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19316Mastopexy19318Reduction Mammaplasty19324Mammaplasty Augmentation W/O Prosthetic Implant			
19318Reduction Mammaplasty19324Mammaplasty Augmentation W/O Prosthetic Implant			
19324 Mammaplasty Augmentation W/O Prosthetic Implant			
19325 Mammaplasty, Augmentation; With Prosthetic Implant			
19328 Removal Of Initiat Manmary Implant			
	13020		



Code	Description
	Description Removal Of Mammary Implant Material
19330	
19340 19342	Immediate Insertion Of Breast Prosthesis Following Mastopexy, Mastectomy Or In Delayed Insertion Of Breast Prosthesis Following Mastopexy, Mastectomy Or In
19342	Nipple/Areola Reconstruction
19355	Correction Of Inverted Nipples
19357	Breast Reconstruction, Immediate Or Delayed, With Tissue Expander, Including
19361	Breast Reconstruction With Latissimus Dorsi Flap, Without Prosthetic Implant
19364	Breast Reconstruction With Free Flap
19366	Breast Reconstruction With Other Technique
19367	Breast Reconstruction With Transverse Rectus Abdominis Myocutaneous Flap
19368	Breast Reconstruction With Transverse Rectus Abdominis Myocutaneous Flap
19369	Breast Reconstruction With Transverse Rectus Abdominis Myocutaneous Flap
19370	Open Periprosthetic Capsulotomy, Breast
19371	Periprosthetic Capsulectomy, Breast
19380	Revision Of Reconstructed Breast
19396	Preparation Moulage Custom Breast Implant
19499	Unlisted Procedure Breast
20930	Allograft, Morselized, Or Placement Of Osteopromotive Material, For Spine Surger
20931	Allograft, Structural, For Spine Surgery Only (List Separately In Addition To Co
20936	Autograft For Spine Surgery Only (Includes Harvesting The Graft); Local (Eg, Rib
20937	Autograft For Spine Surgery Only (Includes Harvesting The Graft); Morselized (Th
20938	Autograft For Spine Surgery Only (Includes Harvesting The Graft); Structural, Bi
21120 21121	Genioplasty Augmentation Genioplasty Sliding Osteotomy Single Piece
21121	Genioplasty Silding Osteotomies
21122	Geniop Sliding Agmntj W/Interposal Bone Grafts
21125	Agmntj Mndblr Body/Angle Prosthetic Material
21127	Agmntj Mndbir Bdy/Angl W/B1 Grf Onlay/Interposal
21141	Reconstruction Midface, Lefort I; Single Piece, Segment Movement In Any
21142	Reconstruction Midface, Lefort I; Two Pieces, Segment Movement In Any
21143	Reconstruction Midface, Lefort I; Three Or More Pieces, Segment Movement In Any
21145	Reconstruction Midface, Lefort I; Single Piece, Segment Movement In Any
21146	Reconstruction Midface, Lefort I; Two Pieces, Segment Movement In Any
21147	Reconstruction Midface, Lefort I; Three Or More Pieces, Segment Movement In Any
21150	Reconstruction Midface, Lefort Ii; Anterior Intrusion (Eg, Treacher-Collins
21151	Reconstruction Midface, Lefort II; Any Direction, Requiring Bone Grafts
21154 21155	Reconstruction Midface, Lefort Iii (Extracranial), Any Type, Requiring Bone Reconstruction Midface, Lefort Iii (Extracranial), Any Type, Requiring Bone
21155	Reconstruction Midface, Lefort Iii (Extra And Intracranial) With Forehead
21160	Reconstruction Midface, Lefort III (Extra And Intracranial) With Forehead
21172	Rcnstj Superior-Lateral Orbital Rim&Lower Fhd
21175	Rcnstj Bifrontal Superior-Lat Orb Rims&Lwr Fhd
21179	Rcnstj Forehead&/Supraorb Rims W/Algrf/Prostc
21180	Rcnstj Forehead&/Supraorbital Rims W/Autograft
21181	Rcnstj Contouring Benign Tumor Crnl Bones Xtrc
21182	Rcnstj Orbit/Fhd/Nasethmd Exc B9 Tum Grf <40Sqcm
21183	Ronstj Orbit/Fhd/Nasethmd Exc B9 Grf >40 <80Sqcm
21184	Ronstj Orbit/Fhd/Nasethmd Exc B9 Tum Grf>80Sq Cm
