

	A	B	C	D	E	F
1	<b>FINAL 1.1.18 TIER 1 PRIOR AUTHORIZATION CUSTOM CODE LIST THAT WILL REQUIRE PA FOR OP SERVICES</b>					
2	<b>Code Set Type</b>	<b>Code Value</b>	<b>Code Begin Date</b>	<b>Code End Date</b>	<b>Description Value - Long</b>	
3	CPT CAT III Codes	0071T	7/1/2004	12/31/9999	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue	
4	CPT CAT III Codes	0072T	7/1/2004	12/31/9999	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue	
5	CPT CAT III Codes	0163T	1/1/2007	12/31/9999	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), each additional interspace, lumbar (List separately in addition to code for primary procedure)	
6	CPT CAT III Codes	0200T	7/1/2009	12/31/9999	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed	
7	CPT CAT III Codes	0201T	7/1/2009	12/31/9999	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed	
8	CPT CAT III Codes	0215T	1/1/2010	12/31/9999	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	
9	CPT CAT III Codes	0219T	1/1/2010	12/31/9999	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical	
10	CPT CAT III Codes	0253T	1/1/2011	12/31/9999	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the suprachoroidal space	
11	CPT CAT III Codes	0263T	7/1/2011	12/31/9999	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure including unilateral or bilateral bone marrow harvest	
12	CPT CAT III Codes	0264T	7/1/2011	12/31/9999	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure excluding bone marrow harvest	
13	CPT CAT III Codes	0265T	7/1/2011	12/31/9999	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; unilateral or bilateral bone marrow harvest only for intramuscular autologous bone marrow cell therapy	

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14	CPT CAT III Codes	0274T	7/1/2011	12/31/9999	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; cervical or thoracic	
15	CPT CAT III Codes	0275T	7/1/2011	12/31/9999	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; lumbar	
16	CPT Codes	19105	1/1/2007	12/31/9999	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	
17	CPT Codes	22526	1/1/2007	12/31/9999	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	
18	CPT Codes	22527	1/1/2007	12/31/9999	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (List separately in addition to code for primary procedure)	
19	CPT Codes	28446	1/1/2008	12/31/9999	Open osteochondral autograft, talus (includes obtaining graft[s])	
20	CPT Codes	35884	1/1/2007	12/31/9999	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with autogenous vein patch graft	
21	CPT Codes	43210	1/1/2016	12/31/9999	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	
22	CPT Codes	43257	1/1/2005	12/31/9999	Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease	
23	CPT Codes	46707	1/1/2010	12/31/9999	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])	
24	CPT Codes	53860	1/1/2011	12/31/9999	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence	
25	CPT Codes	66174	1/1/2011	12/31/9999	Transluminal dilation of aqueous outflow canal; without retention of device or stent	
26	CPT Codes	66175	1/1/2011	12/31/9999	Transluminal dilation of aqueous outflow canal; with retention of device or stent	
27	CPT Codes	91111	1/1/2007	12/31/9999	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report	
28	HCPCS Codes	C1821	01/01/07	12/31/9999	Interspinous process distraction device (implantable)	
29	HCPCS Codes	C2614	01/01/03	12/31/9999	Probe, percutaneous lumbar discectomy	
30	HCPCS Codes	C9364	07/01/09	12/31/9999	Porcine implant, permacol, per square centimeter	
31	HCPCS Codes	G0428	05/25/10	12/31/9999	Collagen meniscus implant procedure for filling meniscal defects (e.g., cmi, collagen scaffold, menaflex)	
32	HCPCS Codes	G9143	08/03/09	12/31/9999	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)	
33	HCPCS Codes	L8605	01/01/13	12/31/9999	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, anal canal, 1 ml, includes shipping and necessary supplies	

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34	HCPCS Codes	Q4103	01/01/09	12/31/9999	Oasis burn matrix, per square centimeter	
35	HCPCS Codes	Q4107	01/01/09	12/31/9999	Graftjacket, per square centimeter	
36	HCPCS Codes	Q4110	01/01/09	12/31/9999	Primatrix, per square centimeter	
37	HCPCS Codes	Q4111	01/01/09	12/31/9999	Gammagraft, per square centimeter	
38	HCPCS Codes	Q4112	01/01/09	12/31/9999	Cymetra, injectable, 1 cc	
39	HCPCS Codes	Q4113	01/01/09	12/31/9999	Graftjacket xpress, injectable, 1 cc	
40	HCPCS Codes	Q4114	01/01/09	12/31/9999	Integra flowable wound matrix, injectable, 1 cc	
41	HCPCS Codes	Q4115	07/01/09	12/31/9999	Alloskin, per square centimeter	
42	HCPCS Codes	Q4117	01/01/11	12/31/9999	Hyalomatrix, per square centimeter	
43	HCPCS Codes	Q4118	01/01/11	12/31/9999	Matristem micromatrix, 1 mg	
44	HCPCS Codes	Q4121	01/01/11	12/31/9999	Theraskin, per square centimeter	
45	HCPCS Codes	S2117	10/01/05	12/31/9999	Arthroereisis, subtalar	
46	HCPCS Codes	S2300	01/01/00	12/31/9999	Arthroscopy, shoulder, surgical; with thermally-induced capsulorrhaphy	
47	HCPCS Codes	S2348	01/01/05	12/31/9999	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar	
48	HCPCS Codes	S2400	01/01/02	12/31/9999	Repair, congenital diaphragmatic hernia in the fetus using temporary tracheal occlusion, procedure performed in utero	
49	HCPCS Codes	S3852	07/01/03	12/31/9999	Dna analysis for apoe epsilon 4 allele for susceptibility to alzheimer's disease	
50	HCPCS Codes	S9055	01/01/00	12/31/9999	Procuren or other growth factor preparation to promote wound healing	
51	CPT Codes	44136	1/1/2001	12/31/9999	Intestinal allotransplantation; from living donor	
52	HCPCS Codes	S2102	01/01/01	12/31/9999	Islet cell tissue transplant from pancreas; allogeneic	
53	HCPCS Codes	S2103	01/01/01	12/31/9999	Adrenal tissue transplant to brain	
54	CPT CAT III Codes	0159T	7/1/2006	12/31/9999	Computer-aided detection, including computer algorithm analysis of MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation, breast MRI (List separately in addition to code for primary procedure)	
55	CPT Codes	75571	1/1/2010	12/31/9999	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	
56	HCPCS Codes	G0219	07/01/01	12/31/9999	Pet imaging whole body; melanoma for non-covered indications	
57	HCPCS Codes	G0252	10/01/02	12/31/9999	Pet imaging, full and partial-ring pet scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g., initial staging of axillary lymph nodes)	
58	HCPCS Codes	S2107	04/01/02	12/31/9999	Adoptive immunotherapy i.e. development of specific anti-tumor reactivity (e.g., tumor-infiltrating lymphocyte therapy) per course of treatment	

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59	CPT CAT III Codes	0213T	1/1/2010	12/31/9999	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level	
60	CPT CAT III Codes	0214T	1/1/2010	12/31/9999	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level (List separately in addition to code for primary procedure)	
61	CPT CAT III Codes	0216T	1/1/2010	12/31/9999	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level	
62	CPT CAT III Codes	0217T	1/1/2010	12/31/9999	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; second level (List separately in addition to code for primary procedure)	
63	CPT CAT III Codes	0218T	1/1/2010	12/31/9999	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)	
64	CPT CAT III Codes	0228T	7/1/2010	12/31/9999	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; single level	
65	CPT CAT III Codes	0229T	7/1/2010	12/31/9999	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; each additional level (List separately in addition to code for primary procedure)	
66	CPT CAT III Codes	0230T	7/1/2010	12/31/9999	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; single level	
67	CPT CAT III Codes	0231T	7/1/2010	12/31/9999	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; each additional level (List separately in addition to code for primary procedure)	
68	CPT Codes	62263	1/1/0001	12/31/9999	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days	
69	CPT Codes	62264	1/1/2003	12/31/9999	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day	
70	CPT CAT III Codes	0174T	1/1/2007	12/31/9999	Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed concurrent with primary interpretation (List separately in addition to code for primary procedure)	

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71	CPT CAT III Codes	0175T	1/1/2007	12/31/9999	Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed remote from primary interpretation	
72	CPT CAT III Codes	0195T	7/1/2008	12/31/9999	Arthrodesis, pre-sacral interbody technique, disc space preparation, discectomy, without instrumentation, with image guidance, includes bone graft when performed; L5-S1 interspace	
73	CPT CAT III Codes	0196T	7/1/2008	12/31/9999	Arthrodesis, pre-sacral interbody technique, disc space preparation, discectomy, without instrumentation, with image guidance, includes bone graft when performed; L4-L5 interspace (List separately in addition to code for primary procedure)	
74	CPT CAT III Codes	0202T	7/1/2009	12/31/9999	Posterior vertebral joint(s) arthroplasty (eg, facet joint[s] replacement), including facetectomy, laminectomy, foraminotomy, and vertebral column fixation, injection of bone cement, when performed, including fluoroscopy, single level, lumbar spine	
75	CPT CAT III Codes	0220T	1/1/2010	12/31/9999	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic	
76	CPT CAT III Codes	0221T	1/1/2010	12/31/9999	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar	
77	CPT CAT III Codes	0222T	1/1/2010	12/31/9999	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional vertebral segment (List separately in addition to code for primary procedure)	
78	CPT Codes	22867	1/1/2017	12/31/9999	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	
79	CPT Codes	22868	1/1/2017	12/31/9999	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)	
80	CPT Codes	22869	1/1/2017	12/31/9999	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	
81	CPT Codes	22870	1/1/2017	12/31/9999	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)	

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82	CPT Codes	62287	1/1/0001	12/31/9999	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar	
83	HCPCS Codes	E0481	01/01/02	12/31/9999	Intrapulmonary percussive ventilation system and related accessories	
84	HCPCS Codes	E0656	01/01/09	12/31/9999	Segmental pneumatic appliance for use with pneumatic compressor, trunk	
85	HCPCS Codes	E0657	01/01/09	12/31/9999	Segmental pneumatic appliance for use with pneumatic compressor, chest	
86	HCPCS Codes	E0764	01/01/06	12/31/9999	Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program	
87	HCPCS Codes	E0770	01/01/09	12/31/9999	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified	
88	CPT Codes	89335	1/1/2004	12/31/9999	Cryopreservation, reproductive tissue, testicular	
89	CPT Codes	11950	1/1/0001	12/31/9999	Subcutaneous injection of filling material (eg, collagen); 1 cc or less	
90	CPT Codes	11951	1/1/0001	12/31/9999	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc	
91	CPT Codes	11952	1/1/0001	12/31/9999	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc	
92	CPT Codes	11954	1/1/0001	12/31/9999	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc	
93	CPT Codes	15786	1/1/0001	12/31/9999	Abrasion; single lesion (eg, keratosis, scar)	
94	CPT Codes	15787	1/1/0001	12/31/9999	Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)	
95	CPT Codes	15819	1/1/0001	12/31/9999	Cervicoplasty	
96	CPT Codes	15820	1/1/0001	12/31/9999	Blepharoplasty, lower eyelid;	
97	CPT Codes	15821	1/1/0001	12/31/9999	Blepharoplasty, lower eyelid; with extensive herniated fat pad	
98	CPT Codes	15822	1/1/0001	12/31/9999	Blepharoplasty, upper eyelid;	
99	CPT Codes	15823	1/1/0001	12/31/9999	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	
100	CPT Codes	15824	1/1/0001	12/31/9999	Rhytidectomy; forehead	
101	CPT Codes	15825	1/1/0001	12/31/9999	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)	
102	CPT Codes	15828	1/1/0001	12/31/9999	Rhytidectomy; cheek, chin, and neck	
103	CPT Codes	15829	1/1/0001	12/31/9999	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	
104	CPT Codes	15830	1/1/2007	12/31/9999	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	

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105	CPT Codes	15832	1/1/0001	12/31/9999	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	
106	CPT Codes	15833	1/1/0001	12/31/9999	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	
107	CPT Codes	15834	1/1/0001	12/31/9999	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip	
108	CPT Codes	15835	1/1/0001	12/31/9999	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	
109	CPT Codes	15836	1/1/0001	12/31/9999	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	
110	CPT Codes	15837	1/1/0001	12/31/9999	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	
111	CPT Codes	15838	1/1/0001	12/31/9999	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	
112	CPT Codes	15839	1/1/0001	12/31/9999	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	
113	CPT Codes	15847	1/1/2007	12/31/9999	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)	
114	CPT Codes	15876	1/1/0001	12/31/9999	Suction assisted lipectomy; head and neck	
115	CPT Codes	15877	1/1/0001	12/31/9999	Suction assisted lipectomy; trunk	
116	CPT Codes	15878	1/1/0001	12/31/9999	Suction assisted lipectomy; upper extremity	
117	CPT Codes	15879	1/1/0001	12/31/9999	Suction assisted lipectomy; lower extremity	
118	CPT Codes	15999	1/1/0001	12/31/9999	Unlisted procedure, excision pressure ulcer	
119	CPT Codes	19300	1/1/2007	12/31/9999	Mastectomy for gynecomastia	
120	CPT Codes	19304	1/1/2007	12/31/9999	Mastectomy, subcutaneous	
121	CPT Codes	19316	1/1/0001	12/31/9999	Mastopexy	
122	CPT Codes	19318	1/1/0001	12/31/9999	Reduction mammoplasty	
123	CPT Codes	19324	1/1/0001	12/31/9999	Mammoplasty, augmentation; without prosthetic implant	
124	CPT Codes	19325	1/1/0001	12/31/9999	Mammoplasty, augmentation; with prosthetic implant	
125	CPT Codes	19328	1/1/0001	12/31/9999	Removal of intact mammary implant	
126	CPT Codes	19330	1/1/0001	12/31/9999	Removal of mammary implant material	
127	CPT Codes	19340	1/1/0001	12/31/9999	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	
128	CPT Codes	19342	1/1/0001	12/31/9999	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	
129	CPT Codes	19350	1/1/0001	12/31/9999	Nipple/areola reconstruction	
130	CPT Codes	19355	1/1/0001	12/31/9999	Correction of inverted nipples	
131	CPT Codes	19357	1/1/0001	12/31/9999	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	

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132	CPT Codes	19370	1/1/0001	12/31/9999	Open periprosthetic capsulotomy, breast	
133	CPT Codes	19371	1/1/0001	12/31/9999	Periprosthetic capsulectomy, breast	
134	CPT Codes	19380	1/1/0001	12/31/9999	Revision of reconstructed breast	
135	CPT Codes	19499	1/1/0001	12/31/9999	Unlisted procedure, breast	
136	CPT Codes	21137	1/1/0001	12/31/9999	Reduction forehead; contouring only	
137	CPT Codes	21138	1/1/0001	12/31/9999	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	
138	CPT Codes	21139	1/1/0001	12/31/9999	Reduction forehead; contouring and setback of anterior frontal sinus wall	
139	CPT Codes	21210	1/1/0001	12/31/9999	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	
140	CPT Codes	21235	1/1/0001	12/31/9999	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	
141	CPT Codes	21270	1/1/0001	12/31/9999	Malar augmentation, prosthetic material	
142	CPT Codes	21280	1/1/0001	12/31/9999	Medial canthopexy (separate procedure)	
143	CPT Codes	21282	1/1/0001	12/31/9999	Lateral canthopexy	
144	CPT Codes	21325	1/1/0001	12/31/9999	Open treatment of nasal fracture; uncomplicated	
145	CPT Codes	21740	1/1/0001	12/31/9999	Reconstructive repair of pectus excavatum or carinatum; open	
146	CPT Codes	21742	1/1/2003	12/31/9999	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy	
147	CPT Codes	21743	1/1/2003	12/31/9999	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy	
148	CPT Codes	30150	1/1/0001	12/31/9999	Rhinectomy; partial	
149	CPT Codes	30400	1/1/0001	12/31/9999	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	
150	CPT Codes	30410	1/1/0001	12/31/9999	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	
151	CPT Codes	30420	1/1/0001	12/31/9999	Rhinoplasty, primary; including major septal repair	
152	CPT Codes	30430	1/1/0001	12/31/9999	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	
153	CPT Codes	30435	1/1/0001	12/31/9999	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	
154	CPT Codes	30450	1/1/0001	12/31/9999	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	
155	CPT Codes	30460	1/1/0001	12/31/9999	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	
156	CPT Codes	30462	1/1/0001	12/31/9999	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies	
157	CPT Codes	30465	1/1/2001	12/31/9999	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)	
158	CPT Codes	30620	1/1/0001	12/31/9999	Septal or other intranasal dermatoplasty (does not include obtaining graft)	



