE, WITH TENDON OR FASCIAL GRAFT (INCLUDES OBTAINING GRAFT)	Yes	N	Y
Other Surgical Services	26542	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT; SINGLE, WITH LOCAL TISSUE (EG, ABDUCTOR ADVANCEMENT)	Yes	N	Y
Other Surgical Services	26545	RECONSTRUCTION, COLLATERAL LIGAMENT, INTERPHALANGEAL JOINT, SINGLE, INCLUDING GRAFT, EACH JOINT	Yes	N	Y
Other Surgical Services	26992	INCISION, BONE CORTEX, PELVIS AND/OR HIP JOINT (EG, OSTEOMYELITIS OR BONE ABSCESS)	Yes	N	Y
Other Surgical Services	27000	TENOTOMY, ADDUCTOR OF HIP, PERCUTANEOUS (SEPARATE PROCEDURE)	Yes	N	Y
Other Surgical Services	27001	TENOTOMY, ADDUCTOR OF HIP, OPEN	Yes	N	Y
Other Surgical Services	27003	TENOTOMY, ADDUCTOR, SUBCUTANEOUS, OPEN; WITH OBTURATOR NEURECTOMY	Yes	N	Y
Other Surgical Services	27005	TENOTOMY, HIP FLEXOR(S), OPEN (SEPARATE PROCEDURE)	Yes	N	Y
Other Surgical Services	27006	TENOTOMY, ABDUCTORS AND/OR EXTENSOR(S) OF HIP, OPEN (SEPARATE PROCEDURE)	Yes	N	Y
Other Surgical Services	27025	FASCIOTOMY, HIP OR THIGH, ANY TYPE	Yes	N	Y
Other Surgical Services	27027	DECOMPRESSION FASCIOTOMY(IES), PELVIC (BUTTOCK) COMPARTMENT(S) (EG, GLUTEUS MEDIUS-MINIMUS, GLUTEUS MAXIMUS, ILIOPSOAS, AND/OR TENSOR FASCIA LATA MUSCLE), UNILATERAL	Yes	N	Y
Other Surgical Services	27030	ARTHROTOMY, HIP, WITH DRAINAGE (EG, INFECTION)	Yes	N	Y
Other Surgical Services	27033	ARTHROTOMY, HIP, INCLUDING EXPLORATION OR REMOVAL OF LOOSE OR FOREIGN BODY	Yes	N	Y
Other Surgical Services	27036	CAPSULECTOMY OR CAPSULOTOMY, HIP, WITH OR WITHOUT EXCISION OF HETEROTOPIC BONE, WITH RELEASE OF HIP FLEXOR MUSCLES (IE, GLUTEUS MEDIUS, GLUTEUS MINIMUS, TENSOR FASCIA LATAE, RECTUS FEMORIS, SARTORIUS, ILIOPSOAS)	Yes	N	Y
Other Surgical Services	27050	ARTHROTOMY, WITH BIOPSY; SACROILIAC JOINT	Yes	N	Y
Other Surgical Services	27052	ARTHROTOMY, WITH BIOPSY; HIP JOINT	Yes	N	Y
Other Surgical Services	27054	ARTHROTOMY WITH SYNOVECTOMY, HIP JOINT	Yes	N	Y
Other Surgical Services	27057	DECOMPRESSION FASCIOTOMY(IES), PELVIC (BUTTOCK) COMPARTMENT(S) EG, GLUTEUS MEDIUS-MINIMUS, GLUTEUS MAXIMUS, ILIOPSOAS, AND/OR TENSOR FASCIA LATA MUSCLE) WITH DEBRIDEMENT OF NONVIABLE MUSCLE, UNILATERAL	Yes	N	Y
Other Surgical Services	27070	PARTIAL EXCISION, WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATER TROCHANTER OF FEMUR, (CRATERIZATION, SAUCERIZATION) (EG, OSTEOMYELITIS OR BONE ABSCESS); SUPERFICIAL	Yes	N	Y
Other Surgical Services	27071	PARTIAL EXCISION, WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATER TROCHANTER OF FEMUR, (CRATERIZATION, SAUCERIZATION) (EG, OSTEOMYELITIS OR BONE ABSCESS); DEEP (SUBFASCIAL OR INTRAMUSCULAR)	Yes	N	Y
Other Surgical Services	27080	COCCYGECTOMY, PRIMARY	Yes	N	Y
Other Surgical Services	27097	RELEASE OR RECESSION, HAMSTRING, PROXIMAL	Yes	N	Y
Other Surgical Services	27098	TRANSFER, ADDUCTOR TO ISCHIUM	Yes	N	Y
Other Surgical Services	27100	TRANSFER EXTERNAL OBLIQUE MUSCLE TO GREATER TROCHANTER INCLUDING FASCIAL OR TENDON EXTENSION (GRAFT)	Yes	N	Y
Other Surgical Services	27105	TRANSFER PARASPINAL MUSCLE TO HIP (INCLUDES FASCIAL OR TENDON EXTENSION GRAFT)	Yes	N	Y
Other Surgical Services	27110	TRANSFER ILIOPSOAS; TO GREATER TROCHANTER OF FEMUR	Yes	N	Y
Other Surgical Services	27111	TRANSFER ILIOPSOAS; TO FEMORAL NECK	Yes	N	Y
Other Surgical Services	27120	ACETABULOPLASTY; (EG, WHITMAN, COLONNA, HAYGROVES, OR CUP TYPE)	Yes	N	Y
Other Surgical Services	27122	ACETABULOPLASTY; RESECTION, FEMORAL HEAD (EG, GIRDLESTONE PROCEDURE)	Yes	N	Y
Other Surgical Services	27132	CONVERSION OF PREVIOUS HIP SURGERY TO TOTAL HIP ARTHROPLASTY, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Yes	N	Y
Other Surgical Services	27134	REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Yes	N	Y
Other Surgical Services	27137	REVISION OF TOTAL HIP ARTHROPLASTY; ACETABULAR COMPONENT ONLY, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Yes	N	Y
Other Surgical Services	27138	REVISION OF TOTAL HIP ARTHROPLASTY; FEMORAL COMPONENT ONLY, WITH OR WITHOUT ALLOGRAFT	Yes	N	Y
Other Surgical Services	27140	OSTEOTOMY AND TRANSFER OF GREATER TROCHANTER OF FEMUR (SEPARATE PROCEDURES)	Yes	N	Y
Other Surgical Services	27146	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE;	Yes	N	Y
Other Surgical Services	27147	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH OPEN REDUCTION OF HIP	Yes	N	Y

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Other Surgical Services	27151	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORAL OSTEOTOMY	Yes	N	Y
Other Surgical Services	27156	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORAL OSTEOTOMY AND WITH OPEN REDUCTION OF HIP	Yes	N	Y
Other Surgical Services	27161	OSTEOTOMY, FEMORAL NECK (SEPARATE PROCEDURE)	Yes	N	Y
Other Surgical Services	27165	OSTEOTOMY, INTERTROCHANTERIC OR SUBTROCHANTERIC INCLUDING INTERNAL OR EXTERNAL FIXATION AND/OR CAST	Yes	N	Y
Other Surgical Services	27170	BONE GRAFT, FEMORAL HEAD, NECK, INTERTROCHANTERIC OR SUBTROCHANTERIC AREA (INCLUDES OBTAINING BONE GRAFT)	Yes	N	Y
Other Surgical Services	27175	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY TRACTION, WITHOUT REDUCTION	Yes	N	Y
Other Surgical Services	27176	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY SINGLE OR MULTIPLE PINNING, IN SITU	Yes	N	Y
Other Surgical Services	27177	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; SINGLE OR MULTIPLE PINNING OR BONE GRAFT (INCLUDES OBTAINING GRAFT)	Yes	N	Y
Other Surgical Services	27178	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; CLOSED MANIPULATION WITH SINGLE OR MULTIPLE PINNING	Yes	N	Y
Other Surgical Services	27179	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOPLASTY OF FEMORAL NECK (HEYMAN TYPE PROCEDURE)	Yes	N	Y
Other Surgical Services	27181	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOTOMY AND INTERNAL FIXATION	Yes	N	Y
Other Surgical Services	27185	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, GREATER TROCHANTER OF FEMUR	Yes	N	Y
Other Surgical Services	27187	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYL METHACRYLATE; FEMORAL NECK AND PROXIMAL FEMUR	Yes	N	Y
Other Surgical Services	27275	MANIPULATION, HIP JOINT, REQUIRING GENERAL ANESTHESIA	Yes	N	Y
Other Surgical Services	27278	ARTHRODESIS, SACROILIAC JOINT, PERCUTANEOUS, WITH IMAGE GUIDANCE, INCLUDING PLACEMENT OF INTRA-ARTICULAR IMPLANT(S) (EG, BONE ALLOGRAFT[S], SYNTHETIC DEVICE[S]), WITHOUT PLACEMENT OF TRANSFIXATION DEVICE	Yes	N	Y
Other Surgical Services	27279	ARTHRODESIS, SACROILIAC JOINT, PERCUTANEOUS OR MINIMALLY INVASIVE (INDIRECT VISUALIZATION), WITH IMAGE GUIDANCE, INCLUDES OBTAINING BONE GRAFT WHEN PERFORMED, AND PLACEMENT OF TRANSFIXING DEVICE	Yes	N	Y
Other Surgical Services	27280	ARTHRODESIS, SACROILIAC JOINT, OPEN, INCLUDES OBTAINING BONE GRAFT, INCLUDING INSTRUMENTATION, WHEN PERFORMED	Yes	N	Y
Other Surgical Services	27282	ARTHRODESIS, SYMPHYSIS PUBIS (INCLUDING OBTAINING GRAFT)	Yes	N	Y
Other Surgical Services	27284	ARTHRODESIS, HIP JOINT (INCLUDING OBTAINING GRAFT);	Yes	N	Y
Other Surgical Services	27286	ARTHRODESIS, HIP JOINT (INCLUDES OBTAINING GRAFT); WITH SUBTROCHANTERIC OSTEOTOMY	Yes	N	Y
Other Surgical Services	27290	INTERPELVIABDOMINAL AMPUTATION (HIND QUARTER AMPUTATION)	Yes	N	Y
Other Surgical Services	27295	DISARTICULATION OF HIP	Yes	N	Y
Other Surgical Services	27303	INCISION, DEEP, WITH OPENING OF BONE CORTEX, FEMUR OR KNEE (EG, OSTEOMYELITIS OR BONE ABSCESS)	Yes	N	Y
Other Surgical Services	27305	FASCIOTOMY, ILIOTIBIAL (TENOTOMY), OPEN	Yes	N	Y
Other Surgical Services	27306	TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING; SINGLE TENDON (SEPARATE PROCEDURE)	Yes	N	Y
Other Surgical Services	27307	TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING; MULTIPLE TENDONS	Yes	N	Y
Other Surgical Services	27325	NEURECTOMY, HAMSTRING MUSCLE	Yes	N	Y
Other Surgical Services	27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS)	Yes	N	Y
Other Surgical Services	27330	ARTHROTOMY, KNEE; WITH SYNOVIAL BIOPSY ONLY	Yes	N	Y
Other Surgical Services	27331	ARTHROTOMY, KNEE; INCLUDING JOINT EXPLORATION, BIOPSY, OR REMOVAL OF LOOSE OR FOREIGN BODIES	Yes	N	Y
Other Surgical Services	27332	ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE; MEDIAL OR LATERAL	Yes	N	Y
Other Surgical Services	27333	ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE; MEDIAL AND LATERAL	Yes	N	Y
Other Surgical Services	27334	ARTHROTOMY, WITH SYNOVECTOMY, KNEE; ANTERIOR OR POSTERIOR	Yes	N	Y
Other Surgical Services	27335	ARTHROTOMY, WITH SYNOVECTOMY, KNEE; ANTERIOR AND POSTERIOR INCLUDING POPLITEAL AREA	Yes	N	Y
Other Surgical Services	27350	PATELLECTOMY OR HEMIPATELLECTOMY	Yes	N	Y
Other Surgical Services	27360	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE, FEMUR, PROXIMAL TIBIA AND/OR FIBULA (EG, OSTEOMYELITIS OR BONE ABSCESS)	Yes	N	Y
Other Surgical Services	27380	SUTURE OF INFRAPATELLAR TENDON; PRIMARY	Yes	N	Y
Other Surgical Services	27381	SUTURE OF INFRAPATELLAR TENDON; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR TENDON GRAFT	Yes	N	Y
Other Surgical Services	27385	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; PRIMARY	Yes	N	Y
Other Surgical Services	27386	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR TENDON GRAFT	Yes	N	Y
Other Surgical Services	27390	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; SINGLE TENDON	Yes	N	Y
Other Surgical Services	27391	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE TENDONS, 1 LEG	Yes	N	Y
Other Surgical Services	27392	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE TENDONS, BILATERAL	Yes	N	Y
Other Surgical Services	27393	LENGTHENING OF HAMSTRING TENDON; SINGLE TENDON	Yes	N	Y
Other Surgical Services	27394	LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, 1 LEG	Yes	N	Y
Other Surgical Services	27395	LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, BILATERAL	Yes	N	Y
Other Surgical Services	27396	TRANSPLANT OR TRANSFER (WITH MUSCLE REDIRECTION OR REROUTING), THIGH (EG, EXTENSOR TO FLEXOR); SINGLE TENDON	Yes	N	Y
Other Surgical Services	27397	TRANSPLANT OR TRANSFER (WITH MUSCLE REDIRECTION OR REROUTING), THIGH (EG, EXTENSOR TO FLEXOR); MULTIPLE TENDONS	Yes	N	Y
Other Surgical Services	27400	TRANSFER, TENDON OR MUSCLE, HAMSTRINGS TO FEMUR (EG, EGGER'S TYPE PROCEDURE)	Yes	N	Y

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Other Surgical Services	27403	ARTHROTOMY WITH MENISCUS REPAIR, KNEE	Yes	N	Y
Other Surgical Services	27405	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL	Yes	N	Y
Other Surgical Services	27407	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; CRUCIATE	Yes	N	Y
Other Surgical Services	27409	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL AND CRUCIATE LIGAMENTS	Yes	N	Y
Other Surgical Services	27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE	Yes	N	Y
Other Surgical Services	27415	OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	Yes	N	Y
Other Surgical Services	27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OPEN (E.G., MOSAICPLASTY) (INCLUDES HARVESTING OF AUTOGRAFT[S])	Yes	N	Y
Other Surgical Services	27418	ANTERIOR TIBIAL TUBERCLEPLASTY (E.G., MAQUET TYPE PROCEDURE)	Yes	N	Y
Other Surgical Services	27420	RECONSTRUCTION OF DISLOCATING PATELLA; (E.G., HAUSER TYPE PROCEDURE)	Yes	N	Y
Other Surgical Services	27422	RECONSTRUCTION OF DISLOCATING PATELLA; WITH EXTENSOR REALIGNMENT AND/OR MUSCLE ADVANCEMENT OR RELEASE (EG, CAMPBELL, GOLDWAITE TYPE PROCEDURE)	Yes	N	Y
Other Surgical Services	27424	RECONSTRUCTION OF DISLOCATING PATELLA; WITH PATELLECTOMY	Yes	N	Y
Other Surgical Services	27425	LATERAL RETINACULAR RELEASE, OPEN	Yes	N	Y
Other Surgical Services	27427	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTICULAR	Yes	N	Y
Other Surgical Services	27428	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN)	Yes	N	Y
Other Surgical Services	27429	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN) AND EXTRA-ARTICULAR	Yes	N	Y
Other Surgical Services	27430	QUADRICEPSPLASTY (E.G., BENNETT OR THOMPSON TYPE)	Yes	N	Y
Other Surgical Services	27435	CAPSULOTOMY, POSTERIOR CAPSULAR RELEASE, KNEE	Yes	N	Y
Other Surgical Services	27448	OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; WITHOUT FIXATION	Yes	N	Y
Other Surgical Services	27450	OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; WITH FIXATION	Yes	N	Y
Other Surgical Services	27454	OSTEOTOMY, MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD, FEMORAL SHAFT (EG, SOFIELD TYPE PROCEDURE)	Yes	N	Y
Other Surgical Services	27455	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOTOMY (INCLUDES CORRECTION OF GENU VARUS (BOWLEG) OR GENU VALGUS (KNOCK-KNEE); BEFORE EPIPHYSEAL CLOSURE	Yes	N	Y
Other Surgical Services	27457	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOTOMY (INCLUDES CORRECTION OF GENU VARUS (BOWLEG) OR GENU VALGUS (KNOCK-KNEE)), UNILATERAL; AFTER EPIPHYSEAL CLOSURE	Yes	N	Y
Other Surgical Services	27465	OSTEOPLASTY, FEMUR; SHORTENING (EXCLUDING 64876)	Yes	N	Y
Other Surgical Services	27466	OSTEOPLASTY, FEMUR; LENGTHENING	Yes	N	Y
Other Surgical Services	27468	OSTEOPLASTY, FEMUR; COMBINED, LENGTHENING AND SHORTENING WITH FEMORAL SEGMENT TRANSFER	Yes	N	Y
Other Surgical Services	27470	REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE, ETC)	Yes	N	Y
Other Surgical Services	27472	REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK; WITH ILIAC OR OTHER AUTOGENOUS BONE GRAFT (INCLUDES OBTAINING GRAFT)	Yes	N	Y
Other Surgical Services	27475	ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYSIODESIS); DISTAL FEMUR	Yes	N	Y
Other Surgical Services	27477	ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYSIODESIS); TIBIA AND FIBULA, PROXIMAL	Yes	N	Y
Other Surgical Services	27479	ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYSIODESIS); COMBINED DISTAL FEMUR, PROXIMAL TIBIA AND FIBULA	Yes	N	Y
Other Surgical Services	27485	ARREST, HEMIEPIPHYSEAL, DISTAL FEMUR OR PROXIMAL TIBIA OR FIBULA (EG, GENU VARUS OR VALGUS)	Yes	N	Y
Other Surgical Services	27486	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; 1 COMPONENT	Yes	N	Y
Other Surgical Services	27487	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; FEMORAL AND ENTIRE TIBIAL COMPONENT	Yes	N	Y
Other Surgical Services	27495	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYL METHACRYLATE, FEMUR	Yes	N	Y
Other Surgical Services	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, 1 COMPARTMENT (FLEXOR OR EXTENSOR OR ADDUCTOR);	Yes	N	Y
Other Surgical Services	27497	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR EXTENSOR OR ADDUCTOR); WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE	Yes	N	Y
Other Surgical Services	27498	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS;	Yes	N	Y
Other Surgical Services	27499	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS; WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE	Yes	N	Y
Other Surgical Services	27570	MANIPULATION OF KNEE JOINT UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION DEVICES)	Yes	N	Y
Other Surgical Services	27580	ARTHRODESIS, KNEE, ANY TECHNIQUE	Yes	N	Y
Other Surgical Services	27598	DISARTICULATION AT KNEE	Yes	N	Y
Other Surgical Services	27600	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY	Yes	N	Y
Other Surgical Services	27601	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY	Yes	N	Y
Other Surgical Services	27602	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPARTMENT(S)	Yes	N	Y
Other Surgical Services	27605	TENOTOMY, PERCUTANEOUS, ACHILLES TENDON (SEPARATE PROCEDURE); LOCAL ANESTHESIA	Yes	N	Y
Other Surgical Services	27606	TENOTOMY, PERCUTANEOUS, ACHILLES TENDON (SEPARATE PROCEDURE); GENERAL ANESTHESIA	Yes	N	Y
Other Surgical Services	27607	INCISION (EG, OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE	Yes	N	Y
Other Surgical Services	27612	ARTHROTOMY, POSTERIOR CAPSULAR RELEASE, ANKLE, WITH OR WITHOUT ACHILLES TENDON LENGTHENING	Yes	N	Y

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Other Surgical Services	27620	ARTHROTOMY, ANKLE, WITH EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY	Yes	N	Y
Other Surgical Services	27625	ARTHROTOMY, ANKLE, WITH SYNOVECTOMY;	Yes	N	Y
Other Surgical Services	27626	ARTHROTOMY, ANKLE, WITH SYNOVECTOMY; INCLUDING TENOSYNOVECTOMY	Yes	N	Y
Other Surgical Services	27640	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY), BONE (EG, OSTEOMYELITIS); TIBIA	Yes	N	Y
Other Surgical Services	27641	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY), BONE (EG, OSTEOMYELITIS); FIBULA	Yes	N	Y
Other Surgical Services	27650	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON	Yes	N	Y
Other Surgical Services	27652	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON; WITH GRAFT (INCLUDES OBTAINING GRAFT)	Yes	N	Y
Other Surgical Services	27654	REPAIR, SECONDARY, ACHILLES TENDON, WITH OR WITHOUT GRAFT	Yes	N	Y
Other Surgical Services	27656	REPAIR, FASCIAL DEFECT OF LEG	Yes	N	Y
Other Surgical Services	27658	REPAIR, FLEXOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON	Yes	N	Y
Other Surgical Services	27659	REPAIR, FLEXOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON	Yes	N	Y
Other Surgical Services	27664	REPAIR, EXTENSOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON	Yes	N	Y
Other Surgical Services	27665	REPAIR, EXTENSOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON	Yes	N	Y
Other Surgical Services	27675	REPAIR, DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY	Yes	N	Y
Other Surgical Services	27676	REPAIR, DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY	Yes	N	Y
Other Surgical Services	27680	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; SINGLE, EACH TENDON	Yes	N	Y
Other Surgical Services	27681	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; MULTIPLE TENDONS (THROUGH SEPARATE INCISION(S))	Yes	N	Y
Other Surgical Services	27685	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; SINGLE TENDON (SEPARATE PROCEDURE)	Yes	N	Y
Other Surgical Services	27686	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; MULTIPLE TENDONS (THROUGH SAME INCISION), EACH	Yes	N	Y
Other Surgical Services	27687	GASTROCNEMIUS RECESSION (EG, STRAYER PROCEDURE)	Yes	N	Y
Other Surgical Services	27690	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); SUPERFICIAL (EG, ANTERIOR TIBIAL EXTENSORS INTO MIDFOOT)	Yes	N	Y
Other Surgical Services	27691	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); DEEP (EG, ANTERIOR TIBIAL OR POSTERIOR TIBIAL THROUGH INTEROSSEOUS SPACE, FLEXOR DIGITORUM LONGUS, FLEXOR HALLICUS LONGUS, OR PERONEAL TENDON TO MIDFOOT OR HINDFOOT)	Yes	N	Y
Other Surgical Services	27692	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); EACH ADDITIONAL TENDON (LIST IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	N	Y
Other Surgical Services	27695	REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; COLLATERAL	Yes	N	Y
Other Surgical Services	27696	REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; BOTH COLLATERAL LIGAMENTS	Yes	N	Y
Other Surgical Services	27698	REPAIR, SECONDARY DISRUPTED LIGAMENT, ANKLE, COLLATERAL (EG, WATSON-JONES PROCEDURE)	Yes	N	Y
Other Surgical Services	27700	ARTHROPLASTY, ANKLE;	Yes	N	Y
Other Surgical Services	27702	ARTHROPLASTY, ANKLE; WITH IMPLANT ("TOTAL ANKLE")	Yes	N	Y
Other Surgical Services	27703	ARTHROPLASTY, ANKLE; REVISION, TOTAL ANKLE	Yes	N	Y
Other Surgical Services	27705	OSTEOTOMY; TIBIA	Yes	N	Y
Other Surgical Services	27707	OSTEOTOMY; FIBULA	Yes	N	Y
Other Surgical Services	27709	OSTEOTOMY; TIBIA AND FIBULA	Yes	N	Y
Other Surgical Services	27712	OSTEOTOMY; MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD (EG, SOFIELD TYPE PROCEDURE)	Yes	N	Y
Other Surgical Services	27715	OSTEOPLASTY, TIBIA AND FIBULA, LENGTHENING OR SHORTENING	Yes	N	Y
Other Surgical Services	27720	REPAIR OF NONUNION OR MALUNION, TIBIA; WITHOUT GRAFT, (EG, COMPRESSION TECHNIQUE, ETC)	Yes	N	Y
Other Surgical Services	27722	REPAIR OF NONUNION OR MALUNION, TIBIA; WITH SLIDING GRAFT	Yes	N	Y
Other Surgical Services	27724	REPAIR OF NONUNION OR MALUNION, TIBIA; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)	Yes	N	Y
Other Surgical Services	27725	REPAIR OF NONUNION OR MALUNION, TIBIA; BY SYNOSTOSIS, WITH FIBULA, ANY METHOD	Yes	N	Y
Other Surgical Services	27726	REPAIR OF FIBULA NONUNION AND/OR MALUNION WITH INTERNAL FIXATION	Yes	N	Y
Other Surgical Services	27730	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN; DISTAL TIBIA	Yes	N	Y
Other Surgical Services	27732	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN; DISTAL FIBULA	Yes	N	Y
Other Surgical Services	27734	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN; DISTAL TIBIA AND FIBULA	Yes	N	Y
Other Surgical Services	27740	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), ANY METHOD, COMBINED, PROXIMAL AND DISTAL TIBIA AND FIBULA;	Yes	N	Y
Other Surgical Services	27742	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), ANY METHOD, COMBINED, PROXIMAL AND DISTAL TIBIA AND FIBULA; AND DISTAL FEMUR	Yes	N	Y
Other Surgical Services	27745	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYL METHACRYLATE; TIBIA	Yes	N	Y
Other Surgical Services	27860	MANIPULATION OF ANKLE UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION APPARATUS)	Yes	N	Y
Other Surgical Services	27870	ARTHRODESIS, ANKLE, OPEN	Yes	N	Y
Other Surgical Services	27871	ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL	Yes	N	Y
Other Surgical Services	27889	ANKLE DISARTICULATION	Yes	N	Y
Other Surgical Services	27892	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY, WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE	Yes	N	Y

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Other Surgical Services	27893	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY, WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE	Yes	N	Y
Other Surgical Services	27894	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPARTMENT(S), WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE	Yes	N	Y
Other Surgical Services	27899	UNLISTED PROCEDURE, LEG OR ANKLE	Yes	N	Y
Other Surgical Services	28005	INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), FOOT	Yes	N	Y
Other Surgical Services	28238	RECONSTRUCTION (ADVANCEMENT), POSTERIOR TIBIAL TENDON WITH EXCISION OF ACCESSORY TARSAL NAVICULAR BONE (E.G., KIDNER TYPE PROCEDURE)	Yes	N	Y
Other Surgical Services	29800	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	Yes	N	Y
Other Surgical Services	29806	ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY	Yes	N	Y
Other Surgical Services	29807	ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION	Yes	N	Y
Other Surgical Services	29820	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL	Yes	N	Y
Other Surgical Services	29821	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, COMPLETE	Yes	N	Y
Other Surgical Services	29822	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, LIMITED	Yes	N	Y
Other Surgical Services	29823	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, EXTENSIVE	Yes	N	Y
Other Surgical Services	29824	ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULECTOMY INCLUDING DISTAL ARTICULAR SURFACE (MUMFORD PROCEDURE)	Yes	N	Y
Other Surgical Services	29825	ARTHROSCOPY, SHOULDER, SURGICAL; WITH LYSIS AND RESECTION OF ADHESIONS, WITH OR WITHOUT MANIPULATION	Yes	N	Y
Other Surgical Services	29826	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WITH PARTIAL ACROMIOPLASTY, WITH CORACOACROMIAL LIGAMENT (I.E., ARCH) RELEASE, WHEN PERFORMED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	N	Y
Other Surgical Services	29827	ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR	Yes	N	Y
Other Surgical Services	29828	ARTHROSCOPY, SHOULDER, SURGICAL; BICEPS TENODESIS	Yes	N	Y
Other Surgical Services	29862	ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), ABRASION ARTHROPLASTY, AND/OR RESECTION OF LABRUM	Yes	N	Y
Other Surgical Services	29863	ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVECTOMY	Yes	N	Y
Other Surgical Services	29866	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL AUTOGRAFT(S) (E.G., MOSAICPLASTY) (INCLUDES HARVESTING OF THE AUTOGRAFT[S])	Yes	N	Y
Other Surgical Services	29867	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL ALLOGRAFT (E.G., MOSAICPLASTY)	Yes	N	Y
Other Surgical Services	29868	ARTHROSCOPY, KNEE, SURGICAL; MENISCAL TRANSPLANTATION (INCLUDES ARTHROTOMY FOR MENISCAL INSERTION), MEDIAL OR LATERAL	Yes	N	Y
Other Surgical Services	29871	ARTHROSCOPY, KNEE, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE	Yes	N	Y
Other Surgical Services	29873	ARTHROSCOPY, KNEE, SURGICAL; WITH LATERAL RELEASE	Yes	N	Y
Other Surgical Services	29875	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, LIMITED (E.G., PLICA OR SHELF RESECTION) (SEPARATE PROCEDURE)	Yes	N	Y
Other Surgical Services	29876	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, MAJOR, 2 OR MORE COMPARTMENTS (E.G., MEDIAL OR LATERAL)	Yes	N	Y
Other Surgical Services	29877	ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY)	Yes	N	Y
Other Surgical Services	29879	ARTHROSCOPY, KNEE, SURGICAL; ABRASION ARTHROPLASTY (INCLUDES CHONDROPLASTY WHERE NECESSARY) OR MULTIPLE DRILLING OR MICROFRACTURE	Yes	N	Y
Other Surgical Services	29880	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL AND LATERAL, INCLUDING ANY MENISCAL SHAVING) INCLUDING DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), SAME OR SEPARATE COMPARTMENT(S)	Yes	N	Y
Other Surgical Services	29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL, INCLUDING ANY MENISCAL SHAVING) INCLUDING DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), SAME OR SEPARATE COMPARTMENT(S), WHEN PERFORMED	Yes	N	Y
Other Surgical Services	29882	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL OR LATERAL)	Yes	N	Y
Other Surgical Services	29883	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL AND LATERAL)	Yes	N	Y
Other Surgical Services	29884	ARTHROSCOPY, KNEE, SURGICAL; WITH LYSIS OF ADHESIONS, WITH OR WITHOUT MANIPULATION (SEPARATE PROCEDURE)	Yes	N	Y
Other Surgical Services	29885	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR OSTEOCHONDRITIS DISSECANS WITH BONE GRAFTING, WITH OR WITHOUT INTERNAL FIXATION (INCLUDING DEBRIDEMENT OF BASE OF LESION)	Yes	N	Y
Other Surgical Services	29886	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS LESION	Yes	N	Y
Other Surgical Services	29887	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS LESION WITH INTERNAL FIXATION	Yes	N	Y
Other Surgical Services	29888	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RECONSTRUCTION	Yes	N	Y
Other Surgical Services	29889	ARTHROSCOPICALLY AIDED POSTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RECONSTRUCTION	Yes	N	Y
Other Surgical Services	29891	ARTHROSCOPY, ANKLE, SURGICAL; EXCISION OF OSTEOCHONDRAL DEFECT OF TALUS AND/OR TIBIA, INCLUDING DRILLING OF THE DEFECT	Yes	N	Y
Other Surgical Services	29895	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINT), SURGICAL; SYNOVECTOMY PARTIAL	Yes	N	Y
Other Surgical Services	29897	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINT), SURGICAL; DEBRIDEMENT, LIMITED	Yes	N	Y
Other Surgical Services	29898	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINT), SURGICAL; DEBRIDEMENT, EXTENSIVE	Yes	N	Y

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Other Surgical Services	29899	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH ANKLE ARTHRODESIS	Yes	N	Y
Other Surgical Services	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (I.E., TREATMENT OF CAM LESION)	Yes	N	Y
Other Surgical Services	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY (I.E., TREATMENT OF PINCER LESION)	Yes	N	Y
Other Surgical Services	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Yes	N	Y
Other Surgical Services	30400	RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES AND/OR ELEVATION OF NASAL TIP	Yes	N	Y
Other Surgical Services	30410	RHINOPLASTY, PRIMARY; COMPLETE, EXTERNAL PARTS INCLUDING BONY PYRAMID, LATERAL AND ALAR CARTILAGES, AND/OR ELEVATION OF NASAL TIP	Yes	N	Y
Other Surgical Services	30420	RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR	Yes	N	Y
Other Surgical Services	30430	RHINOPLASTY, SECONDARY; MINOR REVISION (SMALL AMOUNT OF NASAL TIP WORK)	Yes	N	Y
Other Surgical Services	30435	RHINOPLASTY, SECONDARY; INTERMEDIATE REVISION (BONY WORK WITH OSTEOTOMIES)	Yes	N	Y
Other Surgical Services	30450	RHINOPLASTY, SECONDARY; MAJOR REVISION (NASAL TIP WORK AND OSTEOTOMIES)	Yes	N	Y
Other Surgical Services	30460	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PALATE, INCLUDING COLUMELLAR LENGTHENING; TIP ONLY	Yes	N	Y
Other Surgical Services	30462	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PALATE, INCLUDING COLUMELLAR LENGTHENING; TIP, SEPTUM, OSTEOTOMIES	Yes	N	Y
Other Surgical Services	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING CONTOURING OR REPLACEMENT WITH GRAFT	Yes	N	Y
Other Surgical Services	36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VEIN)	Yes	N	Y
Other Surgical Services	36466	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; MULTIPLE INCOMPETENT TRUNCAL VEINS (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VEIN	Yes	N	Y
Other Surgical Services	36468	INJECTION(S) OF SCLEROSANT FOR SPIDER VEINS (TELANGIECTASIA), LIMB OR TRUNK	Yes	N	Y
Other Surgical Services	36470	INJECTION OF SCLEROSING SOLUTION; SINGLE VEIN	Yes	N	Y
Other Surgical Services	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Yes	N	Y
Other Surgical Services	36473	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, MECHANOCHEMICAL; FIRST VEIN TREATED	Yes	N	Y
Other Surgical Services	36474	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, MECHANOCHEMICAL; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	N	Y
Other Surgical Services	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS RADIOFREQUENCY; FIRST VEIN TREATED	Yes	N	Y
Other Surgical Services	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SECOND AND SUBSEQUENT VEINS TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	N	Y
Other Surgical Services	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER; FIRST VEIN TREATED	Yes	N	Y
Other Surgical Services	36479	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER; SECOND AND SUBSEQUENT VEINS TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	N	Y
Other Surgical Services	36482	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, BY TRANSCATHETER DELIVERY OF A CHEMICAL ADHESIVE (EG, CYANOACRYLATE) REMOTE FROM THE ACCESS SITE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS; FIRST VEIN TREATED	Yes	N	Y
Other Surgical Services	36483	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, BY TRANSCATHETER DELIVERY OF A CHEMICAL ADHESIVE (EG, CYANOACRYLATE) REMOTE FROM THE ACCESS SITE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	N	Y
Other Surgical Services	37500	VASCULAR ENDOSCOPY, SURGICAL, WITH LIGATION OF PERFORATOR VEINS, SUBFASCIAL (SEPS)	Yes	N	Y
Other Surgical Services	37700	LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMORAL JUNCTION, OR DISTAL INTERRUPTIONS	Yes	N	Y
Other Surgical Services	37718	LIGATION, DIVISION, AND STRIPPING, SHORT SAPHENOUS VEIN	Yes	N	Y
Other Surgical Services	37722	LIGATION, DIVISION, AND STRIPPING, LONG (GREATER) SAPHENOUS VEINS FROM SAPHENOFEMORAL JUNCTION TO KNEE OR BELOW	Yes	N	Y