21188 21193	Reconstruction Midface, Osteotomies (Other Than Lefort Type) And Bone Grafts Rcnstj Mndblr Rami Hrzntl/Ver/C/L Osteot W/O Grf
21193	Rcnstj Mndblr Rami Hrzntl/Ver/C/L Osteot W/O Gh
21195	Ronsti Mndblr Rami&/Body Sqtl Splt W/O Int Rgd
21196	Rcnstj Mndblr Rami&/Bdy Sgtl Splt W/Int Rgd Fixj
21198	Osteotomy Mandible Segmental
21199	Osteotomy Mandible Sgmtl W/Genioglossus Advmnt
21206	Osteotomy Maxilla Segmental
21208	Osteoplasty Facial Bones Augmentation
21209	Osteoplasty Facial Bones Reduction
21210	Graft Bone Nasal/Maxillary/Malar Areas
21215	Graft Bone Mandible
21230	Graft Rib Crtlg Autogenous Face/Chin/Nose/Ear
21235	Graft Ear Crtlg Autogenous Nose/Ear Arthrp Temporomandibular Joint W/Wo Autograft
21240 21242	Arthroplasty Temporomandibular Jt W/Allograft
21242	Arthrp Tmprmand Joint W/Prosthetic Replacement
21244	Rcnstj Mndbl Xtroral W/Transosteal Bone Plate
21245	Rcnstj Mndbl/Maxl Subpriosteal Implant Partial
21246	Rcnstj Mndbl/Maxl Subpriosteal Implant Complete
21247	Rcnstj Mndblr Condyle W/Bone Cartlg Autografts
21248	Rcnstj Mandible/Maxl Endosteal Implant Partial
21249	Rcnstj Mandible/Maxl Endosteal Implant Complete
21255	Rcnstj Zygmtc Arch/Glenoid Fossa W/Bone Cartlg
21256	Reconstruction Orbit W/Osteotomies&Bone Grafts
21260	Periorbital Osteotomies Bone Grafts Extracranial
21261 21263	Periorbital Osteotomies W/Bone Grafts Icra&Xtrc Periorbital Osteotomies W/Bone Grafts W/Forehead
21263	Orbital Repositioning W/Bone Grafts Extracranial
21268	Orbital Repositioning W/Bone Grafts Icra&Xtrc
21270	Malar Augmentation Prosthetic Material
21275	Secondary Revision Orbitocraniofacial Rcnstj
21280	Medial Canthopexy (Separate Procedure)



Code	Description
21282	Lateral Canthopexy
21202	Reduction Masseter Muscle&Bone Extraoral
21296	Reduction Masseter Muscle&Bone Intraoral
21299	Unlisted Craniofacial&Maxillofacial Procedure
21421	Closed Tx Palatal/Maxillary Fx W/Fixation/Splint
21422	Open Treatment Palatal/Maxillary Fracture
21423	Open Tx Palatal/Maxillary Fx Comp Multiple Appr
21431	Closed Tx Craniofacial Separation
21432	Open Tx Craniofacial Sep W/Wiring&/Int Fixj
21433	Open Tx Craniofacial Sep Complicated Mlt Appr
21435	Open Tx Craniofacial Sep Comp W/Int&/Xtrnl Fixj
21436	Optx Crnfcl Sep Lft lii Typ Comp Int Fixj W/Bone
22100	Partial Excision Of Posterior Vertebral Component (Eg, Spinous Process, Lamina O
22101	Partial Excision Of Posterior Vertebral Component (Eg. Spinous Process, Lamina
22102	Partial Excision Of Posterior Vertebral Component (Eg, Spinous Process, Lamina
22103	Partial Excision Of Posterior Vertebral Component (Eg, Spinous Process, Lamina
22110	Partial Excision Of Vertebral Body, For Intrinsic Bony Lesion, Without
22112	Partial Excision Of Vertebral Body, For Intrinsic Bony Lesion, Without
22114	Partial Excision Of Vertebral Body, For Intrinsic Bony Lesion, Without
22116	Partial Excision Of Vertebral Body, For Intrinsic Bony Lesion, Without
22206	Osteotomy Of Spine, Posterior Or Posterolateral Approach, Three Columns, One Ver
22207	Osteotomy Of Spine, Posterior Or Posterolateral Approach, Three Columns, One Ver
22208	Osteotomy Of Spine, Posterior Or Posterolateral Approach, Three Columns, One Ver
22210	Osteotomy Of Spine, Posterior Or Posterolateral Approach, One Vertebral Segment;
22212	Osteotomy Of Spine, Posterior Or Posterolateral Approach, One Vertebral
22214	Osteotomy Of Spine, Posterior Or Posterolateral Approach, One Vertebral
22216	Osteotomy Of Spine, Posterior Or Posterolateral Approach, One Vertebral
22220	Osteotomy Of Spine, Including Diskectomy, Anterior Approach, Single Vertebral
22222	Osteotomy Of Spine, Including Diskectomy, Anterior Approach, Single Vertebral