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159	CPT Codes	30999	1/1/0001	12/31/9999	Unlisted procedure, nose	
160	CPT Codes	40799	1/1/0001	12/31/9999	Unlisted procedure, lips	
161	CPT Codes	54125	1/1/0001	12/31/9999	Amputation of penis; complete	
162	CPT Codes	54161	1/1/0001	12/31/9999	Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age	
163	CPT Codes	54660	1/1/0001	12/31/9999	Insertion of testicular prosthesis (separate procedure)	
164	CPT Codes	55970	1/1/0001	12/31/9999	Intersex surgery; male to female	
165	CPT Codes	55980	1/1/0001	12/31/9999	Intersex surgery; female to male	
166	CPT Codes	56620	1/1/0001	12/31/9999	Vulvectomy simple; partial	
167	CPT Codes	56805	1/1/0001	12/31/9999	Clitoroplasty for intersex state	
168	CPT Codes	57110	1/1/0001	12/31/9999	Vaginectomy, complete removal of vaginal wall;	
169	CPT Codes	57291	1/1/0001	12/31/9999	Construction of artificial vagina; without graft	
170	CPT Codes	57292	1/1/0001	12/31/9999	Construction of artificial vagina; with graft	
171	CPT Codes	57335	1/1/0001	12/31/9999	Vaginoplasty for intersex state	
172	CPT Codes	65771	1/1/0001	12/31/9999	Radial keratotomy	
173	CPT Codes	65772	1/1/0001	12/31/9999	Corneal relaxing incision for correction of surgically induced astigmatism	
174	CPT Codes	67900	1/1/0001	12/31/9999	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	
175	CPT Codes	67901	1/1/0001	12/31/9999	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)	
176	CPT Codes	67902	1/1/0001	12/31/9999	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	
177	CPT Codes	67903	1/1/0001	12/31/9999	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	
178	CPT Codes	67904	1/1/0001	12/31/9999	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	
179	CPT Codes	67906	1/1/0001	12/31/9999	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	
180	CPT Codes	67908	1/1/0001	12/31/9999	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)	
181	CPT Codes	67909	1/1/0001	12/31/9999	Reduction of overcorrection of ptosis	
182	CPT Codes	67911	1/1/0001	12/31/9999	Correction of lid retraction	
183	CPT Codes	67999	1/1/0001	12/31/9999	Unlisted procedure, eyelids	
184	CPT Codes	69300	1/1/0001	12/31/9999	Otoplasty, protruding ear, with or without size reduction	
185	CPT Codes	69399	1/1/0001	12/31/9999	Unlisted procedure, external ear	
186	CPT Codes	69714	1/1/2001	12/31/9999	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	

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187	CPT Codes	96920	1/1/2003	12/31/9999	Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm	
188	CPT Codes	96921	1/1/2003	12/31/9999	Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm	
189	CPT Codes	96922	1/1/2003	12/31/9999	Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm	
190	CPT Codes	96999	1/1/0001	12/31/9999	Unlisted special dermatological service or procedure	
191	HCPCS Codes	Q2028	01/01/14	12/31/9999	Injection, sculptra, 0.5 mg	
192	HCPCS Codes	S0800	01/01/00	12/31/9999	Laser in situ keratomileusis (lasik)	
193	CPT Codes	17106	1/1/0001	12/31/9999	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	
194	CPT Codes	17107	1/1/0001	12/31/9999	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	
195	CPT Codes	17108	1/1/0001	12/31/9999	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	
196	CPT Codes	36468	1/1/0001	12/31/9999	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk	
197	CPT Codes	99512	1/1/2002	12/31/9999	Home visit for hemodialysis	
198	HCPCS Codes	E0118	01/01/04	12/31/9999	Crutch substitute, lower leg platform, with or without wheels, each	
199	HCPCS Codes	E0483	01/01/03	12/31/9999	High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each	
200	HCPCS Codes	E0604	01/01/02	12/31/9999	Breast pump, hospital grade, electric (ac and / or dc), any type	
201	HCPCS Codes	E0627	01/01/92	12/31/9999	Seat lift mechanism, electric, any type	
202	HCPCS Codes	E0629	01/01/92	12/31/9999	Seat lift mechanism, non-electric, any type	
203	HCPCS Codes	E0635	01/01/86	12/31/9999	Patient lift, electric with seat or sling	
204	HCPCS Codes	E0637	01/01/04	12/31/9999	Combination sit to stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels	
205	HCPCS Codes	E0638	01/01/04	12/31/9999	Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels	
206	HCPCS Codes	E0639	01/01/05	12/31/9999	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories	
207	HCPCS Codes	E0640	01/01/05	12/31/9999	Patient lift, fixed system, includes all components/accessories	
208	HCPCS Codes	E0641	01/01/06	12/31/9999	Standing frame/table system, multi-position (e.g., three-way stander), any size including pediatric, with or without wheels	
209	HCPCS Codes	E0642	01/01/06	12/31/9999	Standing frame/table system, mobile (dynamic stander), any size including pediatric	
210	HCPCS Codes	E0783	01/01/95	12/31/9999	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)	
211	HCPCS Codes	E0986	01/01/04	12/31/9999	Manual wheelchair accessory, push-rim activated power assist system	
212	HCPCS Codes	E1002	01/01/04	12/31/9999	Wheelchair accessory, power seating system, tilt only	
213	HCPCS Codes	E1003	01/01/04	12/31/9999	Wheelchair accessory, power seating system, recline only, without shear reduction	

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214	HCPCS Codes	E1004	01/01/04	12/31/9999	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	
215	HCPCS Codes	E1005	01/01/04	12/31/9999	Wheelchair accessory, power seating system, recline only, with power shear reduction	
216	HCPCS Codes	E1006	01/01/04	12/31/9999	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	
217	HCPCS Codes	E1007	01/01/04	12/31/9999	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	
218	HCPCS Codes	E1008	01/01/04	12/31/9999	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	
219	HCPCS Codes	E1009	01/01/04	12/31/9999	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and leg rest, each	
220	HCPCS Codes	E1010	01/01/04	12/31/9999	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair	
221	HCPCS Codes	E1220	01/01/86	12/31/9999	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification	
222	HCPCS Codes	E1229	01/01/05	12/31/9999	Wheelchair, pediatric size, not otherwise specified	
223	HCPCS Codes	E1230	01/01/86	12/31/9999	Power operated vehicle (three or four wheel nonhighway) specify brand name and model number	
224	HCPCS Codes	E1239	01/01/05	12/31/9999	Power wheelchair, pediatric size, not otherwise specified	
225	HCPCS Codes	E2300	01/01/04	12/31/9999	Wheelchair accessory, power seat elevation system, any type	
226	HCPCS Codes	E2301	01/01/04	12/31/9999	Wheelchair accessory, power standing system, any type	
227	HCPCS Codes	E2502	01/01/04	12/31/9999	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time	
228	HCPCS Codes	E2504	01/01/04	12/31/9999	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	
229	HCPCS Codes	E2506	01/01/04	12/31/9999	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time	
230	HCPCS Codes	E2508	01/01/04	12/31/9999	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	
231	HCPCS Codes	E2510	01/01/04	12/31/9999	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	
232	HCPCS Codes	E2511	01/01/04	12/31/9999	Speech generating software program, for personal computer or personal digital assistant	
233	HCPCS Codes	E2512	01/01/04	12/31/9999	Accessory for speech generating device, mounting system	
234	HCPCS Codes	E2599	01/01/04	12/31/9999	Accessory for speech generating device, not otherwise classified	
235	HCPCS Codes	K0005	01/01/94	12/31/9999	Ultralightweight wheelchair	
236	HCPCS Codes	K0009	01/01/94	12/31/9999	Other manual wheelchair/base	
237	HCPCS Codes	K0010	01/01/94	12/31/9999	Standard - weight frame motorized/power wheelchair	

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238	HCPCS Codes	K0011	01/01/94	12/31/9999	Standard - weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	
239	HCPCS Codes	K0012	01/01/94	12/31/9999	Lightweight portable motorized/power wheelchair	
240	HCPCS Codes	K0014	01/01/94	12/31/9999	Other motorized/power wheelchair base	
241	HCPCS Codes	K0108	01/01/94	12/31/9999	Wheelchair component or accessory, not otherwise specified	
242	HCPCS Codes	K0606	07/01/03	12/31/9999	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	
243	HCPCS Codes	K0800	10/01/06	12/31/9999	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	
244	HCPCS Codes	K0801	10/01/06	12/31/9999	Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds	
245	HCPCS Codes	K0802	10/01/06	12/31/9999	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds	
246	HCPCS Codes	K0806	10/01/06	12/31/9999	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	
247	HCPCS Codes	K0807	10/01/06	12/31/9999	Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds	
248	HCPCS Codes	K0808	10/01/06	12/31/9999	Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds	
249	HCPCS Codes	K0812	10/01/06	12/31/9999	Power operated vehicle, not otherwise classified	
250	HCPCS Codes	K0813	10/01/06	12/31/9999	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	
251	HCPCS Codes	K0814	10/01/06	12/31/9999	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	
252	HCPCS Codes	K0815	10/01/06	12/31/9999	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	
253	HCPCS Codes	K0816	10/01/06	12/31/9999	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds	
254	HCPCS Codes	K0820	10/01/06	12/31/9999	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
255	HCPCS Codes	K0821	10/01/06	12/31/9999	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	
256	HCPCS Codes	K0822	10/01/06	12/31/9999	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
257	HCPCS Codes	K0823	10/01/06	12/31/9999	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds	
258	HCPCS Codes	K0824	10/01/06	12/31/9999	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
259	HCPCS Codes	K0825	10/01/06	12/31/9999	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds	
260	HCPCS Codes	K0826	10/01/06	12/31/9999	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	
261	HCPCS Codes	K0827	10/01/06	12/31/9999	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds	

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262	HCPCS Codes	K0828	10/01/06	12/31/9999	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	
263	HCPCS Codes	K0829	10/01/06	12/31/9999	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight 601 pounds or more	
264	HCPCS Codes	K0830	10/01/06	12/31/9999	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
265	HCPCS Codes	K0831	10/01/06	12/31/9999	Power wheelchair, group 2 standard, seat elevator, captains chair, patient weight capacity up to and including 300 pounds	
266	HCPCS Codes	K0835	10/01/06	12/31/9999	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
267	HCPCS Codes	K0836	10/01/06	12/31/9999	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	
268	HCPCS Codes	K0837	10/01/06	12/31/9999	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
269	HCPCS Codes	K0838	10/01/06	12/31/9999	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds	
270	HCPCS Codes	K0839	10/01/06	12/31/9999	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	
271	HCPCS Codes	K0840	10/01/06	12/31/9999	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	
272	HCPCS Codes	K0841	10/01/06	12/31/9999	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
273	HCPCS Codes	K0842	10/01/06	12/31/9999	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds	
274	HCPCS Codes	K0843	10/01/06	12/31/9999	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
275	HCPCS Codes	K0848	10/01/06	12/31/9999	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
276	HCPCS Codes	K0849	10/01/06	12/31/9999	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds	
277	HCPCS Codes	K0850	10/01/06	12/31/9999	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
278	HCPCS Codes	K0851	10/01/06	12/31/9999	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds	
279	HCPCS Codes	K0852	10/01/06	12/31/9999	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	
280	HCPCS Codes	K0853	10/01/06	12/31/9999	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds	
281	HCPCS Codes	K0854	10/01/06	12/31/9999	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	
282	HCPCS Codes	K0855	10/01/06	12/31/9999	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more	

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283	HCPCS Codes	K0856	10/01/06	12/31/9999	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
284	HCPCS Codes	K0857	10/01/06	12/31/9999	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	
285	HCPCS Codes	K0858	10/01/06	12/31/9999	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	
286	HCPCS Codes	K0859	10/01/06	12/31/9999	Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds	
287	HCPCS Codes	K0860	10/01/06	12/31/9999	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	
288	HCPCS Codes	K0861	10/01/06	12/31/9999	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
289	HCPCS Codes	K0862	10/01/06	12/31/9999	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
290	HCPCS Codes	K0863	10/01/06	12/31/9999	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	
291	HCPCS Codes	K0864	10/01/06	12/31/9999	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	
292	HCPCS Codes	K0868	10/01/06	12/31/9999	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
293	HCPCS Codes	K0869	10/01/06	12/31/9999	Power wheelchair, group 4 standard, captains chair, patient weight capacity up to and including 300 pounds	
294	HCPCS Codes	K0870	10/01/06	12/31/9999	Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
295	HCPCS Codes	K0871	10/01/06	12/31/9999	Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	
296	HCPCS Codes	K0877	10/01/06	12/31/9999	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
297	HCPCS Codes	K0878	10/01/06	12/31/9999	Power wheelchair, group 4 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	
298	HCPCS Codes	K0879	10/01/06	12/31/9999	Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
299	HCPCS Codes	K0880	10/01/06	12/31/9999	Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds	
300	HCPCS Codes	K0884	10/01/06	12/31/9999	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
301	HCPCS Codes	K0885	10/01/06	12/31/9999	Power wheelchair, group 4 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds	
302	HCPCS Codes	K0886	10/01/06	12/31/9999	Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	

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303	HCPCS Codes	K0890	10/01/06	12/31/9999	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	
304	HCPCS Codes	K0891	10/01/06	12/31/9999	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	
305	HCPCS Codes	K0898	10/01/06	12/31/9999	Power wheelchair, not otherwise classified	
306	HCPCS Codes	K0899	10/01/06	12/31/9999	Power mobility device, not coded by dme pdac or does not meet criteria	
307	HCPCS Codes	K0900	07/01/13	12/31/9999	Customized durable medical equipment, other than wheelchair	
308	HCPCS Codes	L8681	01/01/06	12/31/9999	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only	
309	HCPCS Codes	L8683	01/01/06	12/31/9999	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	
310	HCPCS Codes	L8689	01/01/06	12/31/9999	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only	
311	HCPCS Codes	L8695	01/01/07	12/31/9999	External recharging system for battery (external) for use with implantable neurostimulator, replacement only	
312	CPT CAT III Codes	0085T	1/1/2005	12/31/9999	Breath test for heart transplant rejection	
313	CPT CAT III Codes	0098T	7/1/2005	12/31/9999	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)	
314	CPT CAT III Codes	0101T	7/1/2005	12/31/9999	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified, high energy	
315	CPT CAT III Codes	0102T	7/1/2005	12/31/9999	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, involving lateral humeral epicondyle	
316	CPT CAT III Codes	0111T	7/1/2005	12/31/9999	Long-chain (C20-22) omega-3 fatty acids in red blood cell (RBC) membranes	
317	CPT CAT III Codes	0198T	1/1/2009	12/31/9999	Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report	
318	CPT CAT III Codes	0207T	1/1/2010	12/31/9999	Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral	
319	CPT CAT III Codes	0208T	1/1/2010	12/31/9999	Pure tone audiometry (threshold), automated; air only	
320	CPT CAT III Codes	0209T	1/1/2010	12/31/9999	Pure tone audiometry (threshold), automated; air and bone	
321	CPT CAT III Codes	0210T	1/1/2010	12/31/9999	Speech audiometry threshold, automated;	
322	CPT CAT III Codes	0211T	1/1/2010	12/31/9999	Speech audiometry threshold, automated; with speech recognition	
323	CPT CAT III Codes	0212T	1/1/2010	12/31/9999	Comprehensive audiometry threshold evaluation and speech recognition (0209T, 0211T combined), automated	
324	CPT CAT III Codes	0232T	7/1/2010	12/31/9999	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed	

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325	CPT CAT III Codes	0249T	1/1/2011	12/31/9999	Ligation, hemorrhoidal vascular bundle(s), including ultrasound guidance	
326	CPT CAT III Codes	0254T	1/1/2011	12/31/9999	Endovascular repair of iliac artery bifurcation (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma, dissection) using bifurcated endograft from the common iliac artery into both the external and internal iliac artery, including all selective and/or nonselective catheterization(s) required for device placement and all associated radiological supervision and interpretation, unilateral	
327	CPT CAT III Codes	0266T	7/1/2011	12/31/9999	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)	
328	CPT CAT III Codes	0267T	7/1/2011	12/31/9999	Implantation or replacement of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)	
329	CPT CAT III Codes	0268T	7/1/2011	12/31/9999	Implantation or replacement of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)	
330	CPT CAT III Codes	0269T	7/1/2011	12/31/9999	Revision or removal of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)	
331	CPT CAT III Codes	0270T	7/1/2011	12/31/9999	Revision or removal of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)	
332	CPT CAT III Codes	0271T	7/1/2011	12/31/9999	Revision or removal of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)	
333	CPT CAT III Codes	0272T	7/1/2011	12/31/9999	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day):	
334	CPT CAT III Codes	0273T	7/1/2011	12/31/9999	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day): with programming	
335	CPT CAT III Codes	0290T	1/1/2012	12/31/9999	Corneal incisions in the recipient cornea created using a laser, in preparation for penetrating or lamellar keratoplasty (List separately in addition to code for primary procedure)	
336	CPT CAT III Codes	0308T	7/1/2012	12/31/9999	Insertion of ocular telescope prosthesis including removal of crystalline lens or intraocular lens prosthesis	



	A	B	C	D	E	F
337	CPT CAT III Codes	0335T	1/1/2014	12/31/9999	Extra-osseous subtalar joint implant for talotarsal stabilization	
338	CPT CAT III Codes	0337T	1/1/2014	12/31/9999	Endothelial function assessment, using peripheral vascular response to reactive hyperemia, non-invasive (eg, brachial artery ultrasound, peripheral artery tonometry), unilateral or bilateral	
339	CPT CAT III Codes	0338T	1/1/2014	12/31/9999	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; unilateral	
340	CPT CAT III Codes	0339T	1/1/2014	12/31/9999	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; bilateral	
341	CPT CAT III Codes	0341T	1/1/2014	12/31/9999	Quantitative pupillometry with interpretation and report, unilateral or bilateral	
342	CPT CAT III Codes	0342T	1/1/2014	12/31/9999	Therapeutic apheresis with selective HDL delipidation and plasma reinfusion	
343	CPT CAT III Codes	0345T	1/1/2014	12/31/9999	Transcatheter mitral valve repair percutaneous approach via the coronary sinus	
344	CPT CAT III Codes	0355T	7/1/2014	12/31/9999	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	
345	CPT CAT III Codes	0356T	7/1/2014	12/31/9999	Insertion of drug-eluting implant (including punctal dilation and implant removal when performed) into lacrimal canaliculus, each	
346	CPT CAT III Codes	0377T	1/1/2015	12/31/9999	Anoscopy with directed submucosal injection of bulking agent for fecal incontinence	
347	CPT CAT III Codes	0378T	1/1/2015	12/31/9999	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional	
348	CPT CAT III Codes	0379T	1/1/2015	12/31/9999	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; technical support and patient instructions, surveillance, analysis, and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional	
349	CPT CAT III Codes	0380T	1/1/2015	12/31/9999	Computer-aided animation and analysis of time series retinal images for the monitoring of disease progression, unilateral or bilateral, with interpretation and report	