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Other Surgical Services	37735	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPHENOUS VEINS WITH RADICAL EXCISION OF ULCER AND SKIN GRAFT AND/OR INTERRUPTION OF COMMUNICATING VEINS OF LOWER LEG, WITH EXCISION OF DEEP FASCIA	Yes	N	Y
Other Surgical Services	37760	LIGATION OF PERFORATOR VEINS, SUBFASCIAL, RADICAL (LINTON TYPE), INCLUDING SKIN GRAFT, WHEN PERFORMED, OPEN,1 LEG	Yes	N	Y
Other Surgical Services	37761	LIGATION OF PERFORATOR VEIN(S), SUBFASCIAL, OPEN, INCLUDING ULTRASOUND GUIDANCE, WHEN PERFORMED, 1 LEG	Yes	N	Y
Other Surgical Services	37765	STAB PHLEBECTOMY OF VARICOSE VEINS, 1 EXTREMITY; 10-20 STAB INCISIONS	Yes	N	Y
Other Surgical Services	37766	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 20 INCISIONS	Yes	N	Y
Other Surgical Services	37780	LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNCTION (SEPARATE PROCEDURE)	Yes	N	Y
Other Surgical Services	37785	LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), 1 LEG	Yes	N	Y
Other Surgical Services	40490	BIOPSY LIP	Yes	N	Y
Other Surgical Services	40500	VERMILIONECTOMY (LIP SHAVE), WITH MUCOSAL ADVANCEMENT	Yes	N	Y
Other Surgical Services	40806	INCISION OF LABIAL FRENUM (FRENOTOMY)	Yes	N	Y
Other Surgical Services	40808	BIOPSY, VESTIBULE OF MOUTH	Yes	N	Y
Other Surgical Services	40810	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITHOUT REPAIR	Yes	N	Y
Other Surgical Services	40812	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH SIMPLE REPAIR	Yes	N	Y
Other Surgical Services	40814	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLEX REPAIR	Yes	N	Y
Other Surgical Services	40816	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX, WITH EXCISION OF UNDERLYING MUSCLE	Yes	N	Y
Other Surgical Services	40819	EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENULECTOMY, FRENECTOMY)	Yes	N	Y
Other Surgical Services	40820	DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY PHYSICAL METHODS (EG, LASER, THERMAL, CYRO, CHEMICAL)	Yes	N	Y
Other Surgical Services	41010	INCISION OF LINGUAL FRENUM (FRENOTOMY)	Yes	N	Y
Other Surgical Services	41100	BIOPSY TONGUE; ANTERIOR TWO-THIRDS	Yes	N	Y
Other Surgical Services	41105	BIOPSY OF TONGUE; POSTERIOR ONE-THIRD	Yes	N	Y
Other Surgical Services	41108	BIOPSY, FLOOR OF MOUTH	Yes	N	Y
Other Surgical Services	41110	EXCISION OF LESION OF TONGUE WITHOUT CLOSURE	Yes	N	Y
Other Surgical Services	41112	EXCISION OF LESION OF TONGUE WITH CLOSURE; ANTERIOR TWO-THIRDS	Yes	N	Y
Other Surgical Services	41113	EXCISION OF LESION OF TONGUE WITH CLOSURE; POSTERIOR ONE-THIRD	Yes	N	Y
Other Surgical Services	41114	EXCISION OF LESION OF TONGUE WITH CLOSURE; WITH LOCAL TONGUE FLAP	Yes	N	Y
Other Surgical Services	41115	EXCISION OF LINGUAL FRENUM (FRENECTOMY)	Yes	N	Y
Other Surgical Services	41116	EXCISION LESION OF FLOOR OF MOUTH	Yes	N	Y
Other Surgical Services	41120	GLOSSECTOMY; LESS THAN ONE-HALF TONGUE	Yes	N	Y
Other Surgical Services	41130	GLOSSECTOMY; HEMIGLOSSECTOMY	Yes	N	Y
Other Surgical Services	41150	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH AND MANDIBULAR RESECTION, WITHOUT RADICAL NECK DISSECTION	Yes	N	Y
Other Surgical Services	41520	FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY)	Yes	N	Y
Other Surgical Services	42000	DRAINAGE OF ABSCESS OF PALATE, UVULA	Yes	N	Y
Other Surgical Services	42100	BIOPSY OF PALATE, UVULA	Yes	N	Y
Other Surgical Services	42104	EXCISION LESION OF PALATE, UVULA; WITHOUT CLOSURE	Yes	N	Y
Other Surgical Services	42106	EXCISION LESION OF PALATE, UVULA; WITH SIMPLE PRIMARY CLOSURE	Yes	N	Y
Other Surgical Services	42107	EXCISION LESION OF PALATE, UVULA; WITH LOCAL FLAP CLOSURE	Yes	N	Y
Other Surgical Services	42120	RESECTION PALATE OR EXTENSIVE RESECTION OF LESION	Yes	N	Y
Other Surgical Services	42140	UVULECTOMY, EXCISION OF UVULA	Yes	N	Y
Other Surgical Services	42145	PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)	Yes	N	Y
Other Surgical Services	42160	DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR CHEMICAL)	Yes	N	Y
Other Surgical Services	42300	DRAINAGE ABSCESS; PAROTID, SIMPLE	Yes	N	Y
Other Surgical Services	42305	DRAINAGE ABSCESS; PAROTID, COMPLICATED	Yes	N	Y
Other Surgical Services	42310	DRAINAGE ABSCESS; SUBMAXILLARY OR SUBLINGUAL, INTRAORAL	Yes	N	Y
Other Surgical Services	42320	DRAINAGE ABSCESS; SUBMAXILLARY, EXTERNAL	Yes	N	Y
Other Surgical Services	42330	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), SUBLINGUAL OR PAROTID, UNCOMPLICATED, INTRAORAL	Yes	N	Y
Other Surgical Services	42335	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), COMPLICATED, INTRAORAL	Yes	N	Y
Other Surgical Services	42340	SIALOLITHOTOMY; PAROTID, EXTRAORAL OR COMPLICATED INTRAORAL	Yes	N	Y
Other Surgical Services	63053	LAMINECTOMY, FACETECTOMY, OR FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S] [EG, SPINAL OR LATERAL RECESS STENOSIS]), DURING POSTERIOR INTERBODY ARTHRODESIS, LUMBAR; EACH ADDITIONAL VERTEBRAL SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	N	Y
Other Surgical Services	67971	RECONSTRUCTION EYELID FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; UP TO TWO-THIRDS OF EYELID, ONE STAGE OR FIRST STAGE	Yes	N	Y
Other Surgical Services	67973	RECONSTRUCTION EYELID FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; TOTAL EYELID, LOWER, ONE STAGE OR FIRST STAGE	Yes	N	Y
Other Surgical Services	67974	RECONSTRUCTION EYELID FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; TOTAL EYELID, UPPER, ONE STAGE OR FIRST STAGE	Yes	N	Y
Other Surgical Services	67975	RECONSTRUCTION EYELID FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; SECOND STAGE	Yes	N	Y

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Other Surgical Services	69310	RECONSTRUCTION OF EXTERNAL AUDITORY CANAL (MEATOPLASTY) (EG, FOR STENOSIS DUE TO INJURY, INFECTION), (SEPARATE PROCEDURE)	Yes	N	Y
Other Surgical Services	69641	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITHOUT OSSICULAR CHAIN RECONSTRUCTION	Yes	N	Y
Other Surgical Services	69642	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITH OSSICULAR CHAIN RECONSTRUCTION	Yes	N	Y
Other Surgical Services	69643	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITH INTACT OR RECONSTRUCTED WALL, WITHOUT OSSICULAR CHAIN RECONSTRUCTION	Yes	N	Y
Other Surgical Services	69644	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITH INTACT OR RECONSTRUCTED CANAL WALL, WITH OSSICULAR CHAIN RECONSTRUCTION	Yes	N	Y
Other Surgical Services	69646	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); RADICAL OR COMPLETE, WITH OSSICULAR CHAIN RECONSTRUCTION	Yes	N	Y
Other Surgical Services	C8003	IMPLANTATION OF MEDIAL KNEE EXTRAARTICULAR IMPLANTABLE SHOCK ABSORBER SPANNING THE KNEE JOINT FROM DISTAL FEMUR TO PROXIMAL TIBIA, OPEN, INCLUDES MEASUREMENTS, POSITIONING AND ADJUSTMENTS, WITH IMAGING GUIDANCE (EG, FLUOROSCOPY)	Yes	N	Y
Other Surgical Services	C9781	ARTHROSCOPY, SHOULDER, SURGICAL; WITH IMPLANTATION OF SUBACROMIAL SPACER (E.G., BALLOON), INCLUDES DEBRIDEMENT (E.G., LIMITED OR EXTENSIVE), SUBACROMIAL DECOMPRESSION, ACROMIOPLASTY, AND BICEPS TENODESIS WHEN PERFORMED	Yes	N	Y
Breast Reduction/Augmentation	15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	N	Y
Breast Reduction/Augmentation	19316	MASTOPEXY	Yes	N	Y
Breast Reduction/Augmentation	19318	REDUCTION MAMMOPLASTY	Yes	N	Y
Breast Reduction/Augmentation	19325	MAMMOPLASTY, AUGMENTATION; WITH PROSTHETIC IMPLANT	Yes	N	Y
Breast Reduction/Augmentation	19328	REMOVAL OF INTACT BREAST IMPLANT	Yes	N	Y
Breast Reduction/Augmentation	19330	REMOVAL OF RUPTURED BREAST IMPLANT, INCLUDING IMPLANT CONTENTS (EG, SALINE, SILICONE GEL)	Yes	N	Y
Breast Reduction/Augmentation	19340	INSERTION OF BREAST IMPLANT ON SAME DAY OF MASTECTOMY (IE, IMMEDIATE)	Yes	N	Y
Breast Reduction/Augmentation	19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	Yes	N	Y
**Outpatient Hospice Services	Q5001	HOSPICE OR HOME HEALTH CARE PROVIDED IN PATIENT'S HOME/RESIDENCE	Yes	Y	Y
**Outpatient Hospice Services	Q5002	HOSPICE OR HOME HEALTH CARE PROVIDED IN ASSISTED LIVING FACILITY	Yes	Y	Y
**Outpatient Hospice Services	Q5003	HOSPICE CARE PROVIDED IN NURSING LONG TERM CARE FACILITY (LTC) OR NON-SKILLED NURSING FACILITY (NF)	Yes	Y	Y
**Outpatient Hospice Services	Q5004	HOSPICE CARE PROVIDED IN SKILLED NURSING FACILITY (SNF)	Yes	Y	Y
**Outpatient Hospice Services	Q5005	HOSPICE CARE PROVIDED IN INPATIENT HOSPITAL	Yes	Y	Y
**Outpatient Hospice Services	Q5006	HOSPICE CARE PROVIDED IN INPATIENT HOSPICE FACILITY	Yes	Y	Y
**Outpatient Hospice Services	Q5007	HOSPICE CARE PROVIDED IN LONG TERM CARE FACILITY	Yes	Y	Y
**Outpatient Hospice Services	Q5008	HOSPICE CARE PROVIDED IN INPATIENT PSYCHIATRIC FACILITY	Yes	Y	Y
**Outpatient Hospice Services	Q5009	HOSPICE OR HOME HEALTH CARE PROVIDED IN PLACE NOT OTHERWISE SPECIFIED (NOS)	Yes	Y	Y
**Outpatient Hospice Services	Q5010	HOSPICE HOME CARE PROVIDED IN A HOSPICE FACILITY	Yes	Y	Y
**Outpatient Hospice Services	S0255	HOSPICE REFERRAL VISIT (ADVISING PATIENT AND FAMILY OF CARE OPTIONS) PERFORMED BY NURSE, SOCIAL WORKER, OR OTHER DESIGNATED STAFF	Yes	Y	Y
**Outpatient Hospice Services	S0271	PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, HOSPICE MONTHLY CASE RATE (PER 30 DAYS)	Yes	Y	Y
**Outpatient Hospice Services	S9126	HOSPICE CARE, IN THE HOME, PER DIEM	Yes	Y	Y
CT Scan/MRI/PET Scan	0042T	CT PERFUSION BRAIN	Yes	N	Y
CT Scan/MRI/PET Scan	0332T	MYOCARDIAL SYMPATHETIC INNERVATION IMAGING, PLANAR QUALITATIVE AND QUANTITATIVE ASSESSMENT; WITH TOMOGRAPHIC SPECT	Yes	N	Y
CT Scan/MRI/PET Scan	0588T	REVISION OR REMOVAL OF PERCUTANEOUSLY PLACED INTEGRATED SINGLE DEVICE NEUROSTIMULATION SYSTEM FOR BLADDER DYSFUNCTION INCLUDING ELECTRODE ARRAY AND RECEIVER OR PULSE GENERATOR, INCLUDING ANALYSIS, PROGRAMMING, AND IMAGING GUIDANCE WHEN PERFORMED, POSTERIOR TIBIAL NERVE	Yes	N	Y
CT Scan/MRI/PET Scan	0609T	MAGNETIC RESONANCE SPECTROSCOPY, DETERMINATION AND LOCALIZATION OF DISCOGENIC PAIN (CERVICAL, THORACIC, OR LUMBAR); ACQUISITION OF SINGLE VOXEL DATA, PER DISC, ON BIOMARKERS (I.E., LACTIC ACID, CARBOHYDRATE, ALANINE, LAAL, PROPIONIC ACID, PROTEOGLYCAN, AND COLLAGEN) IN AT LEAST 3 DISCS	Yes	N	Y
CT Scan/MRI/PET Scan	0610T	MAGNETIC RESONANCE SPECTROSCOPY, DETERMINATION AND LOCALIZATION OF DISCOGENIC PAIN (CERVICAL, THORACIC, OR LUMBAR); TRANSMISSION OF BIOMARKER DATA FOR SOFTWARE ANALYSIS	Yes	N	Y
CT Scan/MRI/PET Scan	0611T	MAGNETIC RESONANCE SPECTROSCOPY, DETERMINATION AND LOCALIZATION OF DISCOGENIC PAIN (CERVICAL, THORACIC, OR LUMBAR); POSTPROCESSING FOR ALGORITHMIC ANALYSIS OF BIOMARKER DATA FOR DETERMINATION OF RELATIVE CHEMICAL DIFFERENCES BETWEEN DISCS	Yes	N	Y
CT Scan/MRI/PET Scan	0612T	MAGNETIC RESONANCE SPECTROSCOPY, DETERMINATION AND LOCALIZATION OF DISCOGENIC PAIN (CERVICAL, THORACIC, OR LUMBAR); INTERPRETATION AND REPORT	Yes	N	Y
CT Scan/MRI/PET Scan	0633T	COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, UNILATERAL; WITHOUT CONTRAST MATERIAL	Yes	N	Y

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CT Scan/MRI/PET Scan	0634T	COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, UNILATERAL; WITH CONTRAST MATERIAL(S)	Yes	N	Y
CT Scan/MRI/PET Scan	0635T	COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, UNILATERAL; WITHOUT CONTRAST, FOLLOWED BY CONTRAST MATERIAL(S)	Yes	N	Y
CT Scan/MRI/PET Scan	0636T	COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, BILATERAL; WITHOUT CONTRAST MATERIAL(S)	Yes	N	Y
CT Scan/MRI/PET Scan	0637T	COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, BILATERAL; WITH CONTRAST MATERIAL(S)	Yes	N	Y
CT Scan/MRI/PET Scan	0638T	COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, BILATERAL; WITHOUT CONTRAST, FOLLOWED BY CONTRAST MATERIAL(S)	Yes	N	Y
CT Scan/MRI/PET Scan	0648T	QUANTITATIVE MAGNETIC RESONANCE FOR ANALYSIS OF TISSUE COMPOSITION (EG, FAT, IRON, WATER CONTENT), INCLUDING MULTIPARAMETRIC DATA ACQUISITION, DATA PREPARATION AND TRANSMISSION, INTERPRETATION AND REPORT, OBTAINED WITHOUT DIAGNOSTIC MRI EXAMINATION OF THE SAME ANATOMY (EG, ORGAN, GLAND, TISSUE, TARGET STRUCTURE) DURING THE SAME SESSION; SINGLE ORGAN	Yes	N	Y
CT Scan/MRI/PET Scan	0649T	QUANTITATIVE MAGNETIC RESONANCE FOR ANALYSIS OF TISSUE COMPOSITION (EG, FAT, IRON, WATER CONTENT), INCLUDING MULTIPARAMETRIC DATA ACQUISITION, DATA PREPARATION AND TRANSMISSION, INTERPRETATION AND REPORT, OBTAINED WITH DIAGNOSTIC MRI EXAMINATION OF THE SAME ANATOMY (EG, ORGAN, GLAND, TISSUE, TARGET STRUCTURE); SINGLE ORGAN (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	N	Y
CT Scan/MRI/PET Scan	0697T	QUANTITATIVE MAGNETIC RESONANCE FOR ANALYSIS OF TISSUE COMPOSITION (EG, FAT, IRON, WATER CONTENT), INCLUDING MULTIPARAMETRIC DATA ACQUISITION, DATA PREPARATION AND TRANSMISSION, INTERPRETATION AND REPORT, OBTAINED WITHOUT DIAGNOSTIC MRI EXAMINATION OF THE SAME ANATOMY (EG, ORGAN, GLAND, TISSUE, TARGET STRUCTURE) DURING THE SAME SESSION; MULTIPLE ORGANS	Yes	N	Y
CT Scan/MRI/PET Scan	0698T	QUANTITATIVE MAGNETIC RESONANCE FOR ANALYSIS OF TISSUE COMPOSITION (EG, FAT, IRON, WATER CONTENT), INCLUDING MULTIPARAMETRIC DATA ACQUISITION, DATA PREPARATION AND TRANSMISSION, INTERPRETATION AND REPORT, OBTAINED WITH DIAGNOSTIC MRI EXAMINATION OF THE SAME ANATOMY (EG, ORGAN, GLAND, TISSUE, TARGET STRUCTURE); MULTIPLE ORGANS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	N	Y
CT Scan/MRI/PET Scan	0742T	ABSOLUTE QUANTITATION OF MYOCARDIAL BLOOD FLOW AQMBF SINGLE PHOTON EMISSION COMPUTED TOMOGRAPHY SPECT WITH EXERCISE OR PHARMACOLOGIC STRESS AND AT REST WHEN PERFORMED LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Yes	N	Y
CT Scan/MRI/PET Scan	0808T	PULMONARY TISSUE VENTILATION ANALYSIS USING SOFTWARE-BASED PROCESSING OF DATA FROM SEPARATELY CAPTURED CINEFLUOROGRAPH IMAGES; IN COMBINATION WITH PREVIOUSLY ACQUIRED COMPUTED TOMOGRAPHY (CT) IMAGES, INCLUDING DATA PREPARATION AND TRANSMISSION, QUANTIFICATION OF PULMONARY TISSUE VENTILATION, DATA REVIEW, INTERPRETATION AND REPORT IN COMBINATION WITH COMPUTED TOMOGRAPHY (CT) IMAGES TAKEN FOR THE PURPOSE OF PULMONARY TISSUE VENTILATION ANALYSIS, INCLUDING DATA PREPARATION AND TRANSMISSION, QUANTIFICATION OF PULMONARY TISSUE VENTILATION, DATA REVIEW, INTERPRETATION AND REPORT	Yes	N	Y
CT Scan/MRI/PET Scan	0865T	QUANTITATIVE MAGNETIC RESONANCE IMAGE (MRI) ANALYSIS OF THE BRAIN WITH COMPARISON TO PRIOR MAGNETIC RESONANCE (MR) STUDY(IES), INCLUDING LESION IDENTIFICATION, CHARACTERIZATION, AND QUANTIFICATION, WITH BRAIN VOLUME(S) QUANTIFICATION AND/OR SEVERITY SCORE, WHEN PERFORMED, DATA PREPARATION AND TRANSMISSION, INTERPRETATION AND REPORT, OBTAINED WITHOUT DIAGNOSTIC MRI EXAMINATION OF THE BRAIN DURING THE SAME SESSION	Yes	N	Y
CT Scan/MRI/PET Scan	0866T	QUANTITATIVE MAGNETIC RESONANCE IMAGE (MRI) ANALYSIS OF THE BRAIN WITH COMPARISON TO PRIOR MAGNETIC RESONANCE (MR) STUDY(IES), INCLUDING LESION DETECTION, CHARACTERIZATION, AND QUANTIFICATION, WITH BRAIN VOLUME(S) QUANTIFICATION AND/OR SEVERITY SCORE, WHEN PERFORMED, DATA PREPARATION AND TRANSMISSION, INTERPRETATION AND REPORT, OBTAINED WITH DIAGNOSTIC MRI EXAMINATION OF THE BRAIN (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	N	Y
CT Scan/MRI/PET Scan	0899T	NONINVASIVE DETERMINATION OF ABSOLUTE QUANTITATION OF MYOCARDIAL BLOOD FLOW (AQMBF), DERIVED FROM AUGMENTATIVE ALGORITHMIC ANALYSIS OF THE DATASET ACQUIRED VIA CONTRAST CARDIAC MAGNETIC RESONANCE (CMR), PHARMACOLOGIC STRESS, WITH INTERPRETATION AND REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	N	Y
CT Scan/MRI/PET Scan	0900T	NONINVASIVE ESTIMATE OF ABSOLUTE QUANTITATION OF MYOCARDIAL BLOOD FLOW (AQMBF), DERIVED FROM ASSISTIVE ALGORITHMIC ANALYSIS OF THE DATASET ACQUIRED VIA CONTRAST CARDIAC MAGNETIC RESONANCE (CMR), PHARMACOLOGIC STRESS, WITH INTERPRETATION AND REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	N	Y

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CT Scan/MRI/PET Scan	0946T	ORTHOPEDIC IMPLANT MOVEMENT ANALYSIS USING PAIRED COMPUTED TOMOGRAPHY (CT) EXAMINATION OF THE TARGET STRUCTURE, INCLUDING DATA ACQUISITION, DATA PREPARATION AND TRANSMISSION, INTERPRETATION AND REPORT (INCLUDING CT SCAN OF THE JOINT OR EXTREMITY PERFORMED WITH PAIRED VIEWS)	Yes	N	Y
CT Scan/MRI/PET Scan	0947T	MAGNETIC RESONANCE IMAGE GUIDED LOW INTENSITY FOCUSED ULTRASOUND (MRGFUS), STEREOTACTIC BLOOD-BRAIN BARRIER DISRUPTION USING MICROBUBBLE RESONATORS TO INCREASE THE CONCENTRATION OF BLOOD-BASED BIOMARKERS OF TARGET, INTRACRANIAL, INCLUDING STEREOTACTIC NAVIGATION AND FRAME PLACEMENT, WHEN PERFORMED	Yes	N	Y
CT Scan/MRI/PET Scan	61715	MAGNETIC RESONANCE IMAGE GUIDED HIGH INTENSITY FOCUSED ULTRASOUND (MRGFUS), STEREOTACTIC ABLATION OF TARGET, INTRACRANIAL, INCLUDING STEREOTACTIC NAVIGATION AND FRAME PLACEMENT WHEN PERFORMED	Yes	N	Y
CT Scan/MRI/PET Scan	70336	M R I T M J	Yes	N	Y
CT Scan/MRI/PET Scan	70450	C T HEAD WITHOUT CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	70460	C T HEAD WITH CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	70470	C T HEAD WITHOUT & WITH CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	70480	C T ORBIT WITHOUT CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	70481	C T ORBIT WITH CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	70482	C T ORBIT WITHOUT & WITH CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	70486	C T MAXILLOFACIAL WITHOUT CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	70487	C T MAXILLOFACIAL WITH CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	70488	C T MAXILLOFACIAL WITHOUT & WITH CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	70490	C T SOFT TISSUE NECK WITHOUT CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	70491	C T SOFT TISSUE NECK WITH CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	70492	C T SOFT TISSUE NECK WITHOUT & WITH CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	70496	C T ANGIOGRAPHY HEAD	Yes	N	Y
CT Scan/MRI/PET Scan	70498	C T ANGIOGRAPHY NECK	Yes	N	Y
CT Scan/MRI/PET Scan	70540	M R I ORBIT, FACE, AND/OR NECK WITHOUT CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	70542	M R I FACE, ORBIT, AND/OR NECK WITH CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	70543	M R I FACE, ORBIT, AND/OR NECK WITH & WITHOUT CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	70544	M R A HEAD WITHOUT CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	70545	M R A HEAD WITH CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	70546	M R A HEAD WITH & WITHOUT CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	70547	M R A NECK WITHOUT CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	70548	M R A NECK WITH CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	70549	M R A NECK WITH & WITHOUT CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	70551	M R I HEAD WITHOUT CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	70552	M R I HEAD WITH CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	70553	M R I HEAD WITH & WITHOUT CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	70554	MRI BRAIN, FUNCTIONAL MRI	Yes	N	Y
CT Scan/MRI/PET Scan	70555	MRI BRAIN, FUNCTIONAL MRI, REQUIRING PHYSICIAN	Yes	N	Y
CT Scan/MRI/PET Scan	70557	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM AND SKULL BASE), DURING OPEN INTRACRANIAL PROCEDURE (EG, TO ASSESS FOR RESIDUAL TUMOR OR RESIDUAL VASCULAR MALFORMATION); WITHOUT CONTRAST MATERIAL	Yes	N	Y
CT Scan/MRI/PET Scan	70558	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM AND SKULL BASE), DURING OPEN INTRACRANIAL PROCEDURE (EG, TO ASSESS FOR RESIDUAL TUMOR OR RESIDUAL VASCULAR MALFORMATION); WITH CONTRAST MATERIAL(S)	Yes	N	Y
CT Scan/MRI/PET Scan	70559	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM AND SKULL BASE), DURING OPEN INTRACRANIAL PROCEDURE (EG, TO ASSESS FOR RESIDUAL TUMOR OR RSIDUAL VASCULAR MALFORMATION); WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Yes	N	Y
CT Scan/MRI/PET Scan	71250	COMPUTED TOMOGRAPHY, THORAX, DIAGNOSTIC; WITHOUT CONTRAST MATERIAL	Yes	N	Y
CT Scan/MRI/PET Scan	71260	COMPUTED TOMOGRAPHY, THORAX, DIAGNOSTIC; WITH CONTRAST MATERIAL(S)	Yes	N	Y
CT Scan/MRI/PET Scan	71270	COMPUTED TOMOGRAPHY, THORAX, DIAGNOSTIC; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Yes	N	Y
CT Scan/MRI/PET Scan	71271	COMPUTED TOMOGRAPHY, THORAX, LOW DOSE FOR LUNG CANCER SCREENING, WITHOUT CONTRAST MATERIAL(S)	Yes	N	Y
CT Scan/MRI/PET Scan	71275	C T ANGIOGRAPHY CHEST WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SECTIONS, INCLUDING IMAGE POSTPROCESSING	Yes	N	Y
CT Scan/MRI/PET Scan	71550	M R I CHEST WITHOUT CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	71551	M R I CHEST WITH CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	71552	M R I CHEST WITH & WITHOUT CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	71555	M R A CHEST (EXCLUDING MYOCARDIUM) WITH OR WITHOUT CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	72125	C T CERVICAL SPINE WITHOUT CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	72126	C T CERVICAL SPINE WITH CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	72127	C T CERVICAL SPINE WITHOUT & WITH CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	72128	C T THORACIC SPINE WITHOUT CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	72129	C T THORACIC SPINE WITH CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	72130	C T THORACIC SPINE WITHOUT & WITH CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	72131	C T LUMBAR SPINE WITHOUT CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	72132	C T LUMBAR SPINE WITH CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	72133	C T LUMBAR SPINE WITHOUT & WITH CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	72141	M R I CERVICAL SPINE WITHOUT CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	72142	M R I CERVICAL SPINE WITH CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	72146	M R I THORACIC SPINE WITHOUT CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	72147	M R I THORACIC SPINE WITH CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	72148	M R I LUMBAR SPINE WITHOUT CONTRAST	Yes	N	Y

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CT Scan/MRI/PET Scan	72149	M R I LUMBAR SPINE WITH CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	72156	M R I CERVICAL SPINE WITH & WITHOUT CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	72157	M R I THORACIC SPINE WITH & WITHOUT CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	72158	M R I LUMBAR SPINE WITH & WITHOUT CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	72159	M R A SPINAL CANAL WITH OR WITHOUT CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	72195	M R I PELVIS WITHOUT CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	72196	M R I PELVIS WITH CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	72197	M R I PELVIS WITH & WITHOUT CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	72198	M R A PELVIS WITH OR WITHOUT CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	72191	C T ANGIOGRAPHY PELVIS	Yes	N	Y
CT Scan/MRI/PET Scan	72192	C T PELVIS WITHOUT CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	72193	C T PELVIS WITH CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	72194	C T PELVIS WITHOUT & WITH CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	73200	C T UPPER EXTREMITY WITHOUT CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	73201	C T UPPER EXTREMITY WITH CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	73202	C T UPPER EXTREMITY WITHOUT & WITH CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	73206	C T ANGIOGRAPHY UPPER EXTREMITY	Yes	N	Y
CT Scan/MRI/PET Scan	73218	M R I UPPER EXTREMITY WITHOUT CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	73219	M R I UPPER EXTREMITY WITH CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	73220	M R I UPPER EXTREMITY WITH & WITHOUT CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	73221	M R I UPPER EXTREMITY JOINT WITHOUT CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	73222	M R I UPPER EXTREMITY JOINT WITH CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	73223	M R I UPPER EXTREMITY JOINT WITH & WITHOUT CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	73225	M R A UPPER EXTREMITY WITH OR WITHOUT CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	73700	C T LOWER EXTREMITY WITHOUT CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	73701	C T LOWER EXTREMITY WITH CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	73702	C T LOWER EXTREMITY WITHOUT & WITH CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	73706	C T ANGIOGRAPHY LOWER EXTREMITY	Yes	N	Y
CT Scan/MRI/PET Scan	73718	M R I LOWER EXTREMITY WITHOUT CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	73719	M R I LOWER EXTREMITY WITH CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	73720	M R I LOWER EXTREMITY WITH & WITHOUT CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	73721	M R I LOWER EXTREMITY JOINT WITHOUT CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	73722	M R I LOWER EXTREMITY JOINT WITH CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	73723	M R I LOWER EXTREMITY JOINT WITH & WITHOUT CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	73725	M R A LOWER EXTREMITY WITH OR WITHOUT CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	74150	C T ABDOMEN WITHOUT CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	74160	C T ABDOMEN WITH CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	74170	C T ABDOMEN WITHOUT & WITH CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	74174	CT ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Yes	N	Y
CT Scan/MRI/PET Scan	74175	C T ANGIOGRAPHY ABDOMEN	Yes	N	Y
CT Scan/MRI/PET Scan	74176	CT ABDOMEN AND PELVIS WITHOUT CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	74177	CT ABDOMEN AND PELVIS WITH CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	74178	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOTH BODY REGIONS, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS IN ONE OR BOTH BODY REGIONS	Yes	N	Y
CT Scan/MRI/PET Scan	74181	M R I ABDOMEN WITHOUT CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	74182	M R I ABDOMEN WITH CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	74183	M R I ABDOMEN WITH & WITHOUT CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	74185	M R A ABDOMEN WITH OR WITHOUT CONTRAST	Yes	N	Y
CT Scan/MRI/PET Scan	74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; WITHOUT CONTRAST MATERIAL	Yes	N	Y
CT Scan/MRI/PET Scan	74262	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; WITH CONTRAST MATERIAL(S) INCLUDING NON-CONTRAST IMAGES, IF PERFORMED	Yes	N	Y
CT Scan/MRI/PET Scan	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUANTITATIVE EVALUATION OF CORONARY CALCIUM	Yes	N	Y
CT Scan/MRI/PET Scan	75572	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY (INCLUDING 3D IMAGE POSTPROCESSING, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATION OF VENOUS STRUCTURES, IF PERFORMED)	Yes	N	Y
CT Scan/MRI/PET Scan	75573	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY IN THE SETTING OF CONGENITAL HEART DISEASE (INCLUDING 3D IMAGE POSTPROCESSING, ASSESSMENT OF LEFT VENTRICULAR [LV] CARDIAC FUNCTION, RIGHT VENTRICULAR [RV] STRUCTURE AND FUNCTION AND EVALUATION OF VASCULAR STRUCTURES, IF PERFORMED)	Yes	N	Y
CT Scan/MRI/PET Scan	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATION OF VENOUS STRUCTURES, IF PERFORMED)	Yes	N	Y
CT Scan/MRI/PET Scan	75580	NONINVASIVE ESTIMATE OF CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM AUGMENTATIVE SOFTWARE ANALYSIS OF THE DATA SET FROM A CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY, WITH INTERPRETATION AND REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL.	Yes	N	Y
CT Scan/MRI/PET Scan	75635	C T ANGIOGRAPHY ABDOMINAL AORTA	Yes	N	Y