22224	Osteotomy Of Spine, Including Diskectomy, Anterior Approach, Single Vertebral
22226	Osteotomy Of Spine, Including Diskectomy, Anterior Approach, Single Vertebral
22830	Exploration Of Spinal Fusion
22840	Posterior Non-Segmental Instrumentation (Eg, Harrington Rod Technique, Pedicle F
22841	Internal Spinal Fixation By Wiring Of Spinous Processes (List Separately In Addi
22842	Posterior Segmental Instrumentation (Eg, Pedicle Fixation, Dual Rods With Multip
22843	Posterior Segmental Instrumentation (Eg, Pedicle Fixation, Dual Rods With Multip
22844	Posterior Segmental Instrumentation (Eg, Pedicle Fixation, Dual Rods With Multip
22845	Anterior Instrumentation; 2 To 3 Vertebral Segments (List Separately In Addition
22846	Anterior Instrumentation; 4 To 7 Vertebral Segments (List Separately In Addition
22847	Anterior Instrumentation; 8 Or More Vertebral Segments (List Separately In Addit
22848	Pelvic Fixation (Attachment Of Caudal End Of Instrumentation To Pelvic Bony Stru
22849	Reinsertion Of Spinal Fixation Device
22850	Removal Of Posterior Nonsegmental Instrumentation (Eg, Harrington Rod)
22852	Removal Of Posterior Segmental Instrumentation
22855	Removal Of Anterior Instrumentation
23334	Removal Of Prosthesis, Includes Debridement And Synovectomy When Performed; Hume
23335	Removal Of Prosthesis, Includes Debridement And Synovectomy When Performed; Hume
23470	Arthroplasty, Glenohumeral Joint; Hemiarthroplasty
23472	Arthroplasty, Glenohumeral Joint; Total Shoulder (Glenoid And Proximal Humeral
23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component
23800	Arthrodesis Glenohumeral Joint
23802	Arthrodesis Glenohumeral Jt W/Autogenous Graft
27125	Hemiarthroplasty hip partial
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or
	allograft
27132	Conversion Of Previous Hip Surgery To Total Hip Arthroplasty, With Or Without
27134	Revision Of Total Hip Arthroplasty; Both Components, With Or Without Autograft
27137	Revision Of Total Hip Arthroplasty; Acetabular Component Only, With Or Without
27138	Revision Of Total Hip Arthroplasty; Femoral Component Only, With Or Without
27427	Ligamentous Reconstruction Knee Extra-Articular
	Linementeuro Desenstruction Knos Intro Articular
27428	Ligamentous Reconstruction Knee Intra-Articular
	Ligamentous Reconstruction Knee Intra-Articular Ligmous Ronstj Agmntj Kne Intra-Articular Xtr
27428	
27428 27429	Ligmous Rcnstj Agmntj Kne Intra-Articular Xtr
27428 27429 27437	Ligmous Rcnstj Agmntj Kne Intra-Articular Xtr Arthroplasty, Patella; Without Prosthesis
27428 27429 27437 27438	Ligmous Rcnstj Agmntj Kne Intra-Articular Xtr Arthroplasty, Patella; Without Prosthesis Arthroplasty, Patella; With Prosthesis
27428 27429 27437 27438 27440	Ligmous Rcnstj Agmntj Kne Intra-Articular Xtr Arthroplasty, Patella; Without Prosthesis Arthroplasty, Patella; With Prosthesis Arthroplasty, Knee, Tibial Plateau;
27428 27429 27437 27438 27440 27441	Ligmous Rcnstj Agmntj Kne Intra-Articular Xtr Arthroplasty, Patella; Without Prosthesis Arthroplasty, Patella; With Prosthesis Arthroplasty, Knee, Tibial Plateau; Arthroplasty, Knee, Tibial Plateau; With Debridement And Partial Synovectomy
27428 27429 27437 27438 27440 27441 27441	Ligmous Rcnstj Agmntj Kne Intra-Articular Xtr Arthroplasty, Patella; Without Prosthesis Arthroplasty, Patella; With Prosthesis Arthroplasty, Knee, Tibial Plateau; Arthroplasty, Knee, Tibial Plateau; With Debridement And Partial Synovectomy Arthroplasty, Femoral Condyles Or Tibial Plateau(S), Knee;