	A	B	C	D	E	F
350	CPT CAT III Codes	0381T	1/1/2015	12/31/9999	External heart rate and 3-axis accelerometer data recording up to 14 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	
351	CPT CAT III Codes	0382T	1/1/2015	12/31/9999	External heart rate and 3-axis accelerometer data recording up to 14 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; review and interpretation only	
352	CPT CAT III Codes	0383T	1/1/2015	12/31/9999	External heart rate and 3-axis accelerometer data recording from 15 to 30 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	
353	CPT CAT III Codes	0384T	1/1/2015	12/31/9999	External heart rate and 3-axis accelerometer data recording from 15 to 30 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; review and interpretation only	
354	CPT CAT III Codes	0385T	1/1/2015	12/31/9999	External heart rate and 3-axis accelerometer data recording more than 30 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	
355	CPT CAT III Codes	0386T	1/1/2015	12/31/9999	External heart rate and 3-axis accelerometer data recording more than 30 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; review and interpretation only	
356	CPT CAT III Codes	0387T	1/1/2015	12/31/9999	Transcatheter insertion or replacement of permanent leadless pacemaker, ventricular	
357	CPT CAT III Codes	0388T	1/1/2015	12/31/9999	Transcatheter removal of permanent leadless pacemaker, ventricular	
358	CPT CAT III Codes	0389T	1/1/2015	12/31/9999	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report, leadless pacemaker system	
359	CPT CAT III Codes	0390T	1/1/2015	12/31/9999	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure or test with analysis, review and report, leadless pacemaker system	
360	CPT CAT III Codes	0391T	1/1/2015	12/31/9999	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, leadless pacemaker system	
361	CPT CAT III Codes	0397T	1/1/2016	12/31/9999	Endoscopic retrograde cholangiopancreatography (ERCP), with optical endomicroscopy (List separately in addition to code for primary procedure)	

	A	B	C	D	E	F
362	CPT CAT III Codes	0402T	1/1/2016	12/31/9999	Collagen cross-linking of cornea (including removal of the corneal epithelium and intraoperative pachymetry when performed)	
363	CPT CAT III Codes	0404T	1/1/2016	12/31/9999	Transcervical uterine fibroid(s) ablation with ultrasound guidance, radiofrequency	
364	CPT CAT III Codes	0405T	1/1/2016	12/31/9999	Oversight of the care of an extracorporeal liver assist system patient requiring review of status, review of laboratories and other studies, and revision of orders and liver assist care plan (as appropriate), within a calendar month, 30 minutes or more of non-face-to-face time	
365	CPT CAT III Codes	0408T	1/1/2016	12/31/9999	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator with transvenous electrodes	
366	CPT CAT III Codes	0409T	1/1/2016	12/31/9999	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator only	
367	CPT CAT III Codes	0410T	1/1/2016	12/31/9999	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; atrial electrode only	
368	CPT CAT III Codes	0411T	1/1/2016	12/31/9999	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; ventricular electrode only	
369	CPT CAT III Codes	0412T	1/1/2016	12/31/9999	Removal of permanent cardiac contractility modulation system; pulse generator only	
370	CPT CAT III Codes	0413T	1/1/2016	12/31/9999	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)	
371	CPT CAT III Codes	0414T	1/1/2016	12/31/9999	Removal and replacement of permanent cardiac contractility modulation system pulse generator only	
372	CPT CAT III Codes	0415T	1/1/2016	12/31/9999	Repositioning of previously implanted cardiac contractility modulation transvenous electrode (atrial or ventricular lead)	
373	CPT CAT III Codes	0416T	1/1/2016	12/31/9999	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator	
374	CPT CAT III Codes	0417T	1/1/2016	12/31/9999	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable cardiac contractility modulation system	
375	CPT CAT III Codes	0418T	1/1/2016	12/31/9999	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable cardiac contractility modulation system	
376	CPT CAT III Codes	0424T	1/1/2016	12/31/9999	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; complete system (transvenous placement of right or left stimulation lead, sensing lead, implantable pulse generator)	

	A	B	C	D	E	F
377	CPT CAT III Codes	0425T	1/1/2016	12/31/9999	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; sensing lead only	
378	CPT CAT III Codes	0426T	1/1/2016	12/31/9999	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; stimulation lead only	
379	CPT CAT III Codes	0427T	1/1/2016	12/31/9999	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; pulse generator only	
380	CPT CAT III Codes	0428T	1/1/2016	12/31/9999	Removal of neurostimulator system for treatment of central sleep apnea; pulse generator only	
381	CPT CAT III Codes	0429T	1/1/2016	12/31/9999	Removal of neurostimulator system for treatment of central sleep apnea; sensing lead only	
382	CPT CAT III Codes	0430T	1/1/2016	12/31/9999	Removal of neurostimulator system for treatment of central sleep apnea; stimulation lead only	
383	CPT CAT III Codes	0431T	1/1/2016	12/31/9999	Removal and replacement of neurostimulator system for treatment of central sleep apnea, pulse generator only	
384	CPT CAT III Codes	0432T	1/1/2016	12/31/9999	Repositioning of neurostimulator system for treatment of central sleep apnea; stimulation lead only	
385	CPT CAT III Codes	0433T	1/1/2016	12/31/9999	Repositioning of neurostimulator system for treatment of central sleep apnea; sensing lead only	
386	CPT CAT III Codes	0434T	1/1/2016	12/31/9999	Interrogation device evaluation implanted neurostimulator pulse generator system for central sleep apnea	
387	CPT CAT III Codes	0435T	1/1/2016	12/31/9999	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; single session	
388	CPT CAT III Codes	0436T	1/1/2016	12/31/9999	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; during sleep study	
389	CPT CAT III Codes	0439T	7/1/2016	12/31/9999	Myocardial contrast perfusion echocardiography, at rest or with stress, for assessment of myocardial ischemia or viability (List separately in addition to code for primary procedure)	
390	CPT CAT III Codes	0440T	7/1/2016	12/31/9999	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve	
391	CPT CAT III Codes	0441T	7/1/2016	12/31/9999	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve	
392	CPT CAT III Codes	0442T	7/1/2016	12/31/9999	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve)	
393	CPT CAT III Codes	0443T	7/1/2016	12/31/9999	Real-time spectral analysis of prostate tissue by fluorescence spectroscopy, including imaging guidance (List separately in addition to code for primary procedure)	
394	CPT CAT III Codes	0444T	7/1/2016	12/31/9999	Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion, unilateral or bilateral	
395	CPT CAT III Codes	0445T	7/1/2016	12/31/9999	Subsequent placement of a drug-eluting ocular insert under one or more eyelids, including re-training, and removal of existing insert, unilateral or bilateral	
396	CPT CAT III Codes	0446T	1/1/2017	12/31/9999	Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training	
397	CPT CAT III Codes	0447T	1/1/2017	12/31/9999	Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision	

	A	B	C	D	E	F
398	CPT CAT III Codes	0448T	1/1/2017	12/31/9999	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation	
399	CPT CAT III Codes	0449T	1/1/2017	12/31/9999	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device	
400	CPT CAT III Codes	0450T	1/1/2017	12/31/9999	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; each additional device (List separately in addition to code for primary procedure)	
401	CPT CAT III Codes	0451T	1/1/2017	12/31/9999	Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; complete system (counterpulsation device, vascular graft, implantable vascular hemostatic seal, mechano-electrical skin interface and subcutaneous electrodes)	
402	CPT CAT III Codes	0452T	1/1/2017	12/31/9999	Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; aortic counterpulsation device and vascular hemostatic seal	
403	CPT CAT III Codes	0453T	1/1/2017	12/31/9999	Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; mechano-electrical skin interface	
404	CPT CAT III Codes	0454T	1/1/2017	12/31/9999	Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; subcutaneous electrode	
405	CPT CAT III Codes	0455T	1/1/2017	12/31/9999	Removal of permanently implantable aortic counterpulsation ventricular assist system; complete system (aortic counterpulsation device, vascular hemostatic seal, mechano-electrical skin interface and electrodes)	
406	CPT CAT III Codes	0456T	1/1/2017	12/31/9999	Removal of permanently implantable aortic counterpulsation ventricular assist system; aortic counterpulsation device and vascular hemostatic seal	
407	CPT CAT III Codes	0457T	1/1/2017	12/31/9999	Removal of permanently implantable aortic counterpulsation ventricular assist system; mechano-electrical skin interface	
408	CPT CAT III Codes	0458T	1/1/2017	12/31/9999	Removal of permanently implantable aortic counterpulsation ventricular assist system; subcutaneous electrode	
409	CPT CAT III Codes	0459T	1/1/2017	12/31/9999	Relocation of skin pocket with replacement of implanted aortic counterpulsation ventricular assist device, mechano-electrical skin interface and electrodes	
410	CPT CAT III Codes	0460T	1/1/2017	12/31/9999	Repositioning of previously implanted aortic counterpulsation ventricular assist device; subcutaneous electrode	
411	CPT CAT III Codes	0461T	1/1/2017	12/31/9999	Repositioning of previously implanted aortic counterpulsation ventricular assist device; aortic counterpulsation device	

	A	B	C	D	E	F
412	CPT CAT III Codes	0462T	1/1/2017	12/31/9999	Programming device evaluation (in person) with iterative adjustment of the implantable mechano-electrical skin interface and/or external driver to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable aortic counterpulsation ventricular assist system, per day	
413	CPT CAT III Codes	0463T	1/1/2017	12/31/9999	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable aortic counterpulsation ventricular assist system, per day	
414	CPT CAT III Codes	0464T	1/1/2017	12/31/9999	Visual evoked potential, testing for glaucoma, with interpretation and report	
415	CPT CAT III Codes	0465T	1/1/2017	12/31/9999	Suprachoroidal injection of a pharmacologic agent (does not include supply of medication)	
416	CPT CAT III Codes	0466T	1/1/2017	12/31/9999	Insertion of chest wall respiratory sensor electrode or electrode array, including connection to pulse generator (List separately in addition to code for primary procedure)	
417	CPT CAT III Codes	0467T	1/1/2017	12/31/9999	Revision or replacement of chest wall respiratory sensor electrode or electrode array, including connection to existing pulse generator	
418	CPT CAT III Codes	0468T	1/1/2017	12/31/9999	Removal of chest wall respiratory sensor electrode or electrode array	
419	CPT Codes	15150	1/1/2006	12/31/9999	Tissue cultured skin autograft, trunk, arms, legs; first 25 sq cm or less	
420	CPT Codes	15151	1/1/2006	12/31/9999	Tissue cultured skin autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)	
421	CPT Codes	15152	1/1/2006	12/31/9999	Tissue cultured skin autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	
422	CPT Codes	15155	1/1/2006	12/31/9999	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less	
423	CPT Codes	15156	1/1/2006	12/31/9999	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)	
424	CPT Codes	15157	1/1/2006	12/31/9999	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	
425	CPT Codes	15271	1/1/2012	12/31/9999	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	

	A	B	C	D	E	F
426	CPT Codes	15272	1/1/2012	12/31/9999	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	
427	CPT Codes	15273	1/1/2012	12/31/9999	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	
428	CPT Codes	15274	1/1/2012	12/31/9999	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	
429	CPT Codes	15275	1/1/2012	12/31/9999	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	
430	CPT Codes	15276	1/1/2012	12/31/9999	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	
431	CPT Codes	15277	1/1/2012	12/31/9999	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	
432	CPT Codes	15278	1/1/2012	12/31/9999	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	
433	CPT Codes	15777	1/1/2012	12/31/9999	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)	
434	CPT Codes	17999	1/1/0001	12/31/9999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	
435	CPT Codes	20527	1/1/2012	12/31/9999	Injection, enzyme (eg, collagenase), palmar fascial cord (ie, Dupuytren's contracture)	
436	CPT Codes	20975	1/1/0001	12/31/9999	Electrical stimulation to aid bone healing; invasive (operative)	
437	CPT Codes	20999	1/1/0001	12/31/9999	Unlisted procedure, musculoskeletal system, general	
438	CPT Codes	21089	1/1/0001	12/31/9999	Unlisted maxillofacial prosthetic procedure	
439	CPT Codes	21230	1/1/0001	12/31/9999	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)	
440	CPT Codes	21499	1/1/0001	12/31/9999	Unlisted musculoskeletal procedure, head	
441	CPT Codes	21899	1/1/0001	12/31/9999	Unlisted procedure, neck or thorax	

	A	B	C	D	E	F
442	CPT Codes	22505	1/1/0001	12/31/9999	Manipulation of spine requiring anesthesia, any region	
443	CPT Codes	22856	1/1/2009	12/31/9999	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	
444	CPT Codes	22857	1/1/2007	12/31/9999	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar	
445	CPT Codes	22861	1/1/2009	12/31/9999	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	
446	CPT Codes	22862	1/1/2007	12/31/9999	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	
447	CPT Codes	22899	1/1/0001	12/31/9999	Unlisted procedure, spine	
448	CPT Codes	22999	1/1/0001	12/31/9999	Unlisted procedure, abdomen, musculoskeletal system	
449	CPT Codes	23700	1/1/0001	12/31/9999	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	
450	CPT Codes	23929	1/1/0001	12/31/9999	Unlisted procedure, shoulder	
451	CPT Codes	24300	1/1/2002	12/31/9999	Manipulation, elbow, under anesthesia	
452	CPT Codes	24999	1/1/0001	12/31/9999	Unlisted procedure, humerus or elbow	
453	CPT Codes	25259	1/1/2002	12/31/9999	Manipulation, wrist, under anesthesia	
454	CPT Codes	25675	1/1/0001	12/31/9999	Closed treatment of distal radioulnar dislocation with manipulation	
455	CPT Codes	25999	1/1/0001	12/31/9999	Unlisted procedure, forearm or wrist	
456	CPT Codes	26989	1/1/0001	12/31/9999	Unlisted procedure, hands or fingers	
457	CPT Codes	27275	1/1/0001	12/31/9999	Manipulation, hip joint, requiring general anesthesia	
458	CPT Codes	27299	1/1/0001	12/31/9999	Unlisted procedure, pelvis or hip joint	
459	CPT Codes	27570	1/1/0001	12/31/9999	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	
460	CPT Codes	27599	1/1/0001	12/31/9999	Unlisted procedure, femur or knee	
461	CPT Codes	27702	1/1/0001	12/31/9999	Arthroplasty, ankle; with implant (total ankle)	
462	CPT Codes	27703	1/1/0001	12/31/9999	Arthroplasty, ankle; revision, total ankle	
463	CPT Codes	27860	1/1/0001	12/31/9999	Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)	
464	CPT Codes	27899	1/1/0001	12/31/9999	Unlisted procedure, leg or ankle	
465	CPT Codes	28890	1/1/2006	12/31/9999	Extracorporeal shock wave, high energy, performed by a physician or other qualified health care professional, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia	
466	CPT Codes	28899	1/1/0001	12/31/9999	Unlisted procedure, foot or toes	
467	CPT Codes	29799	1/1/0001	12/31/9999	Unlisted procedure, casting or strapping	
468	CPT Codes	29999	1/1/2002	12/31/9999	Unlisted procedure, arthroscopy	



	A	B	C	D	E	F
469	CPT Codes	31299	1/1/0001	12/31/9999	Unlisted procedure, accessory sinuses	
470	CPT Codes	31599	1/1/0001	12/31/9999	Unlisted procedure, larynx	
471	CPT Codes	31627	1/1/2010	12/31/9999	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure[s])	
472	CPT Codes	31660	1/1/2013	12/31/9999	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe	
473	CPT Codes	31661	1/1/2013	12/31/9999	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes	
474	CPT Codes	31899	1/1/0001	12/31/9999	Unlisted procedure, trachea, bronchi	
475	CPT Codes	32491	1/1/0001	12/31/9999	Removal of lung, other than pneumonectomy; with resection-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, includes any pleural procedure, when performed	
476	CPT Codes	32999	1/1/0001	12/31/9999	Unlisted procedure, lungs and pleura	
477	CPT Codes	33230	1/1/2012	12/31/9999	Insertion of implantable defibrillator pulse generator only; with existing dual leads	
478	CPT Codes	33231	1/1/2012	12/31/9999	Insertion of implantable defibrillator pulse generator only; with existing multiple leads	
479	CPT Codes	33270	1/1/2015	12/31/9999	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed	
480	CPT Codes	33271	1/1/2015	12/31/9999	Insertion of subcutaneous implantable defibrillator electrode	
481	CPT Codes	33340	1/1/2017	12/31/9999	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation	
482	CPT Codes	33418	1/1/2015	12/31/9999	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis	
483	CPT Codes	33419	1/1/2015	12/31/9999	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; additional prosthesis(es) during same session (List separately in addition to code for primary procedure)	
484	CPT Codes	33477	1/1/2016	12/31/9999	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	
485	CPT Codes	33548	1/1/2006	12/31/9999	Surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg, ventricular remodeling, SVR, SAVER, Dor procedures)	