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CT Scan/MRI/PET Scan	76014	MR SAFETY IMPLANT AND/OR FOREIGN BODY ASSESSMENT BY TRAINED CLINICAL STAFF, INCLUDING IDENTIFICATION AND VERIFICATION OF IMPLANT COMPONENTS FROM APPROPRIATE SOURCES (EG, SURGICAL REPORTS, IMAGING REPORTS, MEDICAL DEVICE DATABASES, DEVICE VENDORS, REVIEW OF PRIOR IMAGING), ANALYZING CURRENT MR CONDITIONAL STATUS OF INDIVIDUAL COMPONENTS AND SYSTEMS, AND CONSULTING PUBLISHED PROFESSIONAL GUIDANCE WITH WRITTEN REPORT; INITIAL 15 MINUTES	Yes	N	Y
CT Scan/MRI/PET Scan	76015	MR SAFETY IMPLANT AND/OR FOREIGN BODY ASSESSMENT BY TRAINED CLINICAL STAFF, INCLUDING IDENTIFICATION AND VERIFICATION OF IMPLANT COMPONENTS FROM APPROPRIATE SOURCES (EG, SURGICAL REPORTS, IMAGING REPORTS, MEDICAL DEVICE DATABASES, DEVICE VENDORS, REVIEW OF PRIOR IMAGING), ANALYZING CURRENT MR CONDITIONAL STATUS OF INDIVIDUAL COMPONENTS AND SYSTEMS, AND CONSULTING PUBLISHED PROFESSIONAL GUIDANCE WITH WRITTEN REPORT; EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	N	Y
CT Scan/MRI/PET Scan	76016	MR SAFETY DETERMINATION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL RESPONSIBLE FOR THE SAFETY OF THE MR PROCEDURE, INCLUDING REVIEW OF IMPLANT MR CONDITIONS FOR INDICATED MR EXAMINATION, ANALYSIS OF RISK VS CLINICAL BENEFIT OF PERFORMING MR EXAMINATION, AND DETERMINATION OF MR EQUIPMENT, ACCESSORY EQUIPMENT, AND EXPERTISE REQUIRED TO PERFORM EXAMINATION, WITH WRITTEN REPORT	Yes	N	Y
CT Scan/MRI/PET Scan	76017	MR SAFETY MEDICAL PHYSICS EXAMINATION CUSTOMIZATION, PLANNING AND PERFORMANCE MONITORING BY MEDICAL PHYSICIST OR MR SAFETY EXPERT, WITH REVIEW AND ANALYSIS BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL TO PRIORITIZE AND SELECT VIEWS AND IMAGING SEQUENCES, TO TAILOR MR ACQUISITION SPECIFIC TO RESTRICTIVE REQUIREMENTS OR ARTIFACTS ASSOCIATED WITH MR CONDITIONAL IMPLANTS OR TO MITIGATE RISK OF NON-CONDITIONAL IMPLANTS OR FOREIGN BODIES, WITH WRITTEN REPORT	Yes	N	Y
CT Scan/MRI/PET Scan	76018	MR SAFETY IMPLANT ELECTRONICS PREPARATION UNDER SUPERVISION OF PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING MR-SPECIFIC PROGRAMMING OF PULSE GENERATOR AND/OR TRANSMITTER TO VERIFY DEVICE INTEGRITY, PROTECTION OF DEVICE INTERNAL CIRCUITRY FROM MR ELECTROMAGNETIC FIELDS, AND PROTECTION OF PATIENT FROM RISKS OF UNINTENDED STIMULATION OR HEATING WHILE IN THE MR ROOM, WITH WRITTEN REPORT	Yes	N	Y
CT Scan/MRI/PET Scan	76019	MR SAFETY IMPLANT POSITIONING AND/OR IMMOBILIZATION UNDER SUPERVISION OF PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING APPLICATION OF PHYSICAL PROTECTIONS TO SECURE IMPLANTED MEDICAL DEVICE FROM MR-INDUCED TRANSLATIONAL OR VIBRATIONAL FORCES, MAGNETICALLY INDUCED FUNCTIONAL CHANGES, AND/OR PREVENTION OF RADIOFREQUENCY BURNS FROM INADVERTENT TISSUE CONTACT WHILE IN THE MR ROOM, WITH WRITTEN REPORT	Yes	N	Y
CT Scan/MRI/PET Scan	76376	3D RENDERING W/O POSTPROCESSING	Yes	N	Y
CT Scan/MRI/PET Scan	76377	3D RENDERING W POSTPROCESSING	Yes	N	Y
CT Scan/MRI/PET Scan	76380	C T LIMITED OR LOCALIZED FOLLOW-UP STUDY	Yes	N	Y
CT Scan/MRI/PET Scan	76390	M R I SPECTROSCOPY	Yes	N	Y
CT Scan/MRI/PET Scan	76391	MAGNETIC RESONANCE (EG, VIBRATION) ELASTOGRAPHY	Yes	N	Y
CT Scan/MRI/PET Scan	76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	Yes	N	Y
CT Scan/MRI/PET Scan	77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION	Yes	N	Y
CT Scan/MRI/PET Scan	77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE), RADIOLOGICAL SUPERVISION AND INTERPRETATION	Yes	N	Y
CT Scan/MRI/PET Scan	77013	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR, AND MONITORING OF, PARENCHYMAL TISSUE ABLATION	Yes	N	Y
CT Scan/MRI/PET Scan	77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	Yes	N	Y
CT Scan/MRI/PET Scan	77078	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE SITES, AXIAL SKELETON (EG, HIPS, PELVIS, SPINE)	Yes	N	Y
CT Scan/MRI/PET Scan	78072	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED); WITH TOMOGRAPHIC (SPECT), AND CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ANATOMICAL LOCALIZATION	Yes	N	Y
CT Scan/MRI/PET Scan	74712	MAGNETIC RESONANCE (EG, PROTON) IMAGING, FETAL, INCLUDING PLACENTAL AND MATERNAL PELVIC IMAGING WHEN PERFORMED; SINGLE OR FIRST GESTATION	Yes	N	Y
CT Scan/MRI/PET Scan	74713	MAGNETIC RESONANCE (EG, PROTON) IMAGING, FETAL, INCLUDING PLACENTAL AND MATERNAL PELVIC IMAGING WHEN PERFORMED; EACH ADDITIONAL GESTATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	N	Y
CT Scan/MRI/PET Scan	75557	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL	Yes	N	Y
CT Scan/MRI/PET Scan	75559	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL; WITH STRESS IMAGING	Yes	N	Y
CT Scan/MRI/PET Scan	75561	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Yes	N	Y
CT Scan/MRI/PET Scan	75563	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; WITH STRESS IMAGING	Yes	N	Y

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CT Scan/MRI/PET Scan	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	N	Y
CT Scan/MRI/PET Scan	76498	UNLISTED MRI PROCEDURE	Yes	N	Y
CT Scan/MRI/PET Scan	77021	M R I GUIDANCE FOR NEEDLE PLACEMENT	Yes	N	Y
CT Scan/MRI/PET Scan	77022	MAGNETIC RESONANCE GUIDANCE FOR, AND MONITORING OF, PARENCHYMAL TISSUE ABLATION	Yes	N	Y
CT Scan/MRI/PET Scan	77046	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT CONTRAST MATERIAL; UNILATERAL	Yes	N	Y
CT Scan/MRI/PET Scan	77047	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT CONTRAST MATERIAL; BILATERAL	Yes	N	Y
CT Scan/MRI/PET Scan	77048	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; UNILATERAL	Yes	N	Y
CT Scan/MRI/PET Scan	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Yes	N	Y
CT Scan/MRI/PET Scan	77084	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY	Yes	N	Y
CT Scan/MRI/PET Scan	78071	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED); WITH TOMOGRAPHIC (SPECT)	Yes	N	Y
CT Scan/MRI/PET Scan	78429	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED), SINGLE STUDY; WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY TRANSMISSION SCAN	Yes	N	Y
CT Scan/MRI/PET Scan	78430	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED); SINGLE STUDY, AT REST OR STRESS (EXERCISE OR PHARMACOLOGIC), WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY TRANSMISSION SCAN	Yes	N	Y
CT Scan/MRI/PET Scan	78431	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED); MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC), WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY TRANSMISSION SCAN	Yes	N	Y
CT Scan/MRI/PET Scan	78432	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), COMBINED PERFUSION WITH METABOLIC EVALUATION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED), DUAL RADIOTRACER (EG, MYOCARDIAL VIABILITY);	Yes	N	Y
CT Scan/MRI/PET Scan	78433	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), COMBINED PERFUSION WITH METABOLIC EVALUATION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED), DUAL RADIOTRACER (EG, MYOCARDIAL VIABILITY); WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY TRANSMISSION SCAN	Yes	N	Y
CT Scan/MRI/PET Scan	78434	ABSOLUTE QUANTITATION OF MYOCARDIAL BLOOD FLOW (AQMBF), POSITRON EMISSION TOMOGRAPHY (PET), REST AND PHARMACOLOGIC STRESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	N	Y
CT Scan/MRI/PET Scan	78451	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRST PASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); SINGLE STUDY, AT REST OR STRESS (EXERCISE OR PHARMACOLOGIC)	Yes	N	Y
CT Scan/MRI/PET Scan	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRST PASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR STRESS (EXERCISE OR PHARMACOLOGIC) AND/OR REDISTRIBUTION AND/OR REST REINJECTION	Yes	N	Y
CT Scan/MRI/PET Scan	78459	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION	Yes	N	Y
CT Scan/MRI/PET Scan	78469	HEART INFARCT IMAGE 3D SPECT	Yes	N	Y
CT Scan/MRI/PET Scan	78491	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; SINGLE STUDY AT REST OR STRESS	Yes	N	Y
CT Scan/MRI/PET Scan	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; MULTIPLE STUDIES AT REST AND/OR STRESS	Yes	N	Y
CT Scan/MRI/PET Scan	78494	CARDIAC BLOOD POOL IMAGING, SPECT	Yes	N	Y
CT Scan/MRI/PET Scan	78608	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) METABOLIC EVALUATION	Yes	N	Y
CT Scan/MRI/PET Scan	78609	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) PERFUSION EVALUATION	Yes	N	Y
CT Scan/MRI/PET Scan	78811	PET IMAGING; LIMITED AREA	Yes	N	Y
CT Scan/MRI/PET Scan	78812	PET IMAGING: SKULL BASE TO MID-THIGH	Yes	N	Y
CT Scan/MRI/PET Scan	78813	PET IMAGING: WHOLE BODY	Yes	N	Y
CT Scan/MRI/PET Scan	78814	PET WITH CONCURRENTLY ACQUIRED CT; LIMITED AREA	Yes	N	Y
CT Scan/MRI/PET Scan	78815	PET WITH CONCURRENTLY ACQUIRED CT; SKULL BASE TO MID-THIGH	Yes	N	Y
CT Scan/MRI/PET Scan	78816	PET WITH CONCURRENTLY ACQUIRED CT; WHOLE BODY	Yes	N	Y

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CT Scan/MRI/PET Scan	78830	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR, INFLAMMATORY PROCESS OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S) (INCLUDES VASCULAR FLOW AND BLOOD POOL IMAGING, WHEN PERFORMED); TOMOGRAPHIC (SPECT) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) TRANSMISSION SCAN FOR ANATOMICAL REVIEW, LOCALIZATION AND DETERMINATION/DETECTION OF PATHOLOGY, SINGLE AREA (EG, HEAD, NECK, CHEST, PELVIS), SINGLE DAY IMAGING	Yes	N	Y
CT Scan/MRI/PET Scan	78831	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR, INFLAMMATORY PROCESS OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S) (INCLUDES VASCULAR FLOW AND BLOOD POOL IMAGING, WHEN PERFORMED); TOMOGRAPHIC (SPECT), MINIMUM 2 AREAS (EG, PELVIS AND KNEES, CHEST AND ABDOMEN) OR SEPARATE ACQUISITIONS (EG, LUNG VENTILATION AND PERFUSION), SINGLE DAY IMAGING, OR SINGLE AREA OR ACQUISITION OVER 2 OR MORE DAYS	Yes	N	Y
CT Scan/MRI/PET Scan	78832	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR, INFLAMMATORY PROCESS OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S) (INCLUDES VASCULAR FLOW AND BLOOD POOL IMAGING, WHEN PERFORMED); TOMOGRAPHIC (SPECT) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) TRANSMISSION SCAN FOR ANATOMICAL REVIEW, LOCALIZATION AND DETERMINATION/DETECTION OF PATHOLOGY, MINIMUM 2 AREAS (EG, PELVIS AND KNEES, CHEST AND ABDOMEN) OR SEPARATE ACQUISITIONS (EG, LUNG VENTILATION AND PERFUSION), SINGLE DAY IMAGING, OR SINGLE AREA OR ACQUISITION OVER 2 OR MORE DAYS	Yes	N	Y
CT Scan/MRI/PET Scan	78835	RADIOPHARMACEUTICAL QUANTIFICATION MEASUREMENT(S) SINGLE AREA (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	N	Y
CT Scan/MRI/PET Scan	78803	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR, INFLAMMATORY PROCESS OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S) (INCLUDES VASCULAR FLOW AND BLOOD POOL IMAGING, WHEN PERFORMED); TOMOGRAPHIC (SPECT), SINGLE AREA (E.G., HEAD, NECK, CHEST, PELVIS) OR ACQUISITION, SINGLE DAY IMAGING	Yes	N	Y
CT Scan/MRI/PET Scan	C8903	MAGNETIC RESONANCE IMAGING WITH CONTRAST, BREAST; UNILATERAL	Yes	N	Y
CT Scan/MRI/PET Scan	C8905	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, BREAST; UNILATERAL	Yes	N	Y
CT Scan/MRI/PET Scan	C8906	MAGNETIC RESONANCE IMAGING WITH CONTRAST, BREAST; BILATERAL	Yes	N	Y
CT Scan/MRI/PET Scan	C8908	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, BREAST; BILATERAL	Yes	N	Y
CT Scan/MRI/PET Scan	C9762	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION, QUANTIFICATION OF SEGMENTAL DYSFUNCTION; WITH STRAIN IMAGING	Yes	N	Y
CT Scan/MRI/PET Scan	C9763	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION, QUANTIFICATION OF SEGMENTAL DYSFUNCTION; WITH STRESS IMAGING	Yes	N	Y
CT Scan/MRI/PET Scan	C9791	MAGNETIC RESONANCE IMAGING WITH INHALED HYPERPOLARIZED XENON-129 CONTRAST AGENT, CHEST, INCLUDING PREPARATION AND ADMINISTRATION OF AGENT	Yes	N	Y
CT Scan/MRI/PET Scan	G0219	PET IMAGING WHOLE BODY; MELANOMA FOR NON-COVERED INDICATIONS	Yes	N	Y
CT Scan/MRI/PET Scan	G0235	PET IMAGING, ANY SITE, NOT OTHERWISE SPECIFIED	Yes	N	Y
CT Scan/MRI/PET Scan	G0252	PET IMAGING, FULL AND PARTIAL-RING PET SCANNERS ONLY FOR INITIAL DIAGNOSIS OF BREAST CANCER AND/OR SURGICAL PLANNING FOR BREAST CANCER	Yes	N	Y
CT Scan/MRI/PET Scan	G0288	RECONSTRUCTION, COMPUTED TOMOGRAHIC ANGIOGRAPHY OF AORTA FOR SURGICAL PLANNING FOR VASCULAR SURGERY	Yes	N	Y
CT Scan/MRI/PET Scan	S8092	ELECTRON BEAM COMPUTED TOMOGRAPHY (ALSO KNOWN AS ULTRAFAST CT, CINET)	Yes	N	Y
**Genetic Testing	G9143	WARFARIN RESPONSIVENESS TESTING BY GENETIC TECHNIQUE USING ANY METHOD, ANY NUMBER OF SPECIMEN(S)	Yes	Y	Y
Genetic Testing	S3852	DNA ANALYSIS FOR APOE EPSILON 4 ALLELE FOR SUSCEPTIBILITY TO ALZHEIMER'S DISEASE	Yes	Y	Y
**Genetic Testing	S3854	GENE EXPRESSION PROFILING PANEL FOR USE IN THE MANAGEMENT OF BREAST CANCER TREATMENT	Yes	Y	Y
Genetic Testing	S3861	GENETIC TESTING, SODIUM CHANNEL, VOLTAGE-GATED, TYPE V, ALPHA SUBUNIT (SCN5A) AND VARIANTS FOR SUSPECTED BRUGADA SYNDROME	Yes	Y	Y
**Genetic Testing	S3870	COMPARATIVE GENOMIC HYBRIDIZATION (CGH) MICROARRAY TESTING FOR DEVELOPMENTAL DELAY, AUTISM SPECTRUM DISORDER AND/OR INTELLECTUAL DISABILITY	Yes	Y	Y
**Genetic Testing	0005U	ONCOLOGY (PROSTATE) GENE EXPRESSION PROFILE BY REAL-TIME RT-PCR OF 3 GENES (ERG, PCA3, AND SPDEF), URINE, ALGORITHM REPORTED AS RISK SCORE	Yes	Y	Y
**Genetic Testing	0006M	ONCOLOGY (HEPATIC), MRNA EXPRESSION LEVELS OF 161 GENES, UTILIZING FRESH HEPATOCELLULAR CARCINOMA TUMOR TISSUE, WITH ALPHA- FETOPROTEIN LEVEL, ALGORITHM REPORTED AS A RISK CLASSIFIER	Yes	Y	Y
Genetic Testing	0012M	ONCOLOGY (UROTHELIAL), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME QUANTITATIVE PCR OF FIVE GENES (MDK, HOXA13, CDC2 [CDK1], IGFBP5, AND CXCR2), UTILIZING URINE, ALGORITHM REPORTED AS A RISK SCORE FOR HAVING UROTHELIAL CARCINOMA	Yes	Y	Y
**Genetic Testing	0013M	ONCOLOGY (UROTHELIAL), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME QUANTITATIVE PCR OF FIVE GENES (MDK, HOXA13, CDC2 [CDK1], IGFBP5, AND CXCR2), UTILIZING URINE, ALGORITHM REPORTED AS A RISK SCORE FOR HAVING RECURRENT UROTHELIAL CARCINOMA	Yes	Y	Y

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**Genetic Testing	0016U	ONCOLOGY (HEMATOLYMPHOID NEOPLASIA), RNA, BCR/ABL1 MAJOR AND MINOR BREAKPOINT FUSION TRANSCRIPTS, QUANTITATIVE PCR AMPLIFICATION, BLOOD OR BONE MARROW, REPORT OF FUSION NOT DETECTED OR DETECTED WITH QUANTITATION	Yes	Y	Y
**Genetic Testing	0017U	ONCOLOGY (HEMATOLYMPHOID NEOPLASIA), JAK2 MUTATION, DNA, PCR AMPLIFICATION OF EXONS 12-14 AND SEQUENCE ANALYSIS, BLOOD OR BONE MARROW, REPORT OF JAK2 MUTATION NOT DETECTED OR DETECTED	Yes	Y	Y
**Genetic Testing	0018U	ONCOLOGY (THYROID), MICRORNA PROFILING BY RT-PCR OF 10 MICRORNA SEQUENCES, UTILIZING FINE NEEDLE ASPIRATE, ALGORITHM REPORTED AS A POSITIVE OR NEGATIVE RESULT FOR MODERATE TO HIGH RISK OF MALIGNANCY	Yes	Y	Y
**Genetic Testing	0019U	ONCOLOGY, RNA, GENE EXPRESSION BY WHOLE TRANSCRIPTOME SEQUENCING, FORMALIN-FIXED PARAFFIN EMBEDDED TISSUE OR FRESH FROZEN TISSUE, PREDICTIVE ALGORITHM REPORTED AS POTENTIAL TARGETS FOR THERAPEUTIC AGENTS	Yes	Y	Y
**Genetic Testing	0022U	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, NON-SMALL CELL LUNG NEOPLASIA, DNA AND RNA ANALYSIS, 23 GENES, INTERROGATION FOR SEQUENCE VARIANTS AND REARRANGEMENTS, REPORTED AS PRESENCE OR ABSENCE OF VARIANTS AND ASSOCIATED THERAPY(IES) TO CONSIDER	Yes	Y	Y
**Genetic Testing	0023U	ONCOLOGY (ACUTE MYELOGENOUS LEUKEMIA), DNA, GENOTYPING OF INTERNAL TANDEM DUPLICATION, P.D835, P.I836, USING MONONUCLEAR CELLS, REPORTED AS DETECTION OR NON-DETECTION OF FLT3 MUTATION AND INDICATION FOR OR AGAINST THE USE OF MIDOSTAURIN	Yes	Y	Y
**Genetic Testing	0026U	ONCOLOGY (THYROID), DNA AND MRNA OF 112 GENES, NEXT-GENERATION SEQUENCING, FINE NEEDLE ASPIRATE OF THYROID NODULE, ALGORITHMIC ANALYSIS REPORTED AS A CATEGORICAL RESULT ("POSITIVE, HIGH PROBABILITY OF MALIGNANCY" OR "NEGATIVE, LOW PROBABILITY OF MALIGNANCY")	Yes	Y	Y
**Genetic Testing	0027U	JAK2 (JANUS KINASE 2) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS EXONS 12-15	Yes	Y	Y
**Genetic Testing	0029U	DRUG METABOLISM (ADVERSE DRUG REACTIONS AND DRUG RESPONSE), TARGETED SEQUENCE ANALYSIS (I.E., CYP1A2, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, CYP4F2, SLCO1B1, VKORC1 AND RS12777823)	Yes	Y	Y
**Genetic Testing	0030U	DRUG METABOLISM (WARFARIN DRUG RESPONSE), TARGETED SEQUENCE ANALYSIS (I.E., CYP2C9, CYP4F2, VKORC1, RS12777823)	Yes	Y	Y
**Genetic Testing	0031U	CYP1A2 (CYTOCHROME P450 FAMILY 1, SUBFAMILY A, MEMBER 2)(EG, DRUG METABOLISM) GENE ANALYSIS, COMMON VARIANTS (IE, *1F, *1K, *6, *7)	Yes	Y	Y
**Genetic Testing	0032U	COMT (CATECHOL-O-METHYLTRANSFERASE)(DRUG METABOLISM) GENE ANALYSIS, C.472G GREATER THAN A (RS4680) VARIANT	Yes	Y	Y
**Genetic Testing	0033U	HTR2A (5-HYDROXYTRYPTAMINE RECEPTOR 2A), HTR2C (5-HYDROXYTRYPTAMINE RECEPTOR 2C) (EG, CITALOPRAM METABOLISM) GENE ANALYSIS, COMMON VARIANTS (IE, HTR2A RS7997012 [C.614-2211T GREATER THAN C], HTR2C RS3813929 [C.-759C GREATER THAN T] AND RS1414334 [C.551-3008C GREATER THAN G])	Yes	Y	Y
**Genetic Testing	0034U	TPMT (THIOPURINE S-METHYLTRANSFERASE), NUDT15 (NUDIX HYDROXYLASE 15)(EG, THIOPURINE METABOLISM), GENE ANALYSIS, COMMON VARIANTS (IE, TPMT *2, *3A, *3B, *3C, *4, *5, *6, *8, *12; NUDT15 *3, *4, *5)	Yes	Y	Y
**Genetic Testing	0036U	EXOME (I.E., SOMATIC MUTATIONS), PAIRED FORMALIN-FIXED PARAFFIN-EMBEDDED TUMOR TISSUE AND NORMAL SPECIMEN, SEQUENCE ANALYSES	Yes	Y	Y
**Genetic Testing	0039U	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY, DOUBLE STRANDED, HIGH AVIDITY	Yes	Y	Y
**Genetic Testing	0040U	BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS, MAJOR BREAKPOINT, QUANTITATIVE	Yes	Y	Y
**Genetic Testing	0045U	ONCOLOGY (BREAST DUCTAL CARCINOMA IN SITU), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 12 GENES (7 CONTENT AND 5 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS RECURRENCE SCORE	Yes	Y	Y
**Genetic Testing	0046U	FLT3 (FMS-RELATED TYROSINE KINASE 3) (EG, ACUTE MYELOID LEUKEMIA) INTERNAL TANDEM DUPLICATION (ITD) VARIANTS, QUANTITATIVE	Yes	Y	Y
**Genetic Testing	0047U	ONCOLOGY (PROSTATE), MRNA, GENE EXPRESSION PROFILING BY REAL TIME RT-PCR OF 17 GENES (12 CONTENT AND 5 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A RISK SCORE	Yes	Y	Y
**Genetic Testing	0048U	ONCOLOGY (SOLID ORGAN NEOPLASIA), DNA, TARGETED SEQUENCING OF PROTEIN-CODING EXONS OF 468 CANCER ASSOCIATED GENES, INCLUDING INTERROGATION FOR SOMATIC MUTATIONS AND MICROSATELLITE INSTABILITY, MATCHED WITH NORMAL SPECIMENS, UTILIZING FORMALIN-FIXED PARAFFIN- EMBEDDED TUMOR TISSUE, REPORT OF CLINICALLY SIGNIFICANT MUTATION(S)	Yes	Y	Y
**Genetic Testing	0049U	NPM1 (NUCLEOPHOSMIN) (EG, ACUTE MYELOID LEUKEMIA) GENE ANALYSIS, QUANTITATIVE	Yes	Y	Y
**Genetic Testing	0050U	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, ACUTE MYELOGENOUS LEUKEMIA, DNA ANALYSIS, 194 GENES, INTERROGATION FOR SEQUENCE VARIANTS, COPY NUMBER VARIANTS OR REARRANGEMENTS	Yes	Y	Y
**Genetic Testing	0055U	CARDIOLOGY (HEART TRANSPLANT), CELL-FREE DNA, PCR ASSAY OF 96 DNA TARGET SEQUENCES (94 SINGLE NUCLEOTIDE POLYMORPHISM TARGETS AND TWO CONTROL TARGETS), PLASMA	Yes	Y	Y

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**Genetic Testing	0070U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM) GENE ANALYSIS, COMMON AND SELECT RARE VARIANTS (I.E., *2, *3, *4, *4N, *5, *6, *7, *8, *9, *10, *11, *12, *13, *14A, *14B, *15, *17, *29, *35, *36, *41, *57, *61, *63, *68, *83, *XN)	Yes	Y	Y
**Genetic Testing	0071U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM) GENE ANALYSIS, FULL GENE SEQUENCE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	Y	Y
**Genetic Testing	0072U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM) GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS (I.E., CYP2D6-2D7 HYBRID GENE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	Y	Y
**Genetic Testing	0073U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM) GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS (I.E., CYP2D7-2D6 HYBRID GENE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	Y	Y
**Genetic Testing	0074U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM) GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS (I.E., NON-DUPLICATED GENE WHEN DUPLICATION/MULTIPLICATION IS TRANS) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	Y	Y
**Genetic Testing	0075U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM) GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS (I.E., 5' GENE DUPLICATION/MULTIPLICATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	Y	Y
**Genetic Testing	0076U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM) GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS (I.E., 3' GENE DUPLICATION/ MULTIPLICATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	Y	Y
**Genetic Testing	0079U	COMPARATIVE DNA ANALYSIS USING MULTIPLE SELECTED SINGLE-NUCLEOTIDE POLYMORPHISMS (SNPS), URINE AND BUCCAL DNA, FOR SPECIMEN IDENTITY VERIFICATION	Yes	Y	Y
**Genetic Testing	0087U	CARDIOLOGY (HEART TRANSPLANT), MRNA GENE EXPRESSION PROFILING BY MICROARRAY OF 1283 GENES, TRANSPLANT BIOPSY TISSUE, ALLOGRAFT REJECTION AND INJURY ALGORITHM REPORTED AS A PROBABILITY SCORE	Yes	Y	Y
**Genetic Testing	0088U	TRANSPLANTATION MEDICINE (KIDNEY ALLOGRAFT REJECTION), MICROARRAY GENE EXPRESSION PROFILING OF 1494 GENES, UTILIZING TRANSPLANT BIOPSY TISSUE, ALGORITHM REPORTED AS A PROBABILITY SCORE FOR REJECTION	Yes	Y	Y
**Genetic Testing	0089U	ONCOLOGY (MELANOMA), GENE EXPRESSION PROFILING BY RTQPCR, PRAME AND LINC00518, SUPERFICIAL COLLECTION USING ADHESIVE PATCH(ES)	Yes	Y	Y
**Genetic Testing	0090U	ONCOLOGY (CUTANEOUS MELANOMA), MRNA GENE EXPRESSION PROFILING BY RT-PCR OF 23 GENES (14 CONTENT AND 9 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED (FFPE) TISSUE, ALGORITHM REPORTED AS A CATEGORICAL RESULT (IE, BENIGN, INTERMEDIATE, MALIGNANT)	Yes	Y	Y
Genetic Testing	0091U	COMPARATIVE DNA ANALYSIS USING MULTIPLE SELECTED SINGLE-NUCLEOTIDE POLYMORPHISMS (SNPS), URINE AND BUCCAL DNA, FOR SPECIMEN IDENTITY VERIFICATION	Yes	Y	Y
Genetic Testing	0094U	GENOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME), RAPID SEQUENCE ANALYSIS	Yes	Y	Y
Genetic Testing	0101U	HEREDITARY COLON CANCER DISORDERS (EG, LYNCH SYNDROME, PTEN HAMARTOMA SYNDROME, COWDEN SYNDROME, FAMILIAL ADENOMATOSIS POLYPOSIS), GENOMIC SEQUENCE ANALYSIS PANEL UTILIZING A COMBINATION OF NGS, SANGER, MLPA, AND ARRAY CGH, WITH MRNA ANALYTICS TO RESOLVE VARIANTS OF UNKNOWN SIGNIFICANCE WHEN INDICATED (15 GENES [SEQUENCING AND DELETION/DUPLICATION], EPCAM AND GREM1 [DELETION/DUPLICATION ONLY])	Yes	Y	Y
Genetic Testing	0102U	HEREDITARY BREAST CANCER-RELATED DISORDERS (EG, HEREDITARY BREAST CANCER, HEREDITARY OVARIAN CANCER, HEREDITARY ENDOMETRIAL CANCER), GENOMIC SEQUENCE ANALYSIS PANEL UTILIZING A COMBINATION OF NGS, SANGER, MLPA, AND ARRAY CGH, WITH MRNA ANALYTICS TO RESOLVE VARIANTS OF UNKNOWN SIGNIFICANCE WHEN INDICATED (17 GENES [SEQUENCING AND DELETION/DUPLICATION])	Yes	Y	Y
Genetic Testing	0103U	HEREDITARY OVARIAN CANCER (EG, HEREDITARY OVARIAN CANCER, HEREDITARY ENDOMETRIAL CANCER), GENOMIC SEQUENCE ANALYSIS PANEL UTILIZING A COMBINATION OF NGS, SANGER, MLPA, AND ARRAY CGH, WITH MRNA ANALYTICS TO RESOLVE VARIANTS OF UNKNOWN SIGNIFICANCE WHEN INDICATED (24 GENES [SEQUENCING AND DELETION/DUPLICATION], EPCAM [DELETION/DUPLICATION ONLY])	Yes	Y	Y
**Genetic Testing	0111U	ONCOLOGY (COLON CANCER), TARGETED KRAS (CODONS 12, 13, AND 61) AND NRAS (CODONS 12, 13, AND 61) GENE ANALYSIS UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE	Yes	Y	Y
**Genetic Testing	0112U	INFECTIOUS AGENT DETECTION AND IDENTIFICATION, TARGETED SEQUENCE ANALYSIS (16S AND 18S RRNA GENES) WITH DRUG-RESISTANCE GENE	Yes	Y	Y
**Genetic Testing	0113U	ONCOLOGY (PROSTATE), MEASUREMENT OF PCA3 AND TMPRSS2-ERG IN URINE AND PSA IN SERUM FOLLOWING PROSTATIC MASSAGE, BY RNA AMPLIFICATION AND FLUORESCENCE-BASED DETECTION, ALGORITHM REPORTED AS RISK SCORE	Yes	Y	Y

Modality	Code	Terminology	Bypass when Medicare/ COB Primary	Needs Prior Authorization Standard/ Basic Option	Needs Prior Authorization / FEP Blue Focus
**Genetic Testing	0118U	TRANSPLANTATION MEDICINE, QUANTIFICATION OF DONOR-DERIVED CELL-FREE DNA USING WHOLE GENOME NEXT-GENERATION SEQUENCING, PLASMA, REPORTED AS PERCENTAGE OF DONOR-DERIVED CELL-FREE DNA IN THE TOTAL CELL-FREE DNA	Yes	Y	Y
Genetic Testing	0129U	HEREDITARY BREAST CANCER-RELATED DISORDERS (EG, HEREDITARY BREAST CANCER, HEREDITARY OVARIAN CANCER, HEREDITARY ENDOMETRIAL CANCER), GENOMIC SEQUENCE ANALYSIS AND DELETION/DUPLICATION ANALYSIS PANEL (ATM, BRCA1, BRCA2, CDH1, CHEK2, PALB2, PTEN, AND TP53)	Yes	Y	Y
Genetic Testing	0130U	HEREDITARY COLON CANCER DISORDERS (EG, LYNCH SYNDROME, PTEN HAMARTOMA SYNDROME, COWDEN SYNDROME, FAMILIAL ADENOMATOSIS POLYPOSIS), TARGETED MRNA SEQUENCE ANALYSIS PANEL (APC, CDH1, CHEK2, MLH1, MSH2, MSH6, MUTYH, PMS2, PTEN, AND TP53) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	Y	Y
Genetic Testing	0131U	HEREDITARY BREAST CANCER-RELATED DISORDERS (EG, HEREDITARY BREAST CANCER, HEREDITARY OVARIAN CANCER, HEREDITARY ENDOMETRIAL CANCER), TARGETED MRNA SEQUENCE ANALYSIS PANEL (13 GENES) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	Y	Y
Genetic Testing	0132U	HEREDITARY OVARIAN CANCER-RELATED DISORDERS (EG, HEREDITARY BREAST CANCER, HEREDITARY OVARIAN CANCER, HEREDITARY ENDOMETRIAL CANCER), TARGETED MRNA SEQUENCE ANALYSIS PANEL (17 GENES) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	Y	Y
Genetic Testing	0133U	HEREDITARY PROSTATE CANCER-RELATED DISORDERS, TARGETED MRNA SEQUENCE ANALYSIS PANEL (11 GENES) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	Y	Y
Genetic Testing	0134U	HEREDITARY PAN CANCER (EG, HEREDITARY BREAST AND OVARIAN CANCER, HEREDITARY ENDOMETRIAL CANCER, HEREDITARY COLORECTAL CANCER), TARGETED MRNA SEQUENCE ANALYSIS PANEL (18 GENES) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	Y	Y
Genetic Testing	0135U	HEREDITARY GYNECOLOGICAL CANCER (EG, HEREDITARY BREAST AND OVARIAN CANCER, HEREDITARY ENDOMETRIAL CANCER, HEREDITARY COLORECTAL CANCER), TARGETED MRNA SEQUENCE ANALYSIS PANEL (12 GENES) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	Y	Y
Genetic Testing	0136U	ATM (ATAXIA TELANGIECTASIA MUTATED) (EG, ATAXIA TELANGIECTASIA) MRNA SEQUENCE ANALYSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	Y	Y
Genetic Testing	0137U	PALB2 (PARTNER AND LOCALIZER OF BRCA2) (EG, BREAST AND PANCREATIC CANCER) MRNA SEQUENCE ANALYSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	Y	Y
**Genetic Testing	0153U	ONCOLOGY (BREAST), MRNA, GENE EXPRESSION PROFILING BY NEXT-GENERATION SEQUENCING OF 101 GENES, UTILIZING FORMALIN-FIXED PARAFFIN- EMBEDDED TISSUE, ALGORITHM REPORTED AS A TRIPLE NEGATIVE BREAST CANCER CLINICAL SUBTYPE(S) WITH INFORMATION ON IMMUNE CELL INVOLVEMENT	Yes	Y	Y
**Genetic Testing	0155U	ONCOLOGY (BREAST CANCER), DNA, PIK3CA (PHOSPHATIDYLINOSITOL-4,5-BISPHOSPHATE 3-KINASE CATALYTIC SUBUNIT ALPHA) GENE ANALYSIS (I.E. P.C420R, P.E542K, P.E545A, P.E545D [G.1635G GREATER THAN T ONLY], P.E545G, P.E545K, P.Q546E, P.Q546R, P.H1047L, P.H1047R, P.H1047Y), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED (FFPE) BREAST TUMOR TISSUE, REPORTED AS PIK3CA GENE MUTATION STATUS	Yes	Y	Y
**Genetic Testing	0156U	COPY NUMBER (EG, INTELLECTUAL DISABILITY, DYSMORPHOLOGY), SEQUENCE ANALYSIS	Yes	Y	Y
Genetic Testing	0157U	APC (APC REGULATOR OF WNT SIGNALING PATHWAY) (EG, FAMILIAL ADENOMATOSIS POLYPOSIS [FAP]) MRNA SEQUENCE ANALYSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	Y	Y
Genetic Testing	0158U	MLH1 (MUTL HOMOLOG 1) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) MRNA SEQUENCE ANALYSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	Y	Y
Genetic Testing	0159U	MSH2 (MUTS HOMOLOG 2) (EG, HEREDITARY COLON CANCER, LYNCH SYNDROME) MRNA SEQUENCE ANALYSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	Y	Y
Genetic Testing	0160U	MSH6 (MUTS HOMOLOG 6) (EG, HEREDITARY COLON CANCER, LYNCH SYNDROME) MRNA SEQUENCE ANALYSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	Y	Y
Genetic Testing	0161U	PMS2 (PMS1 HOMOLOG 2, MISMATCH REPAIR SYSTEM COMPONENT) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) MRNA SEQUENCE ANALYSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	Y	Y
Genetic Testing	0162U	HEREDITARY COLON CANCER (LYNCH SYNDROME), TARGETED MRNA SEQUENCE ANALYSIS PANEL (MLH1, MSH2, MSH6, PMS2) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	Y	Y
**Genetic Testing	0169U	NUDT15 (NUDIX HYDROLASE 15) AND TPMT (THIOPURINE S-METHYLTRANSFERASE) (EG, DRUG METABOLISM) GENE ANALYSIS, COMMON VARIANTS	Yes	Y	Y
**Genetic Testing	0170U	NEUROLOGY (AUTISM SPECTRUM DISORDER [ASD]), RNA, NEXT-GENERATION SEQUENCING, SALIVA, ALGORITHMIC ANALYSIS, AND RESULTS REPORTED AS PREDICTIVE PROBABILITY OF ASD DIAGNOSIS	Yes	Y	Y