27428 27429 27437 27438 27440 27441 27442 27442 27443	Ligmous Rcnstj Agmntj Kne Intra-Articular Xtr Arthroplasty, Patella; Without Prosthesis Arthroplasty, Patella; With Prosthesis Arthroplasty, Knee, Tibial Plateau; Arthroplasty, Knee, Tibial Plateau; With Debridement And Partial Synovectomy Arthroplasty, Femoral Condyles Or Tibial Plateau(S), Knee; Arthroplasty, Femoral Condyles Or Tibial Plateau(S), Knee;
27428 27429 27437 27438 27440 27441 27442 27442 27443 27445	Ligmous Rcnstj Agmntj Kne Intra-Articular Xtr Arthroplasty, Patella; Without Prosthesis Arthroplasty, Patella; With Prosthesis Arthroplasty, Knee, Tibial Plateau; Arthroplasty, Knee, Tibial Plateau; With Debridement And Partial Synovectomy Arthroplasty, Femoral Condyles Or Tibial Plateau(S), Knee; Arthroplasty, Femoral Condyles Or Tibial Plateau(S), Knee; With Debridement And Arthroplasty, Knee, Hinge Prosthesis (Eg, Walldius Type)
27428 27429 27437 27438 27440 27441 27442 27443 27443 27445 27445	Ligmous Rcnstj Agmntj Kne Intra-Articular Xtr Arthroplasty, Patella; Without Prosthesis Arthroplasty, Patella; With Prosthesis Arthroplasty, Knee, Tibial Plateau; Arthroplasty, Knee, Tibial Plateau; With Debridement And Partial Synovectomy Arthroplasty, Femoral Condyles Or Tibial Plateau(S), Knee; Arthroplasty, Femoral Condyles Or Tibial Plateau(S), Knee; With Debridement And Arthroplasty, Knee, Hinge Prosthesis (Eg, Walldius Type) Arthroplasty, Knee, Condyle And Plateau; Medial Or Lateral Compartment
27428 27429 27437 27438 27440 27441 27442 27443 27445 27445 27445 27446 27447	Ligmous Ronstj Agmntj Kne Intra-Articular Xtr Arthroplasty, Patella; Without Prosthesis Arthroplasty, Patella; With Prosthesis Arthroplasty, Knee, Tibial Plateau; Arthroplasty, Knee, Tibial Plateau; With Debridement And Partial Synovectomy Arthroplasty, Femoral Condyles Or Tibial Plateau(S), Knee; Arthroplasty, Femoral Condyles Or Tibial Plateau(S), Knee; With Debridement And Arthroplasty, Knee, Hinge Prosthesis (Eg, Walldius Type) Arthroplasty, Knee, Condyle And Plateau; Medial Or Lateral Compartment Arthroplasty, Knee, Condyle And Plateau; Medial And Lateral Compartments With
27428 27429 27437 27438 27440 27441 27442 27443 27445 27445 27446 27447 27486 27487	Ligmous Ronstj Agmntj Kne Intra-Articular Xtr Arthroplasty, Patella; Without Prosthesis Arthroplasty, Patella; With Prosthesis Arthroplasty, Knee, Tibial Plateau; Arthroplasty, Knee, Tibial Plateau; With Debridement And Partial Synovectomy Arthroplasty, Femoral Condyles Or Tibial Plateau(S), Knee; Arthroplasty, Femoral Condyles Or Tibial Plateau(S), Knee; With Debridement And Arthroplasty, Femoral Condyles Or Tibial Plateau(S), Knee; With Debridement And Arthroplasty, Knee, Hinge Prosthesis (Eg, Walldius Type) Arthroplasty, Knee, Condyle And Plateau; Medial Or Lateral Compartment Arthroplasty, Knee, Condyle And Plateau; Medial And Lateral Compartments With Revision Of Total Knee Arthroplasty, With Or Without Allograft; Come Component Revision Of Total Knee Arthroplasty, With Or Without Allograft; Femoral And
27428 27429 27437 27438 27440 27441 27442 27443 27445 27446 27446 27447 27486	Ligmous Ronstj Agmntj Kne Intra-Articular Xtr Arthroplasty, Patella; Without Prosthesis Arthroplasty, Patella; With Prosthesis Arthroplasty, Knee, Tibial Plateau; Arthroplasty, Knee, Tibial Plateau; With Debridement And Partial Synovectomy Arthroplasty, Femoral Condyles Or Tibial Plateau(S), Knee; Arthroplasty, Femoral Condyles Or Tibial Plateau(S), Knee; With Debridement And Arthroplasty, Femoral Condyles Or Tibial Plateau(S), Knee; With Debridement And Arthroplasty, Knee, Hinge Prosthesis (Eg, Walldius Type) Arthroplasty, Knee, Condyle And Plateau; Medial Or Lateral Compartment Arthroplasty, Knee, Condyle And Plateau; Medial And Lateral Compartments With Revision Of Total Knee Arthroplasty, With Or Without Allograft; One Component Revision Of Total Knee Arthroplasty, With Or Without Allograft; Femoral And Arthroplasty, Ankle;