	A	B	C	D	E	F
486	CPT Codes	33880	1/1/2006	12/31/9999	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin	
487	CPT Codes	33881	1/1/2006	12/31/9999	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin	
488	CPT Codes	33883	1/1/2006	12/31/9999	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); initial extension	
489	CPT Codes	33884	1/1/2006	12/31/9999	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); each additional proximal extension (List separately in addition to code for primary procedure)	
490	CPT Codes	33886	1/1/2006	12/31/9999	Placement of distal extension prosthesis(s) delayed after endovascular repair of descending thoracic aorta	
491	CPT Codes	33999	1/1/0001	12/31/9999	Unlisted procedure, cardiac surgery	
492	CPT Codes	34841	1/1/2014	12/31/9999	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)	
493	CPT Codes	34842	1/1/2014	12/31/9999	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	
494	CPT Codes	34843	1/1/2014	12/31/9999	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	

	A	B	C	D	E	F
495	CPT Codes	34844	1/1/2014	12/31/9999	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprosthesis (superior mesenteric, celiac and/or renal artery(s))	
496	CPT Codes	34845	1/1/2014	12/31/9999	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)	
497	CPT Codes	34846	1/1/2014	12/31/9999	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprosthesis (superior mesenteric, celiac and/or renal artery(s))	
498	CPT Codes	34847	1/1/2014	12/31/9999	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprosthesis (superior mesenteric, celiac and/or renal artery(s))	
499	CPT Codes	34848	1/1/2014	12/31/9999	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprosthesis (superior mesenteric, celiac and/or renal artery(s))	
500	CPT Codes	36514	1/1/2003	12/31/9999	Therapeutic apheresis; for plasma pheresis	
501	CPT Codes	37501	1/1/2003	12/31/9999	Unlisted vascular endoscopy procedure	
502	CPT Codes	38129	1/1/0001	12/31/9999	Unlisted laparoscopy procedure, spleen	
503	CPT Codes	38589	1/1/0001	12/31/9999	Unlisted laparoscopy procedure, lymphatic system	
504	CPT Codes	38999	1/1/0001	12/31/9999	Unlisted procedure, hemic or lymphatic system	
505	CPT Codes	39499	1/1/0001	12/31/9999	Unlisted procedure, mediastinum	

	A	B	C	D	E	F
506	CPT Codes	39599	1/1/0001	12/31/9999	Unlisted procedure, diaphragm	
507	CPT Codes	40899	1/1/0001	12/31/9999	Unlisted procedure, vestibule of mouth	
508	CPT Codes	41530	1/1/2009	12/31/9999	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session	
509	CPT Codes	41599	1/1/0001	12/31/9999	Unlisted procedure, tongue, floor of mouth	
510	CPT Codes	41899	1/1/0001	12/31/9999	Unlisted procedure, dentoalveolar structures	
511	CPT Codes	42140	1/1/0001	12/31/9999	Uvulectomy, excision of uvula	
512	CPT Codes	42299	1/1/0001	12/31/9999	Unlisted procedure, palate, uvula	
513	CPT Codes	42699	1/1/0001	12/31/9999	Unlisted procedure, salivary glands or ducts	
514	CPT Codes	42999	1/1/0001	12/31/9999	Unlisted procedure, pharynx, adenoids, or tonsils	
515	CPT Codes	43284	1/1/2017	12/31/9999	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed	
516	CPT Codes	43285	1/1/2017	12/31/9999	Removal of esophageal sphincter augmentation device	
517	CPT Codes	43289	1/1/0001	12/31/9999	Unlisted laparoscopy procedure, esophagus	
518	CPT Codes	43499	1/1/0001	12/31/9999	Unlisted procedure, esophagus	
519	CPT Codes	43647	1/1/2007	12/31/9999	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	
520	CPT Codes	43648	1/1/2007	12/31/9999	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	
521	CPT Codes	43659	1/1/0001	12/31/9999	Unlisted laparoscopy procedure, stomach	
522	CPT Codes	43881	1/1/2007	12/31/9999	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	
523	CPT Codes	43999	1/1/0001	12/31/9999	Unlisted procedure, stomach	
524	CPT Codes	44238	1/1/2003	12/31/9999	Unlisted laparoscopy procedure, intestine (except rectum)	
525	CPT Codes	44799	1/1/0001	12/31/9999	Unlisted procedure, small intestine	
526	CPT Codes	44899	1/1/0001	12/31/9999	Unlisted procedure, Meckel's diverticulum and the mesentery	
527	CPT Codes	44979	1/1/0001	12/31/9999	Unlisted laparoscopy procedure, appendix	
528	CPT Codes	45399	1/1/2015	12/31/9999	Unlisted procedure, colon	
529	CPT Codes	45999	1/1/0001	12/31/9999	Unlisted procedure, rectum	
530	CPT Codes	46999	1/1/0001	12/31/9999	Unlisted procedure, anus	
531	CPT Codes	47379	1/1/2001	12/31/9999	Unlisted laparoscopic procedure, liver	
532	CPT Codes	47399	1/1/0001	12/31/9999	Unlisted procedure, liver	
533	CPT Codes	47579	1/1/0001	12/31/9999	Unlisted laparoscopy procedure, biliary tract	
534	CPT Codes	47999	1/1/0001	12/31/9999	Unlisted procedure, biliary tract	
535	CPT Codes	48999	1/1/0001	12/31/9999	Unlisted procedure, pancreas	

	A	B	C	D	E	F
536	CPT Codes	49329	1/1/0001	12/31/9999	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum	
537	CPT Codes	49659	1/1/0001	12/31/9999	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy	
538	CPT Codes	49999	1/1/0001	12/31/9999	Unlisted procedure, abdomen, peritoneum and omentum	
539	CPT Codes	50549	1/1/0001	12/31/9999	Unlisted laparoscopy procedure, renal	
540	CPT Codes	50949	1/1/2001	12/31/9999	Unlisted laparoscopy procedure, ureter	
541	CPT Codes	52287	1/1/2013	12/31/9999	Cystourethroscopy, with injection(s) for chemodenervation of the bladder	
542	CPT Codes	53899	1/1/0001	12/31/9999	Unlisted procedure, urinary system	
543	CPT Codes	54699	1/1/0001	12/31/9999	Unlisted laparoscopy procedure, testis	
544	CPT Codes	58578	1/1/0001	12/31/9999	Unlisted laparoscopy procedure, uterus	
545	CPT Codes	58579	1/1/0001	12/31/9999	Unlisted hysteroscopy procedure, uterus	
546	CPT Codes	58674	1/1/2017	12/31/9999	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency	
547	CPT Codes	58679	1/1/0001	12/31/9999	Unlisted laparoscopy procedure, oviduct, ovary	
548	CPT Codes	58999	1/1/0001	12/31/9999	Unlisted procedure, female genital system (nonobstetrical)	
549	CPT Codes	59897	1/1/2004	12/31/9999	Unlisted fetal invasive procedure, including ultrasound guidance, when performed	
550	CPT Codes	59898	1/1/0001	12/31/9999	Unlisted laparoscopy procedure, maternity care and delivery	
551	CPT Codes	59899	1/1/0001	12/31/9999	Unlisted procedure, maternity care and delivery	
552	CPT Codes	60699	1/1/0001	12/31/9999	Unlisted procedure, endocrine system	
553	CPT Codes	61863	1/1/2004	12/31/9999	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array	
554	CPT Codes	61867	1/1/2004	12/31/9999	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array	
555	CPT Codes	61880	1/1/0001	12/31/9999	Revision or removal of intracranial neurostimulator electrodes	
556	CPT Codes	61885	1/1/0001	12/31/9999	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	
557	CPT Codes	61886	1/1/0001	12/31/9999	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays	
558	CPT Codes	61888	1/1/0001	12/31/9999	Revision or removal of cranial neurostimulator pulse generator or receiver	
559	CPT Codes	62291	1/1/0001	12/31/9999	Injection procedure for discography, each level; cervical or thoracic	

	A	B	C	D	E	F
560	CPT Codes	62380	1/1/2017	12/31/9999	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar	
561	CPT Codes	63620	1/1/2009	12/31/9999	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	
562	CPT Codes	63621	1/1/2009	12/31/9999	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)	
563	CPT Codes	64553	1/1/0001	12/31/9999	Percutaneous implantation of neurostimulator electrode array; cranial nerve	
564	CPT Codes	64566	1/1/2011	12/31/9999	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	
565	CPT Codes	64568	1/1/2011	12/31/9999	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	
566	CPT Codes	64569	1/1/2011	12/31/9999	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	
567	CPT Codes	64575	1/1/0001	12/31/9999	Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	
568	CPT Codes	64590	1/1/0001	12/31/9999	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling	
569	CPT Codes	64611	1/1/2011	12/31/9999	Chemodeneration of parotid and submandibular salivary glands, bilateral	
570	CPT Codes	64615	1/1/2013	12/31/9999	Chemodeneration of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)	
571	CPT Codes	64999	1/1/0001	12/31/9999	Unlisted procedure, nervous system	
572	CPT Codes	65710	1/1/0001	12/31/9999	Keratoplasty (corneal transplant); anterior lamellar	
573	CPT Codes	65760	1/1/0001	12/31/9999	Keratomileusis	
574	CPT Codes	65765	1/1/0001	12/31/9999	Keratophakia	
575	CPT Codes	66999	1/1/0001	12/31/9999	Unlisted procedure, anterior segment of eye	
576	CPT Codes	67299	1/1/0001	12/31/9999	Unlisted procedure, posterior segment	
577	CPT Codes	67399	1/1/0001	12/31/9999	Unlisted procedure, extraocular muscle	
578	CPT Codes	67599	1/1/0001	12/31/9999	Unlisted procedure, orbit	
579	CPT Codes	68899	1/1/0001	12/31/9999	Unlisted procedure, lacrimal system	
580	CPT Codes	69799	1/1/0001	12/31/9999	Unlisted procedure, middle ear	
581	CPT Codes	69949	1/1/0001	12/31/9999	Unlisted procedure, inner ear	
582	CPT Codes	69979	1/1/0001	12/31/9999	Unlisted procedure, temporal bone, middle fossa approach	
583	CPT Codes	81228	1/1/2012	12/31/9999	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number variants (eg, bacterial artificial chromosome [BAC] or oligo-based comparative genomic hybridization [CGH] microarray analysis)	

	A	B	C	D	E	F
584	CPT Codes	81229	1/1/2012	12/31/9999	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities	
585	CPT Codes	81313	1/1/2015	12/31/9999	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)	
586	CPT Codes	81413	1/1/2017	12/31/9999	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	
587	CPT Codes	81422	1/1/2017	12/31/9999	Fetal chromosomal microdeletion(s) genomic sequence analysis (eg, DiGeorge syndrome, Cri-du-chat syndrome), circulating cell-free fetal DNA in maternal blood	
588	CPT Codes	81439	1/1/2017	12/31/9999	Hereditary cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy), genomic sequence analysis panel, must include sequencing of at least 5 cardiomyopathy-related genes (eg, DSG2, MYBPC3, MYH7, PKP2, TTN)	
589	CPT Codes	81500	1/1/2013	12/31/9999	Oncology (ovarian), biochemical assays of two proteins (CA-125 and HE4), utilizing serum, with menopausal status, algorithm reported as a risk score	
590	CPT Codes	81504	1/1/2014	12/31/9999	Oncology (tissue of origin), microarray gene expression profiling of > 2000 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as tissue similarity scores	
591	CPT Codes	81595	1/1/2016	12/31/9999	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	
592	CPT Codes	83006	1/1/2015	12/31/9999	Growth stimulation expressed gene 2 (ST2, Interleukin 1 receptor like-1)	
593	CPT Codes	84999	1/1/0001	12/31/9999	Unlisted chemistry procedure	
594	CPT Codes	85999	1/1/0001	12/31/9999	Unlisted hematology and coagulation procedure	
595	CPT Codes	86486	1/1/2008	12/31/9999	Skin test; unlisted antigen, each	
596	CPT Codes	86849	1/1/0001	12/31/9999	Unlisted immunology procedure	
597	CPT Codes	88299	1/1/0001	12/31/9999	Unlisted cytogenetic study	
598	CPT Codes	88749	1/1/2011	12/31/9999	Unlisted in vivo (eg, transcutaneous) laboratory service	
599	CPT Codes	90399	1/1/0001	12/31/9999	Unlisted immune globulin	
600	CPT Codes	90749	1/1/0001	12/31/9999	Unlisted vaccine/toxoid	
601	CPT Codes	90867	1/1/2011	12/31/9999	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	

	A	B	C	D	E	F
602	CPT Codes	90868	1/1/2011	12/31/9999	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	
603	CPT Codes	90869	1/1/2012	12/31/9999	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	
604	CPT Codes	90899	1/1/0001	12/31/9999	Unlisted psychiatric service or procedure	
605	CPT Codes	91112	1/1/2013	12/31/9999	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	
606	CPT Codes	91117	1/1/2011	12/31/9999	Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tests, eg, meal, intracolonic balloon distension, pharmacologic agents, if performed), with interpretation and report	
607	CPT Codes	91200	1/1/2015	12/31/9999	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	
608	CPT Codes	91299	1/1/0001	12/31/9999	Unlisted diagnostic gastroenterology procedure	
609	CPT Codes	92499	1/1/0001	12/31/9999	Unlisted ophthalmological service or procedure	
610	CPT Codes	92700	1/1/2003	12/31/9999	Unlisted otorhinolaryngological service or procedure	
611	CPT Codes	92971	1/1/0001	12/31/9999	Cardioassist-method of circulatory assist; external	
612	CPT Codes	93580	1/1/2003	12/31/9999	Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant	
613	CPT Codes	93582	1/1/2014	12/31/9999	Percutaneous transcatheter closure of patent ductus arteriosus	
614	CPT Codes	93644	1/1/2015	12/31/9999	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	
615	CPT Codes	93799	1/1/0001	12/31/9999	Unlisted cardiovascular service or procedure	
616	CPT Codes	93895	1/1/2015	12/31/9999	Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral	
617	CPT Codes	93998	1/1/2012	12/31/9999	Unlisted noninvasive vascular diagnostic study	
618	CPT Codes	94799	1/1/0001	12/31/9999	Unlisted pulmonary service or procedure	
619	CPT Codes	95999	1/1/0001	12/31/9999	Unlisted neurological or neuromuscular diagnostic procedure	
620	CPT Codes	97610	1/1/2014	12/31/9999	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	
621	CPT Codes	99183	1/1/0001	12/31/9999	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session	
622	CPT Codes	99199	1/1/0001	12/31/9999	Unlisted special service, procedure or report	
623	CPT Codes	99600	1/1/2003	12/31/9999	Unlisted home visit service or procedure	
624	CPT Codes - MAAAO	0004M	7/1/2013	12/31/9999	Scoliosis, DNA analysis of 53 single nucleotide polymorphisms (SNPs), using saliva, prognostic algorithm reported as a risk score	



	A	B	C	D	E	F
625	CPT Codes -PLA	0002U	2/1/2017	12/31/9999	Oncology (colorectal), quantitative assessment of three urine metabolites (ascorbic acid, succinic acid and carnitine) by liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring acquisition, algorithm reported as likelihood of adenomatous polyps	
626	CPT Codes -PLA	0003U	2/1/2017	12/31/9999	Oncology (ovarian) biochemical assays of five proteins (apolipoprotein A-1, CA 125 II, follicle stimulating hormone, human epididymis protein 4, transferrin), utilizing serum, algorithm reported as a likelihood score	
627	CPT Codes -PLA	0006U	8/1/2017	12/31/9999	Prescription drug monitoring, 120 or more drugs and substances, definitive tandem mass spectrometry with chromatography, urine, qualitative report of presence (including quantitative levels, when detected) or absence of each drug or substance with description and severity of potential interactions, with identified substances, per date of service	
628	CPT Codes -PLA	0007U	8/1/2017	12/31/9999	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in comparison to buccal DNA, per date of service	
629	CPT Codes -PLA	0008U	8/1/2017	12/31/9999	Helicobacter pylori detection and antibiotic resistance, DNA, 16S and 23S rRNA, gyrA, pbp1, rdxA and rpoB, next generation sequencing, formalin-fixed paraffin-embedded or fresh tissue, predictive, reported as positive or negative for resistance to clarithromycin, fluoroquinolones, metronidazole, amoxicillin, tetracycline and rifabutin	
630	CPT Codes -PLA	0009U	8/1/2017	12/31/9999	Oncology (breast cancer), ERBB2 (HER2) copy number by FISH, tumor cells from formalin-fixed paraffin-embedded tissue isolated using image-based dielectrophoresis (DEP) sorting, reported as ERBB2 gene amplified or non-amplified	
631	CPT Codes -PLA	0010U	8/1/2017	12/31/9999	Infectious disease (bacterial), strain typing by whole genome sequencing, phylogenetic-based report of strain relatedness, per submitted isolate	
632	CPT Codes -PLA	0011U	8/1/2017	12/31/9999	Prescription drug monitoring, evaluation of drugs present by LC-MS/MS, using oral fluid, reported as a comparison to an estimated steady-state range, per date of service including all drug compounds and metabolites	
633	CPT Codes -PLA	0012U	8/1/2017	12/31/9999	Germline disorders, gene rearrangement detection by whole genome next-generation sequencing, DNA, whole blood, report of specific gene rearrangement(s)	
634	CPT Codes -PLA	0013U	8/1/2017	12/31/9999	Oncology (solid organ neoplasia), gene rearrangement detection by whole genome next-generation sequencing, DNA, fresh or frozen tissue or cells, report of specific gene rearrangement(s)	
635	CPT Codes -PLA	0014U	8/1/2017	12/31/9999	Hematology (hematolymphoid neoplasia), gene rearrangement detection by whole genome next-generation sequencing, DNA, whole blood or bone marrow, report of specific gene rearrangement(s)	