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**Genetic Testing	0172U	ONCOLOGY (SOLID TUMOR AS INDICATED BY THE LABEL), SOMATIC MUTATION ANALYSIS OF BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) AND ANALYSIS OF HOMOLOGOUS RECOMBINATION DEFICIENCY PATHWAYS, DNA, FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM QUANTIFYING TUMOR GENOMIC INSTABILITY SCORE	Yes	Y	Y
**Genetic Testing	0173U	PSYCHIATRY (I.E., DEPRESSION, ANXIETY), GENOMIC ANALYSIS PANEL, INCLUDES VARIANT ANALYSIS OF 14 GENES	Yes	Y	Y
**Genetic Testing	0175U	PSYCHIATRY (EG, DEPRESSION, ANXIETY), GENOMIC ANALYSIS PANEL, VARIANT ANALYSIS OF 15 GENES	Yes	Y	Y
**Genetic Testing	0177U	ONCOLOGY (BREAST CANCER), DNA, PIK3CA (PHOSPHATIDYLINOSITOL-4,5 BISPHOSPHATE 3-KINASE CATALYTIC SUBUNIT ALPHA) GENE ANALYSIS OF 11 GENE VARIANTS UTILIZING PLASMA, REPORTED AS PIK3CA GENE MUTATION STATUS	Yes	Y	Y
Genetic Testing	0198U	RED CELL ANTIGEN (RH BLOOD GROUP) GENOTYPING (RHD AND RHCE), GENE ANALYSIS SANGER/CHAIN TERMINATION/CONVENTIONAL SEQUENCING, RHD (RH BLOOD GROUP D ANTIGEN) EXONS 1-10 AND RHCE (RH BLOOD GROUP CCEE ANTIGENS) EXON 5	Yes	Y	Y
**Genetic Testing	0205U	OPHTHALMOLOGY (AGE-RELATED MACULAR DEGENERATION), ANALYSIS OF 3 GENE VARIANTS (2 CFH GENE, 1 ARMS2 GENE), USING PCR AND MALDI-TOF, BUCCAL SWAB, REPORTED AS POSITIVE OR NEGATIVE FOR NEOVASCULAR AGE-RELATED MACULAR-DEGENERATION RISK ASSOCIATED WITH ZINC SUPPLEMENTS	Yes	Y	Y
**Genetic Testing	0209U	CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) ANALYSIS, INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER, STRUCTURAL CHANGES AND AREAS OF HOMOZYGOSITY FOR CHROMOSOMAL ABNORMALITIES	Yes	Y	Y
**Genetic Testing	0211U	ONCOLOGY (PAN-TUMOR), DNA AND RNA BY NEXT-GENERATION SEQUENCING, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, INTERPRETATIVE REPORT FOR SINGLE NUCLEOTIDE VARIANTS, COPY NUMBER ALTERATIONS, TUMOR MUTATIONAL BURDEN, AND MICROSATELLITE INSTABILITY, WITH THERAPY ASSOCIATION	Yes	Y	Y
Genetic Testing	0212U	RARE DISEASES (CONSTITUTIONAL/HERITABLE DISORDERS), WHOLE GENOME AND MITOCHONDRIAL DNA SEQUENCE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES, DELETIONS, DUPLICATIONS, SHORT TANDEM REPEAT GENE EXPANSIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS, BLOOD OR SALIVA, IDENTIFICATION AND CATEGORIZATION OF GENETIC VARIANTS, PROBAND	Yes	Y	Y
Genetic Testing	0213U	RARE DISEASES (CONSTITUTIONAL/HERITABLE DISORDERS), WHOLE GENOME AND MITOCHONDRIAL DNA SEQUENCE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES, DELETIONS, DUPLICATIONS, SHORT TANDEM REPEAT GENE EXPANSIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS, BLOOD OR SALIVA, IDENTIFICATION AND CATEGORIZATION OF GENETIC VARIANTS, EACH COMPARATOR GENOME (EG, PARENT, SIBLING)	Yes	Y	Y
Genetic Testing	0214U	RARE DISEASES (CONSTITUTIONAL/HERITABLE DISORDERS), WHOLE EXOME AND MITOCHONDRIAL DNA SEQUENCE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES, DELETIONS, DUPLICATIONS, SHORT TANDEM REPEAT GENE EXPANSIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS, BLOOD OR SALIVA, IDENTIFICATION AND CATEGORIZATION OF GENETIC VARIANTS, PROBAND	Yes	Y	Y
Genetic Testing	0215U	RARE DISEASES (CONSTITUTIONAL/HERITABLE DISORDERS), WHOLE EXOME AND MITOCHONDRIAL DNA SEQUENCE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES, DELETIONS, DUPLICATIONS, SHORT TANDEM REPEAT GENE EXPANSIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS, BLOOD OR SALIVA, IDENTIFICATION AND CATEGORIZATION OF GENETIC VARIANTS, EACH COMPARATOR EXOME (EG, PARENT, SIBLING)	Yes	Y	Y
**Genetic Testing	0218U	NEUROLOGY (MUSCULAR DYSTROPHY), DMD GENE SEQUENCE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES, DELETIONS, DUPLICATIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS, BLOOD OR SALIVA, IDENTIFICATION AND CHARACTERIZATION OF GENETIC VARIANTS	Yes	Y	Y
Genetic Testing	0221U	RED CELL ANTIGEN (ABO BLOOD GROUP) GENOTYPING (ABO), GENE ANALYSIS, NEXT GENERATION SEQUENCING, ABO (ABO, ALPHA 1-3-N-ACETYLGALACTOSAMINYLTRANSFERASE AND ALPHA 1-3-GALACTOSYLTRANSFERASE) GENE	Yes	Y	Y
**Genetic Testing	0229U	BCAT1 (BRANCHED CHAIN AMINO ACID TRANSAMINASE 1) AND IKZF1 (IKAROS FAMILY ZINC FINGER 1) (EG, COLORECTAL CANCER) PROMOTER METHYLATION ANALYSIS	Yes	Y	Y
Genetic Testing	0231U	CACNA1A (CALCIUM VOLTAGE-GATED CHANNEL SUBUNIT ALPHA 1A) (EG, SPINOCEREBELLAR ATAXIA), FULL GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, SHORT TANDEM REPEAT (STR) GENE EXPANSIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS	Yes	Y	Y
Genetic Testing	0235U	PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG, COWDEN SYNDROME, PTEN HAMARTOMA TUMOR SYNDROME), FULL GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS	Yes	Y	Y

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Genetic Testing	0237U	CARDIAC ION CHANNELOPATHIES (EG, BRUGADA SYNDROME, LONG QT SYNDROME, SHORT QT SYNDROME, CATECHOLAMINERGIC POLYMORPHIC VENTRICULAR TACHYCARDIA), GENOMIC SEQUENCE ANALYSIS PANEL INCLUDING ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, AND SCN5A, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS	Yes	Y	Y
Genetic Testing	0238U	ONCOLOGY (LYNCH SYNDROME), GENOMIC DNA SEQUENCE ANALYSIS OF MLH1, MSH2, MSH6, PMS2, AND EPCAM, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS	Yes	Y	Y
**Genetic Testing	0239U	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN NEOPLASM, CELL-FREE DNA, ANALYSIS OF 311 OR MORE GENES, INTERROGATION FOR SEQUENCE VARIANTS, INCLUDING SUBSTITUTIONS, INSERTIONS, DELETIONS, SELECT REARRANGEMENTS, AND COPY NUMBER VARIATIONS	Yes	Y	Y
**Genetic Testing	0242U	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN NEOPLASM, CELL-FREE CIRCULATING DNA ANALYSIS OF 55-74 GENES, INTERROGATION FOR SEQUENCE VARIANTS, GENE COPY NUMBER AMPLIFICATIONS, AND GENE REARRANGEMENTS	Yes	Y	Y
**Genetic Testing	0244U	ONCOLOGY (SOLID ORGAN), DNA, COMPREHENSIVE GENOMIC PROFILING, 257 GENES, INTERROGATION FOR SINGLE NUCLEOTIDE VARIANTS, INSERTIONS/DELETIONS, COPY NUMBER ALTERATIONS, GENE REARRANGEMENTS, TUMOR MUTATIONAL BURDEN AND MICROSATELLITE INSTABILITY, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TUMOR TISSUE	Yes	Y	Y
**Genetic Testing	0245U	ONCOLOGY (THYROID), MUTATION ANALYSIS OF 10 GENES AND 37 RNA FUSIONS AND EXPRESSION OF 4 MRNA MARKERS USING NEXT-GENERATION SEQUENCING, FINE NEEDLE ASPIRATE, REPORT INCLUDES ASSOCIATED RISK OF MALIGNANCY EXPRESSED AS A PERCENTAGE	Yes	Y	Y
**Genetic Testing	0250U	ONCOLOGY (SOLID ORGAN NEOPLASM), TARGETED GENOMIC SEQUENCE DNA ANALYSIS OF 505 GENES, INTERROGATION FOR SOMATIC ALTERATIONS (SNVS [SINGLE NUCLEOTIDE VARIANT], SMALL INSERTIONS AND DELETIONS, ONE AMPLIFICATION, AND FOUR TRANSLOCATIONS), MICROSATELLITE INSTABILITY AND TUMOR-MUTATION BURDEN	Yes	Y	Y
Genetic Testing	0265U	RARE CONSTITUTIONAL AND OTHER HERITABLE DISORDERS, WHOLE GENOME AND MITOCHONDRIAL DNA SEQUENCE ANALYSIS, BLOOD, FROZEN AND FORMALIN-FIXED PARAFFIN-EMBEDDED (FFPE) TISSUE, SALIVA, BUCCAL SWABS OR CELL LINES, IDENTIFICATION OF SINGLE NUCLEOTIDE AND COPY NUMBER VARIANTS	Yes	Y	Y
**Genetic Testing	0286U	CEP72 (CENTROSOMAL PROTEIN, 72-KDA), NUDT15 (NUDIX HYDROLASE 15) AND TPMT (THIOPURINE S-METHYLTRANSFERASE) (EG, DRUG METABOLISM) GENE ANALYSIS, COMMON VARIANTS	Yes	Y	Y
**Genetic Testing	0287U	ONCOLOGY (THYROID), DNA AND MRNA, NEXT-GENERATION SEQUENCING ANALYSIS OF 112 GENES, FINE NEEDLE ASPIRATE OR FORMALIN-FIXED PARAFFIN-EMBEDDED (FFPE) TISSUE, ALGORITHMIC PREDICTION OF CANCER RECURRENCE, REPORTED AS A CATEGORICAL RISK RESULT (LOW, INTERMEDIATE, HIGH)	Yes	Y	Y
**Genetic Testing	0288U	ONCOLOGY (LUNG), MRNA, QUANTITATIVE PCR ANALYSIS OF 11 GENES (BAG1, BRCA1, CDC6, CDK2AP1, ERBB3, FUT3, IL11, LCK, RND3, SH3BGR, WNT3A) AND 3 REFERENCE GENES (ESD, TBP, YAP1), FORMALIN-FIXED PARAFFIN-EMBEDDED (FFPE) TUMOR TISSUE, ALGORITHMIC INTERPRETATION REPORTED AS A RECURRENCE RISK SCORE	Yes	Y	Y
**Genetic Testing	0297U	ONCOLOGY (PAN TUMOR), WHOLE GENOME SEQUENCING OF PAIRED MALIGNANT AND NORMAL DNA SPECIMENS, FRESH OR FORMALIN-FIXED PARAFFIN-EMBEDDED (FFPE) TISSUE, BLOOD OR BONE MARROW, COMPARATIVE SEQUENCE ANALYSES AND VARIANT IDENTIFICATION	Yes	Y	Y
**Genetic Testing	0326U	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN NEOPLASM, CELL-FREE CIRCULATING DNA ANALYSIS OF 83 OR MORE GENES, INTERROGATION FOR SEQUENCE VARIANTS, GENE COPY NUMBER AMPLIFICATIONS, GENE REARRANGEMENTS, MICROSATELLITE INSTABILITY AND TUMOR MUTATIONAL BURDEN	Yes	Y	Y
Genetic Testing	0335U	RARE DISEASES (CONSTITUTIONAL/HERITABLE DISORDERS), WHOLE GENOME SEQUENCE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES, COPY NUMBER VARIANTS, DELETIONS, DUPLICATIONS, MOBILE ELEMENT INSERTIONS, UNIPARENTAL DISOMY (UPD), INVERSIONS, ANEUPLOIDY, MITOCHONDRIAL GENOME SEQUENCE ANALYSIS WITH HETEROPLASMY AND LARGE DELETIONS, SHORT TANDEM REPEAT (STR) GENE EXPANSIONS, FETAL SAMPLE, IDENTIFICATION AND CATEGORIZATION OF GENETIC VARIANTS	Yes	Y	Y
Genetic Testing	0336U	RARE DISEASES (CONSTITUTIONAL/HERITABLE DISORDERS), WHOLE GENOME SEQUENCE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES, COPY NUMBER VARIANTS, DELETIONS, DUPLICATIONS, MOBILE ELEMENT INSERTIONS, UNIPARENTAL DISOMY (UPD), INVERSIONS, ANEUPLOIDY, MITOCHONDRIAL GENOME SEQUENCE ANALYSIS WITH HETEROPLASMY AND LARGE DELETIONS, SHORT TANDEM REPEAT (STR) GENE EXPANSIONS, BLOOD OR SALIVA, IDENTIFICATION AND CATEGORIZATION OF GENETIC VARIANTS, EACH COMPARATOR GENOME (EG, PARENT)	Yes	Y	Y
**Genetic Testing	0339U	ONCOLOGY (PROSTATE), MRNA EXPRESSION PROFILING OF HOXC6 AND DLX1, REVERSE TRANSCRIPTION POLYMERASE CHAIN REACTION (RT-PCR), FIRST-VOID URINE FOLLOWING DIGITAL RECTAL EXAMINATION, ALGORITHM REPORTED AS PROBABILITY OF HIGH-GRADE CANCER	Yes	Y	Y

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**Genetic Testing	0340U	ONCOLOGY (PAN-CANCER), ANALYSIS OF MINIMAL RESIDUAL DISEASE (MRD) FROM PLASMA, WITH ASSAYS PERSONALIZED TO EACH PATIENT BASED ON PRIOR NEXT–GENERATION SEQUENCING OF THE PATIENT'S TUMOR AND GERMLINE DNA, REPORTED AS ABSENCE OR PRESENCE OF MRD, WITH DISEASE-BURDEN CORRELATION, IF APPROPRIATE	Yes	Y	Y
**Genetic Testing	0362U	ONCOLOGY (PAPILLARY THYROID CANCER), GENE-EXPRESSION PROFILING VIA TARGETED HYBRID CAPTURE-ENRICHMENT RNA SEQUENCING OF 82 CONTENT GENES AND 10 HOUSEKEEPING GENES, FINE NEEDLE ASPIRATE OR FORMALIN-FIXED PARAFFIN, EMBEDDED (FFPE) TISSUE, ALGORITHM REPORTED AS ONE OF THREE MOLECULAR SUBTYPES	Yes	Y	Y
**Genetic Testing	0363U	ONCOLOGY UROTHELIAL MRNA GENE EXPRESSION PROFILING BY REAL TIME QUANTITATIVE PCR OF 5 GENES MDK HOXA13 CDC2 CDK1 IGFBP5 AND CXCR2 UTILIZING URINE ALGORITHM INCORPORATES AGE SEX SMOKING HISTORY AND MACROHEMATURIA FREQUENCY REPORTED AS A RISK SCORE FOR HAVING UROTHELIAL CARCINOMA	Yes	Y	Y
**Genetic Testing	0364U	ONCOLOGY (HEMATOLYMPHOID NEOPLASM), GENOMIC SEQUENCE ANALYSIS USING MULTIPLEX (PCR) AND NEXT-GENERATION SEQUENCING WITH ALGORITHM, QUANTIFICATION OF DOMINANT CLONAL SEQUENCE(S), REPORTED AS PRESENCE OR ABSENCE OF MINIMAL RESIDUAL DISEASE (MRD) WITH QUANTITATION OF DISEASE BURDEN, WHEN APPROPRIATE	Yes	Y	Y
Genetic Testing	0368U	ONCOLOGY (COLORECTAL CANCER), EVALUATION FOR MUTATIONS OF APC, BRAF, CTNNB1, KRAS, NRAS, PIK3CA, SMAD4, AND TP53, AND METHYLATION MARKERS (MYO1G, KCNQ5, C9ORF50, FLI1, CLIP4, ZNF132 AND TWIST1), MULTIPLEX QUANTITATIVE POLYMERASE CHAIN REACTION (QPCR), CIRCULATING CELL-FREE DNA (CFDNA), PLASMA, REPORT OF RISK SCORE FOR ADVANCED ADENOMA OR COLORECTAL CANCER	Yes	Y	Y
**Genetic Testing	0372U	INFECTIOUS DISEASE (GENITOURINARY PATHOGENS), ANTIBIOTIC-RESISTANCE GENE DETECTION, MULTIPLEX AMPLIFIED PROBE TECHNIQUE, URINE, REPORTED AS AN ANTIMICROBIAL STEWARDSHIP RISK SCORE	Yes	Y	Y
**Genetic Testing	0379U	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN NEOPLASM, DNA (523 GENES) AND RNA (55 GENES) BY NEXT GENERATION SEQUENCING, INTERROGATION FOR SEQUENCE VARIANTS, GENE COPY NUMBER AMPLIFICATIONS, GENE REARRANGEMENTS, MICROSATELLITE INSTABILITY, AND TUMOR MUTATIONAL BURDEN	Yes	Y	Y
**Genetic Testing	0388U	ONCOLOGY (NON-SMALL CELL LUNG CANCER), NEXT-GENERATION SEQUENCING WITH IDENTIFICATION OF SINGLE NUCLEOTIDE VARIANTS, COPY NUMBER VARIANTS, INSERTIONS AND DELETIONS, AND STRUCTURAL VARIANTS IN 37 CANCER-RELATED GENES, PLASMA, WITH REPORT FOR ALTERATION DETECTION	Yes	Y	Y
**Genetic Testing	0391U	ONCOLOGY (SOLID TUMOR), DNA AND RNA BY NEXT-GENERATION SEQUENCING, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED (FFPE) TISSUE, 437 GENES, INTERPRETIVE REPORT FOR SINGLE NUCLEOTIDE VARIANTS, SPLICE SITE VARIANTS, INSERTIONS/DELETIONS, COPY NUMBER ALTERATIONS, GENE FUSIONS, TUMOR MUTATIONAL BURDEN, AND MICROSATELLITE INSTABILITY, WITH ALGORITHM QUANTIFYING IMMUNOTHERAPY RESPONSE SCORE	Yes	Y	Y
**Genetic Testing	0392U	DRUG METABOLISM (DEPRESSION, ANXIETY, ATTENTION DEFICIT HYPERACTIVITY DISORDER [ADHD]), GENE-DRUG INTERACTIONS, VARIANT ANALYSIS OF 16 GENES, INCLUDING DELETION/DUPLICATION ANALYSIS OF CYP2D6, REPORTED AS IMPACT OF GENE-DRUG INTERACTION FOR EACH DRUG	Yes	Y	Y
Genetic Testing	0400U	OBSTETRICS (EXPANDED CARRIER SCREENING), 145 GENES BY NEXT GENERATION SEQUENCING, FRAGMENT ANALYSIS AND MULTIPLEX LIGATION DEPENDENT PROBE AMPLIFICATION, DNA, REPORTED AS CARRIER POSITIVE OR NEGATIVE	Yes	Y	Y
Genetic Testing	0405U	ONCOLOGY (PANCREATIC), 59 METHYLATION HAPLOTYPE BLOCK MARKERS, NEXT-GENERATION SEQUENCING, PLASMA, REPORTED AS CANCER SIGNAL DETECTED OR NOT DETECTED	Yes	Y	Y
Genetic Testing	0410U	ONCOLOGY (PANCREATIC), DNA, WHOLE GENOME SEQUENCING WITH 5-HYDROXYMETHYLCYTOSINE ENRICHMENT, WHOLE BLOOD OR PLASMA, ALGORITHM REPORTED AS CANCER DETECTED OR NOT DETECTED	Yes	Y	Y
**Genetic Testing	0411U	PSYCHIATRY (EG, DEPRESSION, ANXIETY, ATTENTION DEFICIT HYPERACTIVITY DISORDER [ADHD]), GENOMIC ANALYSIS PANEL, VARIANT ANALYSIS OF 15 GENES, INCLUDING DELETION/DUPLICATION ANALYSIS OF CYP2D6	Yes	Y	Y
**Genetic Testing	0417U	RARE DISEASES (CONSTITUTIONAL/HERITABLE DISORDERS), WHOLE MITOCHONDRIAL GENOME SEQUENCE WITH HETEROPLASMY DETECTION AND DELETION ANALYSIS, NUCLEAR-ENCODED MITOCHONDRIAL GENE ANALYSIS OF 335 NUCLEAR GENES, INCLUDING SEQUENCE CHANGES, DELETIONS, INSERTIONS, AND COPY NUMBER VARIANTS ANALYSIS, BLOOD OR SALIVA, IDENTIFICATION AND CATEGORIZATION OF MITOCHONDRIAL DISORDER-ASSOCIATED GENETIC VARIANTS	Yes	Y	Y
**Genetic Testing	0420U	ONCOLOGY (UROTHELIAL), MRNA EXPRESSION PROFILING BY REAL TIME QUANTITATIVE PCR OF MDK, HOXA13, CDC2, IGFBP5, AND CXCR2 IN COMBINATION WITH DROPLET DIGITAL PCR (DDPCR) ANALYSIS OF 6 SINGLE-NUCLEOTIDE POLYMORPHISMS (SNPS) OF GENES TERT AND FGFR3, URINE, ALGORITHM REPORTED AS A RISK SCORE FOR UROTHELIAL CARCINOMA	Yes	Y	Y

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Genetic Testing	0421U	ONCOLOGY (COLORECTAL) SCREENING, QUANTITATIVE REAL-TIME TARGET AND SIGNAL AMPLIFICATION OF 8 RNA MARKERS (GAPDH, SMAD4, ACY1, AREG, CDH1, KRAS, TNFRSF10B, AND EGLN2) AND FECAL HEMOGLOBIN, UTILIZING STOOL, ALGORITHM REPORTED AS A POSITIVE OR NEGATIVE RESULT	Yes	Y	Y
Genetic Testing	0425U	GENOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME), RAPID SEQUENCE ANALYSIS, EACH COMPARATOR GENOME (EG, PARENTS, SIBLINGS)	Yes	Y	Y
Genetic Testing	0426U	GENOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME), ULTRA-RAPID SEQUENCE ANALYSIS	Yes	Y	Y
**Genetic Testing	0434U	DRUG METABOLISM (ADVERSE DRUG REACTIONS AND DRUG RESPONSE), GENOMIC ANALYSIS PANEL, VARIANT ANALYSIS OF 25 GENES WITH REPORTED PHENOTYPES	Yes	Y	Y
Genetic Testing	0464U	ONCOLOGY (COLORECTAL) SCREENING, QUANTITATIVE REAL-TIME TARGET AND SIGNAL AMPLIFICATION, METHYLATED DNA MARKERS, INCLUDING LASS4, LRRC4 AND PPP2R5C, A REFERENCE MARKER ZDHHC1, AND A PROTEIN MARKER (FECAL HEMOGLOBIN), UTILIZING STOOL, ALGORITHM REPORTED AS A POSITIVE OR NEGATIVE RESULT	Yes	Y	Y
Genetic Testing	0469U	RARE DISEASES (CONSTITUTIONAL HERITABLE DISORDERS), WHOLE GENOME SEQUENCE ANALYSIS FOR CHROMOSOMAL ABNORMALITIES, COPY NUMBER VARIANTS, DUPLICATIONS DELETIONS, INVERSIONS, UNBALANCED TRANSLOCATIONS, REGIONS OF HOMOZYGOSITY (ROH), INHERITANCE PATTERN THAT INDICATE UNIPARENTAL DISOMY (UPD), AND ANEUPLOIDY, FETAL SAMPLE (AMNIOTIC FLUID, CHORIONIC VILLUS SAMPLE, OR PRODUCTS OF CONCEPTION), IDENTIFICATION AND CATEGORIZATION OF GENETIC VARIANTS, DIAGNOSTIC REPORT OF FETAL RESULTS BASED ON PHENOTYPE WITH MATERNAL SAMPLE AND PATERNAL SAMPLE, IF PERFORMED, AS COMPARATORS AND/OR MATERNAL CELL CONTAMINATION	Yes	Y	Y
**Genetic Testing	0471U	ONCOLOGY COLORECTAL CANCER, QUALITATIVE REAL TIME PCR OF 35 VARIANTS OF KRAS AND NRAS GENES EXONS 2, 3, 4, FORMALIN FIXED PARAFFIN-EMBEDDED FFPE, PREDICTIVE, IDENTIFICATION OF DETECTED MUTATIONS	Yes	Y	Y
**Genetic Testing	0473U	ONCOLOGY SOLID TUMOR, NEXT GENERATION SEQUENCING NGS OF DNA FROM FORMALIN FIXED PARAFFIN EMBEDDED FFPE TISSUE WITH COMPARATIVE SEQUENCE ANALYSIS FROM A MATCHED NORMAL SPECIMEN BLOOD OR SALIVA, 648 GENES, INTERROGATION FOR SEQUENCE VARIANTS, INSERTION AND DELETION ALTERATIONS, COPY NUMBER VARIANTS, REARRANGEMENTS, MICROSATELLITE INSTABILITY, AND TUMOR-MUTATION BURDEN	Yes	Y	Y
Genetic Testing	0474U	HEREDITARY PAN CANCER EG, HEREDITARY SARCOMAS, HEREDITARY ENDOCRINE TUMORS, HEREDITARY NEUROENDOCRINE TUMORS, HEREDITARY CUTANEOUS MELANOMA, GENOMIC SEQUENCE ANALYSIS PANEL OF 88 GENES WITH 20 DUPLICATIONS DELETIONS USING NEXT GENERATION SEQUENCING NGS, SANGER SEQUENCING, BLOOD OR SALIVA, REPORTED AS POSITIVE OR NEGATIVE FOR GERMLINE VARIANTS, EACH GENE	Yes	Y	Y
**Genetic Testing	0540U	TRANSPLANTATION MEDICINE, QUANTIFICATION OF DONOR-DERIVED CELL-FREE DNA USING NEXT-GENERATION SEQUENCING ANALYSIS OF PLASMA, REPORTED AS PERCENTAGE OF DONOR-DERIVED CELL-FREE DNA TO DETERMINE PROBABILITY OF REJECTION	Yes	Y	Y
**Genetic Testing	0543U	ONCOLOGY (SOLID TUMOR), NEXT-GENERATION SEQUENCING OF DNA FROM FORMALIN-FIXED PARAFFIN-EMBEDDED (FFPE) TISSUE OF 517 GENES, INTERROGATION FOR SINGLE- NUCLEOTIDE VARIANTS, MULTI-NUCLEOTIDE VARIANTS, INSERTIONS AND DELETIONS FROM DNA, FUSIONS IN 24 GENES AND SPLICE VARIANTS IN 1 GENE FROM RNA, AND TUMOR MUTATION BURDEN	Yes	Y	Y
Genetic Testing	0582U	RARE DISEASES (CONSTITUTIONAL DISEASE/HEREDITARY DISORDERS), RAPID WHOLE GENOME DNA SEQUENCING FOR SINGLE NUCLEOTIDE VARIANTS, INSERTIONS/DELETIONS, COPY NUMBER VARIATIONS, BLOOD, SALIVA, TISSUE SAMPLE, VARIANTS REPORTED	Yes	Y	Y
Genetic Testing	0583U	RARE DISEASES (CONSTITUTIONAL DISEASE/HEREDITARY DISORDERS), RAPID WHOLE GENOME COMPARATOR DNA SEQUENCING FOR SINGLE-NUCLEOTIDE VARIANTS, INSERTIONS/DELETIONS, COPY NUMBER VARIATIONS, BLOOD, SALIVA, TISSUE SAMPLE, VARIANTS REPORTED WITH PROBAND RESULTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	Y	Y
**Genetic Testing	81170	ABL1 (ABL PROTO-ONCOGENE 1, NON-RECEPTOR TYROSIN KINASE) (EG, ACQUIRED IMATINIB TYROSINE KINASE INHIBITOR RESISTANCE), GENEN ANALYSIS, VARIANTS IN THE KINASE DOMAIN	Yes	Y	Y
**Genetic Testing	81192	NTRK2 (NEUROTROPHIC RECEPTOR TYROSINE KINASE 2) (EG, SOLID TUMORS) TRANSLOCATION ANALYSIS	Yes	Y	Y
**Genetic Testing	81193	NTRK3 (NEUROTROPHIC RECEPTOR TYROSINE KINASE 3) (EG, SOLID TUMORS) TRANSLOCATION ANALYSIS	Yes	Y	Y
Genetic Testing	81201	APC (ADENOMATOUS POLYPOSIS COLI) (EG, FAMILIAL ADENOMATOSIS POLYPOSIS [FAP], ATTENUATED FAP) GENE ANALYSIS; FULL GENE SEQUENCE	Yes	Y	Y
Genetic Testing	81203	APC (ADENOMATOUS POLYPOSIS COLI) (EG, FAMILIAL ADENOMATOSIS POLYPOSIS [FAP], ATTENUATED FAP) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	Yes	Y	Y
Genetic Testing	81207	BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; MINOR BREAKPOINT, QUALITATIVE OR QUANTITATIVE	Yes	Y	Y
Genetic Testing	81208	BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; OTHER BREAKPOINT, QUALITATIVE OR QUANTITATIVE	Yes	Y	Y

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**Genetic Testing	81210	BRAF (B-RAF PROTO-ONCOGENE, SERINE/THREONINE KINASE) (EG, COLON CANCER), GENE ANALYSIS, V600E VARIANT(S)	Yes	Y	Y
**Genetic Testing	81218	CEBPA (CCAAT/ ENHANCER BINDING PROTEIN [C/EBP], ALPHA) (EG, ACUTE MYELOID LEUKEMIA), GENE ANALYSIS, FULL GENE SEQUENCE	Yes	Y	Y
**Genetic Testing	81219	CALR (CALRETICULIN) (EG, MYELOPROLIFERATIVE DISORDERS), GENE ANALYSIS, COMMON VARIANTS IN EXON 9	Yes	Y	Y
Genetic Testing	81220	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; COMMON VARIANTS (EG, ACMG/ACOG GUIDELINES)	Yes	Y	Y
Genetic Testing	81222	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	Yes	Y	Y
Genetic Testing	81223	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; FULL GENE SEQUENCE	Yes	Y	Y
Genetic Testing	81225	CYP2C19 (CYTOCHROME P450, FAMILY 2, SUBFAMILY C, POLYPEPTIDE 19) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2, *3, *4, *8, *17)	Yes	Y	Y
Genetic Testing	81226	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)	Yes	Y	Y
Genetic Testing	81227	CYP2C9 (CYTOCHROME P450, FAMILY 2, SUBFAMILY C, POLYPEPTIDE 9) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2, *3, *5, *6)	Yes	Y	Y
**Genetic Testing	81228	CYTOGENOMIC (GENOME-WIDE) ANALYSIS FOR CONSTITUTIONAL CHROMOSOMAL ABNORMALITIES; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER VARIANTS, COMPARATIVE GENOMIC HYBRIDIZATION [CGH] MICROARRAY ANALYSIS	Yes	Y	Y
**Genetic Testing	81229	CYTOGENOMIC (GENOME-WIDE) ANALYSIS FOR CONSTITUTIONAL CHROMOSOMAL ABNORMALITIES; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND SINGLE NUCLEOTIDE POLYMORPHISM (SNP) VARIANTS, COMPARATIVE GENOMIC HYBRIDIZATION (CGH) MICROARRAY ANALYSIS	Yes	Y	Y
**Genetic Testing	81230	CYP3A4 (CYTOCHROME P450 FAMILY 3 SUBFAMILY A MEMBER 4) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANT(S) (EG, *2, *22)	Yes	Y	Y
**Genetic Testing	81235	EGFR (EPIDERMAL GROWTH FACTOR RECEPTOR) (EG, NON-SMALL CELL LUNG CANCER) GENE ANALYSIS, COMMON VARIANTS (EG, EXON 19 LREA DELETION, L858R, T790M, G719A, G719S, L861Q)	Yes	Y	Y
**Genetic Testing	81240	F2 (PROTHROMBIN, COAGULATION FACTOR II) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, 20210G GREATER THAN A VARIANT	Yes	Y	Y
**Genetic Testing	81241	F5 (COAGULATION FACTOR V) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, LEIDEN VARIANT	Yes	Y	Y
Genetic Testing	81242	FANCC (FANCONI ANEMIA, COMPLEMENTATION GROUP C) (EG, FANCONI ANEMIA, TYPE C) GENE ANALYSIS, COMMON VARIANT (EG, IVS4+4A GREATER THAN T)	Yes	Y	Y
Genetic Testing	81243	FMR1 (FRAGILE X MESSENGER RIBONUCLEOPROTEIN 1) (EG, FRAGILE X SYNDROME, X-LINKED INTELLECTUAL DISABILITY [XLID]) GENE ANALYSIS; EVALUATION TO DETECT ABNORMAL (EG, EXPANDED) ALLELES	Yes	Y	Y
Genetic Testing	81244	FMR1 (FRAGILE X MESSENGER RIBONUCLEOPROTEIN 1) (EG, FRAGILE X SYNDROME, X-LINKED INTELLECTUAL DISABILITY [XLID]) GENE ANALYSIS; CHARACTERIZATION OF ALLELES (EG, EXPANDED SIZE AND PROMOTER METHYLATION STATUS)	Yes	Y	Y
Genetic Testing	81245	FLT3 (FMS-RELATED TYROSINE KINASE 3) (EG, ACUTE MYELOID LEUKEMIA), GENE ANALYSIS; INTERNAL TANDEM DUPLICATION (ITD) VARIANTS (IE, EXONS 14, 15)	Yes	Y	Y
Genetic Testing	81252	GJB2 (GAP JUNCTION PROTEIN, BETA 2, 26KDA, CONNEXIN 26) (EG, NONSYNDROMIC HEARING LOSS) GENE ANALYSIS; FULL GENE SEQUENCE	Yes	Y	Y
Genetic Testing	81257	HBA1/HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) (EG, ALPHA THALASSEMIA, HB BART HYDROPS FETALIS SYNDROME, HBH DISEASE), GENE ANALYSIS, COMMON DELETIONS OR VARIANT (EG, SOUTHEAST ASIAN, THAI, FILIPINO, MEDITERRANEAN, ALPHA3.7, ALPHA4.2, ALPHA20.5, AND CONSTANT SPRING)	Yes	Y	Y
Genetic Testing	81258	HBA1/HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) (EG, ALPHA THALASSEMIA, HB BART HYDROPS FETALIS SYNDROME, HBH DISEASE), GENE ANALYSIS; KNOWN FAMILIAL VARIANT	Yes	Y	Y
Genetic Testing	81259	HBA1/HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) (EG, ALPHA THALASSEMIA, HB BART HYDROPS FETALIS SYNDROME, HBH DISEASE), GENE ANALYSIS; FULL GENE SEQUENCE	Yes	Y	Y
Genetic Testing	81270	JAK2 (JANUS KINASE 2) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS, P.VAL617PHE (V617F) VARIANT	Yes	Y	Y
**Genetic Testing	81275	KRAS (KIRSTEN RAT SARCOMA VIRAL ONCOGENE HOMOLOG) (EG, CARCINOMA) GENE ANALYSIS; VARIANTS IN EXON 2 (EG, CODONS 12 AND 13)	Yes	Y	Y
**Genetic Testing	81276	KRAS (KIRSTEN RAT SAROMA VIRAL ONCOGENE HOMOLOG) (EG, CARCINOMA) GENE ANALYSIS; ADDIONAL VARIANT(S) (EG CODON 61, CODON 146)	Yes	Y	Y
Genetic Testing	81288	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; PROMOTER METHYLATION ANALYSIS	Yes	Y	Y
Genetic Testing	81291	MTHFR (5,10-METHYLENETETRAHYDROFOLATE REDUCTASE) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, COMMON VARIANTS (EG, 677T, 1298C)	Yes	Y	Y
Genetic Testing	81292	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	Yes	Y	Y