27428 27429 27437 27438 27440 27441 27442 27443 27445 27445 27445 27446 27447 27486 27487 27400	Ligmous Ronstj Agmntj Kne Intra-Articular Xtr Arthroplasty, Patella; Without Prosthesis Arthroplasty, Patella; With Prosthesis Arthroplasty, Knee, Tibial Plateau; Arthroplasty, Knee, Tibial Plateau; With Debridement And Partial Synovectomy Arthroplasty, Femoral Condyles Or Tibial Plateau(S), Knee; Arthroplasty, Femoral Condyles Or Tibial Plateau(S), Knee; With Debridement And Arthroplasty, Femoral Condyles Or Tibial Plateau(S), Knee; With Debridement And Arthroplasty, Knee, Hinge Prosthesis (Eg, Walldius Type) Arthroplasty, Knee, Condyle And Plateau; Medial Or Lateral Compartment Arthroplasty, Knee, Condyle And Plateau; Medial And Lateral Compartments With Revision Of Total Knee Arthroplasty, With Or Without Allograft; Come Component Revision Of Total Knee Arthroplasty, With Or Without Allograft; Femoral And
27428 27429 27437 27438 27440 27441 27442 27443 27445 27445 27446 27447 27486 27487 27700 27702	Ligmous Ronstj Agmntj Kne Intra-Articular Xtr Arthroplasty, Patella; Without Prosthesis Arthroplasty, Patella; With Prosthesis Arthroplasty, Knee, Tibial Plateau; Arthroplasty, Knee, Tibial Plateau; With Debridement And Partial Synovectomy Arthroplasty, Femoral Condyles Or Tibial Plateau(S), Knee; Arthroplasty, Femoral Condyles Or Tibial Plateau(S), Knee; With Debridement And Arthroplasty, Femoral Condyles Or Tibial Plateau(S), Knee; With Debridement And Arthroplasty, Knee, Hinge Prosthesis (Eg, Walldius Type) Arthroplasty, Knee, Condyle And Plateau; Medial Or Lateral Compartment Arthroplasty, Knee, Condyle And Plateau; Medial And Lateral Compartment Arthroplasty, Knee, Condyle And Plateau; Medial And Lateral Compartment Revision Of Total Knee Arthroplasty, With Or Without Allograft; One Component Revision Of Total Knee Arthroplasty, With Or Without Allograft; Femoral And Arthroplasty, Ankle; Arthroplasty, Ankle; With Implant (Total Ankle) Arthroplasty, Ankle; Revision, Total Ankle
27428 27429 27437 27438 27440 27441 27442 27443 27445 27445 27446 27447 27486 27487 27487 27700 27702 27703	Ligmous Ronstj Agmntj Kne Intra-Articular Xtr Arthroplasty, Patella; Without Prosthesis Arthroplasty, Patella; With Prosthesis Arthroplasty, Knee, Tibial Plateau; Arthroplasty, Knee, Tibial Plateau; With Debridement And Partial Synovectomy Arthroplasty, Femoral Condyles Or Tibial Plateau(S), Knee; Arthroplasty, Femoral Condyles Or Tibial Plateau(S), Knee; With Debridement And Arthroplasty, Femoral Condyles Or Tibial Plateau(S), Knee; With Debridement And Arthroplasty, Knee, Hinge Prosthesis (Eg, Walldius Type) Arthroplasty, Knee, Condyle And Plateau; Medial Or Lateral Compartment Arthroplasty, Knee, Condyle And Plateau; Medial And Lateral Compartments With Revision Of Total Knee Arthroplasty, With Or Without Allograft; One Component Revision Of Total Knee Arthroplasty, With Or Without Allograft; Femoral And Arthroplasty, Ankle; Arthroplasty, Ankle; With Implant (Total Ankle) Arthroplasty, Ankle; Revision, Total Ankle Rhinp Prim Lat&Alar Crtlgs&/Elvtn Nasal Tip