	A	B	C	D	E	F
636	CPT Codes -PLA	0015U	8/1/2017	12/31/9999	Drug metabolism (adverse drug reactions), DNA, 22 drug metabolism and transporter genes, real-time PCR, blood or buccal swab, genotype and metabolizer status for therapeutic decision support	
637	CPT Codes -PLA	0016U	8/1/2017	12/31/9999	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	
638	CPT Codes -PLA	0017U	8/1/2017	12/31/9999	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	
639	HCPCS Codes	A0999	01/01/87	12/31/9999	Unlisted ambulance service	
640	HCPCS Codes	A4555	01/01/14	12/31/9999	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only	
641	HCPCS Codes	A7047	01/01/14	12/31/9999	Oral interface used with respiratory suction pump, each	
642	HCPCS Codes	C1840	10/01/11	12/31/9999	Lens, intraocular (telescopic)	
643	HCPCS Codes	C1841	10/01/13	12/31/9999	Retinal prosthesis, includes all internal and external components	
644	HCPCS Codes	C1842	01/01/17	12/31/9999	Retinal prosthesis, includes all internal and external components; add-on to C1841	
645	HCPCS Codes	C2624	01/01/15	12/31/9999	Implantable wireless pulmonary artery pressure sensor with delivery catheter, including all system components	
646	HCPCS Codes	C5271	01/01/14	12/31/9999	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	
647	HCPCS Codes	C5272	01/01/14	12/31/9999	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	
648	HCPCS Codes	C5273	01/01/14	12/31/9999	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	
649	HCPCS Codes	C5274	01/01/14	12/31/9999	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	
650	HCPCS Codes	C5275	01/01/14	12/31/9999	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	
651	HCPCS Codes	C5276	01/01/14	12/31/9999	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	

	A	B	C	D	E	F
652	HCPCS Codes	C5277	01/01/14	12/31/9999	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	
653	HCPCS Codes	C5278	01/01/14	12/31/9999	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	
654	HCPCS Codes	C9352	01/01/08	12/31/9999	Microporous collagen implantable tube (neuragen nerve guide), per centimeter length	
655	HCPCS Codes	C9353	01/01/08	12/31/9999	Microporous collagen implantable slit tube (neurawrap nerve protector), per centimeter length	
656	HCPCS Codes	C9358	07/01/08	12/31/9999	Dermal substitute, native, non-denatured collagen, fetal bovine origin (surgimend collagen matrix), per 0.5 square centimeters	
657	HCPCS Codes	C9360	07/01/09	12/31/9999	Dermal substitute, native, non-denatured collagen, neonatal bovine origin (surgimend collagen matrix), per 0.5 square centimeters	
658	HCPCS Codes	E0446	01/01/11	12/31/9999	Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories	
659	HCPCS Codes	E0766	01/01/14	12/31/9999	Electrical stimulation device used for cancer treatment, includes all accessories, any type	
660	HCPCS Codes	G0166	01/01/00	12/31/9999	External counterpulsation, per treatment session	
661	HCPCS Codes	G0277	01/01/15	12/31/9999	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	
662	HCPCS Codes	G0422	01/01/10	12/31/9999	Intensive cardiac rehabilitation; with or without continuous ecg monitoring with exercise, per session	
663	HCPCS Codes	G0423	01/01/10	12/31/9999	Intensive cardiac rehabilitation; with or without continuous ecg monitoring; without exercise, per session	
664	HCPCS Codes	G0448	01/01/12	12/31/9999	Insertion or replacement of a permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber with insertion of pacing electrode, cardiac venous system, for left ventricular pacing	
665	HCPCS Codes	G0455	01/01/13	12/31/9999	Preparation with instillation of fecal microbiota by any method, including assessment of donor specimen	
666	HCPCS Codes	G0460	08/02/12	12/31/9999	Autologous platelet rich plasma for chronic wounds/ulcers, including phlebotomy, centrifugation, and all other preparatory procedures, administration and dressings, per treatment	
667	HCPCS Codes	J3590	01/01/03	12/31/9999	Unclassified biologics	
668	HCPCS Codes	J9999	01/01/86	12/31/9999	Not otherwise classified, antineoplastic drugs	
669	HCPCS Codes	L8614	01/01/92	12/31/9999	Cochlear device, includes all internal and external components	
670	HCPCS Codes	L8619	01/01/96	12/31/9999	Cochlear implant, external speech processor and controller, integrated system, replacement	
671	HCPCS Codes	L8641	01/01/92	12/31/9999	Metatarsal joint implant	

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672	HCPCS Codes	L8642	01/01/92	12/31/9999	Hallux implant	
673	HCPCS Codes	L8679	01/01/14	12/31/9999	Implantable neurostimulator, pulse generator, any type	
674	HCPCS Codes	Q1004	07/01/99	12/31/9999	New technology intraocular lens category 4 as defined in federal register notice	
675	HCPCS Codes	Q1005	07/01/99	12/31/9999	New technology intraocular lens category 5 as defined in federal register notice	
676	HCPCS Codes	Q4082	01/01/07	12/31/9999	Drug or biological, not otherwise classified, part b drug competitive acquisition program (cap)	
677	HCPCS Codes	Q4100	01/01/09	12/31/9999	Skin substitute, not otherwise specified	
678	HCPCS Codes	Q4102	01/01/09	12/31/9999	Oasis wound matrix, per square centimeter	
679	HCPCS Codes	Q4106	01/01/09	12/31/9999	Dermagraft, per square centimeter	
680	HCPCS Codes	Q4122	01/01/12	12/31/9999	Dermacell, per square centimeter	
681	HCPCS Codes	Q4123	01/01/12	12/31/9999	Alloskin rt, per square centimeter	
682	HCPCS Codes	Q4124	01/01/12	12/31/9999	Oasis ultra tri-layer wound matrix, per square centimeter	
683	HCPCS Codes	Q4125	01/01/12	12/31/9999	Arthroflex, per square centimeter	
684	HCPCS Codes	Q4126	01/01/12	12/31/9999	Memoderm, dermaspan, tranzgraft or integuply, per square centimeter	
685	HCPCS Codes	Q4127	01/01/12	12/31/9999	Talymed, per square centimeter	
686	HCPCS Codes	Q4128	01/01/12	12/31/9999	Flex hd, allopatch hd, or matrix hd, per square centimeter	
687	HCPCS Codes	Q4130	01/01/12	12/31/9999	Strattice tm, per square centimeter	
688	HCPCS Codes	Q4131	01/01/13	12/31/9999	Epifix or epicord, per square centimeter	
689	HCPCS Codes	Q4132	01/01/13	12/31/9999	Grafix core, per square centimeter	
690	HCPCS Codes	Q4133	01/01/13	12/31/9999	Grafix prime, per square centimeter	
691	HCPCS Codes	Q4134	01/01/13	12/31/9999	Hmatrix, per square centimeter	
692	HCPCS Codes	Q4135	01/01/13	12/31/9999	Mediskin, per square centimeter	
693	HCPCS Codes	Q4136	01/01/13	12/31/9999	Ez-derm, per square centimeter	
694	HCPCS Codes	Q4137	01/01/14	12/31/9999	Amnioexcel or biodexcel, per square centimeter	
695	HCPCS Codes	Q4138	01/01/14	12/31/9999	Biodfence dryflex, per square centimeter	
696	HCPCS Codes	Q4139	01/01/14	12/31/9999	Amniomatrix or biodmatrix, injectable, 1 cc	
697	HCPCS Codes	Q4140	01/01/14	12/31/9999	Biodfence, per square centimeter	
698	HCPCS Codes	Q4141	01/01/14	12/31/9999	Alloskin ac, per square centimeter	
699	HCPCS Codes	Q4142	01/01/14	12/31/9999	Xcm biologic tissue matrix, per square centimeter	
700	HCPCS Codes	Q4143	01/01/14	12/31/9999	Repriza, per square centimeter	
701	HCPCS Codes	Q4145	01/01/14	12/31/9999	Epifix, injectable, 1 mg	
702	HCPCS Codes	Q4146	01/01/14	12/31/9999	Tensix, per square centimeter	

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703	HCPCS Codes	Q4147	01/01/14	12/31/9999	Architect, architect px, or architect fx, extracellular matrix, per square centimeter	
704	HCPCS Codes	Q4148	01/01/14	12/31/9999	Neox 1k, per square centimeter	
705	HCPCS Codes	Q4149	01/01/14	12/31/9999	Excellagen, 0.1 cc	
706	HCPCS Codes	Q4150	01/01/15	12/31/9999	Allowrap ds or dry, per square centimeter	
707	HCPCS Codes	Q4151	01/01/15	12/31/9999	Amnioband or guardian, per square centimeter	
708	HCPCS Codes	Q4152	01/01/15	12/31/9999	Dermapure, per square centimeter	
709	HCPCS Codes	Q4153	01/01/15	12/31/9999	DermaVest and Plurivest, per square centimeter	
710	HCPCS Codes	Q4154	01/01/15	12/31/9999	Biovance, per square centimeter	
711	HCPCS Codes	Q4155	01/01/15	12/31/9999	Neoxflo or clariflo, 1 mg	
712	HCPCS Codes	Q4156	01/01/15	12/31/9999	Neox 100, per square centimeter	
713	HCPCS Codes	Q4157	01/01/15	12/31/9999	Revitalon, per square centimeter	
714	HCPCS Codes	Q4158	01/01/15	12/31/9999	Marigen, per square centimeter	
715	HCPCS Codes	Q4159	01/01/15	12/31/9999	Affinity, per square centimeter	
716	HCPCS Codes	Q4160	01/01/15	12/31/9999	Nushield, per square centimeter	
717	HCPCS Codes	Q4161	01/01/16	12/31/9999	Bio-connekt wound matrix, per square centimeter	
718	HCPCS Codes	Q4162	01/01/16	12/31/9999	Amniopro flow, bioskin flow, biorenew flow, woundex flow, amniogen-a, amniogen-c, 0.5 cc	
719	HCPCS Codes	Q4163	01/01/16	12/31/9999	Amniopro, bioskin, biorenew, woundex, amniogen-45, amniogen-200, per square centimeter	
720	HCPCS Codes	Q4164	01/01/16	12/31/9999	Helicoll, per square centimeter	
721	HCPCS Codes	Q4165	01/01/16	12/31/9999	Keramatrix, per square centimeter	
722	HCPCS Codes	Q4166	01/01/17	12/31/9999	Cytal, per square centimeter	
723	HCPCS Codes	Q4167	01/01/17	12/31/9999	Truskin, per square centimeter	
724	HCPCS Codes	Q4168	01/01/17	12/31/9999	Amnioband, 1 mg	
725	HCPCS Codes	Q4169	01/01/17	12/31/9999	Artacent wound, per square centimeter	
726	HCPCS Codes	Q4170	01/01/17	12/31/9999	Cygnus, per square centimeter	
727	HCPCS Codes	Q4171	01/01/17	12/31/9999	Interfyl, 1 mg	
728	HCPCS Codes	Q4172	01/01/17	12/31/9999	Puraply or puraply am, per square centimeter	
729	HCPCS Codes	Q4173	01/01/17	12/31/9999	Palingen or palingen xplus, per square centimeter	
730	HCPCS Codes	Q4174	01/01/17	12/31/9999	Palingen or promatr, 0.36 mg per 0.25 cc	
731	HCPCS Codes	Q4175	01/01/17	12/31/9999	Miroderm, per square centimeter	
732	HCPCS Codes	S0810	01/01/00	12/31/9999	Photorefractive keratectomy (prk)	
733	HCPCS Codes	S1090	07/01/12	12/31/9999	Mometasone furoate sinus implant, 370 micrograms	
734	HCPCS Codes	S2080	01/01/02	12/31/9999	Laser-assisted uvulopalatoplasty (laup)	

	A	B	C	D	E	F
735	HCPCS Codes	S2095	01/01/04	12/31/9999	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres	
736	HCPCS Codes	S2235	10/01/03	12/31/9999	Implantation of auditory brain stem implant	
737	HCPCS Codes	S2404	01/01/02	12/31/9999	Repair, myelomeningocele in the fetus, procedure performed in utero	
738	HCPCS Codes	S3800	07/01/07	12/31/9999	Genetic testing for amyotrophic lateral sclerosis (als)	
739	HCPCS Codes	S3842	07/01/03	12/31/9999	Genetic testing for von hippel-lindau disease	
740	HCPCS Codes	S3854	07/01/16	12/31/9999	Gene expression profiling panel for use in the management of breast cancer treatment	
741	HCPCS Codes	S3861	10/01/08	12/31/9999	Genetic testing, sodium channel, voltage-gated, type v, alpha subunit (scn5a) and variants for suspected brugada syndrome	
742	HCPCS Codes	S3865	04/01/09	12/31/9999	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	
743	HCPCS Codes	S3866	04/01/09	12/31/9999	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (hcm) in an individual with a known hcm mutation in the family	
744	HCPCS Codes	S3870	04/01/09	12/31/9999	Comparative genomic hybridization (cgh) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability	
745	HCPCS Codes	S9960	01/01/14	12/31/9999	Ambulance service, conventional air service, nonemergency transport, one way (fixed wing)	
746	HCPCS Codes	S9961	01/01/14	12/31/9999	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)	
747	CPT CAT III Codes	0406T	1/1/2016	12/31/9999	Nasal endoscopy, surgical, ethmoid sinus, placement of drug eluting implant;	
748	CPT CAT III Codes	0407T	1/1/2016	12/31/9999	Nasal endoscopy, surgical, ethmoid sinus, placement of drug eluting implant; with biopsy, polypectomy or debridement	
749	CPT CAT III Codes	0421T	1/1/2016	12/31/9999	Transurethral waterjet ablation of prostate, including control of post-operative bleeding, including ultrasound guidance, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included when performed)	
750	CPT CAT III Codes	0422T	1/1/2016	12/31/9999	Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral	
751	CPT CAT III Codes	0423T	1/1/2016	12/31/9999	Secretory type II phospholipase A2 (sPLA2-IIA)	
752	CPT Codes	21073	1/1/2008	12/31/9999	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)	
753	CPT Codes	31647	1/1/2013	12/31/9999	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe	

	A	B	C	D	E	F
754	CPT Codes	31651	1/1/2013	12/31/9999	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure(s))	
755	CPT Codes	37790	1/1/0001	12/31/9999	Penile venous occlusive procedure	
756	CPT Codes	41512	1/1/2009	12/31/9999	Tongue base suspension, permanent suture technique	
757	CPT Codes	69715	1/1/2001	12/31/9999	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	
758	CPT Codes	69717	1/1/2001	12/31/9999	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	
759	CPT Codes	69718	1/1/2001	12/31/9999	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	
760	CPT Codes	69930	1/1/0001	12/31/9999	Cochlear device implantation, with or without mastoidectomy	
761	CPT Codes	76499	1/1/0001	12/31/9999	Unlisted diagnostic radiographic procedure	
762	CPT Codes	78199	1/1/0001	12/31/9999	Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine	
763	CPT Codes	78399	1/1/0001	12/31/9999	Unlisted musculoskeletal procedure, diagnostic nuclear medicine	
764	HCPCS Codes	E0670	01/01/13	12/31/9999	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk	
765	HCPCS Codes	E0691	01/01/03	12/31/9999	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 square feet or less	
766	HCPCS Codes	E0692	01/01/03	12/31/9999	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 foot panel	
767	HCPCS Codes	E0693	01/01/03	12/31/9999	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 foot panel	
768	HCPCS Codes	E0747	01/01/86	12/31/9999	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications	
769	HCPCS Codes	E0748	01/01/96	12/31/9999	Osteogenesis stimulator, electrical, non-invasive, spinal applications	
770	HCPCS Codes	E0760	01/01/97	12/31/9999	Osteogenesis stimulator, low intensity ultrasound, non-invasive	
771	HCPCS Codes	L8680	01/01/06	12/31/9999	Implantable neurostimulator electrode, each	
772	HCPCS Codes	L8686	01/01/06	12/31/9999	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension	
773	HCPCS Codes	L8687	01/01/06	12/31/9999	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	
774	CPT CAT III Codes	0058T	1/1/2011	12/31/9999	Cryopreservation; reproductive tissue, ovarian	
775	CPT CAT III Codes	0357T	1/1/2015	12/31/9999	Cryopreservation; immature oocyte(s)	