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Genetic Testing	81293	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS	Yes	Y	Y
Genetic Testing	81294	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	Yes	Y	Y
Genetic Testing	81295	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	Yes	Y	Y
Genetic Testing	81296	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS	Yes	Y	Y
Genetic Testing	81297	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	Yes	Y	Y
Genetic Testing	81298	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	Yes	Y	Y
Genetic Testing	81299	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS	Yes	Y	Y
Genetic Testing	81300	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	Yes	Y	Y
Genetic Testing	81301	MICROSATELLITE INSTABILITY ANALYSIS (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) OF MARKERS FOR MISMATCH REPAIR DEFICIENCY (EG, BAT25, BAT26), INCLUDES COMPARISON OF NEOPLASTIC AND NORMAL TISSUE, IF PERFORMED	Yes	Y	Y
Genetic Testing	81307	PALB2 (PARTNER AND LOCALIZER OF BRCA2) (EG, BREAST AND PANCREATIC CANCER) GENE ANALYSIS; FULL GENE SEQUENCE	Yes	Y	Y
**Genetic Testing	81309	PIK3CA (PHOSPHATIDYLINOSITOL-4, 5-BIPHOSPHATE 3-KINASE, CATALYTIC SUBUNIT ALPHA) (EG, COLORECTAL AND BREAST CANCER) GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS (EG, EXONS 7, 9, 20)	Yes	Y	Y
**Genetic Testing	81310	NPM1 (NUCLEOPHOSMIN) (EG, ACUTE MYELOID LEUKEMIA) GENE ANALYSIS, EXON 12 VARIANTS	Yes	Y	Y
**Genetic Testing	81311	NRAS (NEUROBLASTOMA RAS VIRAL [V-RAS] ONCOGENE HOMOLOG) (EG, COLORECTAL CARCINOMA), GENE ANALYSIS, VARIANTS IN EXON 2 (EG, CODONS 12 AND 13) AND EXON 3 (EG, CODON 61)	Yes	Y	Y
**Genetic Testing	81313	PCA3/KLK3 (PROSTATE CANCER ANTIGEN 3 [NON-PROTEIN CODING]/KALLIKREIN-RELATED PEPTIDASE 3 [PROSTATE SPECIFIC ANTIGEN]) RATIO (EG, PROSTATE CANCER)	Yes	Y	Y
Genetic Testing	81317	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	Yes	Y	Y
**Genetic Testing	81321	PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG, COWDEN SYNDROME, PTEN HAMARTOMA TUMOR SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	Yes	Y	Y
Genetic Testing	81322	PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG, COWDEN SYNDROME, PTEN HAMARTOMA TUMOR SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	Yes	Y	Y
**Genetic Testing	81323	PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG, COWDEN SYNDROME, PTEN HAMARTOMA TUMOR SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANT	Yes	Y	Y
Genetic Testing	81324	PMP22 (PERIPHERAL MYELIN PROTEIN 22) (EG, CHARCOT-MARIE-TOOTH, HEREDITARY NEUROPATHY WITH LIABILITY TO PRESSURE PALSIES) GENE ANALYSIS; DUPLICATION/DELETION ANALYSIS	Yes	Y	Y
Genetic Testing	81325	PMP22 (PERIPHERAL MYELIN PROTEIN 22) (EG, CHARCOT-MARIE-TOOTH, HEREDITARY NEUROPATHY WITH LIABILITY TO PRESSURE PALSIES) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	Yes	Y	Y
Genetic Testing	81326	PMP22 (PERIPHERAL MYELIN PROTEIN 22) (EG, CHARCOT-MARIE-TOOTH, HEREDITARY NEUROPATHY WITH LIABILITY TO PRESSURE PALSIES) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	Yes	Y	Y
Genetic Testing	81327	SEPT9 (SEPTIN9) (EG, COLORECTAL CANCER) PROMOTER METHYLATION ANALYSIS	Yes	Y	Y
**Genetic Testing	81332	SERPINA1 (SERPIN PEPTIDASE INHIBITOR, CLADE A, ALPHA-1 ANTIPROTEINASE, ANTITRYPSIN, MEMBER 1) (EG, ALPHA-1-ANTITRYPSIN DEFICIENCY), GENE ANALYSIS, COMMON VARIANTS (EG, *S AND *Z)	Yes	Y	Y
**Genetic Testing	81335	TPMT (THIOPURINE S-METHYLTRANSFERASE) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2, *3)	Yes	Y	Y
**Genetic Testing	81338	MPL (MPL PROTO-ONCOGENE, THROMBOPOIETIN RECEPTOR) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS; COMMON VARIANTS (EG, W515A, W515K, W515L, W515R)	Yes	Y	Y
**Genetic Testing	81339	MPL (MPL PROTO-ONCOGENE, THROMBOPOIETIN RECEPTOR) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS; SEQUENCE ANALYSIS, EXON 10	Yes	Y	Y
**Genetic Testing	81345	TERT (TELOMERASE REVERSE TRANSCRIPTASE) (EG, THYROID CARCINOMA, GLIOBLASTOMA MULTIFORME) GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS (EG, PROMOTER REGION)	Yes	Y	Y
**Genetic Testing	81346	TYMS (THYMIDYLATE SYNTHETASE) (EG, 5-FLUOROURACIL/5-FU DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANT(S) (EG, TANDEM REPEAT VARIANT)	Yes	Y	Y
**Genetic Testing	81349	CYTOGENOMIC (GENOME-WIDE) ANALYSIS FOR CONSTITUTIONAL CHROMOSOMAL ABNORMALITIES; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND LOSS-OF-HETEROZYGOSITY VARIANTS, LOW-PASS SEQUENCING ANALYSIS	Yes	Y	Y
Genetic Testing	81351	TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUMENI SYNDROME) GENE ANALYSIS; FULL GENE SEQUENCE	Yes	Y	Y

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Genetic Testing	81352	TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUMENI SYNDROME) GENE ANALYSIS; TARGETED SEQUENCE ANALYSIS (EG, 4 ONCOLOGY)	Yes	Y	Y
Genetic Testing	81353	TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUMENI SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	Yes	Y	Y
**Genetic Testing	81355	VKORC1 (VITAMIN K EPOXIDE REDUCTASE COMPLEX, SUBUNIT 1) (EG, WARFARIN METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, -1639G LESS THAN A, C.173=1000C GREATER THAN T)	Yes	Y	Y
Genetic Testing	81402	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 3 (EG, GREATER THAN 10 SNPS, 2-10 METHYLATED VARIANTS, OR 2-10 SOMATIC VARIANTS [TYPICALLY USING NON-SEQUENCING TARGET VARIANT ANALYSIS], IMMUNOGLOBULIN AND T-CELL RECEPTOR GENE REARRANGEMENTS, DUPLICATION/DELETION VARIANTS OF 1 EXON, LOSS OF HETEROZYGOSITY [LOH], UNIPARENTAL DISOMY [UPD]) CHROMOSOME 1P-/19Q- (EG, GLIAL TUMORS), DELETION ANALYSIS CHROMOSOME 18Q- (EG, D18S55, D18S58, D18S61, D18S64, AND D18S69) (EG, COLON CANCER), ALLELIC IMBALANCE ASSESSMENT (IE, LOSS OF HETEROZYGOSITY) COL1A1/PDGFB (T(17;22)) (EG, DERMATOFIBROSARCOMA PROTUBERANS), TRANSLOCATION ANALYSIS, MULTIPLE BREAKPOINTS, QUALITATIVE, AND QUANTITATIVE, IF PERFORMED CYP21A2 (CYTOCHROME P450, FAMILY 21, SUBFAMILY A, POLYPEPTIDE 2) (EG, CONGENITAL ADRENAL HYPERPLASIA, 21-HYDROXYLASE DEFICIENCY), COMMON VARIANTS (EG, IVS2-13G, P30L, I172N, EXON 6 MUTATION CLUSTER [I235N, V236E, M238K], V281L, L307FFSX6, Q318X, R356W, P453S, G110VFSX21, 30-KB DELETION VARIANT) ESR1/PGR (RECEPTOR 1/PROGESTERONE RECEPTOR) RATIO (EG, BREAST CANCER) MEFV (MEDITERRANEAN FEVER) (EG, FAMILIAL MEDITERRANEAN FEVER), COMMON VARIANTS (EG, E148Q, P369S, F479L, M680I, I692DEL, M694V, M694I, K695R, V726A, A744S, R761H) TRD@ (T CELL ANTIGEN RECEPTOR, DELTA) (EG, LEUKEMIA AND LYMPHOMA), GENE REARRANGEMENT ANALYSIS, EVALUATION TO DETECT ABNORMAL CLONAL POPULATION UNIPARENTAL DISOMY (UPD) (EG, RUSSELL-SILVER SYNDROME, PRADER-WILLI/ANGELMAN SYNDROME), SHORT TANDEM REPEAT (STR) ANALYSIS	Yes	Y	Y
Genetic Testing	81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	Yes	Y	Y
Genetic Testing	81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	Yes	Y	Y
Genetic Testing	81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	Yes	Y	Y
Genetic Testing	81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	Yes	Y	Y
Genetic Testing	81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	Yes	Y	Y
Genetic Testing	81408	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 9 (EG, ANALYSIS OF GREATER THAN 50 EXONS IN A SINGLE GENE BY DNA SEQUENCE ANALYSIS)	Yes	Y	Y
**Genetic Testing	81410	AORTIC DYSFUNCTION OR DILATION (EG, MARFAN SYNDROME, LOEYS DIETZ SYNDROME, EHLER DANLOS SYNDROME TYPE IV, ARTERIAL TORTUOSITY SYNDROME); GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 9 GENES, INCLUDING FBN1, TGFBR1, TGFBR2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, AND MYLK	Yes	Y	Y
**Genetic Testing	81411	AORTIC DYSFUNCTION OR DILATION (EG, MARFAN SYNDROME, LOEYS DIETZ SYNDROME, EHLER DANLOS SYNDROME TYPE IV, ARTERIAL TORTUOSITY SYNDROME); DUPLICATION/DELETION ANALYSIS PANEL, MUST INCLUDE ANALYSES FOR TGFBR1, TGFBR2, MYH11, AND COL3A1	Yes	Y	Y
Genetic Testing	81412	ASHKENAZI JEWISH ASSOCIATED DISORDERS (EG, BLOOM SYNDROME, CANAVAN DISEASE, CYSTIC FIBROSIS, FAMILIAL DYSAUTONOMIA, FANCONI ANEMIA GROUP C, GAUCHER DISEASE, TAY-SACHS DISEASE), GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCEING OF AT LEAST 9 GENES, INCLUDING ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, AND SMPD1	Yes	Y	Y
Genetic Testing	81413	CARDIAC ION CHANNELOPATHIES (EG, BRUGADA SYNDROME, LONG QT SYNDROME, SHORT QT SYNDROME, CATECHOLAMINERGIC POLYMORPHIC VENTRICULAR TACHYCARDIA); GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 10 GENES, INCLUDING ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, AND SCN5A	Yes	Y	Y
Genetic Testing	81414	CARDIAC ION CHANNELOPATHIES (EG, BRUGADA SYNDROME, LONG QT SYNDROME, SHORT QT SYNDROME, CATECHOLAMINERGIC POLYMORPHIC VENTRICULAR TACHYCARDIA); DUPLICATION/DELETION GENE ANALYSIS PANEL, MUST INCLUDE ANALYSIS OF AT LEAST 2 GENES, INCLUDING KCNH2 AND KCNQ1	Yes	Y	Y
Genetic Testing	81415	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS	Yes	Y	Y
Genetic Testing	81416	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS, EACH COMPARATOR EXOME (EG, PARENTS, SIBLINGS) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	Y	Y
Genetic Testing	81417	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); RE-EVALUATION OF PREVIOUSLY OBTAINED EXOME SEQUENCE (EG, UPDATED KNOWLEDGE OR UNRELATED CONDITION/SYNDROME)	Yes	Y	Y
**Genetic Testing	81418	DRUG METABOLISM EG PHARMACOGENOMICS GENOMIC SEQUENCE ANALYSIS PANEL MUST INCLUDE TESTING OF AT LEAST 6 GENES INCLUDING CYP2C19 CYP2D6 AND CYP2D6 DUPLICATION DELETION ANALYSIS	Yes	Y	Y
Genetic Testing	81419	EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE ANALYSES FOR ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8A, SLC2A1, SLC9A6, STXBP1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, AND ZEB2	Yes	Y	Y

Modality	Code	Terminology	Bypass when Medicare/ COB Primary	Needs Prior Authorization Standard/ Basic Option	Needs Prior Authorization / FEP Blue Focus
**Genetic Testing	81425	GENOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS	Yes	Y	Y
**Genetic Testing	81426	GENOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS, EACH COMPARATOR GENOME (EG, PARENTS, SIBLINGS) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	Y	Y
**Genetic Testing	81427	GENOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); RE-EVALUATION OF PREVIOUSLY OBTAINED GENOME SEQUENCE (EG, UPDATED KNOWLEDGE OR UNRELATED CONDITION/SYNDROME)	Yes	Y	Y
Genetic Testing	81430	HEARING LOSS (EG, NONSYNDROMIC HEARING LOSS, USHER SYNDROME, PENDRED SYNDROME); GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 60 GENES, INCLUDING CDH23, CLRN1, GJB2, GPR98, MTRNR1, MYO7A, MYO15A, PCDH15, OTOF, SLC26A4, TMC1, TMPRSS3, USH1C, USH1G, USH2A, AND WFS1	Yes	Y	Y
Genetic Testing	81431	HEARING LOSS (EG, NONSYNDROMIC HEARING LOSS, USHER SYNDROME, PENDRED SYNDROME); DUPLICATION/DELETION ANALYSIS PANEL, MUST INCLUDE COPY NUMBER ANALYSES FOR STRC AND DFNB1 DELETIONS IN GJB2 AND GJB6 GENES	Yes	Y	Y
Genetic Testing	81432	HEREDITARY BREAST CANCER-RELATED DISORDERS (EG, HEREDITARY BREAST CANCER, HEREDITARY OVARIAN CANCER, HEREDITARY ENDOMETRIAL CANCER, HEREDITARY PANCREATIC CANCER, HEREDITARY PROSTATE CANCER), GENOMIC SEQUENCE ANALYSIS PANEL, 5 OR MORE GENES, INTERROGATION FOR SEQUENCE VARIANTS AND COPY NUMBER VARIANTS; GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 10 GENES, ALWAYS INCLUDING BRCA1, BRCA2, CDH1, MLH1, MSH2, MSH6, PALB2, PTEN, STK11, AND TP53	Yes	Y	Y
Genetic Testing	81435	HEREDITARY COLON CANCER-RELATED DISORDERS (EG, LYNCH SYNDROME, PTEN HAMARTOMA SYNDROME, COWDEN SYNDROME, FAMILIAL ADENOMATOSIS POLYPOSIS), GENOMIC SEQUENCE ANALYSIS PANEL, 5 OR MORE GENES, INTERROGATION FOR SEQUENCE VARIANTS AND COPY NUMBER VARIANTS; GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 10 GENES, INCLUDING APC, BMPR1A, CDH1, MLH1, MSH2, MSH6, MUTYH, PTEN, SMAD4, AND STK11	Yes	Y	Y
Genetic Testing	81437	HEREDITARY NEUROENDOCRINE TUMOR-RELATED DISORDERS (EG, MEDULLARY THYROID CARCINOMA, PARATHYROID CARCINOMA, MALIGNANT PHEOCHROMOCYTOMA OR PARAGANGLIOMA), GENOMIC SEQUENCE ANALYSIS PANEL, 5 OR MORE GENES, INTERROGATION FOR SEQUENCE VARIANTS AND COPY NUMBER VARIANTS; GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 6 GENES, INCLUDING MAX, SDHB, SDHC, SDHD, TMEM127, AND VHL	Yes	Y	Y
Genetic Testing	81439	HEREDITARY CARDIOMYOPATHY (EG, HYPERTROPHIC CARDIOMYOPATHY, DILATED CARDIOMYOPATHY, ARRHYTHMOGENIC RIGHT VENTRICULAR CARDIOMYOPATHY) GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 5 GENES, INCLUDING DSG2, MYBPC3, MYH7, PKP2, AND TTN	Yes	Y	Y
**Genetic Testing	81440	NUCLEAR ENCODED MITOCHONDRIAL GENES (EG, NEUROLOGIC OR MYOPATHIC PHENOTYPES), GENOMIC SEQUENCE PANEL, MUST INCLUDE ANALYSIS OF AT LEAST 100 GENES, INCLUDING BCS1L, C10ORF2, COQ2, COX10, DGUOK, MPV17, OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, SUCLA2, SUCLG1, TAZ, TK2, AND TYMP	Yes	Y	Y
Genetic Testing	81441	INHERITED BONE MARROW FAILURE SYNDROMES IBMFS EG FANCONI ANEMIA DYSKERATOSIS CONGENITA DIAMOND BLACKFAN ANEMIA SHWACHMAN DIAMOND SYNDROME GATA2 DEFICIENCY SYNDROME CONGENITAL AMEGAKARYOCYTIC THROMBOCYTOPENIA SEQUENCE ANALYSIS PANEL MUST INCLUDE SEQUENCING OF AT LEAST 30 GENES INCLUDING BRCA2 BRIP1 DKC1 FANCA FANCB FANCC FANCD2 FANCE FANCF FANCG FANCI FANCL GATA1 GATA2 MPL NHP2 NOP10 PALB2 RAD51C RPL11 RPL35A RPL5 RPS10 RPS19 RPS24 RPS26 RPS7 SBDS TERT AND TINF2	Yes	Y	Y
Genetic Testing	81443	GENETIC TESTING FOR SEVERE INHERITED CONDITIONS (EG, CYSTIC FIBROSIS, ASHKENAZI JEWISH-ASSOCIATED DISORDERS [EG, BLOOM SYNDROME, CANAVAN DISEASE, FANCONI ANEMIA TYPE C, MUCOLIPIDOSIS TYPE VI, GAUCHER DISEASE, TAY-SACHS DISEASE], BETA HEMOGLOBINOPATHIES, PHENYLKETONURIA, GALACTOSEMIA), GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 15 GENES (EG, ACADM, ARSA, ASPA, ATP7B, BCKDHA, BCKDHB, BLM, CFTR, DHCR7, FANCC, G6PC, GAA, GALT, GBA, GBE1, HBB, HEXA, IKBKAP, MCOLN1, PAH)	Yes	Y	Y
**Genetic Testing	81445	SOLID ORGAN NEOPLASM, GENOMIC SEQUENCE ANALYSIS PANEL, 5-50 GENES, INTERROGATION FOR SEQUENCE VARIANTS AND COPY NUMBER VARIANTS OR REARRANGEMENTS, IF PERFORMED; DNA ANALYSIS OR COMBINED DNA AND RNA ANALYSIS	Yes	Y	Y
Genetic Testing	81448	HEREDITARY PERIPHERAL NEUROPATHIES (EG, CHARCOT-MARIE-TOOTH, SPASTIC PARAPLEGIA), GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 5 PERIPHERAL NEUROPATHY-RELATED GENES (EG, BSCL2, GJB1, MFN2, MPZ, REEP1, SPAST, SPG11, SPTLC1)	Yes	Y	Y
**Genetic Testing	81449	SOLID ORGAN NEOPLASM, GENOMIC SEQUENCE ANALYSIS PANEL, 5-50 GENES, INTERROGATION FOR SEQUENCE VARIANTS AND COPY NUMBER VARIANTS OR REARRANGEMENTS, IF PERFORMED; RNA ANALYSIS	Yes	Y	Y

Modality	Code	Terminology	Bypass when Medicare/ COB Primary	Needs Prior Authorization Standard/ Basic Option	Needs Prior Authorization / FEP Blue Focus
**Genetic Testing	81450	HEMATOLYMPHOID NEOPLASM OR DISORDER, GENOMIC SEQUENCE ANALYSIS PANEL, 5-50 GENES, INTERROGATION FOR SEQUENCE VARIANTS, AND COPY NUMBER VARIANTS OR REARRANGEMENTS, OR ISOFORM EXPRESSION OR MRNA EXPRESSION LEVELS, IF PERFORMED; DNA ANALYSIS OR COMBINED DNA AND RNA ANALYSIS	Yes	Y	Y
**Genetic Testing	81451	HEMATOLYMPHOID NEOPLASM OR DISORDER, GENOMIC SEQUENCE ANALYSIS PANEL, 5-50 GENES, INTERROGATION FOR SEQUENCE VARIANTS, AND COPY NUMBER VARIANTS OR REARRANGEMENTS, OR ISOFORM EXPRESSION OR MRNA EXPRESSION LEVELS, IF PERFORMED; RNA ANALYSIS	Yes	Y	Y
Genetic Testing	81455	SOLID ORGAN OR HEMATOLYMPHOID NEOPLASM OR DISORDER, 51 OR GREATER GENES, GENOMIC SEQUENCE ANALYSIS PANEL, INTERROGATION FOR SEQUENCE VARIANTS AND COPY NUMBER VARIANTS OR REARRANGEMENTS, OR ISOFORM EXPRESSION OR MRNA EXPRESSION LEVELS, IF PERFORMED; DNA ANALYSIS OR COMBINED DNA AND RNA ANALYSIS	Yes	Y	Y
Genetic Testing	81456	SOLID ORGAN OR HEMATOLYMPHOID NEOPLASM OR DISORDER, 51 OR GREATER GENES, GENOMIC SEQUENCE ANALYSIS PANEL, INTERROGATION FOR SEQUENCE VARIANTS AND COPY NUMBER VARIANTS OR REARRANGEMENTS, OR ISOFORM EXPRESSION OR MRNA EXPRESSION LEVELS, IF PERFORMED; RNA ANALYSIS	Yes	Y	Y
Genetic Testing	81460	WHOLE MITOCHONDRIAL GENOME (EG, LEIGH SYNDROME, MITOCHONDRIAL ENCEPHALOMYOPATHY, LACTIC ACIDOSIS, AND STROKE-LIKE EPISODES [MELAS], MYOCLONIC EPILEPSY WITH RAGGED-RED FIBERS [MERFF], NEUROPATHY, ATAXIA, AND RETINITIS PIGMENTOSA [NARP], LEBER HEREDITARY OPTIC NEUROPATHY [LHON]), GENOMIC SEQUENCE, MUST INCLUDE SEQUENCE ANALYSIS OF ENTIRE MITOCHONDRIAL GENOME WITH HETEROPLASMY DETECTION	Yes	Y	Y
Genetic Testing	81465	WHOLE MITOCHONDRIAL GENOME LARGE DELETION ANALYSIS PANEL (EG, KEARNS-SAYRE SYNDROME, CHRONIC PROGRESSIVE EXTERNAL OPHTHALMOPLEGIA), INCLUDING HETEROPLASMY DETECTION, IF PERFORMED	Yes	Y	Y
Genetic Testing	81470	X-LINKED INTELLECTUAL DISABILITY (XLID) (EG, SYNDROMIC AND NON-SYNDROMIC XLID); GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 60 GENES, INCLUDING ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, AND SLC16A2	Yes	Y	Y
Genetic Testing	81471	X-LINKED INTELLECTUAL DISABILITY (XLID) (EG, SYNDROMIC AND NON-SYNDROMIC XLID); DUPLICATION/DELETION GENE ANALYSIS, MUST INCLUDE ANALYSIS OF AT LEAST 60 GENES, INCLUDING ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, AND SLC16A2	Yes	Y	Y
Genetic Testing	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Yes	Y	Y
**Genetic Testing	81504	ONCOLOGY (TISSUE OF ORIGIN), MICROARRAY GENE EXPRESSION PROFILING OF GREATER THAN 2000 GENES, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS TISSUE SIMILARITY SCORES	Yes	Y	Y
**Genetic Testing	81518	ONCOLOGY (BREAST), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 11 GENES (7 CONTENT AND 4 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHMS REPORTED AS PERCENTAGE RISK FOR METASTATIC RECURRENCE AND LIKELIHOOD OF BENEFIT FROM EXTENDED ENDOCRINE THERAPY	Yes	Y	Y
**Genetic Testing	81519	ONCOLOGY (BREAST), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 21 GENES, UTILIZING FORMALIN-FIXED PARAFFIN EMBEDDED TISSUE, ALGORITHM REPORTED AS RECURRENCE SCORE	Yes	Y	Y
**Genetic Testing	81520	ONCOLOGY (BREAST), MRNA GENE EXPRESSION PROFILING BY HYBRID CAPTURE OF 58 GENES (50 CONTENT AND 8 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A RECURRENCE RISK SCORE	Yes	Y	Y
**Genetic Testing	81521	ONCOLOGY (BREAST), MRNA, MICROARRAY GENE EXPRESSION PROFILING OF 70 CONTENT GENES AND 465 HOUSEKEEPING GENES, UTILIZING FRESH FROZEN OR FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS INDEX RELATED TO RISK OF DISTANT METASTASIS	Yes	Y	Y
**Genetic Testing	81522	ONCOLOGY (BREAST), MRNA, GENE EXPRESSION PROFILING BY RT-PCR OF 12 GENES (8 CONTENT AND 4 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS RECURRENCE RISK SCORE	Yes	Y	Y
**Genetic Testing	81523	ONCOLOGY (BREAST), MRNA, NEXT-GENERATION SEQUENCING GENE EXPRESSION PROFILING OF 70 CONTENT GENES AND 31 HOUSEKEEPING GENES, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS INDEX RELATED TO RISK TO DISTANT METASTASIS	Yes	Y	Y
**Genetic Testing	81525	ONCOLOGY (COLON), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 12 GENES (7 CONTENT AND 5 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A RECURRENCE SCORE	Yes	Y	Y
Genetic Testing	81528	ONCOLOGY (COLORECTAL) SCREENING, QUANTITATIVE REAL-TIME TARGET AND SIGNAL AMPLIFICATION OF 10 DNA MARKERS (KRAS MUTATIONS, PROMOTER METHYLATION OF NDRG4 AND BMP3) AND FECAL HEMOGLOBIN, UTILIZING STOOL, ALGORITHM REPORTED AS A POSITIVE OR NEGATIVE RESULT	Yes	Y	Y

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**Genetic Testing	81540	ONCOLOGY (TUMOR OF UNKNOWN ORIGIN), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 92 GENES (87 CONTENT AND 5 HOUSEKEEPING) TO CLASSIFY TUMOR INTO MAIN CANCER TYPE AND SUBTYPE, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A PROBABILITY OF A PREDICTED MAIN CANCER TYPE AND SUBTYPE	Yes	Y	Y
**Genetic Testing	81541	ONCOLOGY (PROSTATE), MRNA GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 46 GENES (31 CONTENT AND 15 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A DISEASE-SPECIFIC MORTALITY RISK SCORE	Yes	Y	Y
**Genetic Testing	81542	ONCOLOGY (PROSTATE), MRNA, MICROARRAY GENE EXPRESSION PROFILING OF 22 CONTENT GENES, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS METASTASIS RISK SCORE	Yes	Y	Y
**Genetic Testing	81546	ONCOLOGY (THYROID), MRNA, GENE EXPRESSION ANALYSIS OF 10,196 GENES, UTILIZING FINE NEEDLE ASPIRATE, ALGORITHM REPORTED AS A CATEGORICAL RESULT (EG, BENIGN OR SUSPICIOUS)	Yes	Y	Y
**Genetic Testing	81551	ONCOLOGY (PROSTATE), PROMOTER METHYLATION PROFILING BY REAL-TIME PCR OF 3 GENES (GSTP1, APC, RASSF1), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A LIKELIHOOD OF PROSTATE CANCER DETECTION ON REPEAT BIOPSY	Yes	Y	Y
**Genetic Testing	81552	ONCOLOGY (UVEAL MELANOMA), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 15 GENES (12 CONTENT AND 3 HOUSEKEEPING), UTILIZING FINE NEEDLE ASPIRATE OR FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS RISK OF METASTASIS	Yes	Y	Y
**Genetic Testing	81554	PULMONARY DISEASE (IDIOPATHIC PULMONARY FIBROSIS [IPF]), MRNA, GENE EXPRESSION ANALYSIS OF 190 GENES, UTILIZING TRANSBRONCHIAL BIOPSIES, DIAGNOSTIC ALGORITHM REPORTED AS CATEGORICAL RESULT (EG, POSITIVE OR NEGATIVE FOR HIGH PROBABILITY OF USUAL INTERSTITIAL PNEUMONIA [UIP])	Yes	Y	Y
**Genetic Testing	81595	CARDIOLOGY (HEART TRANSPLANT), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME QUANTITATIVE PCR OF 20 GENES (11 CONTENT AND 9 HOUSEKEEPING), UTILIZING SUBFRACTION OF PERIPHERAL BLOOD, ALGORITHM REPORTED AS A REJECTION RISK SCORE	Yes	Y	Y
Genetic Testing	81599	UNLISTED MULTIANALYTE ASSAY WITH ALGORITHMIC ANALYSIS	Yes	Y	Y
Air Ambulance Transport	A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)	Yes	Y	Y
Air Ambulance Transport	A0431	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (ROTARY WING)	Yes	Y	Y
Air Ambulance Transport	A0435	FIXED WING AIR MILEAGE, PER STATUTE MILE	Yes	Y	Y
Air Ambulance Transport	A0436	ROTARY WING AIR MILEAGE, PER STATUTE MILE	Yes	Y	Y
BRCA Testing	0138U	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) MRNA SEQUENCE ANALYSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	No	Y	Y
BRCA Testing	81162	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS AND FULL DUPLICATION/DELETION ANALYSIS (IE, DETECTION OF LARGE GENE REARRANGEMENTS)	No	Y	Y
BRCA Testing	81163	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	No	Y	Y
BRCA Testing	81164	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL DUPLICATION/DELETION ANALYSIS (IE, DETECTION OF LARGE GENE REARRANGEMENTS)	No	Y	Y
BRCA Testing	81165	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	No	Y	Y
BRCA Testing	81166	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL DUPLICATION/DELETION ANALYSIS (IE, DETECTION OF LARGE GENE REARRANGEMENTS)	No	Y	Y
BRCA Testing	81167	BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL DUPLICATION/DELETION ANALYSIS (IE, DETECTION OF LARGE GENE REARRANGEMENTS)	No	Y	Y
BRCA Testing	81212	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; 185DELAG, 5385INSC, 6174DELT VARIANTS	No	Y	Y
BRCA Testing	81215	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	No	Y	Y
BRCA Testing	81216	BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	No	Y	Y
BRCA Testing	81217	BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	No	Y	Y
IMRT Services	77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS	Yes	N	Y
IMRT Services	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RADIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN	Yes	N	Y
IMRT Services	77385	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; SIMPLE	Yes	N	Y
IMRT Services	77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	Yes	N	Y