27428 27429 27437 27438 27440 27441 27442 27443 27445 27446 27446 27447 27486 27487 27486 27487 27700 27702 27703 30400	Ligmous Ronstj Agmntj Kne Intra-Articular Xtr Arthroplasty, Patella; Without Prosthesis Arthroplasty, Patella; With Prosthesis Arthroplasty, Knee, Tibial Plateau; Arthroplasty, Knee, Tibial Plateau; With Debridement And Partial Synovectomy Arthroplasty, Femoral Condyles Or Tibial Plateau(S), Knee; Arthroplasty, Femoral Condyles Or Tibial Plateau(S), Knee; With Debridement And Arthroplasty, Femoral Condyles Or Tibial Plateau(S), Knee; With Debridement And Arthroplasty, Knee, Hinge Prosthesis (Eg, Walldius Type) Arthroplasty, Knee, Condyle And Plateau; Medial Or Lateral Compartment Arthroplasty, Knee, Condyle And Plateau; Medial And Lateral Compartment Arthroplasty, Knee, Condyle And Plateau; Medial And Lateral Compartment Revision Of Total Knee Arthroplasty, With Or Without Allograft; One Component Revision Of Total Knee Arthroplasty, With Or Without Allograft; Femoral And Arthroplasty, Ankle; Arthroplasty, Ankle; With Implant (Total Ankle) Arthroplasty, Ankle; Revision, Total Ankle



	Description
30435	Rhinoplasty Secondary Intermediate Revision
30450	Rhinoplasty Secondary Major Revision
30460	Rhinp Dfrm W/Colum Lngth Tip Only
30462	Rhinp Dfrm Colum Lngth Tip Septum Osteot
30520	Septoplasty Or Submucous Resection, With Or Without Cartilage Scoring, Contouring Or Replacement With Graft
36468	1/Mlt Nixs Scirsg Sins Spider Veins Limb/Trunk
36469	1/Mlt Nixs Sclrsg Slns Spider Veins Face
36470	Injection Of Sclerosing Solution; Single Vein
36471	Injection Of Sclerosing Solution; Multiple Veins, Same Leg
36473	Endovenous ablation therapy of incompetent vein, extremity, Inclusive of all imaging guidance and monitoring,
	percutaneous, mechanochemical; first vein treated
36475	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Inclusive Of All
36476	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Inclusive Of All
36478	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Inclusive Of All
36479	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Inclusive Of All
37650	Ligation Of Femoral Vein
37660	Ligation of Common Iliac Vein
37700	Ligation And Division Of Long Saphenous Vein At Saphenofemoral Junction, Or
37718	Ligation, Division, And Stripping, Short Saphenous Vein
37722	Ligation, Division, And Stripping, Long (Greater) Saphenous Veins From Saphenofe
37735	Ligation And Division And Complete Stripping Of Long Or Short Saphenous Veins
37760	Ligation Of Perforator Veins, Subfascial, Radical (Linton Type), Including Skin
37761	Ligation Of Perforator Vein(S), Subfascial, Open, Including Ultrasound Guidance,
37765	Stab Phlebectomy Of Varicose Veins, One Extremity; 10-20 Stab Incisions
37766	Stab Philebectomy of Varicose Veins, One Extremity; Nore Than 20 Incisions
37780	Ligation And Division Of Short Saphenous Vein At Saphenopopoliteal Junction
37785	Ligation, Division, And/Or Excision Of Varicose Vein Cluster(S), One Leg
43644	Laparoscopy, Surgical, Gastric Restrictive Procedure; With Gastric Bypass And Ro
43645	Laparoscopy, Surgical, Gastric Restrictive Procedure; With Gastric Bypass And
43647	Laparoscopy, Surgical; Implantation Or Replacement Of Gastric Neurostimulator Electrodes, Antrum
43770	Laparoscopy, Surgical, Gastric Restrictive Procedure; Placement Of Adjustable Ga
43771	Laparoscopy, Surgical, Gastric Restrictive Procedure; Revision Of Adjustable Gas
43772	Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal Of Adjustable Gast
43773	Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal And Replacement Of
43774	Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal Of Adjustable Gast
43842	Gastric Rstcv W/O Byp Vertical-Banded Gastroply
43843	Gstr Rstcv W/O Byp Oth/Thn Ver-Banded Gstp