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776	CPT Codes	55899	1/1/0001	12/31/9999	Unlisted procedure, male genital system	
777	CPT Codes	89240	1/1/2004	12/31/9999	Unlisted miscellaneous pathology test	
778	CPT Codes	89251	1/1/0001	12/31/9999	Culture of oocyte(s)/embryo(s), less than 4 days; with co-culture of oocyte(s)/embryos	
779	CPT Codes	89344	1/1/2004	12/31/9999	Storage (per year); reproductive tissue, testicular/ovarian	
780	CPT Codes	89346	1/1/2004	12/31/9999	Storage (per year); oocyte(s)	
781	CPT Codes	89354	1/1/2004	12/31/9999	Thawing of cryopreserved; reproductive tissue, testicular/ovarian	
782	CPT Codes	89356	1/1/2004	12/31/9999	Thawing of cryopreserved; oocytes, each aliquot	
783	CPT Codes	89398	1/1/2010	12/31/9999	Unlisted reproductive medicine laboratory procedure	
784	HCPCS Codes	C9727	10/01/06	12/31/9999	Insertion of implants into the soft palate; minimum of three implants	
785	CPT Codes	38204	1/1/2003	12/31/9999	Management of recipient hematopoietic progenitor cell donor search and cell acquisition	
786	CPT Codes	38205	1/1/2003	12/31/9999	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic	
787	CPT Codes	38206	1/1/2003	12/31/9999	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	
788	CPT Codes	38207	1/1/2003	12/31/9999	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage	
789	CPT Codes	38208	1/1/2003	12/31/9999	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor	
790	CPT Codes	38209	1/1/2003	12/31/9999	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor	
791	CPT Codes	38210	1/1/2003	12/31/9999	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion	
792	CPT Codes	38211	1/1/2003	12/31/9999	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion	
793	CPT Codes	38212	1/1/2003	12/31/9999	Transplant preparation of hematopoietic progenitor cells; red blood cell removal	
794	CPT Codes	38213	1/1/2003	12/31/9999	Transplant preparation of hematopoietic progenitor cells; platelet depletion	
795	CPT Codes	38214	1/1/2003	12/31/9999	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion	
796	CPT Codes	38215	1/1/2003	12/31/9999	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer	
797	CPT Codes	38230	1/1/0001	12/31/9999	Bone marrow harvesting for transplantation; allogeneic	
798	CPT Codes	38232	1/1/2012	12/31/9999	Bone marrow harvesting for transplantation; autologous	
799	CPT Codes	38240	1/1/0001	12/31/9999	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	
800	CPT Codes	38241	1/1/0001	12/31/9999	Hematopoietic progenitor cell (HPC); autologous transplantation	
801	CPT Codes	38242	1/1/2003	12/31/9999	Allogeneic lymphocyte infusions	
802	CPT Codes	44133	1/1/2001	12/31/9999	Donor enterectomy (including cold preservation), open; partial, from living donor	



	A	B	C	D	E	F
803	HCPCS Codes	G0341	10/01/04	12/31/9999	Percutaneous islet cell transplant, includes portal vein catheterization and infusion	
804	HCPCS Codes	G0342	10/01/04	12/31/9999	Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion	
805	HCPCS Codes	G0343	10/01/04	12/31/9999	Laparotomy for islet cell transplant, includes portal vein catheterization and infusion	
806	HCPCS Codes	S2140	01/01/01	12/31/9999	Cord blood harvesting for transplantation, allogeneic	
807	HCPCS Codes	S2142	01/01/01	12/31/9999	Cord blood-derived stem-cell transplantation, allogeneic	
808	HCPCS Codes	S2150	01/01/02	12/31/9999	Bone marrow or blood-derived stem cells (peripheral or umbilical), allogeneic 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	
809	CPT Codes	36299	1/1/0001	12/31/9999	Unlisted procedure, vascular injection	
810	CPT Codes	37799	1/1/0001	12/31/9999	Unlisted procedure, vascular surgery	
811	HCPCS Codes	S2202	01/01/01	12/31/9999	Echosclerotherapy	
812	CPT Codes	36465	<b>1/1/2018</b>	12/31/9999	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)	
813	CPT Codes	36466	<b>1/1/2018</b>	12/31/9999	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg	
814	CPT Codes	36482	<b>1/1/2018</b>	12/31/9999	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	
815	CPT Codes	36483	<b>1/1/2018</b>	12/31/9999	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)	
816	HCPCS Codes	E1902	01/01/02	12/31/9999	Communication board, non-electronic augmentative or alternative communication device	
817	HCPCS Codes	L1840	01/01/86	12/31/9999	Knee orthosis, derotation, medial-lateral, anterior cruciate ligament, custom fabricated	
818	HCPCS Codes	L1844	01/01/93	12/31/9999	Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	

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819	HCPCS Codes	L1846	01/01/88	12/31/9999	Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	
820	HCPCS Codes	L2005	01/01/05	12/31/9999	Knee ankle foot orthosis, any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated	
821	HCPCS Codes	L5781	01/01/03	12/31/9999	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	
822	HCPCS Codes	L5782	01/01/03	12/31/9999	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty	
823	HCPCS Codes	L5828	01/01/88	12/31/9999	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	
824	HCPCS Codes	L5845	01/01/96	12/31/9999	Addition, endoskeletal, knee-shin system, stance flexion feature, adjustable	
825	HCPCS Codes	L5848	01/01/03	12/31/9999	Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability	
826	HCPCS Codes	L5856	01/01/05	12/31/9999	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type	
827	HCPCS Codes	L5857	01/01/05	12/31/9999	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type	
828	HCPCS Codes	L5858	01/01/06	12/31/9999	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type	
829	HCPCS Codes	L5859	01/01/13	12/31/9999	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	
830	HCPCS Codes	L5930	01/01/96	12/31/9999	Addition, endoskeletal system, high activity knee control frame	
831	HCPCS Codes	L5969	01/01/14	12/31/9999	Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)	
832	HCPCS Codes	L5973	01/01/10	12/31/9999	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source	
833	HCPCS Codes	L5981	01/01/94	12/31/9999	All lower extremity prostheses, flex-walk system or equal	
834	HCPCS Codes	L5999	01/01/82	12/31/9999	Lower extremity prosthesis, not otherwise specified	
835	HCPCS Codes	L6026	01/01/15	12/31/9999	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)	
836	HCPCS Codes	L6611	01/01/07	12/31/9999	Addition to upper extremity prosthesis, external powered, additional switch, any type	
837	HCPCS Codes	L6638	01/01/03	12/31/9999	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow	
838	HCPCS Codes	L6646	01/01/03	12/31/9999	Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system	

	A	B	C	D	E	F
839	HCPCS Codes	L6647	01/01/03	12/31/9999	Upper extremity addition, shoulder lock mechanism, body powered actuator	
840	HCPCS Codes	L6648	01/01/03	12/31/9999	Upper extremity addition, shoulder lock mechanism, external powered actuator	
841	HCPCS Codes	L6715	01/01/12	12/31/9999	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement	
842	HCPCS Codes	L6880	01/01/12	12/31/9999	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	
843	HCPCS Codes	L6882	01/01/02	12/31/9999	Microprocessor control feature, addition to upper limb prosthetic terminal device	
844	HCPCS Codes	L6920	01/01/88	12/31/9999	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	
845	HCPCS Codes	L6925	01/01/88	12/31/9999	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	
846	HCPCS Codes	L6930	01/01/88	12/31/9999	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	
847	HCPCS Codes	L6935	01/01/88	12/31/9999	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	
848	HCPCS Codes	L6940	01/01/88	12/31/9999	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	
849	HCPCS Codes	L6945	01/01/88	12/31/9999	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	
850	HCPCS Codes	L6950	01/01/88	12/31/9999	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	
851	HCPCS Codes	L6955	01/01/88	12/31/9999	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	
852	HCPCS Codes	L6960	01/01/88	12/31/9999	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 device	

	A	B	C	D	E	F
853	HCPCS Codes	L6965	01/01/88	12/31/9999	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 control of terminal device	
854	HCPCS Codes	L6970	01/01/88	12/31/9999	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 device	
855	HCPCS Codes	L6975	01/01/88	12/31/9999	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 control of terminal device	
856	HCPCS Codes	L7007	01/01/07	12/31/9999	Electric hand, switch or myoelectric controlled, adult	
857	HCPCS Codes	L7008	01/01/07	12/31/9999	Electric hand, switch or myoelectric, controlled, pediatric	
858	HCPCS Codes	L7009	01/01/07	12/31/9999	Electric hook, switch or myoelectric controlled, adult	
859	HCPCS Codes	L7040	01/01/88	12/31/9999	Prehensile actuator, switch controlled	
860	HCPCS Codes	L7045	01/01/88	12/31/9999	Electric hook, switch or myoelectric controlled, pediatric	
861	HCPCS Codes	L7170	01/01/88	12/31/9999	Electronic elbow, hosmer or equal, switch controlled	
862	HCPCS Codes	L7180	01/01/88	12/31/9999	Electronic elbow, microprocessor sequential control of elbow and terminal device	
863	HCPCS Codes	L7181	01/01/05	12/31/9999	Electronic elbow, microprocessor simultaneous control of elbow and terminal device	
864	HCPCS Codes	L7185	01/01/88	12/31/9999	Electronic elbow, adolescent, variety village or equal, switch controlled	
865	HCPCS Codes	L7186	01/01/89	12/31/9999	Electronic elbow, child, variety village or equal, switch controlled	
866	HCPCS Codes	L7190	01/01/88	12/31/9999	Electronic elbow, adolescent, variety village or equal, myoelectronically controlled	
867	HCPCS Codes	L7191	01/01/89	12/31/9999	Electronic elbow, child, variety village or equal, myoelectronically controlled	
868	HCPCS Codes	L7259	01/01/15	12/31/9999	Electronic wrist rotator, any type	
869	HCPCS Codes	L7499	01/01/85	12/31/9999	Upper extremity prosthesis, not otherwise specified	
870	HCPCS Codes	L8040	01/01/01	12/31/9999	Nasal prosthesis, provided by a non-physician	
871	HCPCS Codes	L8041	01/01/01	12/31/9999	Midfacial prosthesis, provided by a non-physician	
872	HCPCS Codes	L8042	01/01/01	12/31/9999	Orbital prosthesis, provided by a non-physician	
873	HCPCS Codes	L8043	01/01/01	12/31/9999	Upper facial prosthesis, provided by a non-physician	
874	HCPCS Codes	L8044	01/01/01	12/31/9999	Hemi-facial prosthesis, provided by a non-physician	
875	HCPCS Codes	L8045	01/01/01	12/31/9999	Auricular prosthesis, provided by a non-physician	
876	HCPCS Codes	L8046	01/01/01	12/31/9999	Partial facial prosthesis, provided by a non-physician	
877	HCPCS Codes	L8047	01/01/01	12/31/9999	Nasal septal prosthesis, provided by a non-physician	

	A	B	C	D	E	F
878	HCPCS Codes	L8048	01/01/01	12/31/9999	Unspecified maxillofacial prosthesis, by report, provided by a non-physician	
879	HCPCS Codes	L8049	01/01/01	12/31/9999	Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments, provided by a non-physician	
880	HCPCS Codes	L8499	01/01/82	12/31/9999	Unlisted procedure for miscellaneous prosthetic services	
881	HCPCS Codes	L8510	01/01/02	12/31/9999	Voice amplifier	
882	HCPCS Codes	S1040	10/01/02	12/31/9999	Cranial remolding orthosis, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)	
883	HCPCS Codes	V5336	01/01/90	12/31/9999	Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid)	
884	CPT CAT III Codes	0312T	1/1/2013	12/31/9999	Vagus nerve blocking therapy (morbid obesity); laparoscopic implantation of neurostimulator electrode array, anterior and posterior vagal trunks adjacent to esophagogastric junction (EGJ), with implantation of pulse generator, includes programming	
885	CPT CAT III Codes	0313T	1/1/2013	12/31/9999	Vagus nerve blocking therapy (morbid obesity); laparoscopic revision or replacement of vagal trunk neurostimulator electrode array, including connection to existing pulse generator	
886	CPT CAT III Codes	0314T	1/1/2013	12/31/9999	Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator electrode array and pulse generator	
887	CPT CAT III Codes	0315T	1/1/2013	12/31/9999	Vagus nerve blocking therapy (morbid obesity); removal of pulse generator	
888	CPT CAT III Codes	0316T	1/1/2013	12/31/9999	Vagus nerve blocking therapy (morbid obesity); replacement of pulse generator	
889	CPT CAT III Codes	0317T	1/1/2013	12/31/9999	Vagus nerve blocking therapy (morbid obesity); neurostimulator pulse generator electronic analysis, includes reprogramming when performed	
890	CPT Codes	43631	1/1/0001	12/31/9999	Gastrectomy, partial, distal; with gastroduodenostomy	
891	CPT Codes	43632	1/1/0001	12/31/9999	Gastrectomy, partial, distal; with gastrojejunostomy	
892	CPT Codes	43633	1/1/0001	12/31/9999	Gastrectomy, partial, distal; with Roux-en-Y reconstruction	
893	CPT Codes	43634	1/1/0001	12/31/9999	Gastrectomy, partial, distal; with formation of intestinal pouch	
894	CPT Codes	43644	1/1/2005	12/31/9999	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	
895	CPT Codes	43645	1/1/2005	12/31/9999	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	
896	CPT Codes	43770	1/1/2006	12/31/9999	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	
897	CPT Codes	43771	1/1/2006	12/31/9999	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	
898	CPT Codes	43772	1/1/2006	12/31/9999	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	
899	CPT Codes	43773	1/1/2006	12/31/9999	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	

	A	B	C	D	E	F
900	CPT Codes	43774	1/1/2006	12/31/9999	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	
901	CPT Codes	43775	1/1/2010	12/31/9999	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	
902	CPT Codes	43842	1/1/0001	12/31/9999	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	
903	CPT Codes	43843	1/1/0001	12/31/9999	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	
904	CPT Codes	43845	1/1/2005	12/31/9999	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)	
905	CPT Codes	43846	1/1/0001	12/31/9999	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	
906	CPT Codes	43847	1/1/0001	12/31/9999	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	
907	CPT Codes	43848	1/1/0001	12/31/9999	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	
908	CPT Codes	43855	1/1/0001	12/31/9999	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; with vagotomy	
909	CPT Codes	43860	1/1/0001	12/31/9999	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy	
910	CPT Codes	43865	1/1/0001	12/31/9999	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy	
911	CPT Codes	43886	1/1/2006	12/31/9999	Gastric restrictive procedure, open; revision of subcutaneous port component only	
912	CPT Codes	43888	1/1/2006	12/31/9999	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	
913	HCPCS Codes	Q5001	01/01/07	12/31/9999	Hospice or home health care provided in patient's home/residence	
914	HCPCS Codes	Q5002	01/01/07	12/31/9999	Hospice or home health care provided in assisted living facility	
915	HCPCS Codes	Q5003	01/01/07	12/31/9999	Hospice care provided in nursing long term care facility (ltc) or non-skilled nursing facility (nf)	
916	HCPCS Codes	Q5004	01/01/07	12/31/9999	Hospice care provided in skilled nursing facility (snf)	
917	HCPCS Codes	Q5005	01/01/07	12/31/9999	Hospice care provided in inpatient hospital	
918	HCPCS Codes	Q5006	01/01/07	12/31/9999	Hospice care provided in inpatient hospice facility	
919	HCPCS Codes	Q5007	01/01/07	12/31/9999	Hospice care provided in long term care facility	
920	HCPCS Codes	Q5008	01/01/07	12/31/9999	Hospice care provided in inpatient psychiatric facility	
921	HCPCS Codes	Q5009	01/01/07	12/31/9999	Hospice or home health care provided in place not otherwise specified (nos)	
922	HCPCS Codes	Q5010	10/01/10	12/31/9999	Hospice home care provided in a hospice facility	

	A	B	C	D	E	F
923	HCPCS Codes	S9122	01/01/00	12/31/9999	Home health aide or certified nurse assistant, providing care in the home; per hour	
924	HCPCS Codes	S9123	01/01/00	12/31/9999	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when cpt codes 99500-99602 can be used)	
925	HCPCS Codes	S9124	01/01/00	12/31/9999	Nursing care, in the home; by licensed practical nurse, per hour	
926	HCPCS Codes	S9125	01/01/00	12/31/9999	Respite care, in the home, per diem	
927	HCPCS Codes	S9126	01/01/00	12/31/9999	Hospice care, in the home, per diem	
928	HCPCS Codes	S9325	01/01/02	12/31/9999	Home infusion therapy, pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (do not use this code with s9326, s9327 or s9328)	
929	HCPCS Codes	S9326	01/01/02	12/31/9999	Home infusion therapy, continuous (twenty-four hours or more) pain management infusion; administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
930	HCPCS Codes	S9327	01/01/02	12/31/9999	Home infusion therapy, intermittent (less than twenty-four hours) pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
931	HCPCS Codes	S9328	01/01/02	12/31/9999	Home infusion therapy, implanted pump pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
932	HCPCS Codes	S9329	01/01/02	12/31/9999	Home infusion therapy, chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with s9330 or s9331)	
933	HCPCS Codes	S9330	01/01/02	12/31/9999	Home infusion therapy, continuous (twenty-four hours or more) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
934	HCPCS Codes	S9331	01/01/02	12/31/9999	Home infusion therapy, intermittent (less than twenty-four hours) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
935	HCPCS Codes	S9336	01/01/02	12/31/9999	Home infusion therapy, continuous anticoagulant infusion therapy (e.g., heparin), administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	

	A	B	C	D	E	F
936	HCPCS Codes	S9338	01/01/02	12/31/9999	Home infusion therapy, immunotherapy, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
937	HCPCS Codes	S9340	01/01/02	12/31/9999	Home therapy; enteral nutrition; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	
938	HCPCS Codes	S9341	01/01/02	12/31/9999	Home therapy; enteral nutrition via gravity; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	
939	HCPCS Codes	S9342	01/01/02	12/31/9999	Home therapy; enteral nutrition via pump; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	
940	HCPCS Codes	S9343	01/01/02	12/31/9999	Home therapy; enteral nutrition via bolus; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	
941	HCPCS Codes	S9345	01/01/02	12/31/9999	Home infusion therapy, anti-hemophilic agent infusion therapy (e.g., factor viii); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
942	HCPCS Codes	S9346	01/01/02	12/31/9999	Home infusion therapy, alpha-1-proteinase inhibitor (e.g., prolastin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
943	HCPCS Codes	S9347	01/01/02	12/31/9999	Home infusion therapy, uninterrupted, long-term, controlled rate intravenous or subcutaneous infusion therapy (e.g., epoprostenol); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
944	HCPCS Codes	S9348	01/01/02	12/31/9999	Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g., dobutamine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
945	HCPCS Codes	S9351	01/01/02	12/31/9999	Home infusion therapy, continuous or intermittent anti-emetic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and visits coded separately), per diem	
946	HCPCS Codes	S9353	01/01/02	12/31/9999	Home infusion therapy, continuous insulin infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	