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IMRT Services	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS, VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Yes	N	Y
IMRT Services	G6016	COMPENSATOR-BASED BEAM MODULATION TREATMENT DELIVERY OF INVERSE PLANNED TREATMENT USING 3 OR MORE HIGH RESOLUTION (MILLED OR CAST) COMPENSATOR, CONVERGENT BEAM MODULATED FIELDS, PER TREATMENT SESSION	Yes	N	Y
Cardiac Rehabilitation	93797	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL SERVICES FOR OUTPATIENT CARDIAC REHABILITATION; WITHOUT CONTINUOUS ECG MONITORING (PER SESSION)	Yes	N	Y
Cardiac Rehabilitation	93798	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL SERVICES FOR OUTPATIENT CARDIAC REHABILITATION; WITH CONTINUOUS ECG MONITORING (PER SESSION)	Yes	N	Y
Cardiac Rehabilitation	S9472	CARDIAC REHABILITATION PROGRAM, NON-PHYSICIAN PROVIDER, PER DIEM	Yes	N	Y
Cardiac Rehabilitation	G0422	INTENSIVE CARDIAC REHABILITATION; WITH OR WITHOUT CONTINUOUS ECG MONITORING WITH EXERCISE, PER SESSION	Yes	N	Y
Cardiac Rehabilitation	G0423	INTENSIVE CARDIAC REHABILITATION; WITH OR WITHOUT CONTINUOUS ECG MONITORING; WITHOUT EXERCISE, PER SESSION	Yes	N	Y
Pulmonary Rehabilitation	94625	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL SERVICES FOR OUTPATIENT PULMONARY REHABILITATION; WITHOUT CONTINUOUS OXIMETRY MONITORING (PER SESSION)	Yes	N	Y
Pulmonary Rehabilitation	94626	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL SERVICES FOR OUTPATIENT PULMONARY REHABILITATION; WITH CONTINUOUS OXIMETRY MONITORING (PER SESSION)	Yes	N	Y
Pulmonary Rehabilitation	S9473	PULMONARY REHABILITATION PROGRAM, NON-PHYSICIAN PROVIDER, PER DIEM	Yes	N	Y
Pulmonary Rehabilitation	G0237	THERAPEUTIC PROCEDURES TO INCREASE STRENGTH OR ENDURANCE OF RESPIRATORY MUSCLES, FACE TO FACE, ONE ON ONE, EACH 15 MINUTES (INCLUDES MONITORING)	Yes	N	Y
Pulmonary Rehabilitation	G0238	THERAPEUTIC PROCEDURES TO IMPROVE RESPIRATORY FUNCTION, OTHER THAN DESCRIBED BY G0237, ONE ON ONE, FACE TO FACE, PER 15 MINUTES (INCLUDES MONITORING)	Yes	N	Y
Pulmonary Rehabilitation	G0239	THERAPEUTIC PROCEDURES TO IMPROVE RESPIRATORY FUNCTION OR INCREASE STRENGTH OR ENDURANCE OF RESPIRATORY MUSCLES, TWO OR MORE INDIVIDUALS (INCLUDES MONITORING)	Yes	N	Y
Proton Beam Therapy	77520	PROTON TREATMENT DELIVERY; SIMPLE, WITHOUT COMPENSATION	Yes	Y	Y
Proton Beam Therapy	77522	PROTON TREATMENT DELIVERY; SIMPLE, WITH COMPENSATION	Yes	Y	Y
Proton Beam Therapy	77523	PROTON TREATMENT DELIVERY; INTERMEDIATE	Yes	Y	Y
Proton Beam Therapy	77525	PROTON TREATMENT DELIVERY; COMPLEX	Yes	Y	Y
Proton Beam Therapy	G0563	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT DELIVERY, PER FRACTION TO 1 OR MORE LESIONS, INCLUDING IMAGE GUIDANCE AND REAL-TIME POSITRON EMISSIONS-BASED DELIVERY ADJUSTMENTS TO 1 OR MORE LESIONS, ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS	Yes	Y	Y
Stereotactic Body Radiation Therapy	77373	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT DELIVERY, PER FRACTION TO 1 OR MORE LESIONS, INCLUDING IMAGE GUIDANCE, ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS	Yes	Y	Y
Stereotactic Body Radiation Therapy	77435	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT MANAGEMENT, PER TREATMENT COURSE, TO ONE OR MORE LESIONS, INCLUDING IMAGE GUIDANCE, ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS	Yes	Y	Y
Stereotactic Body Radiation Therapy	G0563	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT DELIVERY, PER FRACTION TO 1 OR MORE LESIONS, INCLUDING IMAGE GUIDANCE AND REAL-TIME POSITRON EMISSIONS-BASED DELIVERY ADJUSTMENTS TO 1 OR MORE LESIONS, ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS	Yes	Y	Y
Stereotactic Radiosurgery	77371	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS), COMPLETE COURSE OF TREATMENT OF CRANIAL LESION(S) CONSISTING OF 1 SESSION; MULTI-SOURCE COBALT 60 BASED	Yes	Y	Y
Stereotactic Radiosurgery	77372	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS), COMPLETE COURSE OF TREATMENT OF CRANIAL LESION(S) CONSISTING OF 1 SESSION; LINEAR ACCELERATOR BASED	Yes	Y	Y
Stereotactic Radiosurgery	77432	STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CEREBRAL LESION(S) (COMPLETE COURSE OF TREATMENT CONSISTING OF ONE SESSION)	Yes	Y	Y
Medical Benefit Drug	C9257	INJECTION, BEVACIZUMAB, 0.25 MG (AVASTIN)	Yes	Y	Y
***Medical Benefit Drug	C9305	INJECTION, NIPOCALIMAB-AAHU, 3 MG (IMAAVY)	Yes	Y	Y
Medical Benefit Drug	J0222	INJECTION, PATISIRAN, 0.1 MG (ONPATTRO)	Yes	Y	Y
Medical Benefit Drug	J0223	INJECTION, GIVOSIRAN, 0.5 MG (GIVLAARI)	Yes	Y	Y
Medical Benefit Drug	J0224	INJECTION, LUMASIRAN, 0.5 MG (OXLUMO)	Yes	Y	Y
Medical Benefit Drug	J0177	INJECTION, AFLIBERCEPT HD, 1 MG (EYLEA HD)	Yes	Y	Y
Medical Benefit Drug	J0178	INJECTION, AFLIBERCEPT, 1 MG (EYLEA)	Yes	Y	Y
Medical Benefit Drug	J0179	INJECTION, BROLUCIZUMAB-DBLL, 1 MG (BEOVU)	Yes	Y	Y
Medical Benefit Drug	J0225	INJECTION, VUTRISIRAN, 1 MG (AMVUTTRA)	Yes	Y	Y
***Medical Benefit Drug	J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE) (ARANESP)	Yes	Y	Y
***Medical Benefit Drug	J0882	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (FOR ESRD ON DIALYSIS) (ARANESP)	Yes	Y	Y
Medical Benefit Drug	J0885	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS (PROCRIT, EPOGEN, RETACRIT)	Yes	Y	Y
***Medical Benefit Drug	J0897	INJECTION, DENOSUMAB, 1 MG (PROLIA/XGEVA)	Yes	Y	Y
Medical Benefit Drug	J1299	INJECTION, ECULIZUMAB, 2 MG (SOLIRIS)	Yes	Y	Y
***Medical Benefit Drug	J1303	INJECTION, RAVULIZUMAB-CWVZ, 10 MG (ULTOMIRIS)	Yes	Y	Y
Medical Benefit Drug	J1442	INJECTION, FILGRASTIM (G-CSF), EXCLUDES BIOSIMILARS, 1 MICROGRAM (NEUPOGEN)	Yes	Y	Y
Medical Benefit Drug	J1447	INJECTION, TBO-FILGRASTIM, 1 MICROGRAM (GRANIX)	Yes	Y	Y
Medical Benefit Drug	J1449	INJECTION, EFLAPEGRASTIM-XNST, 0.1 MG (ROLVEDON)	Yes	Y	Y
***Medical Benefit Drug	J1460	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	Yes	Y	Y
***Medical Benefit Drug	J1551	INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG	Yes	Y	Y

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***Medical Benefit Drug	J1552	INJECTION, IMMUNE GLOBULIN (ALYGLO), 100 MG	Yes	Y	Y
***Medical Benefit Drug	J1555	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG	Yes	Y	Y
***Medical Benefit Drug	J1558	INJECTION, IMMUNE GLOBULIN (XEMBIFY), 100 MG	Yes	Y	Y
***Medical Benefit Drug	J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	Yes	Y	Y
***Medical Benefit Drug	J1560	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, OVER 10 CC	Yes	Y	Y
***Medical Benefit Drug	J1575	INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA), 100 MG IMMUN	Yes	Y	Y
Medical Benefit Drug	J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE (SIMPONI ARIA)	Yes	Y	Y
Medical Benefit Drug	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG (REMICADE)	Yes	Y	Y
***Medical Benefit Drug	J1748	INJECTION, INFLIXIMAB-DYYB (ZYMFENTRA), 10 MG	Yes	Y	Y
***Medical Benefit Drug	J2323	INJECTION, NATALIZUMAB, 1 MG (TYSABRI)	Yes	Y	Y
***Medical Benefit Drug	J2326	INJECTION, NUSINERSEN, 0.1 MG (SPINRAZA)	Yes	Y	Y
Medical Benefit Drug	J2327	INJECTION, RISANKIZUMAB-RZAA, INTRAVENOUS, 1 MG (SKYRIZI)	Yes	Y	Y
***Medical Benefit Drug	J2329	INJECTION, UBLITUXIMAB-XIIY, 1MG	Yes	Y	Y
***Medical Benefit Drug	J2350	INJECTION, OCRELIZUMAB, 1 MG (OCREVUS)	Yes	Y	Y
***Medical Benefit Drug	J2351	INJECTION, OCRELIZUMAB, 1 MG AND HYALURONIDASE-OCSQ (OCREVUS ZUNOVA)	Yes	Y	Y
Medical Benefit Drug	J2506	INJECTION, PEGFILGRASTIM, EXCLUDES BIOSIMILAR, 0.5 MG (NEULASTA)	Yes	Y	Y
Medical Benefit Drug	J2777	INJECTION, FARICIMAB-SVOA, 0.1 MG (VABYSMO)	Yes	Y	Y
Medical Benefit Drug	J2778	INJECTION, RANIBIZUMAB, 0.1 MG (LUCENTIS)	Yes	Y	Y
Medical Benefit Drug	J3357	INJECTION, USTEKINUMAB, 1 MG (STELARA)	Yes	Y	Y
Medical Benefit Drug	J3358	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG (STELARA)	Yes	Y	Y
***Medical Benefit Drug	J7318	HYALURONAN OR DERIVATIVE, DUROLANE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Yes	Y	Y
***Medical Benefit Drug	J7320	HYALURONAN OR DERIVITIVE, GENVISC 850, FOR INTRA-ARTICULAR INJECTION, 1 MG	Yes	Y	Y
***Medical Benefit Drug	J7321	HYALURONAN OR DERIVATIVE, HYALGAN, SUPARTZ OR VISCO-3, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Yes	Y	Y
***Medical Benefit Drug	J7322	HYALURONAN OR DERIVATIVE, HYMOVIS, FOR INTRA-ARTICULAR INJECTION, 1 MG	Yes	Y	Y
***Medical Benefit Drug	J7323	HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Yes	Y	Y
***Medical Benefit Drug	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Yes	Y	Y
***Medical Benefit Drug	J7325	HYALURONAN OR DERIVATIVE, SYNVISC OR SYNVISC-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Yes	Y	Y
***Medical Benefit Drug	J7326	HYALURONAN OR DERIVATIVE, GEL-ONE, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Yes	Y	Y
***Medical Benefit Drug	J7327	HYALURONAN OR DERIVATIVE, MONOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Yes	Y	Y
***Medical Benefit Drug	J7328	HYALURONAN OR DERIVATIVE, GEL-SYN, FOR INTRA-ARTICULAR INJECTION, 0.1 MG	Yes	Y	Y
***Medical Benefit Drug	J7329	HYALURONAN OR DERIVATIVE, TRIVISC, FOR INTRA-ARTICULAR INJECTION, 1 MG	Yes	Y	Y
***Medical Benefit Drug	J7331	HYALURONAN OR DERIVATIVE, SYNOJOYNT, FOR INTRA-ARTICULAR INJECTION, 1 MG	Yes	Y	Y
***Medical Benefit Drug	J7332	HYALURONAN OR DERIVATIVE, TRILURON, FOR INTRA-ARTICULAR INJECTION, 1 MG	Yes	Y	Y
Medical Benefit Drug	J9035	INJECTION, BEVACIZUMAB 10 MG (AVASTIN)	Yes	Y	Y
***Medical Benefit Drug	J9042	INJECTION, BRENTUXIMAB VEDOTIN, 1 MG (ADCETRIS)	Yes	Y	Y
***Medical Benefit Drug	J9144	INJECTION, DARATUMUMAB, 10 MG AND HYALURONIDASE-FIHJ	Yes	Y	Y
***Medical Benefit Drug	J9145	INJECTION, DARATUMUMAB, 10 MG	Yes	Y	Y
***Medical Benefit Drug	J9306	INJECTION, PERTUZUMAB, 1 MG (PERJETA)	Yes	Y	Y
Medical Benefit Drug	J9311	INJECTION, RITUXIMAB 10 MG AND HYALURONIDASE (RITUXAN HYCELA)	Yes	Y	Y
Medical Benefit Drug	J9312	INJECTION, RITUXIMAB, 10 MG (RITUXAN)	Yes	Y	Y
Medical Benefit Drug	J9332	INJECTION, EFGARTIGIMOD ALFA-FCAB, 2MG(VYVGART)	Yes	Y	Y
***Medical Benefit Drug	J9333	INJECTION, ROZANOLIXIZUMAB-NOLI, 1 MG (RYSTIGGO)	Yes	Y	Y
Medical Benefit Drug	J9334	INJECTION, EFGARTIGIMOD ALFA, 2 MG AND HYALURONIDASE-QVFC (VYVGART HYTRULO)	Yes	Y	Y
***Medical Benefit Drug	J9354	INJECTION, ADO-TRASTUZUMAB EMTANSINE, 1 MG (KADCYLA)	Yes	Y	Y
Medical Benefit Drug	J9355	INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR, 10 MG (HERCEPTIN)	Yes	Y	Y
Medical Benefit Drug	J9356	INJECTION, TRASTUZUMAB, 10 MG AND HYALURONIDASE-OYSK (HERCEPTIN HYLECTA)	Yes	Y	Y
***Medical Benefit Drug	J9358	INJECTION, FAM-TRASTUZUMAB DERUXTECAN-NXKI, 1 MG (ENHERTU)	Yes	Y	Y
***Medical Benefit Drug	J9289	INJECTION, NIVOLUMAB, 2 MG AND HYALURONIDASE-NVHY (OPDIVO QVANTIG)	Yes	Y	Y
***Medical Benefit Drug	Q5098	INJECTION, USTEKINUMAB-SRLF (IMULDOSA), BIOSIMILAR, 1 MG	Yes	Y	Y
***Medical Benefit Drug	Q5099	INJECTION, USTEKINUMAB-STBA (STEQEYMA), BIOSIMILAR, 1 MG	Yes	Y	Y
***Medical Benefit Drug	Q5100	INJECTION, USTEKINUMAB-KFCE (YESINTEK), BIOSIMILAR, 1 MG	Yes	Y	Y
Medical Benefit Drug	Q5101	INJECTION, FILGRASTIM (G-CSF), BIOSIMILAR, 1 MICROGRAM (ZARXIO)	Yes	Y	Y
Medical Benefit Drug	Q5103	INJECTION, INFLIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA), 10 MG	Yes	Y	Y
Medical Benefit Drug	Q5104	INJECTION, INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLEXIS), 10 MG	Yes	Y	Y
Medical Benefit Drug	Q5106	INJECTION, EPOETIN ALFA-EPBX, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	Yes	Y	Y
Medical Benefit Drug	Q5107	INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG	Yes	Y	Y
Medical Benefit Drug	Q5108	INJECTION, PEGFILGRASTIM-JMDB (FULPHILA), BIOSIMILAR, 0.5 MG	Yes	Y	Y
Medical Benefit Drug	Q5109	INJECTION, INFLIXIMAB-QBTX, BIOSIMILAR, (IXIFI), 10 MG	Yes	Y	Y
Medical Benefit Drug	Q5110	INJECTION, FILGRASTIM-AAFI, BIOSIMILAR, (NIVESTYM), 1 MICROGRAM	Yes	Y	Y
Medical Benefit Drug	Q5111	INJECTION, PEGFILGRASTIM-CBQV (UDENYCA), BIOSIMILAR, 0.5 MG	Yes	Y	Y
Medical Benefit Drug	Q5112	INJECTION, TRASTUZUMAB-DTTB, BIOSIMILAR, (ONTRUZANT), 10 MG	Yes	Y	Y
***Medical Benefit Drug	Q5113	INJECTION, TRASTUZUMAB-PKRB, BIOSIMILAR, (HERZUMA), 10MG	Yes	Y	Y
Medical Benefit Drug	Q5114	INJECTION, TRASTUZUMAB-DKST, BIOSIMILAR, (OGIVRI), 10 MG	Yes	Y	Y
Medical Benefit Drug	Q5115	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA), 10 MG	Yes	Y	Y
Medical Benefit Drug	Q5116	INJECTION, TRASTUZUMAB-QYYP, BIOSIMILAR, (TRAZIMERA), 10 MG	Yes	Y	Y
Medical Benefit Drug	Q5117	INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR, (KANJINTI), 10 MG	Yes	Y	Y
Medical Benefit Drug	Q5118	INJECTION, BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV), 10 MG	Yes	Y	Y
Medical Benefit Drug	Q5119	INJECTION, RITUXIMAB-PVVR, BIOSIMILAR, (RUXIENCE), 10 MG.	Yes	Y	Y
Medical Benefit Drug	Q5120	INJECTION, PEGFILGRASTIM-BMEZ (ZIEXTENZO), BIOSIMILAR, 0.5 MG	Yes	Y	Y

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Medical Benefit Drug	Q5121	INJECTION, INFLIXIMAB-AXXQ, BIOSIMILAR, (AVSOLA), 10 MG.	Yes	Y	Y
Medical Benefit Drug	Q5122	INJECTION, PEGFILGRASTIM-APGF (NYVEPRIA), BIOSIMILAR, 0.5 MG	Yes	Y	Y
Medical Benefit Drug	Q5123	INJECTION, RITUXIMAB-ARRX, BIOSIMILAR, (RIABNI), 10 MG	Yes	Y	Y
Medical Benefit Drug	Q5124	INJECTION, RANIBIZUMAB-NUNA, BIOSIMILAR, (BYOOVIZ), 0.1 MG	Yes	Y	Y
Medical Benefit Drug	Q5125	INJECTION, FILGRASTIM-AYOW, BIOSIMILAR, (RELEUKO), 1 MICROGRAM	Yes	Y	Y
Medical Benefit Drug	Q5126	INJECTION, BEVACIZUMAB-MALY, BIOSIMILAR, (ALYMSYS), 10 MG	Yes	Y	Y
Medical Benefit Drug	Q5127	INJECTION, PEGFILGRASTIM-FPGK (STIMUFEND), BIOSIMILAR, 0.5 MG	Yes	Y	Y
Medical Benefit Drug	Q5128	INJECTION, RANIBIZUMAB-EQRN (CIMERLI), BIOSIMILAR, 0.1 MG	Yes	Y	Y
Medical Benefit Drug	Q5129	INJECTION, BEVACIZUMAB-ADCD (VEGZELMA), BIOSIMILAR, 10 MG	Yes	Y	Y
Medical Benefit Drug	Q5130	INJECTION, PEGFILGRASTIM-PBBK (FYLNETRA), BIOSIMILAR, 0.5 MG	Yes	Y	Y
***Medical Benefit Drug	Q5134	INJECTION, NATALIZUMAB-SZTN (TYRUKO), BIOSIMILAR, 1 MG	Yes	Y	Y
***Medical Benefit Drug	Q5136	INJECTION, DENOSUMAB-BBDZ (JUBBONTI/WYOST), BIOSIMILAR, 1 MG	Yes	Y	Y
***Medical Benefit Drug	Q5137	INJECTION, USTEKINUMAB AUUB (WEZLANA), BIOSIMILAR, SUBCUTANEOUS, 1 MG	Yes	Y	Y
***Medical Benefit Drug	Q5138	INJECTION, USTEKINUMAB AUUB, (WEZLANA) BIOSIMILAR, INTRAVENOUS, 1 MG	Yes	Y	Y
***Medical Benefit Drug	Q5146	INJECTION, TRASTUZUMAB-STRF (HERCESSI), BIOSIMILAR, 10 MG	Yes	Y	Y
***Medical Benefit Drug	Q5147	INJECTION, AFLIBERCEPT-AYYH (PAVBLU), BIOSIMILAR, 1 MG	Yes	Y	Y
***Medical Benefit Drug	Q5148	INJECTION, FILGRASTIM-TXID (NYPOZI), BIOSIMILAR, 1 MICROGRAM	Yes	Y	Y
***Medical Benefit Drug	Q5149	INJECTION, AFLIBERCEPT-ABZV (ENZEEVU), BIOSIMILAR, 1 MG	Yes	Y	Y
***Medical Benefit Drug	Q5150	INJECTION, AFLIBERCEPT-MRBB (AHZANTIVE), BIOSIMILAR, 1 MG	Yes	Y	Y
***Medical Benefit Drug	Q5151	INJECTION, ECULIZUMAB-AAGH (EPYSQLI), BIOSIMILAR, 2 MG	Yes	Y	Y
***Medical Benefit Drug	Q5152	INJECTION, ECULIZUMAB-AEEB (BKEMV), BIOSIMILAR, 2 MG	Yes	Y	Y
***Medical Benefit Drug	Q5153	INJECTION, AFLIBERCEPT-YSZY (OPUVIZ), BIOSIMILAR, 1 MG	Yes	Y	Y
***Medical Benefit Drug	Q5155	INJECTION, AFLIBERCEPT-JBVF (YESAFILI), BIOSIMILAR, 1 MG	Yes	Y	Y
Medical Benefit Drug	Q5156	INJECTION, TOCILIZUMAB-ANOH (AVTOZMA), BIOSIMILAR, 1 MG	Yes	Y	Y
***Medical Benefit Drug	Q5157	INJECTION, DENOSUMAB-BMWO (STOBOCLO/OSENVELT), BIOSIMILAR, 1 MG	Yes	Y	Y
***Medical Benefit Drug	Q5158	INJECTION, DENOSUMAB-BNHT (BOMYNTRA/CONEXXENCE), BIOSIMILAR, 1 MG	Yes	Y	Y
***Medical Benefit Drug	Q5159	INJECTION, DENOSUMAB-DSSB (OSPOMYV/XBRYK), BIOSIMILAR, 1 MG	Yes	Y	Y
***Medical Benefit Drug	Q5160	INJECTION, BEVACIZUMAB-NWGD (JOBEVNE), BIOSIMILAR, 10 MG	Yes	Y	Y
***Medical Benefit Drug	Q9996	INJECTION, USTEKINUMAB-TTWE (PYZCHIVA), SUBCUTANEOUS, 1 MG	Yes	Y	Y
***Medical Benefit Drug	Q9997	INJECTION, USTEKINUMAB-TTWE (PYZCHIVA), INTRAVENOUS, 1 MG	Yes	Y	Y
***Medical Benefit Drug	Q9998	INJECTION, USTEKINUMAB-AEKN (SELARSDI), BIOSIMILAR, 1 MG	Yes	Y	Y
***Medical Benefit Drug	Q9999	INJECTION, USTEKINUMAB-AAUZ (OTULFI), BIOSIMILAR, 1 MG	Yes	Y	Y
Medical Benefit Drug	C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS	Yes	Y	Y
Medical Benefit Drug	J3490	UNCLASSIFIED DRUGS	Yes	Y	Y
Medical Benefit Drug	J3590	UNCLASSIFIED BIOLOGICS	Yes	Y	Y
Medical Benefit Drug	J3591	UNCLASSIFIED DRUG OR BIOLOGICAL USED FOR ESRD ON DIALYSIS	Yes	Y	Y
Medical Benefit Drug	J7699	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	Yes	Y	Y
Medical Benefit Drug	J7799	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	Yes	Y	Y
Medical Benefit Drug	J8498	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	Yes	Y	Y
Medical Benefit Drug	J8499	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	Yes	Y	Y
Medical Benefit Drug	J8597	ANTIEMETIC DRUG, ORAL, NOT OTHERWISE SPECIFIED	Yes	Y	Y
Medical Benefit Drug	J8999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	Yes	Y	Y
Medical Benefit Drug	J9999	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	Yes	Y	Y
Medical Benefit Drug	Q0181	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Yes	Y	Y
Sperm or Egg Storage	89343	STORAGE, (PER YEAR); SPERM/SEMEN	No	Y	Y
Sperm or Egg Storage	89344	STORAGE, (PER YEAR); REPRODUCTIVE TISSUE, TESTICULAR/OVARIAN	No	Y	Y
Sperm or Egg Storage	89346	STORAGE, (PER YEAR); OOCYTE(S)	No	Y	Y
In Vitro Fertilization	58323	SPERM WASHING FOR ARTIFICIAL INSEMINATION	No	STANDARD ONLY / BASIC NO BENEFIT	NO BENEFIT
In Vitro Fertilization	58970	FOLLICLE PUNCTURE FOR OOCYTE RETRIEVAL, ANY METHOD	No	STANDARD ONLY / BASIC NO BENEFIT	NO BENEFIT
In Vitro Fertilization	58974	EMBRYO TRANSFER, INTRAUTERINE	No	STANDARD ONLY / BASIC NO BENEFIT	NO BENEFIT
In Vitro Fertilization	58976	GAMETE, ZYGOTE, OR EMBRYO INTRAFALLOPIAN TRANSFER, ANY METHOD	No	STANDARD ONLY / BASIC NO BENEFIT	NO BENEFIT
In Vitro Fertilization	76948	ULTRASONIC GUIDANCE FOR ASPIRATION OF OVA, IMAGING SUPERVISION AND INTERPRETATION	No	STANDARD ONLY / BASIC NO BENEFIT	NO BENEFIT
In Vitro Fertilization	89250	CULTURE OF OOCYTE(S)/EMBRYO(S), LESS THAN 4 DAYS;	No	STANDARD ONLY / BASIC NO BENEFIT	NO BENEFIT
In Vitro Fertilization	89251	CULTURE OF OOCYTE(S)/EMBRYO(S), LESS THAN 4 DAYS; WITH CO-CULTURE OF OOCYTE(S)/EMBRYO(S)	No	STANDARD ONLY / BASIC NO BENEFIT	NO BENEFIT
In Vitro Fertilization	89253	ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)	No	STANDARD ONLY / BASIC NO BENEFIT	NO BENEFIT
In Vitro Fertilization	89254	OOCYTE IDENTIFICATION FROM FOLLICULAR FLUID	No	STANDARD ONLY / BASIC NO BENEFIT	NO BENEFIT
In Vitro Fertilization	89255	PREPARATION OF EMBRYO FOR TRANSFER (ANY METHOD)	No	STANDARD ONLY / BASIC NO BENEFIT	NO BENEFIT
In Vitro Fertilization	89257	SPERM IDENTIFICATION FROM ASPIRATION (OTHER THAN SEMINAL FLUID)	No	STANDARD ONLY / BASIC NO BENEFIT	NO BENEFIT

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In Vitro Fertilization	89258	CRYOPRESERVATION; EMBRYO	No	STANDARD ONLY / BASIC NO BENEFIT	NO BENEFIT
In Vitro Fertilization	89259	CRYOPRESERVATION; SPERM	No	STANDARD ONLY / BASIC NO BENEFIT	NO BENEFIT
In Vitro Fertilization	89260	SPERM ISOLATION; SIMPLE PREP (EG, SPERM WASH AND SWIM-UP) FOR INSEMINATION OR DIAGNOSIS WITH SEMEN ANALYSIS	No	STANDARD ONLY / BASIC NO BENEFIT	NO BENEFIT
In Vitro Fertilization	89261	SPERM ISOLATION; COMPLEX PREP (EG, PER COL GRADIENT, ALBUMIN GRADIENT) FOR INSEMINATION OR DIAGNOSIS WITH SEMEN ANALYSIS	No	STANDARD ONLY / BASIC NO BENEFIT	NO BENEFIT
In Vitro Fertilization	89264	SPERM IDENTIFICATION FROM TESTIS TISSUE, FRESH OR CRYOPRESERVED	No	STANDARD ONLY / BASIC NO BENEFIT	NO BENEFIT
In Vitro Fertilization	89268	INSEMINATION OF OOCYTES	No	STANDARD ONLY / BASIC NO BENEFIT	NO BENEFIT
In Vitro Fertilization	89272	EXTENDED CULTURE OF OOCYTE(S)/EMBRYO(S), 4-7 DAYS	No	STANDARD ONLY / BASIC NO BENEFIT	NO BENEFIT
In Vitro Fertilization	89280	ASSISTED OOCYTE FERTILIZATION, MICROTECHNIQUE; LESS THAN OR EQUAL TO 10 OOCYTES	No	STANDARD ONLY / BASIC NO BENEFIT	NO BENEFIT
In Vitro Fertilization	89281	ASSISTED OOCYTE FERTILIZATON, MICROTECHNIQUE; GREATER THAN 10 OOCYTES	No	STANDARD ONLY / BASIC NO BENEFIT	NO BENEFIT
In Vitro Fertilization	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYO(S)	No	STANDARD ONLY / BASIC NO BENEFIT	NO BENEFIT
In Vitro Fertilization	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	No	STANDARD ONLY / BASIC NO BENEFIT	NO BENEFIT
In Vitro Fertilization	89335	CRYOPRESERVATION, REPRODUCTIVE TISSUE, TESTICULAR	No	STANDARD ONLY / BASIC NO BENEFIT	NO BENEFIT
In Vitro Fertilization	89337	CRYOPRESERVATION MATURE OOCYTE(S)	No	STANDARD ONLY / BASIC NO BENEFIT	NO BENEFIT
In Vitro Fertilization	89342	STORAGE, (PER YEAR); EMBRYO(S)	No	STANDARD ONLY / BASIC NO BENEFIT	NO BENEFIT
In Vitro Fertilization	89343	STORAGE, (PER YEAR); SPERM/SEMEN	No	STANDARD ONLY / BASIC NO BENEFIT	NO BENEFIT
In Vitro Fertilization	89344	STORAGE, (PER YEAR); REPRODUCTIVE TISSUE, TESTICULAR/OVARIAN	No	STANDARD ONLY / BASIC NO BENEFIT	NO BENEFIT
In Vitro Fertilization	89346	STORAGE, (PER YEAR); OOCYTE(S)	No	STANDARD ONLY / BASIC NO BENEFIT	NO BENEFIT
In Vitro Fertilization	89352	THAWING OF CRYOPRESERVED; EMBRYO(S)	No	STANDARD ONLY / BASIC NO BENEFIT	NO BENEFIT
In Vitro Fertilization	89353	THAWING OF CRYOPRESERVED; SPERM/SEMEN, EACH ALIQUOT	No	STANDARD ONLY / BASIC NO BENEFIT	NO BENEFIT
In Vitro Fertilization	89354	THAWING OF CRYOPRESERVED; REPRODUCTIVE TISSUE, TESTICULAR/OVARIAN	No	STANDARD ONLY / BASIC NO BENEFIT	NO BENEFIT
In Vitro Fertilization	89356	THAWING OF CRYOPRESERVED; OOCYTES, EACH ALIQUOT	No	STANDARD ONLY / BASIC NO BENEFIT	NO BENEFIT
In Vitro Fertilization	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION AND INCUBATION OF MATURE OOCYTES, FERTILIZATION WITH SPERM, INCUBATION OF EMBRYO(S), AND SUBSEQUENT VISUALIZATION FOR DETERMINATION OF DEVELOPMENT	No	STANDARD ONLY / BASIC NO BENEFIT	NO BENEFIT
In Vitro Fertilization	S4013	COMPLETE CYCLE, GAMETE INTRAFALLOPIAN TRANSFER (GIFT), CASE RATE	No	STANDARD ONLY / BASIC NO BENEFIT	NO BENEFIT
In Vitro Fertilization	S4014	COMPLETE CYCLE, ZYGOTE INTRAFALLOPIAN TRANSFER (ZIFT), CASE RATE	No	STANDARD ONLY / BASIC NO BENEFIT	NO BENEFIT
In Vitro Fertilization	S4015	COMPLETE IN VITRO FERTILIZATION CYCLE, NOT OTHERWISE SPECIFIED, CASE RATE	No	STANDARD ONLY / BASIC NO BENEFIT	NO BENEFIT
In Vitro Fertilization	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	No	STANDARD ONLY / BASIC NO BENEFIT	NO BENEFIT
In Vitro Fertilization	S4017	INCOMPLETE CYCLE, TREATMENT CANCELED PRIOR TO STIMULATION, CASE RATE	No	STANDARD ONLY / BASIC NO BENEFIT	NO BENEFIT
In Vitro Fertilization	S4018	FROZEN EMBRYO TRANSFER PROCEDURE CANCELLED BEFORE TRANSFER, CASE RATE	No	STANDARD ONLY / BASIC NO BENEFIT	NO BENEFIT
In Vitro Fertilization	S4020	IN VITRO FERTILIZATION PROCEDURE CANCELLED BEFORE ASPIRATION, CASE RATE	No	STANDARD ONLY / BASIC NO BENEFIT	NO BENEFIT