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947	HCPCS Codes	S9355	01/01/02	12/31/9999	Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
948	HCPCS Codes	S9357	01/01/02	12/31/9999	Home infusion therapy, enzyme replacement intravenous therapy; (e.g., imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
949	HCPCS Codes	S9359	01/01/02	12/31/9999	Home infusion therapy, anti-tumor necrosis factor intravenous therapy; (e.g., infliximab); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
950	HCPCS Codes	S9361	01/01/02	12/31/9999	Home infusion therapy, diuretic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
951	HCPCS Codes	S9363	01/01/02	12/31/9999	Home infusion therapy, anti-spasmodic therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
952	HCPCS Codes	S9364	01/01/02	12/31/9999	Home infusion therapy, total parenteral nutrition (tpn); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem (do not use with home infusion codes s9365-s9368 using daily volume scales)	
953	HCPCS Codes	S9365	01/01/02	12/31/9999	Home infusion therapy, total parenteral nutrition (tpn); one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	
954	HCPCS Codes	S9366	01/01/02	12/31/9999	Home infusion therapy, total parenteral nutrition (tpn); more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	
955	HCPCS Codes	S9367	01/01/02	12/31/9999	Home infusion therapy, total parenteral nutrition (tpn); more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	

	A	B	C	D	E	F
956	HCPCS Codes	S9368	01/01/02	12/31/9999	Home infusion therapy, total parenteral nutrition (tpn); more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	
957	HCPCS Codes	S9370	01/01/02	12/31/9999	Home therapy, intermittent anti-emetic injection therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
958	HCPCS Codes	S9372	01/01/02	12/31/9999	Home therapy; intermittent anticoagulant injection therapy (e.g., heparin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code for flushing of infusion devices with heparin to maintain patency)	
959	HCPCS Codes	S9379	01/01/02	12/31/9999	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
960	HCPCS Codes	T1000	07/01/01	12/31/9999	Private duty / independent nursing service(s) - licensed, up to 15 minutes	
961	HCPCS Codes	T1030	01/01/03	12/31/9999	Nursing care, in the home, by registered nurse, per diem	
962	HCPCS Codes	T1031	01/01/03	12/31/9999	Nursing care, in the home, by licensed practical nurse, per diem	
963	CPT Codes	37241	1/1/2014	12/31/9999	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)	
964	CPT Codes	89329	1/1/0001	12/31/9999	Sperm evaluation; hamster penetration test	
965	CPT Codes	89337	1/1/2015	12/31/9999	Cryopreservation, mature oocyte(s)	
966	CPT Codes	21025	1/1/0001	12/31/9999	Excision of bone (eg, for osteomyelitis or bone abscess); mandible	
967	CPT Codes	21032	1/1/0001	12/31/9999	Excision of maxillary torus palatinus	
968	CPT Codes	21050	1/1/0001	12/31/9999	Condylectomy, temporomandibular joint (separate procedure)	
969	CPT Codes	21060	1/1/0001	12/31/9999	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)	
970	CPT Codes	21085	1/1/0001	12/31/9999	Impression and custom preparation; oral surgical splint	
971	CPT Codes	21088	1/1/0001	12/31/9999	Impression and custom preparation; facial prosthesis	
972	CPT Codes	21110	1/1/0001	12/31/9999	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal	
973	CPT Codes	21120	1/1/0001	12/31/9999	Genioplasty; augmentation (autograft, allograft, prosthetic material)	
974	CPT Codes	21121	1/1/0001	12/31/9999	Genioplasty; sliding osteotomy, single piece	

	A	B	C	D	E	F
975	CPT Codes	21122	1/1/0001	12/31/9999	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	
976	CPT Codes	21123	1/1/0001	12/31/9999	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	
977	CPT Codes	21125	1/1/0001	12/31/9999	Augmentation, mandibular body or angle; prosthetic material	
978	CPT Codes	21127	1/1/0001	12/31/9999	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	
979	CPT Codes	21141	1/1/0001	12/31/9999	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft	
980	CPT Codes	21142	1/1/0001	12/31/9999	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft	
981	CPT Codes	21143	1/1/0001	12/31/9999	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft	
982	CPT Codes	21145	1/1/0001	12/31/9999	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	
983	CPT Codes	21146	1/1/0001	12/31/9999	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)	
984	CPT Codes	21147	1/1/0001	12/31/9999	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)	
985	CPT Codes	21150	1/1/0001	12/31/9999	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)	
986	CPT Codes	21151	1/1/0001	12/31/9999	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	
987	CPT Codes	21154	1/1/0001	12/31/9999	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I	
988	CPT Codes	21155	1/1/0001	12/31/9999	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I	
989	CPT Codes	21159	1/1/0001	12/31/9999	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I	
990	CPT Codes	21160	1/1/0001	12/31/9999	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I	
991	CPT Codes	21172	1/1/0001	12/31/9999	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	
992	CPT Codes	21179	1/1/0001	12/31/9999	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	
993	CPT Codes	21180	1/1/0001	12/31/9999	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)	
994	CPT Codes	21181	1/1/0001	12/31/9999	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial	

	A	B	C	D	E	F
995	CPT Codes	21182	1/1/0001	12/31/9999	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 sq cm	
996	CPT Codes	21188	1/1/0001	12/31/9999	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	
997	CPT Codes	21193	1/1/0001	12/31/9999	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	
998	CPT Codes	21194	1/1/0001	12/31/9999	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	
999	CPT Codes	21195	1/1/0001	12/31/9999	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	
1000	CPT Codes	21196	1/1/0001	12/31/9999	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	
1001	CPT Codes	21198	1/1/0001	12/31/9999	Osteotomy, mandible, segmental;	
1002	CPT Codes	21199	1/1/2001	12/31/9999	Osteotomy, mandible, segmental; with genioglossus advancement	
1003	CPT Codes	21206	1/1/0001	12/31/9999	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	
1004	CPT Codes	21208	1/1/0001	12/31/9999	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	
1005	CPT Codes	21209	1/1/0001	12/31/9999	Osteoplasty, facial bones; reduction	
1006	CPT Codes	21215	1/1/0001	12/31/9999	Graft, bone; mandible (includes obtaining graft)	
1007	CPT Codes	21240	1/1/0001	12/31/9999	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)	
1008	CPT Codes	21242	1/1/0001	12/31/9999	Arthroplasty, temporomandibular joint, with allograft	
1009	CPT Codes	21243	1/1/0001	12/31/9999	Arthroplasty, temporomandibular joint, with prosthetic joint replacement	
1010	CPT Codes	21244	1/1/0001	12/31/9999	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)	
1011	CPT Codes	21245	1/1/0001	12/31/9999	Reconstruction of mandible or maxilla, subperiosteal implant; partial	
1012	CPT Codes	21246	1/1/0001	12/31/9999	Reconstruction of mandible or maxilla, subperiosteal implant; complete	
1013	CPT Codes	21247	1/1/0001	12/31/9999	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)	
1014	CPT Codes	21248	1/1/0001	12/31/9999	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial	
1015	CPT Codes	21249	1/1/0001	12/31/9999	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete	
1016	CPT Codes	21347	1/1/0001	12/31/9999	Open treatment of nasomaxillary complex fracture (LeFort II type); requiring multiple open approaches	
1017	CPT Codes	21348	1/1/0001	12/31/9999	Open treatment of nasomaxillary complex fracture (LeFort II type); with bone grafting (includes obtaining graft)	
1018	CPT Codes	21432	1/1/0001	12/31/9999	Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation	

	A	B	C	D	E	F
1019	CPT Codes	21433	1/1/0001	12/31/9999	Open treatment of craniofacial separation (LeFort III type); complicated (eg, comminuted or involving cranial nerve foramina), multiple surgical approaches	
1020	CPT Codes	21435	1/1/0001	12/31/9999	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)	
1021	CPT Codes	21436	1/1/0001	12/31/9999	Open treatment of craniofacial separation (LeFort III type); complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft)	
1022	CPT Codes	21497	1/1/0001	12/31/9999	Interdental wiring, for condition other than fracture	
1023	CPT Codes	21685	1/1/2004	12/31/9999	Hyoid myotomy and suspension	
1024	CPT Codes	29800	1/1/0001	12/31/9999	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)	
1025	CPT Codes	29804	1/1/0001	12/31/9999	Arthroscopy, temporomandibular joint, surgical	
1026	CPT Codes	41820	1/1/0001	12/31/9999	Gingivectomy, excision gingiva, each quadrant	
1027	CPT Codes	64612	1/1/0001	12/31/9999	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm)	
1028	CPT CAT III Codes	0479T	1/1/2018	12/31/9999	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; first 100 cm2 or part thereof, or 1% of body surface area of infants and children	
1029	CPT CAT III Codes	0480T	1/1/2018	12/31/9999	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; each additional 100 cm2, or each additional 1% of body surface area of infants and children, or part thereof (List separately in addition to code for primary procedure)	
1030	CPT CAT III Codes	0481T	1/1/2018	12/31/9999	Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation, when performed	
1031	CPT CAT III Codes	0482T	1/1/2018	12/31/9999	Absolute quantitation of myocardial blood flow, positron emission tomography (PET), rest and stress (List separately in addition to code for primary procedure)	
1032	CPT CAT III Codes	0483T	1/1/2018	12/31/9999	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach, including transseptal puncture, when performed	
1033	CPT CAT III Codes	0484T	1/1/2018	12/31/9999	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic exposure (eg, thoracotomy, transapical)	
1034	CPT CAT III Codes	0485T	1/1/2018	12/31/9999	Optical coherence tomography (OCT) of middle ear, with interpretation and report; unilateral	
1035	CPT CAT III Codes	0486T	1/1/2018	12/31/9999	Optical coherence tomography (OCT) of middle ear, with interpretation and report; bilateral	
1036	CPT CAT III Codes	0487T	1/1/2018	12/31/9999	Biomechanical mapping, transvaginal, with report	
1037	CPT CAT III Codes	0489T	1/1/2018	12/31/9999	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; adipose tissue harvesting, isolation and preparation of harvested cells including incubation with cell dissociation enzymes, removal of non-viable cells and debris, determination of concentration and dilution of regenerative cells	

	A	B	C	D	E	F
1038	CPT CAT III Codes	0490T	1/1/2018	12/31/9999	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; multiple injections in one or both hands	
1039	CPT CAT III Codes	0491T	1/1/2018	12/31/9999	Ablative laser treatment, non-contact, full field and fractional ablation, open wound, per day, total treatment surface area; first 20 sq cm or less	
1040	CPT CAT III Codes	0492T	1/1/2018	12/31/9999	Ablative laser treatment, non-contact, full field and fractional ablation, open wound, per day, total treatment surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	
1041	CPT CAT III Codes	0493T	1/1/2018	12/31/9999	Near-infrared spectroscopy studies of lower extremity wounds (eg, for oxyhemoglobin measurement)	
1042	CPT CAT III Codes	0501T	1/1/2018	12/31/9999	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission, analysis of fluid dynamics and simulated maximal coronary hyperemia, generation of estimated FFR model, with anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report	
1043	CPT CAT III Codes	0502T	1/1/2018	12/31/9999	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission	
1044	CPT CAT III Codes	0503T	1/1/2018	12/31/9999	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model	
1045	CPT CAT III Codes	0504T	1/1/2018	12/31/9999	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report	
1046	CPT Codes	32994	1/1/2018	12/31/9999	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; cryoablation	
1047	CPT Codes	64912	1/1/2018	12/31/9999	Nerve repair; with nerve allograft, each nerve, first strand (cable)	
1048	CPT Codes	64913	1/1/2018	12/31/9999	Nerve repair; with nerve allograft, each additional strand (List separately in addition to code for primary procedure)	
1049	HCPCS Codes	C9748	1/1/2018	12/31/9999	Transurethral destruction of prostate tissue; by radiofrequency water vapor (steam) thermal therapy	
1050	HCPCS Codes	Q4176	1/1/2018	12/31/9999	Neopatch, per square centimeter	

	A	B	C	D	E	F
1051	HCPCS Codes	Q4177	1/1/2018	12/31/9999	Floweramnioflo, 0.1 cc	
1052	HCPCS Codes	Q4178	1/1/2018	12/31/9999	Floweramniopatch, per square centimeter	
1053	HCPCS Codes	Q4179	1/1/2018	12/31/9999	Flowerderm, per square centimeter	
1054	HCPCS Codes	Q4180	1/1/2018	12/31/9999	Revita, per square centimeter	
1055	HCPCS Codes	Q4181	1/1/2018	12/31/9999	Amnio wound, per square centimeter	
1056	HCPCS Codes	Q4182	1/1/2018	12/31/9999	Transcyte, per square centimeter	
1057	CPT Codes	31295	1/1/2011	12/31/9999	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa	
1058	CPT Codes	31296	1/1/2011	12/31/9999	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	
1059	CPT Codes	31297	1/1/2011	12/31/9999	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)	
1060	CPT Codes	42145	1/1/0001	12/31/9999	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)	
1061	CPT Codes	42160	1/1/0001	12/31/9999	Destruction of lesion, palate or uvula (thermal, cryo or chemical)	
1062	CPT Codes	42950	1/1/0001	12/31/9999	Pharyngoplasty (plastic or reconstructive operation on pharynx)	
1063	CPT Codes	54400	1/1/0001	12/31/9999	Insertion of penile prosthesis; non-inflatable (semi-rigid)	
1064	CPT Codes	54401	1/1/0001	12/31/9999	Insertion of penile prosthesis; inflatable (self-contained)	
1065	CPT Codes	54405	1/1/0001	12/31/9999	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	
1066	CPT Codes	54408	1/1/2002	12/31/9999	Repair of component(s) of a multi-component, inflatable penile prosthesis	
1067	CPT Codes	54410	1/1/2002	12/31/9999	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session	
1068	CPT Codes	54416	1/1/2002	12/31/9999	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session	
1069	CPT Codes	54417	1/1/2002	12/31/9999	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	
1070	CPT Codes	81162	1/1/2016	12/31/9999	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis	
1071	CPT Codes	81170	1/1/2016	12/31/9999	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain	
1072	CPT Codes	81219	1/1/2016	12/31/9999	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9	
1073	CPT Codes	81246	1/1/2015	12/31/9999	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)	

	A	B	C	D	E	F
1074	CPT Codes	81288	1/1/2015	12/31/9999	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis	
1075	CPT Codes	81327	1/1/2017	12/31/9999	SEPT9 (Septin9) (eg, colorectal cancer) methylation analysis	
1076	CPT Codes	31253	1/1/2018	12/31/9999	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed	
1077	CPT Codes	31257	1/1/2018	12/31/9999	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy	
1078	CPT Codes	31259	1/1/2018	12/31/9999	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus	
1079	CPT Codes	31298	1/1/2018	12/31/9999	Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)	
1080	CPT Codes	55874	1/1/2018	12/31/9999	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed	
1081	CPT Codes	81175	1/1/2018	12/31/9999	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence	
1082	CPT Codes	81176	1/1/2018	12/31/9999	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted sequence analysis (eg, exon 12)	
1083	CPT Codes	81230	1/1/2018	12/31/9999	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)	
1084	CPT Codes	81231	1/1/2018	12/31/9999	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)	
1085	CPT Codes	81232	1/1/2018	12/31/9999	DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)	
1086	CPT Codes	81283	1/1/2018	12/31/9999	IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant	
1087	CPT Codes	81328	1/1/2018	12/31/9999	SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5)	
1088	CPT Codes	81334	1/1/2018	12/31/9999	RUNX1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy), gene analysis, targeted sequence analysis (eg, exons 3-8)	
1089	CPT Codes	81335	1/1/2018	12/31/9999	TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)	
1090	CPT Codes	81361	1/1/2018	12/31/9999	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)	
1091	CPT Codes	81362	1/1/2018	12/31/9999	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)	



	A	B	C	D	E	F
1092	CPT Codes	81363	1/1/2018	12/31/9999	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)	
1093	CPT Codes	81364	1/1/2018	12/31/9999	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence	
1094	CPT Codes	81448	1/1/2018	12/31/9999	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)	
1095	CPT Codes	81520	1/1/2018	12/31/9999	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	
1096	CPT Codes	81521	1/1/2018	12/31/9999	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	
1097	CPT Codes	81541	1/1/2018	12/31/9999	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	
1098	CPT Codes	81551	1/1/2018	12/31/9999	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	
1099	CPT CAT III Codes	0165T	1/1/2007	12/31/9999	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)	
1100	CPT CAT III Codes	0191T	7/1/2008	12/31/9999	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; initial insertion	
1101	CPT CAT III Codes	0329T	7/1/2013	12/31/9999	Monitoring of intraocular pressure for 24 hours or longer, unilateral or bilateral, with interpretation and report	
1102	CPT CAT III Codes	0333T	7/1/2013	12/31/9999	Visual evoked potential, screening of visual acuity, automated, with report	
1103	CPT CAT III Codes	0347T	7/1/2014	12/31/9999	Placement of interstitial device(s) in bone for radiostereometric analysis (RSA)	
1104	CPT CAT III Codes	0358T	7/1/2014	12/31/9999	Bioelectrical impedance analysis whole body composition assessment, with interpretation and report	
1105	CPT Codes	20910	1/1/0001	12/31/9999	Cartilage graft; costochondral	
1106	CPT Codes	20912	1/1/0001	12/31/9999	Cartilage graft; nasal septum	
1107	CPT Codes	21299	1/1/0001	12/31/9999	Unlisted craniofacial and maxillofacial procedure	
1108	CPT Codes	26341	1/1/2012	12/31/9999	Manipulation, palmar fascial cord (ie, Dupuytren's cord), post enzyme injection (eg, collagenase), single cord	
1109	CPT Codes	33249	1/1/0001	12/31/9999	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber	