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In Vitro Fertilization	S4021	IN VITRO FERTILIZATION PROCEDURE CANCELLED AFTER ASPIRATION, CASE RATE	No	STANDARD ONLY / BASIC NO BENEFIT	NO BENEFIT
In Vitro Fertilization	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	No	STANDARD ONLY / BASIC NO BENEFIT	NO BENEFIT
In Vitro Fertilization	S4027	STORAGE OF PREVIOUSLY FROZEN EMBRYOS	No	STANDARD ONLY / BASIC NO BENEFIT	NO BENEFIT
In Vitro Fertilization	S4028	MICROSURGICAL EPIDIDYMAL SPERM ASPIRATION (MESA)	No	STANDARD ONLY / BASIC NO BENEFIT	NO BENEFIT
In Vitro Fertilization	S4030	SPERM PROCUREMENT A ND CRYOPRESERVATION SERVICES; INITIAL VISIT	No	STANDARD ONLY / BASIC NO BENEFIT	NO BENEFIT
In Vitro Fertilization	S4031	SPERM PROCUREMENT AND CRYOPRESERVATION SERVICES; SUBSEQUENT VISIT	No	STANDARD ONLY / BASIC NO BENEFIT	NO BENEFIT
In Vitro Fertilization	S4037	CRYOPRESERVED EMBRYO TRANSFER, CASE RATE	No	STANDARD ONLY / BASIC NO BENEFIT	NO BENEFIT
In Vitro Fertilization	S4040	MONITORING AND STORAGE OF CRYOPRESERVED EMBRYOS, PER 30 DAYS	No	STANDARD ONLY / BASIC NO BENEFIT	NO BENEFIT
In Vitro Fertilization	S4042	MANAGEMENT OF OVULATION INDUCTION (INTERPRETATION OF DIAGNOSTIC TESTS AND STUDIES, NON-FACE-TO-FACE MEDICAL MANAGEMENT OF THE PATIENT), PER CYCLE	No	STANDARD ONLY / BASIC NO BENEFIT	NO BENEFIT
Artificial Insemination (AI) Drugs	J0725	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	No	Y	Y
Artificial Insemination (AI) Drugs	J1675	INJECTION, HISTRELIN ACETATE, 10 MICROGRAMS	No	Y	Y
Artificial Insemination (AI) Drugs	J1950	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	No	Y	Y
Artificial Insemination (AI) Drugs	J1951	INJECTION, LEUPROLIDE ACETATE FOR DEPOT SUSPENSION (FENSOLVI), 0.25 MG	No	Y	Y
Artificial Insemination (AI) Drugs	J1952	LEUPROLIDE INJECTABLE, CAMCEVI, 1 MG	No	Y	Y
Artificial Insemination (AI) Drugs	J2675	INJECTION, PROGESTERONE, PER 50 MG	No	Y	Y
Artificial Insemination (AI) Drugs	J3315	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG	No	Y	Y
Artificial Insemination (AI) Drugs	J3316	INJECTION, TRIPTORELIN, EXTENDED-RELEASE, 3.75 MG	No	Y	Y
Artificial Insemination (AI) Drugs	J9155	INJECTION, DEGARELIX, 1 MG	No	Y	Y
Artificial Insemination (AI) Drugs	J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	No	Y	Y
Artificial Insemination (AI) Drugs	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	No	Y	Y
Artificial Insemination (AI) Drugs	J9218	LEUPROLIDE ACETATE, PER 1 MG	No	Y	Y
Artificial Insemination (AI) Drugs	J9225	HISTRELIN IMPLANT (VANTAS), 50 MG	No	Y	Y
Artificial Insemination (AI) Drugs	J9226	HISTRELIN IMPLANT (SUPPRELIN LA), 50 MG	No	Y	Y
Artificial Insemination (AI) Drugs	S0122	INJECTION, MENOTROPINS, 75 IU	No	Y	Y
Artificial Insemination (AI) Drugs	S0126	INJECTION, FOLLITROPIN ALFA, 75 IU	No	Y	Y
Artificial Insemination (AI) Drugs	S0128	INJECTION, FOLLITROPIN BETA, 75 IU	No	Y	Y
Artificial Insemination (AI) Drugs	S0132	INJECTION, GANIRELIX ACETATE, 250 MCG	No	Y	Y
Artificial Insemination (AI) Drugs	C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS	No	Y	Y
Artificial Insemination (AI) Drugs	J3490	UNCLASSIFIED DRUGS	No	Y	Y
Artificial Insemination (AI) Drugs	J3590	UNCLASSIFIED BIOLOGICS	No	Y	Y
Artificial Insemination (AI) Drugs	J3591	UNCLASSIFIED DRUG OR BIOLOGICAL USED FOR ESRD ON DIALYSIS	No	Y	Y
Artificial Insemination (AI) Drugs	J7699	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	No	Y	Y
Artificial Insemination (AI) Drugs	J7799	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	No	Y	Y
Artificial Insemination (AI) Drugs	J8498	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	No	Y	Y
Artificial Insemination (AI) Drugs	J8499	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	No	Y	Y
Artificial Insemination (AI) Drugs	J8597	ANTIEMETIC DRUG, ORAL, NOT OTHERWISE SPECIFIED	No	Y	Y
Artificial Insemination (AI) Drugs	J8999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	No	Y	Y
Artificial Insemination (AI) Drugs	J9999	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	No	Y	Y
Artificial Insemination (AI) Drugs	Q0181	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	No	Y	Y
Artificial Insemination (AI) Drugs	S5000	PRESCRIPTION DRUG, GENERIC	No	Y	Y
Artificial Insemination (AI) Drugs	S5001	PRESCRIPTION DRUG, BRAND NAME	No	Y	Y
Artificial Insemination Services	58321	ARTIFICIAL INSEMINATION; INTRA-CERVICAL	No	Y	Y
Artificial Insemination Services	58322	ARTIFICIAL INSEMINATION; INTRA-UTERINE	No	Y	Y
Artificial Insemination Services	58323	SPERM WASHING FOR ARTIFICIAL INSEMINATION	No	Y	Y
Artificial Insemination Services	89257	SPERM IDENTIFICATION FROM ASPIRATION (OTHER THAN SEMINAL FLUID)	No	Y	Y
Artificial Insemination Services	89260	SPERM ISOLATION; SIMPLE PREP (EG, SPERM WASH AND SWIM-UP) FOR INSEMINATION OR DIAGNOSIS WITH SEMEN ANALYSIS	No	Y	Y
Artificial Insemination Services	89261	SPERM ISOLATION; COMPLEX PREP (EG, PER COL GRADIENT, ALBUMIN GRADIENT) FOR INSEMINATION OR DIAGNOSIS WITH SEMEN ANALYSIS	No	Y	Y
Artificial Insemination Services	89264	SPERM IDENTIFICATION FROM TESTIS TISSUE, FRESH OR CRYOPRESERVED	No	Y	Y
Artificial Insemination Services	89353	THAWING OF CRYOPRESERVED; SPERM/SEMEN, EACH ALIQUOT	No	Y	Y
Artificial Insemination Services	89354	THAWING OF CRYOPRESERVED; REPRODUCTIVE TISSUE, TESTICULAR/OVARIAN	No	Y	Y
Artificial Insemination Services	S4028	MICROSURGICAL EPIDIDYMAL SPERM ASPIRATION (MESA)	No	Y	Y
Artificial Insemination Services	S4035	STIMULATED INTRAUTERINE INSEMINATION (IUI), CASE RATE	No	Y	Y
Artificial Insemination Services	S4042	MANAGEMENT OF OVULATION INDUCTION (INTERPRETATION OF DIAGNOSTIC TESTS AND STUDIES, NON-FACE-TO-FACE MEDICAL MANAGEMENT OF THE PATIENT), PER CYCLE	No	Y	Y
Hearing Aid Services	V5030	HEARING AID, MONAURAL, BODY WORN, AIR CONDUCTION	No	Y	NO BENEFIT
Hearing Aid Services	V5040	HEARING AID, MONAURAL, BODY WORN BONE CONDUCTION	No	Y	NO BENEFIT
Hearing Aid Services	V5050	HEARING AID, MONAURAL, IN THE EAR	No	Y	NO BENEFIT
Hearing Aid Services	V5060	HEARING AID, MONAURAL, BEHIND THE EAR	No	Y	NO BENEFIT

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Hearing Aid Services	V5070	GLASSES, AIR CONDUCTION	No	Y	NO BENEFIT
Hearing Aid Services	V5080	GLASSES, BONE CONDUCTION	No	Y	NO BENEFIT
Hearing Aid Services	V5100	HEARING AID, BILATERAL, BODY WORN	No	Y	NO BENEFIT
Hearing Aid Services	V5120	BINAURAL, BODY	No	Y	NO BENEFIT
Hearing Aid Services	V5130	BINAURAL, IN THE EAR	No	Y	NO BENEFIT
Hearing Aid Services	V5140	BINAURAL, BEHIND THE EAR	No	Y	NO BENEFIT
Hearing Aid Services	V5150	BINAURAL, GLASSES	No	Y	NO BENEFIT
Hearing Aid Services	V5171	HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE EAR (ITE)	No	Y	NO BENEFIT
Hearing Aid Services	V5172	HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE CANAL (ITC)	No	Y	NO BENEFIT
Hearing Aid Services	V5181	HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, BEHIND THE EAR (BTE)	No	Y	NO BENEFIT
Hearing Aid Services	V5190	HEARING AID, CONTRALATERAL ROUTING, MONAURAL, GLASSES	No	Y	NO BENEFIT
Hearing Aid Services	V5211	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITE/ITE	No	Y	NO BENEFIT
Hearing Aid Services	V5212	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITE/ITC	No	Y	NO BENEFIT
Hearing Aid Services	V5213	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITE/BTE	No	Y	NO BENEFIT
Hearing Aid Services	V5214	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITC/ITC	No	Y	NO BENEFIT
Hearing Aid Services	V5215	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITC/BTE	No	Y	NO BENEFIT
Hearing Aid Services	V5221	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, BTE/BTE	No	Y	NO BENEFIT
Hearing Aid Services	V5230	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, GLASSES	No	Y	NO BENEFIT
Hearing Aid Services	V5242	HEARING AID, ANALOG, MONAURAL, CIC (COMPLETELY IN THE EAR CANAL)	No	Y	NO BENEFIT
Hearing Aid Services	V5243	HEARING AID, ANALOG, MONAURAL, ITC (IN THE CANAL)	No	Y	NO BENEFIT
Hearing Aid Services	V5244	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, CIC	No	Y	NO BENEFIT
Hearing Aid Services	V5245	HEARING AID, DIGITALLY PROGRAMMABLE, ANALOG, MONAURAL, ITC	No	Y	NO BENEFIT
Hearing Aid Services	V5246	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, ITE (IN THE EAR)	No	Y	NO BENEFIT
Hearing Aid Services	V5247	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, BTE (BEHIND THE EAR)	No	Y	NO BENEFIT
Hearing Aid Services	V5248	HEARING AID, ANALOG, BINAURAL, CIC	No	Y	NO BENEFIT
Hearing Aid Services	V5249	HEARING AID, ANALOG, BINAURAL, ITC	No	Y	NO BENEFIT
Hearing Aid Services	V5250	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, BINAURAL, CIC	No	Y	NO BENEFIT
Hearing Aid Services	V5251	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, BINAURAL, ITC	No	Y	NO BENEFIT
Hearing Aid Services	V5252	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, ITE	No	Y	NO BENEFIT
Hearing Aid Services	V5253	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, BTE	No	Y	NO BENEFIT
Hearing Aid Services	V5254	HEARING AID, DIGITAL, MONAURAL, CIC	No	Y	NO BENEFIT
Hearing Aid Services	V5255	HEARING AID, DIGITAL, MONAURAL, ITC	No	Y	NO BENEFIT
Hearing Aid Services	V5256	HEARING AID, DIGITAL, MONAURAL, ITE	No	Y	NO BENEFIT
Hearing Aid Services	V5257	HEARING AID, DIGITAL, MONAURAL, BTE	No	Y	NO BENEFIT
Hearing Aid Services	V5258	HEARING AID, DIGITAL, BINAURAL, CIC	No	Y	NO BENEFIT
Hearing Aid Services	V5259	HEARING AID, DIGITAL, BINAURAL, ITC	No	Y	NO BENEFIT
Hearing Aid Services	V5260	HEARING AID, DIGITAL, BINAURAL, ITE	No	Y	NO BENEFIT
Hearing Aid Services	V5261	HEARING AID, DIGITAL, BINAURAL, BTE	No	Y	NO BENEFIT
Hearing Aid Services	V5264	EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE	No	Y	NO BENEFIT
Hearing Aid Services	V5265	EAR MOLD/INSERT, DISPOSABLE, ANY TYPE	No	Y	NO BENEFIT
Hearing Aid Services	V5298	HEARING AID, NOT OTHERWISE SPECIFIED	No	Y	NO BENEFIT
Hearing Aid Services	V5299	HEARING SERVICE, MISCELLANEOUS	No	Y	NO BENEFIT
***Hip, Knee, or Spine Surgery Services	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY), WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	27125	HEMIARTHROPLASTY, HIP, PARTIAL (E.G., FEMORAL STEM PROSTHESIS, BIPOLAR ARTHROPLASTY)	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	27437	ARTHROPLASTY, PATELLA; WITHOUT PROSTHESIS	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	27438	ARTHROPLASTY, PATELLA; WITH PROSTHESIS	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	27440	ARTHROPLASTY, KNEE, TIBIAL PLATEAU;	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	27441	ARTHROPLASTY, KNEE, TIBIAL PLATEAU; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	27442	ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE;	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	27443	ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	27445	ARTHROPLASTY, KNEE, HINGE PROSTHESIS (EG, WALLDIUS TYPE)	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	27446	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	22532	LATERAL EXTRACAVITARY APPROACH TECHNIQUE ARTHRODESIS PROCEDURES ON THE SPINE (VERTEBRAL COLUMN)	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	22533	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	22534	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); THORACIC OR LUMBAR, EACH ADDITIONAL VERTEBRAL SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	22548	ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVUS-C1-C2 (ATLAS-AXIS), WITH OR WITHOUT EXCISION OF ODONTOID PROCESS	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Yes	Y	Y

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***Hip, Knee, or Spine Surgery Services	22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR SEPARATE PROCEDURE)	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); CERVICAL BELOW C2	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	22556	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); THORACIC	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	22585	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	22586	ARTHRODESIS, PRE-SACRAL INTERBODY TECHNIQUE, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, WITH POSTERIOR INSTRUMENTATION, WITH IMAGE GUIDANCE, INCLUDES BONE GRAFT WHEN PERFORMED, L5-S1 INTERSPACE	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	22590	ARTHRODESIS, POSTERIOR TECHNIQUE, CRANIOCERVICAL (OCCIPUT-C2)	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	22595	ARTHRODESIS, POSTERIOR TECHNIQUE, ATLAS-AXIS (C1-C2)	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	22600	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL BELOW C2 SEGMENT	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	22610	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE INTERSPACE; THORACIC (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	22614	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; EACH ADDITIONAL VERTEBRAL SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	22630	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE; LUMBAR	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	22632	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE; EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; LUMBAR	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	22634	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; EACH ADDITIONAL INTERSPACE AND SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	22800	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; UP TO 6 VERTEBRAL SEGMENTS	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	22802	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 7 TO 12 VERTEBRAL SEGMENTS	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	22804	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 13 OR MORE VERTEBRAL SEGMENTS	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	22808	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 2 TO 3 VERTEBRAL SEGMENTS	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	22810	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 4 TO 7 VERTEBRAL SEGMENTS	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	22812	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 8 OR MORE VERTEBRAL SEGMENTS	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	22818	KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF VERTEBRAL SEGMENT(S) (INCLUDING BODY AND POSTERIOR ELEMENTS); SINGLE OR 2 SEGMENTS	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	22819	KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF VERTEBRAL SEGMENT(S) (INCLUDING BODY AND POSTERIOR ELEMENTS); 3 OR MORE SEGMENTS	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE, LUMBAR	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	22867	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE, WITHOUT FUSION, INCLUDING IMAGE GUIDANCE WHEN PERFORMED, WITH OPEN DECOMPRESSION, LUMBAR; SINGLE LEVEL	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	22869	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABLIZATION/DISTRACTION DEVICE, WITHOUT OPEN DECOMPRESSION OR FUSION, INCLUDING IMAGE GUIDANCE WHEN PERFORMED, LUMBAR; SINGLE LEVEL	Yes	Y	Y

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***Hip, Knee, or Spine Surgery Services	63001	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY OR DISCECTOMY (EG, SPINAL STENOSIS), 1 OR 2 VERTEBRAL SEGMENTS; CERVICAL	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63003	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY OR DISKECTOMY, (EG, SPINAL STENOSIS), ONE OR TWO VERTEBRAL SEGMENTS; THORACIC	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63005	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY OR DISKECTOMY, (EG, SPINAL STENOSIS), ONE OR TWO VERTEBRAL SEGMENTS; LUMBAR, EXCEPT FOR SPONDYLOLISTHESIS	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63011	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY OR DISKECTOMY, (EG, SPINAL STENOSIS), ONE OR TWO VERTEBRAL SEGMENTS; SACRAL	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63012	LAMINECTOMY WITH REMOVAL OF ABNORMAL FACETS AND/OR PARS INTER-ARTICULARIS WITH DECOMPRESSION OF CAUDA EQUINA AND NERVE ROOTS FOR SPONDYLOLISTHESIS, LUMBAR (GILL TYPE PROCEDURE)	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63015	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY OR DISKECTOMY, (EG, SPINAL STENOSIS), MORE THAN 2 VERTEBRAL SEGMENTS; CERVICAL	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63016	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY OR DISKECTOMY, (EG, SPINAL STENOSIS), MORE THAN 2 VERTEBRAL SEGMENTS; THORACIC	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63017	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY OR DISKECTOMY, (EG, SPINAL STENOSIS), MORE THAN 2 VERTEBRAL SEGMENTS; LUMBAR	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63020	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, CERVICAL	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63040	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISK, RE-EXPLORATION, SINGLE INTERSPACE; CERVICAL	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63042	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISK, RE-EXPLORATION, SINGLE INTERSPACE; LUMBAR	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63043	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISK, REEXPLORATION, SINGLE INTERSPACE; EACH ADDITIONAL CERVICAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63044	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISK, REEXPLORATION, SINGLE INTERSPACE; EACH ADDITIONAL LUMBAR INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63045	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL OR LATERAL RECESS STENOSIS]), SINGLE VERTEBRAL SEGMENT; CERVICAL	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63046	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL OR LATERAL RECESS STENOSIS]), SINGLE VERTEBRAL SEGMENT; THORACIC	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL OR LATERAL RECESS STENOSIS]), SINGLE VERTEBRAL SEGMENT; LUMBAR	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63050	LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, 2 OR MORE VERTEBRAL SEGMENTS;	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63051	LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, TWO OR MORE VERTEBRAL SEGMENTS; WITH RECONSTRUCTION OF THE POSTERIOR BONY ELEMENTS (INCLUDING THE APPLICATION OF BRIDGING BONE GRAFT AND NON-SEGMENTAL FIXATION DEVICES (EG, WIRE, SUTURE, MINI-PLATES), WHEN PERFORMED)	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63052	LAMINECTOMY, FACETECTOMY, OR FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S] [EG, SPINAL OR LATERAL RECESS STENOSIS]), DURING POSTERIOR INTERBODY ARTHRODESIS, LUMBAR; SINGLE VERTEBRAL SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63055	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISK), SINGLE SEGMENT; THORACIC	Yes	Y	Y

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***Hip, Knee, or Spine Surgery Services	63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISK), SINGLE SEGMENT; LUMBAR (INCLUDING TRANSFACET, OR LATERAL EXTRAFORAMINAL APPROACH) (EG, FAR LATERAL HERNIATED INTERVERTEBRAL DISK)	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63064	COSTOVERTEBRAL APPROACH WITH DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S), (EG, HERNIATED INTERVERTEBRAL DISK), THORACIC; SINGLE SEGMENT	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63075	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY; CERVICAL, SINGLE INTERSPACE	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63077	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY; THORACIC, SINGLE INTERSPACE	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63081	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, ANTERIOR APPROACH WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S); CERVICAL, SINGLE SEGMENT	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63085	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANSTHORACIC APPROACH WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S); THORACIC, SINGLE SEGMENT	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63087	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, COMBINED THORACOLUMBAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA OR NERVE ROOT(S), LOWER THORACIC OR LUMBAR; SINGLE SEGMENT	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63090	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANSPERITONEAL OR RETROPERITONEAL APPROACH WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA OR NERVE ROOT(S), LOWER THORACIC, LUMBAR, OR SACRAL; SINGLE SEGMENT	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63101	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, LATERAL EXTRACAVITARY APPROACH WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S) (EG, FOR TUMOR OR RETROPULSED BONE FRAGMENTS); THORACIC, SINGLE SEGMENT	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63102	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, LATERAL EXTRACAVITARY APPROACH WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S) (EG, FOR TUMOR OR RETROPULSED BONE FRAGMENTS); LUMBAR, SINGLE SEGMENT	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63170	LAMINECTOMY WITH MYELOTOMY (EG, BISCHOF OR DREZ TYPE), CERVICAL, THORACIC OR THORACOLUMBAR	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63172	LAMINECTOMY WITH DRAINAGE OF INTRAMEDULLARY CYST/SYRINX; TO SUBARACHNOID SPACE	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63173	LAMINECTOMY WITH DRAINAGE OF INTRAMEDULLARY CYST/SYRINX; TO PERITONEAL OR PLEURAL SPACE	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63185	LAMINECTOMY WITH RHIZOTOMY; ONE OR TWO SEGMENTS	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63190	LAMINECTOMY WITH RHIZOTOMY; MORE THAN TWO SEGMENTS	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63191	LAMINECTOMY WITH SECTION OF SPINAL ACCESSORY NERVE	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63197	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, 1 STAGE, THORACIC	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63200	LAMINECTOMY, WITH RELEASE OF TETHERED SPINAL CORD, LUMBAR	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63250	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPINAL CORD; CERVICAL	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63251	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPINAL CORD; THORACIC	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63252	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPINAL CORD; THORACOLUMBAR	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63265	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; CERVICAL	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63266	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; THORACIC	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63267	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; LUMBAR	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63268	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; SACRAL	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63270	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM INTRADURAL; CERVICAL	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63271	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM INTRADURAL; THORACIC	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63272	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM INTRADURAL; LUMBAR	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63273	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM INTRADURAL; SACRAL	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63275	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, CERVICAL	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63276	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, THORACIC	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63277	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, LUMBAR	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63278	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, SACRAL	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63280	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, EXTRAMEDULLARY, CERVICAL	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63281	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, EXTRAMEDULLARY, THORACIC	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63282	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, EXTRAMEDULLARY, LUMBAR	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63283	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, SACRAL	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63285	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, INTRAMEDULLARY, CERVICAL	Yes	Y	Y

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***Hip, Knee, or Spine Surgery Services	63286	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, INTRAMEDULLARY, THORACIC	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63287	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, INTRAMEDULLARY, THORACOLUMBAR	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63290	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; COMBINED EXTRADURAL- INTRADURAL LESION, ANY LEVEL	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63300	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEGMENT; EXTRADURAL, CERVICAL	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63301	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEGMENT; EXTRADURAL, THORACIC BY TRANSTHORACIC APPROACH	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63302	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEGMENT; EXTRADURAL, THORACIC BY THORACOLUMBAR APPROACH	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63303	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEGMENT; EXTRADURAL, LUMBAR OR SACRAL BY TRANSPERITONEAL OR RETROPERITONEAL APPROACH	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63304	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEGMENT; INTRADURAL, CERVICAL	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63305	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEGMENT; INTRADURAL, THORACIC BY TRANSTHORACIC APPROACH	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63306	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEGMENT; INTRADURAL, THORACIC BY THORACOLUMBAR APPROACH	Yes	Y	Y
***Hip, Knee, or Spine Surgery Services	63307	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEGMENT; INTRADURAL, LUMBAR OR SACRAL BY TRANSPERITONEAL OR RETROPERITONEAL APPROACH	Yes	Y	Y
Outpatient Residential Treatment Center	90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT	No	N	Y
Outpatient Residential Treatment Center	90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)	No	N	Y
Outpatient Residential Treatment Center	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	No	N	Y
Outpatient Residential Treatment Center	90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)	No	N	Y
Outpatient Residential Treatment Center	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	No	N	Y
Outpatient Residential Treatment Center	90838	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)	No	N	Y
Outpatient Residential Treatment Center	90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUTES	No	N	Y
Outpatient Residential Treatment Center	90840	PSYCHOTHERAPY FOR CRISIS; EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE)	No	N	Y
Outpatient Residential Treatment Center	90845	PSYCHOANALYSIS	No	N	Y
Outpatient Residential Treatment Center	90846	FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT), 50 MINUTES	No	N	Y
Outpatient Residential Treatment Center	90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT), 50 MINUTES	No	N	Y
Outpatient Residential Treatment Center	90849	MULTIPLE-FAMILY GROUP PSYCHOTHERAPY	No	N	Y
Outpatient Residential Treatment Center	90853	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)	No	N	Y
Outpatient Residential Treatment Center	90863	PHARMACOLOGIC MANAGEMENT, INCLUDING PRESCRIPTION AND REVIEW OF MEDICATION, WHEN PERFORMED WITH PSYCHOTHERAPY SERVICES (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)	No	N	Y
Outpatient Residential Treatment Center	90870	ELECTROCONVULSIVE THERAPY (INCLUDES NECESSARY MONITORING)	No	N	Y
Outpatient Residential Treatment Center	90880	HYPNOTHERAPY	No	N	Y
Outpatient Residential Treatment Center	90899	UNLISTED PSYCHIATRIC SERVICE OR PROCEDURE	No	N	Y
Outpatient Residential Treatment Center	99484	CARE MANAGEMENT SERVICES FOR BEHAVIORAL HEALTH CONDITIONS, AT LEAST 20 MINUTES OF CLINICAL STAFF TIME, DIRECTED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, PER CALENDAR MONTH, WITH THE FOLLOWING REQUIRED ELEMENTS: INITIAL ASSESSMENT OR FOLLOW-UP MONITORING, INCLUDING THE USE OF APPLICABLE VALIDATED RATING SCALES, BEHAVIORAL HEALTH CARE PLANNING IN RELATION TO BEHAVIORAL/PSYCHIATRIC HEALTH PROBLEMS, INCLUDING REVISION FOR PATIENTS WHO ARE NOT PROGRESSING OR WHOSE STATUS CHANGES, FACILITATING AND COORDINATING TREATMENT SUCH AS PSYCHOTHERAPY, PHARMACOTHERAPY, COUNSELING AND/OR PSYCHIATRIC CONSULTATION, AND CONTINUITY OF CARE WITH A DESIGNATED MEMBER OF THE CARE TEAM.	No	N	Y

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Outpatient Residential Treatment Center	99492	INITIAL PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT, FIRST 70 MINUTES IN THE FIRST CALENDAR MONTH OF BEHAVIORAL HEALTH CARE MANAGER ACTIVITIES, IN CONSULTATION WITH A PSYCHIATRIC CONSULTANT, AND DIRECTED BY THE TREATING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, WITH THE FOLLOWING REQUIRED ELEMENTS: OUTREACH TO AND ENGAGEMENT IN TREATMENT OF A PATIENT DIRECTED BY THE TREATING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INITIAL ASSESSMENT OF THE PATIENT, INCLUDING ADMINISTRATION OF VALIDATED RATING SCALES, WITH THE DEVELOPMENT OF AN INDIVIDUALIZED TREATMENT PLAN, REVIEW BY THE PSYCHIATRIC CONSULTANT WITH MODIFICATIONS OF THE PLAN IF RECOMMENDED, ENTERING PATIENT IN A REGISTRY AND TRACKING PATIENT FOLLOW-UP AND PROGRESS USING THE REGISTRY, WITH APPROPRIATE DOCUMENTATION, AND PARTICIPATION IN WEEKLY CASELOAD CONSULTATION WITH THE PSYCHIATRIC CONSULTANT, AND PROVISION OF BRIEF INTERVENTIONS USING EVIDENCE-BASED TECHNIQUES SUCH AS BEHAVIORAL ACTIVATION, MOTIVATIONAL INTERVIEWING, AND OTHER FOCUSED TREATMENT STRATEGIES.	No	N	Y
Outpatient Residential Treatment Center	99493	SUBSEQUENT PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT, FIRST 60 MINUTES IN A SUBSEQUENT MONTH OF BEHAVIORAL HEALTH CARE MANAGER ACTIVITIES, IN CONSULTATION WITH A PSYCHIATRIC CONSULTANT, AND DIRECTED BY THE TREATING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, WITH THE FOLLOWING REQUIRED ELEMENTS: TRACKING PATIENT FOLLOW-UP AND PROGRESS USING THE REGISTRY, WITH APPROPRIATE DOCUMENTATION, PARTICIPATION IN WEEKLY CASELOAD CONSULTATION WITH THE PSYCHIATRIC CONSULTANT, ONGOING COLLABORATION WITH AND COORDINATION OF THE PATIENT'S MENTAL HEALTH CARE WITH THE TREATING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL AND ANY OTHER TREATING MENTAL HEALTH PROVIDERS, ADDITIONAL REVIEW OF PROGRESS AND RECOMMENDATIONS FOR CHANGES IN TREATMENT, AS INDICATED, INCLUDING MEDICATIONS, BASED ON RECOMMENDATIONS PROVIDED BY THE PSYCHIATRIC CONSULTANT, PROVISION OF BRIEF INTERVENTIONS USING EVIDENCE-BASED TECHNIQUES SUCH AS BEHAVIORAL ACTIVATION, MOTIVATIONAL INTERVIEWING, AND OTHER FOCUSED TREATMENT STRATEGIES, MONITORING OF PATIENT OUTCOMES USING VALIDATED RATING SCALES, AND RELAPSE PREVENTION PLANNING WITH PATIENTS AS THEY ACHIEVE REMISSION OF SYMPTOMS AND/OR OTHER TREATMENT GOALS AND ARE PREPARED FOR DISCHARGE FROM ACTIVE TREATMENT.	No	N	Y
Outpatient Residential Treatment Center	99494	INITIAL OR SUBSEQUENT PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT, EACH ADDITIONAL 30 MINUTES IN A CALENDAR MONTH OF BEHAVIORAL HEALTH CARE MANAGER ACTIVITIES, IN CONSULTATION WITH A PSYCHIATRIC CONSULTANT, AND DIRECTED BY THE TREATING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	No	N	Y
Outpatient Residential Treatment Center	C7900	SERVICE FOR DIAGNOSIS, EVALUATION, OR TREATMENT OF A MENTAL HEALTH OR SUBSTANCE USE DISORDER, 15-29 MINUTES, PROVIDED REMOTELY BY HOSPITAL STAFF WHO ARE LICENSED TO PROVIDE MENTAL HEALTH SERVICES UNDER APPLICABLE STAT LASW(S), WHEN THE PATIENT IS IN THEIR HOME, AND THERE IS NO ASSOCIATED PROFESSIONAL SERVICE	No	N	Y
Outpatient Residential Treatment Center	C7901	SERVICE FOR DIAGNOSIS, EVALUATION, OR TREATMENT OF A MENTAL HEALTH OR SUBSTANCE USE DISORDER, 30-60 MINUTES, PROVIDED REMOTELY BY HOSPITAL STAFF WHO ARE LICENSED TO PROVIDED MENTAL HEALTH SERVICES UNDER APPLICABLE STATE LAW(S), WHEN THE PATIENT IS IN THEIR HOME, AND THERE IS NO ASSOCIATED PROFESSIONAL SERVICE	No	N	Y
Outpatient Residential Treatment Center	C7902	SERVICE FOR DIAGNOSIS, EVALUATION, OR TREATMENT OF A MENTAL HEALTH OR SUBSTANCE USE DISORDER, EACH ADDITIONAL 15 MINUTES, PROVIDED REMOTELY BY HOSPITAL STAFF WHO ARE LICENSED TO PROVIDE MENTAL HEALTH SERVICES UNDER APPLICABLE STATE LAW(S), WHEN THE PATIENT IS IN THEIR HOME, AND THERE IS NO ASSOCIATED PROFESSIONAL SERVICE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE)	No	N	Y
Outpatient Residential Treatment Center	C7903	GROUP PSYCHOTHERAPY SERVICE FOR DIAGNOSIS, EVALUATION, OR TREATMENT OF A MENTAL HEALTH OR SUBSTANCE USE DISORDER PROVIDED REMOTELY BY HOSPITAL STAFF WHO ARE LICENSED TO PROVIDE MENTAL HEALTH SERVICES UNDER APPLICABLE STATE LAW(S), WHEN THE PATIENT IS IN THEIR HOME, AND THERE IS NO ASSOCIATED PROFESSIONAL SERVICE	No	N	Y
Outpatient Residential Treatment Center	G0017	PSYCHOTHERAPY FOR CRISIS FURNISHED IN AN APPLICABLE SITE OF SERVICE (ANY PLACE OF SERVICE AT WHICH THE NON-FACILITY RATE FOR PSYCHOTHERAPY FOR CRISIS SERVICES APPLIES, OTHER THAN THE OFFICE SETTING); FIRST 60 MINUTES	No	N	Y
Outpatient Residential Treatment Center	G0018	PSYCHOTHERAPY FOR CRISIS FURNISHED IN AN APPLICABLE SITE OF SERVICE (ANY PLACE OF SERVICE AT WHICH THE NON-FACILITY RATE FOR PSYCHOTHERAPY FOR CRISIS SERVICES APPLIES, OTHER THAN THE OFFICE SETTING); EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE)	No	N	Y

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Outpatient Residential Treatment Center	G0323	CARE MANAGEMENT SERVICES FOR BEHAVIORAL HEALTH CONDITIONS, AT LEAST 20 MINUTES OF CLINICAL PSYCHOLOGIST, CLINICAL SOCIAL WORKER, MENTAL HEALTH COUNSELOR, OR MARRIAGE AND FAMILY THERAPIST TIME, PER CALENDAR MONTH. (THESE SERVICES INCLUDE THE FOLLOWING REQUIRED ELEMENTS: INITIAL ASSESSMENT OR FOLLOW-UP MONITORING, INCLUDING THE USE OF APPLICABLE VALIDATED RATING SCALES; BEHAVIORAL HEALTH CARE PLANNING IN RELATION TO BEHAVIORAL/PSYCHIATRIC HEALTH PROBLEMS, INCLUDING REVISION FOR PATIENTS WHO ARE NOT PROGRESSING OR WHOSE STATUS CHANGES; FACILITATING AND COORDINATING TREATMENT SUCH AS PSYCHOTHERAPY, COORDINATION WITH AND/OR REFERRAL TO PHYSICIANS AND PRACTITIONERS WHO ARE AUTHORIZED BY MEDICARE TO PRESCRIBE MEDICATIONS AND FURNISH E/M SERVICES, COUNSELING AND/OR PSYCHIATRIC CONSULTATION; AND CONTINUITY OF CARE WITH A DESIGNATED MEMBER OF THE CARE TEAM)	No	N	Y
Outpatient Residential Treatment Center	G0409	SOCIAL WORK AND PSYCHOLOGICAL SERVICES, DIRECTLY RELATING TO AND/OR FURTHERING THE PATIENT'S REHABILITATION GOALS, EACH 15 MINUTES, (SERVICES PROVIDED BY A CORF-QUALIFIED SOCIAL WORKER OR PSYCHOLOGIST IN A CORF) FACE-TO-FACE; INDIVIDUAL	No	N	Y
Outpatient Residential Treatment Center	G0410	GROUP PSYCHOTHERAPY OTHER THAN OF A MULTIPLE-FAMILY GROUP, IN A PARTIAL HOSPITALIZATION OR INTENSIVE OUTPATIENT SETTING, APPROXIMATELY 45 TO 50 MINUTES	No	N	Y
Outpatient Residential Treatment Center	G0411	INTERACTIVE GROUP PSYCHOTHERAPY, IN A PARTIAL HOSPITALIZATION OR INTENSIVE OUTPATIENT SETTING, APPROXIMATELY 45 TO 50 MINUTES	No	N	Y
Outpatient Residential Treatment Center	G0512	RURAL HEALTH CLINIC OR FEDERALLY QUALIFIED HEALTH CENTER (RHC/FQHC) ONLY, PSYCHIATRIC COLLABORATIVE CARE MODEL (PSYCHIATRIC COCM), 60 MINUTES OR MORE OF CLINICAL STAFF TIME FOR PSYCHIATRIC COCM SERVICES DIRECTED BY AN RHC OR FQHC PRACTITIONER (PHYSICIAN, NP, PA, OR CNM) AND INCLUDING SERVICES FURNISHED BY A BEHAVIORAL HEALTH CARE MANAGER AND CONSULTATION WITH A PSYCHIATRIC CONSULTANT, PER CALENDAR MONTH	No	N	Y
Outpatient Residential Treatment Center	G0533	MEDICATION ASSISTED TREATMENT, BUPRENORPHINE (INJECTABLE) ADMINISTERED ON A WEEKLY BASIS; WEEKLY BUNDLE INCLUDING DISPENSING AND/OR ADMINISTRATION, SUBSTANCE USE COUNSELING, INDIVIDUAL AND GROUP THERAPY, AND TOXICOLOGY TESTING IF PERFORMED (PROVISION OF THE SERVICES BY A MEDICARE-ENROLLED OPIOID TREATMENT PROGRAM)	No	N	Y
Outpatient Residential Treatment Center	G0544	POST DISCHARGE TELEPHONIC FOLLOW-UP CONTACTS PERFORMED IN CONJUNCTION WITH A DISCHARGE FROM THE EMERGENCY DEPARTMENT FOR BEHAVIORAL HEALTH OR OTHER CRISIS ENCOUNTER, 4 CALLS PER CALENDAR MONTH	No	N	Y
Outpatient Residential Treatment Center	G0560	SAFETY PLANNING INTERVENTIONS, EACH 20 MINUTES PERSONALLY PERFORMED BY THE BILLING PRACTITIONER, INCLUDING ASSISTING THE PATIENT IN THE IDENTIFICATION OF THE FOLLOWING PERSONALIZED ELEMENTS OF A SAFETY PLAN: RECOGNIZING WARNING SIGNS OF AN IMPENDING SUICIDAL OR SUBSTANCE USE-RELATED CRISIS; EMPLOYING INTERNAL COPING STRATEGIES; UTILIZING SOCIAL CONTACTS AND SOCIAL SETTINGS AS A MEANS OF DISTRACTION FROM SUICIDAL THOUGHTS OR RISKY SUBSTANCE USE; UTILIZING FAMILY MEMBERS, SIGNIFICANT OTHERS, CAREGIVERS, AND/OR FRIENDS TO HELP RESOLVE THE CRISIS; CONTACTING MENTAL HEALTH OR SUBSTANCE USE DISORDER PROFESSIONALS OR AGENCIES; AND MAKING THE ENVIRONMENT SAFE	No	N	Y
Outpatient Residential Treatment Center	G2067	MEDICATION ASSISTED TREATMENT, METHADONE; WEEKLY BUNDLE INCLUDING DISPENSING AND/OR ADMINISTRATION, SUBSTANCE USE COUNSELING, INDIVIDUAL AND GROUP THERAPY, AND TOXICOLOGY TESTING, IF PERFORMED (PROVISION OF THE SERVICES BY A MEDICARE-ENROLLED OPIOID TREATMENT PROGRAM)	No	N	Y
Outpatient Residential Treatment Center	G2068	MEDICATION ASSISTED TREATMENT, BUPRENORPHINE (ORAL); WEEKLY BUNDLE INCLUDING DISPENSING AND/OR ADMINISTRATION, SUBSTANCE USE COUNSELING, INDIVIDUAL AND GROUP THERAPY, AND TOXICOLOGY TESTING IF PERFORMED (PROVISION OF THE SERVICES BY A MEDICARE-ENROLLED OPIOID TREATMENT PROGRAM)	No	N	Y
Outpatient Residential Treatment Center	G2069	MEDICATION ASSISTED TREATMENT, BUPRENORPHINE (INJECTABLE) ADMINISTERED ON A MONTHLY BASIS; BUNDLE INCLUDING DISPENSING AND/OR ADMINISTRATION, SUBSTANCE USE COUNSELING, INDIVIDUAL AND GROUP THERAPY, AND TOXICOLOGY TESTING IF PERFORMED (PROVISION OF THE SERVICES BY A MEDICARE-ENROLLED OPIOID TREATMENT PROGRAM)	No	N	Y
Outpatient Residential Treatment Center	G2073	MEDICATION ASSISTED TREATMENT, NALTREXONE; WEEKLY BUNDLE INCLUDING DISPENSING AND/OR ADMINISTRATION, SUBSTANCE USE COUNSELING, INDIVIDUAL AND GROUP THERAPY, AND TOXICOLOGY TESTING IF PERFORMED (PROVISION OF THE SERVICES BY A MEDICARE-ENROLLED OPIOID TREATMENT PROGRAM)	No	N	Y
Outpatient Residential Treatment Center	G2074	MEDICATION ASSISTED TREATMENT, WEEKLY BUNDLE NOT INCLUDING THE DRUG, INCLUDING SUBSTANCE USE COUNSELING, INDIVIDUAL AND GROUP THERAPY, AND TOXICOLOGY TESTING IF PERFORMED (PROVISION OF THE SERVICES BY A MEDICARE-ENROLLED OPIOID TREATMENT PROGRAM)	No	N	Y
Outpatient Residential Treatment Center	G2075	MEDICATION ASSISTED TREATMENT, MEDICATION NOT OTHERWISE SPECIFIED; WEEKLY BUNDLE INCLUDING DISPENSING AND/OR ADMINISTRATION, SUBSTANCE USE COUNSELING, INDIVIDUAL AND GROUP THERAPY, AND TOXICOLOGY TESTING, IF PERFORMED (PROVISION OF THE SERVICES BY A MEDICARE-ENROLLED OPIOID TREATMENT PROGRAM)	No	N	Y

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Outpatient Residential Treatment Center	G2076	INTAKE ACTIVITIES, INCLUDING INITIAL MEDICAL EXAMINATION THAT IS CONDUCTED BY AN APPROPRIATELY LICENSED PRACTITIONER AND PREPARATION OF A CARE PLAN, WHICH MAY BE INFORMED BY ADMINISTRATION OF A STANDARDIZED, EVIDENCE-BASED SOCIAL DETERMINANTS OF HEALTH RISK ASSESSMENT TO IDENTIFY UNMET HEALTH-RELATED SOCIAL NEEDS, AND THAT INCLUDES THE PATIENT'S GOALS AND MUTUALLY AGREED-UPON ACTIONS FOR THE PATIENT TO MEET THOSE GOALS, INCLUDING HARM REDUCTION INTERVENTIONS; THE PATIENT'S NEEDS AND GOALS IN THE AREAS OF EDUCATION, VOCATIONAL TRAINING, AND EMPLOYMENT; AND THE MEDICAL AND PSYCHIATRIC, PSYCHOSOCIAL, ECONOMIC, LEGAL, HOUSING, AND OTHER RECOVERY SUPPORT SERVICES THAT A PATIENT NEEDS AND WISHES TO PURSUE, CONDUCTED BY AN APPROPRIATELY LICENSED/CREDENTIALED PERSONNEL (PROVISION OF THE SERVICES BY A MEDICARE-ENROLLED OPIOID TREATMENT PROGRAM); LIST SEPARATELY IN ADDITION TO EACH PRIMARY CODE	No	N	Y
Outpatient Residential Treatment Center	G2077	PERIODIC ASSESSMENT; ASSESSING PERIODICALLY BY AN OTP PRACTITIONER AND INCLUDES A REVIEW OF MOUD DOSING, TREATMENT RESPONSE, OTHER SUBSTANCE USE DISORDER TREATMENT NEEDS, RESPONSES AND PATIENT-IDENTIFIED GOALS, AND OTHER RELEVANT PHYSICAL AND PSYCHIATRIC TREATMENT NEEDS AND GOALS; ASSESSMENT MAY BE INFORMED BY ADMINISTRATION OF A STANDARDIZED, EVIDENCE-BASED SOCIAL DETERMINANTS OF HEALTH RISK ASSESSMENT TO IDENTIFY UNMET HEALTH-RELATED SOCIAL NEEDS, OR THE NEED AND INTEREST FOR HARM REDUCTION INTERVENTIONS AND RECOVERY SUPPORT SERVICES (PROVISION OF THE SERVICES BY A MEDICARE-ENROLLED OPIOID TREATMENT PROGRAM); LIST SEPARATELY IN ADDITION TO EACH PRIMARY CODE	No	N	Y
Outpatient Residential Treatment Center	G2080	EACH ADDITIONAL 30 MINUTES OF COUNSELING IN A WEEK OF MEDICATION ASSISTED TREATMENT, (PROVISION OF THE SERVICES BY A MEDICARE-ENROLLED OPIOID TREATMENT PROGRAM); LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	No	N	Y
Outpatient Residential Treatment Center	G2082	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT THAT REQUIRES THE SUPERVISION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL AND PROVISION OF UP TO 56 MG OF ESKETAMINE NASAL SELF-ADMINISTRATION, INCLUDES 2 HOURS POST-ADMINISTRATION OBSERVATION	No	N	Y
Outpatient Residential Treatment Center	G2083	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT THAT REQUIRES THE SUPERVISION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL AND PROVISION OF GREATER THAN 56 MG ESKETAMINE NASAL SELF-ADMINISTRATION, INCLUDES 2 HOURS POST-ADMINISTRATION OBSERVATION	No	N	Y
Outpatient Residential Treatment Center	G2086	OFFICE-BASED TREATMENT FOR OPIOID USE DISORDER, INCLUDING DEVELOPMENT OF THE TREATMENT PLAN, CARE COORDINATION, INDIVIDUAL THERAPY AND GROUP THERAPY AND COUNSELING; AT LEAST 70 MINUTES IN THE FIRST CALENDAR MONTH	No	N	Y
Outpatient Residential Treatment Center	G2087	OFFICE-BASED TREATMENT FOR OPIOID USE DISORDER, INCLUDING CARE COORDINATION, INDIVIDUAL THERAPY AND GROUP THERAPY AND COUNSELING; AT LEAST 60 MINUTES IN A SUBSEQUENT CALENDAR MONTH	No	N	Y
Outpatient Residential Treatment Center	G2088	OFFICE-BASED TREATMENT FOR OPIOID USE DISORDER, INCLUDING CARE COORDINATION, INDIVIDUAL THERAPY AND GROUP THERAPY AND COUNSELING; EACH ADDITIONAL 30 MINUTES BEYOND THE FIRST 120 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	No	N	Y
Outpatient Residential Treatment Center	G2214	INITIAL OR SUBSEQUENT PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT, FIRST 30 MINUTES IN A MONTH OF BEHAVIORAL HEALTH CARE MANAGER ACTIVITIES, IN CONSULTATION WITH A PSYCHIATRIC CONSULTANT, AND DIRECTED BY THE TREATING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	No	N	Y
Outpatient Residential Treatment Center	H0001	ALCOHOL AND/OR DRUG ASSESSMENT	No	N	Y
Outpatient Residential Treatment Center	H0002	BEHAVIORAL HEALTH SCREENING TO DETERMINE ELIGIBILITY FOR ADMISSION TO TREATMENT PROGRAM	No	N	Y
Outpatient Residential Treatment Center	H0003	ALCOHOL AND/OR DRUG SCREENING; LABORATORY ANALYSIS OF SPECIMENS FOR PRESENCE OF ALCOHOL AND/OR DRUGS	No	N	Y
Outpatient Residential Treatment Center	H0004	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES.	No	N	Y
Outpatient Residential Treatment Center	H0005	ALCOHOL AND/OR DRUG SERVICES; GROUP COUNSELING BY A CLINICIAN	No	N	Y
Outpatient Residential Treatment Center	H0007	ALCOHOL AND/OR DRUG SERVICES; CRISIS INTERVENTION (OUTPATIENT)	No	N	Y
Outpatient Residential Treatment Center	H0008	ALCOHOL AND/OR DRUG SERVICES; SUB-ACUTE DETOXIFICATION (HOSPITAL INPATIENT)	No	N	Y
Outpatient Residential Treatment Center	H0009	ALCOHOL AND/OR DRUG SERVICES; ACUTE DETOXIFICATION (HOSPITAL INPATIENT)	No	N	Y
Outpatient Residential Treatment Center	H0010	ALCOHOL AND/OR DRUG SERVICES; SUB-ACUTE DETOXIFICATION (RESIDENTIAL ADDICTION PROGRAM INPATIENT)	No	N	Y
Outpatient Residential Treatment Center	H0011	ALCOHOL AND/OR DRUG SERVICES; ACUTE DETOXIFICATION (RESIDENTIAL ADDICTION PROGRAM INPATIENT)	No	N	Y
Outpatient Residential Treatment Center	H0012	ALCOHOL AND/OR DRUG SERVICES; SUB-ACUTE DETOXIFICATION (RESIDENTIAL ADDICTION PROGRAM OUTPATIENT)	No	N	Y
Outpatient Residential Treatment Center	H0013	ALCOHOL AND/OR DRUG SERVICES; ACUTE DETOXIFICATION (RESIDENTIAL ADDICTION PROGRAM OUTPATIENT)	No	N	Y
Outpatient Residential Treatment Center	H0014	ALCOHOL AND/OR DRUG SERVICES; AMBULATORY DETOXIFICATION	No	N	Y

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Outpatient Residential Treatment Center	H0015	ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT (TREATMENT PROGRAM THAT OPERATES AT LEAST 3 HOURS/DAY AND AT LEAST 3 DAYS/WEEK AND IS BASED ON AN INDIVIDUALIZED TREATMENT PLAN), INCLUDING ASSESSMENT, COUNSELING; CRISIS INTERVENTION, AND ACTIVITY THERAPIES OR EDUCATION	No	N	Y
Outpatient Residential Treatment Center	H0016	ALCOHOL AND/OR DRUG SERVICES; MEDICAL/SOMATIC (MEDICAL INTERVENTION IN AMBULATORY SETTING)	No	N	Y
Outpatient Residential Treatment Center	H0017	BEHAVIORAL HEALTH; RESIDENTIAL (HOSPITAL RESIDENTIAL TREATMENT PROGRAM), WITHOUT ROOM AND BOARD, PER DIEM	No	N	Y
Outpatient Residential Treatment Center	H0018	BEHAVIORAL HEALTH; SHORT-TERM RESIDENTIAL (NONHOSPITAL RESIDENTIAL TREATMENT PROGRAM), WITHOUT ROOM AND BOARD, PER DIEM	No	N	Y
Outpatient Residential Treatment Center	H0019	BEHAVIORAL HEALTH; LONG-TERM RESIDENTIAL (NONMEDICAL, NONACUTE CARE IN A RESIDENTIAL TREATMENT PROGRAM WHERE STAY IS TYPICALLY LONGER THAN 30 DAYS), WITHOUT ROOM AND BOARD, PER DIEM	No	N	Y
Outpatient Residential Treatment Center	H0022	ALCOHOL AND/OR DRUG INTERVENTION SERVICE (PLANNED FACILITATION)	No	N	Y
Outpatient Residential Treatment Center	H0031	MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN	No	N	Y
Outpatient Residential Treatment Center	H0032	MENTAL HEALTH SERVICE PLAN DEVELOPMENT BY NON-PHYSICIAN	No	N	Y
Outpatient Residential Treatment Center	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	No	N	Y
Outpatient Residential Treatment Center	H0046	MENTAL HEALTH SERVICES, NOT OTHERWISE SPECIFIED	No	N	Y
Outpatient Residential Treatment Center	H0047	ALCOHOL AND/OR OTHER DRUG ABUSE SERVICES, NOT OTHERWISE SPECIFIED	No	N	Y
Outpatient Residential Treatment Center	H0050	ALCOHOL AND/OR DRUG SERVICES, BRIEF INTERVENTION, PER 15 MINUTES	No	N	Y
Outpatient Residential Treatment Center	H0052	MISSING AND MURDERED INDIGENOUS PERSONS (MMIP) MENTAL HEALTH AND CLINICAL CARE	No	N	Y
Outpatient Residential Treatment Center	H0053	HISTORICAL TRAUMA (HT) MENTAL HEALTH AND CLINICAL CARE FOR INDIGENOUS PERSONS	No	N	Y
Outpatient Residential Treatment Center	H2001	REHABILITATION PROGRAM, PER 1/2 DAY	No	N	Y
Outpatient Residential Treatment Center	H2010	COMPREHENSIVE MEDICATION SERVICES, PER 15 MINUTES	No	N	Y
Outpatient Residential Treatment Center	H2011	CRISIS INTERVENTION SERVICE, PER 15 MINUTES	No	N	Y
Outpatient Residential Treatment Center	H2012	BEHAVIORAL HEALTH DAY TREATMENT, PER HOUR	No	N	Y
Outpatient Residential Treatment Center	H2013	PSYCHIATRIC HEALTH FACILITY SERVICE, PER DIEM	No	N	Y
Outpatient Residential Treatment Center	H2017	PSYCHOSOCIAL REHABILITATION SERVICES, PER 15 MINUTES	No	N	Y
Outpatient Residential Treatment Center	H2018	PSYCHOSOCIAL REHABILITATION SERVICES, PER DIEM	No	N	Y
Outpatient Residential Treatment Center	H2019	THERAPEUTIC BEHAVIORAL SERVICES, PER 15 MINUTES	No	N	Y
Outpatient Residential Treatment Center	H2020	THERAPEUTIC BEHAVIORAL SERVICES, PER DIEM	No	N	Y
Outpatient Residential Treatment Center	H2032	ACTIVITY THERAPY, PER 15 MINUTES	No	N	Y
Outpatient Residential Treatment Center	H2035	ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM, PER HOUR	No	N	Y
Outpatient Residential Treatment Center	H2036	ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM, PER DIEM	No	N	Y
Outpatient Residential Treatment Center	S0201	PARTIAL HOSPITALIZATION SERVICES, LESS THAN 24 HOURS, PER DIEM	No	N	Y
Outpatient Residential Treatment Center	S9475	AMBULATORY SETTING SUBSTANCE ABUSE TREATMENT OR DETOXIFICATION SERVICES, PER DIEM	No	N	Y
Outpatient Residential Treatment Center	S9480	INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES, PER DIEM	No	N	Y
Outpatient Residential Treatment Center	S9484	CRISIS INTERVENTION MENTAL HEALTH SERVICES, PER HOUR	No	N	Y
Outpatient Residential Treatment Center	S9485	CRISIS INTERVENTION MENTAL HEALTH SERVICES, PER DIEM	No	N	Y
Outpatient Residential Treatment Center	T1006	ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES, FAMILY/COUPLE COUNSELING	No	N	Y
Outpatient Residential Treatment Center	T1007	ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES, TREATMENT PLAN DEVELOPMENT AND/OR MODIFICATION	No	N	Y
Outpatient Residential Treatment Center	90887	INTERPRETATION OR EXPLANATION OF RESULTS OF PSYCHIATRIC, OTHER MEDICAL EXAMINATIONS AND PROCEDURES, OR OTHER ACCUMULATED DATA TO FAMILY OR OTHER RESPONSIBLE PERSONS, OR ADVISING THEM HOW TO ASSIST PATIENT	No	N	Y
Outpatient Residential Treatment Center	96105	ASSESSMENT OF APHASIA (INCLUDES ASSESSMENT OF EXPRESSIVE AND RECEPTIVE SPEECH AND LANGUAGE FUNCTION, LANGUAGE COMPREHENSION, SPEECH PRODUCTION ABILITY, READING, SPELLING, WRITING, EG, BY BOSTON DIAGNOSTIC APHASIA EXAMINATION) WITH INTERPRETATION AND REPORT, PER HOUR	No	N	Y
Outpatient Residential Treatment Center	96110	DEVELOPMENTAL SCREENING (EG, DEVELOPMENTAL MILESTONE SURVEY, SPEECH AND LANGUAGE DELAY SCREEN), WITH SCORING AND DOCUMENTATION, PER STANDARDIZED INSTRUMENT	No	N	Y
Outpatient Residential Treatment Center	96112	DEVELOPMENTAL TEST ADMINISTRATION (INCLUDING ASSESSMENT OF FINE AND/OR GROSS MOTOR, LANGUAGE, COGNITIVE LEVEL, SOCIAL, MEMORY AND/OR EXECUTIVE FUNCTIONS BY STANDARDIZED DEVELOPMENTAL INSTRUMENTS WHEN PERFORMED), BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, WITH INTERPRETATION AND REPORT; FIRST HOUR	No	N	Y
Outpatient Residential Treatment Center	96113	DEVELOPMENTAL TEST ADMINISTRATION (INCLUDING ASSESSMENT OF FINE AND/OR GROSS MOTOR, LANGUAGE, COGNITIVE LEVEL, SOCIAL, MEMORY AND/OR EXECUTIVE FUNCTIONS BY STANDARDIZED DEVELOPMENTAL INSTRUMENTS WHEN PERFORMED), BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, WITH INTERPRETATION AND REPORT; EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	No	N	Y
Outpatient Residential Treatment Center	96116	NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, REASONING AND JUDGMENT, [EG, ACQUIRED KNOWLEDGE, ATTENTION, LANGUAGE, MEMORY, PLANNING AND PROBLEM SOLVING, AND VISUAL SPATIAL ABILITIES]), BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, BOTH FACE-TO-FACE TIME WITH THE PATIENT AND TIME INTERPRETING TEST RESULTS AND PREPARING THE REPORT; FIRST HOUR	No	N	Y

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Outpatient Residential Treatment Center	96121	NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, REASONING AND JUDGMENT, [EG, ACQUIRED KNOWLEDGE, ATTENTION, LANGUAGE, MEMORY, PLANNING AND PROBLEM SOLVING, AND VISUAL SPATIAL ABILITIES]), BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, BOTH FACE-TO-FACE TIME WITH THE PATIENT AND TIME INTERPRETING TEST RESULTS AND PREPARING THE REPORT; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	No	N	Y
Outpatient Residential Treatment Center	96125	STANDARDIZED COGNITIVE PERFORMANCE TESTING (E.G., ROSS INFORMATION PROCESSING ASSESSMENT) PER HOUR OF A QUALIFIED HEALTH CARE PROFESSIONAL'S TIME, BOTH FACE-TO-FACE TIME ADMINISTERING TESTS TO THE PATIENT AND TIME INTERPRETING THESE TEST RESULTS AND PREPARING THE REPORT	No	N	Y
Outpatient Residential Treatment Center	96127	BRIEF EMOTIONAL/BEHAVIORAL ASSESSMENT (EG, DEPRESSION INVENTORY, ATTENTION-DEFICIT/HYPERACTIVITY DISORDER [ADHD] SCALE), WITH SCORING AND DOCUMENTATION, PER STANDARDIZED INSTRUMENT	No	N	Y
Outpatient Residential Treatment Center	96130	PSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING INTEGRATION OF PATIENT DATA, INTERPRETATION OF STANDARDIZED TEST RESULTS AND CLINICAL DATA, CLINICAL DECISION MAKING, TREATMENT PLANNING AND REPORT, AND INTERACTIVE FEEDBACK TO THE PATIENT, FAMILY MEMBER(S) OR CAREGIVER(S), WHEN PERFORMED; FIRST HOUR	No	N	Y
Outpatient Residential Treatment Center	96131	PSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING INTEGRATION OF PATIENT DATA, INTERPRETATION OF STANDARDIZED TEST RESULTS AND CLINICAL DATA, CLINICAL DECISION MAKING, TREATMENT PLANNING AND REPORT, AND INTERACTIVE FEEDBACK TO THE PATIENT, FAMILY MEMBER(S) OR CAREGIVER(S), WHEN PERFORMED; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	No	N	Y
Outpatient Residential Treatment Center	96132	NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING INTEGRATION OF PATIENT DATA, INTERPRETATION OF STANDARDIZED TEST RESULTS AND CLINICAL DATA, CLINICAL DECISION MAKING, TREATMENT PLANNING AND REPORT, AND INTERACTIVE FEEDBACK TO THE PATIENT, FAMILY MEMBER(S) OR CAREGIVER(S), WHEN PERFORMED; FIRST HOUR	No	N	Y
Outpatient Residential Treatment Center	96133	NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING INTEGRATION OF PATIENT DATA, INTERPRETATION OF STANDARDIZED TEST RESULTS AND CLINICAL DATA, CLINICAL DECISION MAKING, TREATMENT PLANNING AND REPORT, AND INTERACTIVE FEEDBACK TO THE PATIENT, FAMILY MEMBER(S) OR CAREGIVER(S), WHEN PERFORMED; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	No	N	Y
Outpatient Residential Treatment Center	96136	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, TWO OR MORE TESTS, ANY METHOD; FIRST 30 MINUTES	No	N	Y
Outpatient Residential Treatment Center	96137	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, TWO OR MORE TESTS, ANY METHOD; EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	No	N	Y
Outpatient Residential Treatment Center	96138	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING BY TECHNICIAN, TWO OR MORE TESTS, ANY METHOD; FIRST 30 MINUTES	No	N	Y
Outpatient Residential Treatment Center	96139	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING BY TECHNICIAN, TWO OR MORE TESTS, ANY METHOD; EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	No	N	Y
Outpatient Residential Treatment Center	96146	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION, WITH SINGLE AUTOMATED, STANDARDIZED INSTRUMENT VIA ELECTRONIC PLATFORM, WITH AUTOMATED RESULT ONLY	No	N	Y
Outpatient Residential Treatment Center	G0451	DEVELOPMENT TESTING, WITH INTERPRETATION AND REPORT, PER STANDARDIZED INSTRUMENT FORM	No	N	Y
Outpatient Residential Treatment Center	H0020	ALCOHOL AND/OR DRUG SERVICES; METHADONE ADMINISTRATION AND/OR SERVICE (PROVISION OF THE DRUG BY A LICENSED PROGRAM)	No	N	Y
Outpatient Residential Treatment Center	H0033	ORAL MEDICATION ADMINISTRATION, DIRECT OBSERVATION	No	N	Y
Outpatient Residential Treatment Center	H0034	MEDICATION TRAINING AND SUPPORT, PER 15 MINUTES	No	N	Y
Outpatient Residential Treatment Center	90785	INTERACTIVE COMPLEXITY (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)	No	N	Y
Outpatient Residential Treatment Center	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	No	N	Y
Outpatient Residential Treatment Center	90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	No	N	Y
Site of Care Drug List	J3262	INJECTION, TOCILIZUMAB, 1 MG (ACETEMRA)	No	Y	Y
Site of Care Drug List	J0791	INJECTION, CRIZANLIZUMAB-TMCA, 5 MG (ADAKVEO)	No	Y	Y
Site of Care Drug List	J0172	INJECTION, ADUCANUMAB-AVWA, 2 MG (ADUHELM)	No	Y	Y
Site of Care Drug List	J7171	INJECTION, ADAMTS13, RECOMBINANT KRHN, 10 IU (ADZYNMA)	No	Y	Y
Site of Care Drug List	J1931	INJECTION, LARONIDASE, 0.1 MG (ALDURAZYME)	No	Y	Y
Site of Care Drug List	J0256	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), NOT OTHERWISE SPECIFIED, 10 MG (ARALAST)	No	Y	Y
Site of Care Drug List	J1554	INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG	No	Y	Y
Site of Care Drug List	Q5121	INJECTION, INFLIXIMAB-AXXQ, BIOSIMILAR, (AVSOLA), 10 MG	No	Y	Y
Site of Care Drug List	J0490	INJECTION, BELIMUMAB, 10 MG (BENLYSTA)	No	Y	Y
Site of Care Drug List	J0597	INJECTION, C1 ESTERASE INHIBITOR (HUMAN), 10 UNITS (BERINERT)	No	Y	Y
Site of Care Drug List	J1556	INJECTION, IMMUNE GLOBULIN (BIVIGAM), 500 MG	No	Y	Y

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Site of Care Drug List	J1786	INJECTION, IMIGLUCERASE, 10 UNITS (CEREZYME)	No	Y	Y
Site of Care Drug List	J0598	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), 10 UNITS (CINRYZE)	No	Y	Y
Site of Care Drug List	J3247	INJECTION, SECUKINUMAB, INTRAVENOUS, 1 MG (COSENTYX)	No	Y	Y
Site of Care Drug List	J1743	INJECTION, IDURSULFASE, 1 MG (ELAPRASE)	No	Y	Y
Site of Care Drug List	J3060	INJECTION, TALIGLUCERACE ALFA, 10 UNITS (ELELYSO)	No	Y	Y
Site of Care Drug List	J1302	INJECTION, SUTIMLIMAB-JOME, 10 MG (ENJAYMO)	No	Y	Y
Site of Care Drug List	J3380	INJECTION, VEDOLIZUMAB, INTRAVENOUS, 1 MG (ENTYVIO)	No	Y	Y
Site of Care Drug List	J1305	INJECTION, EVINACUMAB-DGNB, 5MG (EVKEEZA)	No	Y	Y
Site of Care Drug List	J0180	INJECTION, AGALSIDASE BETA, 1MG (FABRAZYME)	No	Y	Y
Site of Care Drug List	J1572	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG (FLEBOGAMMA)	No	Y	Y
Site of Care Drug List	J1566	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G., POWDER), NOT OTHERWISE SPECIFIED, 500 MG (GAMMAGARD S/D)	No	Y	Y
Site of Care Drug List	J1569	INJECTION, IMMUNE GLOBULIN, NON-LYOPHILIZED, (E.G., LIQUID), 500 MG (GAMMAGARD LIQUID)	No	Y	Y
Site of Care Drug List	J1557	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G.LIQUID), 500 MG (GAMMAPLEX)	No	Y	Y
Site of Care Drug List	J1561	INJECTION, IMMUNE GLOBULIN, NON-LYOPHILIZED (E. G.LIQUID), 500 MG (GAMUNEX-C/GAMMAKED)	No	Y	Y
Site of Care Drug List	J0257	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), 10 MG (GLASSIA)	No	Y	Y
Site of Care Drug List	Q5103	INJECTION, INFLIXIMAB-DYYB, BIOSIMILAR,10 MG (INFLECTRA)	No	Y	Y
Site of Care Drug List	J1599	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), NOT OTHERWISE SPECIFIED, 500 MG (IVIG VARIOUS NOC)	No	Y	Y
Site of Care Drug List	J2840	INJECTION, SEBELIPASE ALFA, 1 MG (KANUMA)	No	Y	Y
Site of Care Drug List	J0175	INJECTION, DONANEMAB-AZBT, 2 MG (KISUNLA)	No	Y	Y
Site of Care Drug List	J0174	INJECTION, LECANEMAB-IRMB, 1MG (LEQEMBI)	No	Y	Y
Site of Care Drug List	J0221	INJECTION, ALGLUCOSIDASE ALFA, 10 MG (LUMIZYME)	No	Y	Y
Site of Care Drug List	J3397	INJECTION, VESTRONIDASE ALFA-VJBK, 1 MG (MEPSEVII)	No	Y	Y
Site of Care Drug List	J1458	INJECTION, GALSULFASE, 1 MG (NAGLAZYME)	No	Y	Y
Site of Care Drug List	J0219	INJECTION, AVALGLUCOSIDASE ALFA-NGPT, 4 MG (NEXVIAZYME)	No	Y	Y
Site of Care Drug List	J2350	INJECTION, OCRELIZUMAB, 1 MG (OCREVUS)	No	Y	Y
Site of Care Drug List	J1568	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG (OCTAGAM)	No	Y	Y
Site of Care Drug List	J0222	INJECTION, PATISIRAN, 0.1 MG (ONPATTRO)	No	Y	Y
Site of Care Drug List	J0129	INJECTION, ABATACEPT, 10 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED), (ORENCIA)	No	Y	Y
Site of Care Drug List	J1576	INJECTION, IMMUNE GLOBULIN INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG (PANZYGA)	No	Y	Y
Site of Care Drug List	J1203	INJECTION, CIPAGLUCOSIDASE ALFA-ATGA, 5 MG (POMBILITI)	No	Y	Y
Site of Care Drug List	J1459	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G.LIQUID), 500 MG (PRIVIGEN)	No	Y	Y
Site of Care Drug List	J1301	INJECTION, EDARAVONE, 1 MG (RADICAVA)	No	Y	Y
Site of Care Drug List	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG (REMICADE)	No	Y	Y
Site of Care Drug List	Q5104	INJECTION, INFLIXIMAB-ABDA, BIOSIMILAR, 10 MG (RENFLEXIS)	No	Y	Y
Site of Care Drug List	J0596	INJECTION, C1 ESTERASE INHIBITOR (RECOMBINANT), 10 UNITS (RUCONEST)	No	Y	Y
Site of Care Drug List	J0491	INJECTION, ANIFROLUMAB-FNIA, 1 MG (SAPHNELO)	No	Y	Y
Site of Care Drug List	J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE (SIMPONI ARIA)	No	Y	Y
Site of Care Drug List	J1299	INJECTION, ECULIZUMAB, 2 MG (SOLIRIS)	No	Y	Y
Site of Care Drug List	J1747	INJECTION, SPESOLIMAB-SBZO, 1 MG (SPEVIGO)	No	Y	Y
Site of Care Drug List	J3241	INJECTION, TEPROTUMUMAB-TRBW, 10 MG (TEPEZZA)	No	Y	Y
Site of Care Drug List	Q5133	INJECTION, TOCILIZUMAB-BAVI, BIOSIMILAR, 1 MG (TOFIDENCE)	No	Y	Y
Site of Care Drug List	Q5135	INJECTION, TOCILIZUMAB-AAZG, BIOSIMILAR, 1 MG (TYENNE)	No	Y	Y
Site of Care Drug List	J1303	INJECTION, RAVULIZUMAB-CWVZ, 10 MG (ULTOMIRIS)	No	Y	Y
Site of Care Drug List	J1823	INJECTION, INEBILIZUMAB-CDON, 1 MG (UPLIZNA)	No	Y	Y
Site of Care Drug List	J1322	INJECTION, ELOSULFASE ALFA, 1MG (VIMIZIM)	No	Y	Y
Site of Care Drug List	J3385	INJECTION, VELAGLUCERASE ALFA, 100 UNITS (VPRIV)	No	Y	Y
Site of Care Drug List	J3032	INJECTION, EPTINEZUMAB-JJMR, 1 MG (VYEPTI)	No	Y	Y
Site of Care Drug List	J9332	INJECTION, EFGARTIGIMOD ALFA-FCAB, 2MG (VYVGART)	No	Y	Y
Site of Care Drug List	J0218	INJECTION, OLIPUDASE ALFA-RPCP, 1 MG (XENPOZYME)	No	Y	Y
****Oncology Site of Care Drug List	J9022	INJECTION, ATEZOLIZUMAB, 10 MG (TECENTRIQ)	No	Y	Y
****Oncology Site of Care Drug List	J9023	INJECTION, AVELUMAB, 10 MG (BAVENCIO)	No	Y	Y
****Oncology Site of Care Drug List	J9119	INJECTION, CEMIPLIMAB-RWLC, 1 MG (LIBTAYO)	No	Y	Y
****Oncology Site of Care Drug List	J9173	INJECTION, DURVALUMAB, 10 MG (IMFINZI)	No	Y	Y
****Oncology Site of Care Drug List	J9228	INJECTION, IPILIMUMAB, 1 MG (YERVOY)	No	Y	Y
****Oncology Site of Care Drug List	J9271	INJECTION, PEMBROLIZUMAB, 1 MG (KEYTRUDA)	No	Y	Y
****Oncology Site of Care Drug List	J9272	INJECTION, DOSTARLIMAB--GXLY, 10 MG (JEMPERLI)	No	Y	Y
****Oncology Site of Care Drug List	J9298	INJECTION, NIVOLUMAB AND RELATIMAB-RMBW, 3MG/1MG (OPDUALAG)	No	Y	Y
****Oncology Site of Care Drug List	J9299	INJECTION, NIVOLUMAB, 1 MG (OPDIVO)	No	Y	Y
****Oncology Site of Care Drug List	J9345	INJECTION, RETIFANLIMAB-DLWR, 1MG (ZYNYZ)	No	Y	Y
****Oncology Site of Care Drug List	J9347	INJECTION, TREMELIMUMAB-ACTL, 1 MG (IMJUDO)	No	Y	Y