	A	B	C	D	E	F
1110	CPT Codes	33361	1/1/2013	12/31/9999	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	
1111	CPT Codes	33362	1/1/2013	12/31/9999	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	
1112	CPT Codes	33363	1/1/2013	12/31/9999	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	
1113	CPT Codes	33364	1/1/2013	12/31/9999	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	
1114	CPT Codes	33365	1/1/2013	12/31/9999	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	
1115	CPT Codes	33367	1/1/2013	12/31/9999	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (List separately in addition to code for primary procedure)	
1116	CPT Codes	33368	1/1/2013	12/31/9999	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (List separately in addition to code for primary procedure)	
1117	CPT Codes	33369	1/1/2013	12/31/9999	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (List separately in addition to code for primary procedure)	
1118	CPT Codes	36516	1/1/2003	12/31/9999	Therapeutic apheresis; with extracorporeal immunoadsorption, selective adsorption or selective filtration and plasma reinfusion	
1119	CPT Codes	36522	1/1/0001	12/31/9999	Photopheresis, extracorporeal	
1120	CPT Codes	44705	1/1/2013	12/31/9999	Preparation of fecal microbiota for instillation, including assessment of donor specimen	
1121	CPT Codes	46601	1/1/2015	12/31/9999	Anoscopy; diagnostic, with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed	
1122	CPT Codes	46607	1/1/2015	12/31/9999	Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple	
1123	CPT Codes	52441	1/1/2015	12/31/9999	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	
1124	CPT Codes	52442	1/1/2015	12/31/9999	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	
1125	CPT Codes	57700	1/1/0001	12/31/9999	Cerclage of uterine cervix, nonobstetrical	
1126	CPT Codes	64555	1/1/0001	12/31/9999	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	

	A	B	C	D	E	F
1127	CPT Codes	64561	1/1/2002	12/31/9999	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed	
1128	CPT Codes	64804	1/1/0001	12/31/9999	Sympathectomy, cervicothoracic	
1129	CPT Codes	65767	1/1/0001	12/31/9999	Epikeratoplasty	
1130	CPT Codes	66183	1/1/2014	12/31/9999	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	
1131	CPT Codes	81161	1/1/2013	12/31/9999	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	
1132	CPT Codes	81201	1/1/2013	12/31/9999	APC (adenomatous polyposis coli) (eg, familial adenomatous polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	
1133	CPT Codes	81202	1/1/2013	12/31/9999	APC (adenomatous polyposis coli) (eg, familial adenomatous polyposis [FAP], attenuated FAP) gene analysis; known familial variants	
1134	CPT Codes	81203	1/1/2013	12/31/9999	APC (adenomatous polyposis coli) (eg, familial adenomatous polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	
1135	CPT Codes	81210	1/1/2012	12/31/9999	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)	
1136	CPT Codes	81211	1/1/2012	12/31/9999	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants in BRCA1 (ie, exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon 8-9 del 7.1kb)	
1137	CPT Codes	81212	1/1/2012	12/31/9999	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants	
1138	CPT Codes	81213	1/1/2012	12/31/9999	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; uncommon duplication/deletion variants	
1139	CPT Codes	81214	1/1/2012	12/31/9999	BRCA1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants (ie, exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon 8-9 del 7.1kb)	
1140	CPT Codes	81215	1/1/2012	12/31/9999	BRCA1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	
1141	CPT Codes	81216	1/1/2012	12/31/9999	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	
1142	CPT Codes	81217	1/1/2012	12/31/9999	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	
1143	CPT Codes	81223	1/1/2012	12/31/9999	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	
1144	CPT Codes	81226	1/1/2012	12/31/9999	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)	

	A	B	C	D	E	F
1145	CPT Codes	81235	1/1/2013	12/31/9999	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)	
1146	CPT Codes	81240	1/1/2012	12/31/9999	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	
1147	CPT Codes	81241	1/1/2012	12/31/9999	F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	
1148	CPT Codes	81243	1/1/2012	12/31/9999	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	
1149	CPT Codes	81244	1/1/2012	12/31/9999	FMR1 (Fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and methylation status)	
1150	CPT Codes	81252	1/1/2013	12/31/9999	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	
1151	CPT Codes	81253	1/1/2013	12/31/9999	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	
1152	CPT Codes	81254	1/1/2013	12/31/9999	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])	
1153	CPT Codes	81287	1/1/2014	12/31/9999	MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme), methylation analysis	
1154	CPT Codes	81292	1/1/2012	12/31/9999	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	
1155	CPT Codes	81293	1/1/2012	12/31/9999	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	
1156	CPT Codes	81294	1/1/2012	12/31/9999	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	
1157	CPT Codes	81295	1/1/2012	12/31/9999	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	
1158	CPT Codes	81296	1/1/2012	12/31/9999	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	
1159	CPT Codes	81297	1/1/2012	12/31/9999	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	
1160	CPT Codes	81298	1/1/2012	12/31/9999	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	
1161	CPT Codes	81299	1/1/2012	12/31/9999	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	

	A	B	C	D	E	F
1162	CPT Codes	81300	1/1/2012	12/31/9999	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	
1163	CPT Codes	81301	1/1/2012	12/31/9999	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	
1164	CPT Codes	81302	1/1/2012	12/31/9999	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	
1165	CPT Codes	81304	1/1/2012	12/31/9999	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	
1166	CPT Codes	81317	1/1/2012	12/31/9999	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	
1167	CPT Codes	81318	1/1/2012	12/31/9999	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	
1168	CPT Codes	81319	1/1/2012	12/31/9999	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	
1169	CPT Codes	81321	1/1/2013	12/31/9999	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	
1170	CPT Codes	81322	1/1/2013	12/31/9999	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	
1171	CPT Codes	81323	1/1/2013	12/31/9999	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	
1172	CPT Codes	81324	1/1/2013	12/31/9999	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis	
1173	CPT Codes	81325	1/1/2013	12/31/9999	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis	
1174	CPT Codes	81326	1/1/2013	12/31/9999	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant	
1175	CPT Codes	81331	1/1/2012	12/31/9999	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	
1176	CPT Codes	81332	1/1/2012	12/31/9999	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)	
1177	CPT Codes	81400	1/1/2012	12/31/9999	Molecular pathology procedure, Level 1 (eg, identification of single germline variant [eg, SNP] by techniques such as restriction enzyme digestion or melt curve analysis)	

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1178	CPT Codes	81401	1/1/2012	12/31/9999	Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat)	
1179	CPT Codes	81402	1/1/2012	12/31/9999	Molecular pathology procedure, Level 3 (eg, >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])	
1180	CPT Codes	81403	1/1/2012	12/31/9999	Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons)	
1181	CPT Codes	81404	1/1/2012	12/31/9999	Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis)	
1182	CPT Codes	81405	1/1/2012	12/31/9999	Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, regionally targeted cytogenomic array analysis)	
1183	CPT Codes	81406	1/1/2012	12/31/9999	Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons, cytogenomic array analysis for neoplasia)	
1184	CPT Codes	81407	1/1/2012	12/31/9999	Molecular pathology procedure, Level 8 (eg, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform)	
1185	CPT Codes	81408	1/1/2012	12/31/9999	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis)	
1186	CPT Codes	81479	1/1/2013	12/31/9999	Unlisted molecular pathology procedure	
1187	CPT Codes	81503	1/1/2013	12/31/9999	Oncology (ovarian), biochemical assays of five proteins (CA-125, apolipoprotein A1, beta-2 microglobulin, transferrin, and pre-albumin), utilizing serum, algorithm reported as a risk score	
1188	CPT Codes	81506	1/1/2013	12/31/9999	Endocrinology (type 2 diabetes), biochemical assays of seven analytes (glucose, HbA1c, insulin, hs-CRP, adiponectin, ferritin, interleukin 2-receptor alpha), utilizing serum or plasma, algorithm reporting a risk score	
1189	CPT Codes	81599	1/1/2013	12/31/9999	Unlisted multianalyte assay with algorithmic analysis	
1190	CPT Codes	88375	1/1/2013	12/31/9999	Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session	
1191	CPT Codes	93702	1/1/2015	12/31/9999	Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)	
1192	CPT Codes -PLA	0001U	2/1/2017	12/31/9999	Red blood cell antigen typing, DNA, human erythrocyte antigen gene analysis of 35 antigens from 11 blood groups, utilizing whole blood, common RBC alleles reported	

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1193	HCPCS Codes	A0140	01/01/85	12/31/9999	Non-emergency transportation and air travel (private or commercial) intra or inter state	
1194	HCPCS Codes	A0430	01/01/01	12/31/9999	Ambulance service, conventional air services, transport, one way (fixed wing)	
1195	HCPCS Codes	A0435	01/01/01	12/31/9999	Fixed wing air mileage, per statute mile	
1196	HCPCS Codes	C9739	04/01/14	12/31/9999	Cystourethroscopy, with insertion of transprostatic implant; 1 to 3 implants	
1197	HCPCS Codes	C9740	04/01/14	12/31/9999	Cystourethroscopy, with insertion of transprostatic implant; 4 or more implants	
1198	HCPCS Codes	E1399	01/01/86	12/31/9999	Durable medical equipment, miscellaneous	
1199	HCPCS Codes	G0429	03/23/10	12/31/9999	Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome (lds) (e.g., as a result of highly active antiretroviral therapy)	
1200	CPT Codes	92507	1/1/0001	12/31/9999	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	
1201	HCPCS Codes	G0153	07/01/99	12/31/9999	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes	
1202	HCPCS Codes	S9128	01/01/00	12/31/9999	Speech therapy, in the home, per diem	
1203	CPT Codes	29868	1/1/2005	12/31/9999	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	
1204	CPT Codes	32850	1/1/0001	12/31/9999	Donor pneumonectomy(s) (including cold preservation), from cadaver donor	
1205	CPT Codes	32851	1/1/0001	12/31/9999	Lung transplant, single; without cardiopulmonary bypass	
1206	CPT Codes	32852	1/1/0001	12/31/9999	Lung transplant, single; with cardiopulmonary bypass	
1207	CPT Codes	32853	1/1/0001	12/31/9999	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	
1208	CPT Codes	32854	1/1/0001	12/31/9999	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	
1209	CPT Codes	33935	1/1/0001	12/31/9999	Heart-lung transplant with recipient cardiectomy-pneumonectomy	
1210	CPT Codes	33945	1/1/0001	12/31/9999	Heart transplant, with or without recipient cardiectomy	
1211	CPT Codes	33975	1/1/0001	12/31/9999	Insertion of ventricular assist device; extracorporeal, single ventricle	
1212	CPT Codes	33976	1/1/0001	12/31/9999	Insertion of ventricular assist device; extracorporeal, biventricular	
1213	CPT Codes	33979	1/1/2002	12/31/9999	Insertion of ventricular assist device, implantable intracorporeal, single ventricle	
1214	CPT Codes	33981	1/1/2010	12/31/9999	Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump	
1215	CPT Codes	33990	1/1/2013	12/31/9999	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only	
1216	CPT Codes	33991	1/1/2013	12/31/9999	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; both arterial and venous access, with transseptal puncture	
1217	CPT Codes	33993	1/1/2013	12/31/9999	Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion	

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1218	CPT Codes	38243	1/1/2013	12/31/9999	Hematopoietic progenitor cell (HPC); HPC boost	
1219	CPT Codes	44132	1/1/2001	12/31/9999	Donor enterectomy (including cold preservation), open; from cadaver donor	
1220	CPT Codes	44135	1/1/2001	12/31/9999	Intestinal allotransplantation; from cadaver donor	
1221	CPT Codes	44715	1/1/2005	12/31/9999	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobilization and fashioning of the superior mesenteric artery and vein	
1222	CPT Codes	44720	1/1/2005	12/31/9999	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each	
1223	CPT Codes	44721	1/1/2005	12/31/9999	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each	
1224	CPT Codes	47135	1/1/0001	12/31/9999	Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age	
1225	CPT Codes	47140	1/1/2004	12/31/9999	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)	
1226	CPT Codes	47141	1/1/2004	12/31/9999	Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)	
1227	CPT Codes	47142	1/1/2004	12/31/9999	Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)	
1228	CPT Codes	47143	1/1/2005	12/31/9999	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	
1229	CPT Codes	47144	1/1/2005	12/31/9999	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 of whole liver graft into 2 partial liver grafts (ie, left lateral segment [segments II and III] and right trisegment [segments I and IV through VIII])	
1230	CPT Codes	47145	1/1/2005	12/31/9999	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 2 partial liver grafts (ie, left lobe [segments II, III, and IV] and right lobe [segments I and V through VIII])	
1231	CPT Codes	47146	1/1/2005	12/31/9999	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each	
1232	CPT Codes	47147	1/1/2005	12/31/9999	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each	
1233	CPT Codes	48160	1/1/0001	12/31/9999	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells	
1234	CPT Codes	48550	1/1/0001	12/31/9999	Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation	



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1235	CPT Codes	48551	1/1/2005	12/31/9999	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	
1236	CPT Codes	48552	1/1/2005	12/31/9999	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each	
1237	CPT Codes	48554	1/1/0001	12/31/9999	Transplantation of pancreatic allograft	
1238	CPT Codes	48556	1/1/0001	12/31/9999	Removal of transplanted pancreatic allograft	
1239	CPT Codes	50320	1/1/0001	12/31/9999	Donor nephrectomy (including cold preservation); open, from living donor	
1240	CPT Codes	50325	1/1/2005	12/31/9999	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	
1241	CPT Codes	50327	1/1/2005	12/31/9999	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each	
1242	CPT Codes	50328	1/1/2005	12/31/9999	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each	
1243	CPT Codes	50329	1/1/2005	12/31/9999	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each	
1244	CPT Codes	50340	1/1/0001	12/31/9999	Recipient nephrectomy (separate procedure)	
1245	CPT Codes	50360	1/1/0001	12/31/9999	Renal allotransplantation, implantation of graft; without recipient nephrectomy	
1246	CPT Codes	50365	1/1/0001	12/31/9999	Renal allotransplantation, implantation of graft; with recipient nephrectomy	
1247	CPT Codes	50370	1/1/0001	12/31/9999	Removal of transplanted renal allograft	
1248	CPT Codes	50380	1/1/0001	12/31/9999	Renal autotransplantation, reimplantation of kidney	
1249	CPT Codes	50547	1/1/0001	12/31/9999	Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor	
1250	HCPCS Codes	S2053	01/01/00	12/31/9999	Transplantation of small intestine and liver allografts	
1251	HCPCS Codes	S2054	01/01/00	12/31/9999	Transplantation of multivisceral organs	
1252	HCPCS Codes	S2060	01/01/01	12/31/9999	Lobar lung transplantation	
1253	HCPCS Codes	S2061	01/01/01	12/31/9999	Donor lobectomy (lung) for transplantation, living donor	
1254	HCPCS Codes	S2065	07/01/01	12/31/9999	Simultaneous pancreas kidney transplantation	
1255	HCPCS Codes	S2152	04/01/04	12/31/9999	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 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	

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1256	HCPCS Codes	S9975	04/01/02	12/31/9999	Transplant related lodging, meals and transportation, per diem	
1257	CPT CAT III Codes	0494T	1/1/2018	12/31/9999	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	
1258	CPT CAT III Codes	0495T	1/1/2018	12/31/9999	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	
1259	CPT CAT III Codes	0496T	1/1/2018	12/31/9999	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)	
1260	CPT Codes	33927	1/1/2018	12/31/9999	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	
1261	CPT Codes	33928	1/1/2018	12/31/9999	Removal and replacement of total replacement heart system (artificial heart)	
1262	CPT Codes	33929	1/1/2018	12/31/9999	Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure)	
1263	HCPCS Codes	J7999	01/01/16	12/31/9999	Compounded drug, not otherwise classified	
1264	HCPCS Codes	C1889	01/01/17	12/31/9999	Implantable/insertable device for device intensive procedure, not otherwise classified	
1265	CPT Codes	37244	1/1/2014	12/31/9999	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation	
1266	CPT Codes	36470	1/1/0001	12/31/9999	injection of sclerosant; single incompetent vein (other than telangiectasia)	
1267	CPT Codes	36471	1/1/0001	12/31/9999	injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	
1268	CPT Codes	36473	1/1/2017	12/31/9999	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	

	A	B	C	D	E	F
1269	CPT Codes	36474	1/1/2017	12/31/9999	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)	
1270	CPT Codes	36475	1/1/2005	12/31/9999	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	
1271	CPT Codes	36476	1/1/2005	12/31/9999	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	
1272	CPT Codes	36478	1/1/2005	12/31/9999	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	
1273	CPT Codes	36479	1/1/2005	12/31/9999	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	
1274	CPT Codes	37500	1/1/2003	12/31/9999	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)	
1275	CPT Codes	37700	1/1/0001	12/31/9999	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	
1276	CPT Codes	37718	1/1/2006	12/31/9999	Ligation, division, and stripping, short saphenous vein	
1277	CPT Codes	37722	1/1/2006	12/31/9999	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	
1278	CPT Codes	37735	1/1/0001	12/31/9999	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	
1279	CPT Codes	37760	1/1/0001	12/31/9999	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open, 1 leg	
1280	CPT Codes	37761	1/1/2010	12/31/9999	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	
1281	CPT Codes	37765	1/1/2004	12/31/9999	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	
1282	CPT Codes	37766	1/1/2004	12/31/9999	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	
1283	CPT Codes	37780	1/1/0001	12/31/9999	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	
1284	CPT Codes	37785	1/1/0001	12/31/9999	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	