43845	Gastric Rstcv W/Prtl Gastrectomy 50-100 Cm
43846	Gastric Rstcv W/Byp W/Short Limb 150 Cm/<
43847	Gastric Rstcv W/Byp W/Sm Int Rcnstj Limit Absrpj
43848	Revision Open Gastric Restrictive Px Not Device
	•
43881	Implantation Or Replacement Of Gastric Neurostimulator Electrodes, Antrum, Open
43882	Revision Or Removal Of Gastric Neurostimulator Electrodes, Antrum, Open
43886	Gstr Rstcv Px Opn Revj Subq Port Component Only
43887	Gstr Rstcv Px Opn RmvI Subq Port Component Only
43888	Gstr Rstcv Opn Rmvl&Rplcmt Subq Port
61850	Twist/Burr Hole Implti Nstim Eltrd Cortical
61860	Crnec/Crx Impltj Nstim Eltrd Cere Cortical
61863	Strtct Implij Nstim Eltrd W/O Record 1St Array
61864	Strtctc Impltj Nstim Eltrd W/O Record Ea Array
61867	Strtctc Impltj Nstim Eltrd W/Record 1St Array
61868	Strtctc Impltj Nstim Eltrd W/Record Ea Array
61870	Crnec Impltj Nstim Eltrd Cerebellar Cortical
61880	Revision Or Removal Of Intracranial Neurostimulator Electrodes
61885	Insertion Or Replacement Of Cranial Neurostimulator Pulse Generator Or
	•
61886	Insertion Or Replacement Of Cranial Neurostimulator Pulse Generator Or
61888	Revision Or Removal Of Cranial Neurostimulator Pulse Generator Or Receiver
62310	Njx Dx/Ther Sbst Epidural/Subrach Cerv/Thoracic
62311	Njx Dx/Ther Sbst Epidural/Subarach Lumbar/Sacral
62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), r
	including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumba
00004	sacral (cauda); without imaging guidance
62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), r
	including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumba
	sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)
62322	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solut
	not including neurolytic substances, including needle or catheter placement, includes contrast for localization when
	performed, epidural or subarachooid; lumbar or sacral (caudal); without imaging guidance
60000	
62323	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solut
	not including neurolytic substances, including needle or catheter placement, includes contrast for localization when
	performed, epidural or subarachnoid; lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)
	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therape
00004	mechanish including ingweiling camerer placement, continuous intusion or intermittent bolius, of diagnostic or therape
62324	
62324	substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances
62324	substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances
62324	substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances
	substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic; without imaging guida
62324 62325	substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic; without imaging guid Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therape
	substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic; without imaging guid



62327 62350 62360	substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal); without imaging guidance
62350	guidance
62350	
	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeu
	substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances,
	includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal); with imaging
	guidance (ie, fluoroscopy or CT)
	Impltj Revj/Rpsg Ithcl/Edrl Cath Pmp W/O Lam Impltj/Rplcmt Ithcl/Edrl Drug Nfs Subq Rsvr
62361	Implij/Rpicmt fis Non-Prgrbi Pump
62362	Implt//Rplcmt Ithcl/Edrl Drug Nfs Prgrbl Pump
63001	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Eq
63003	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda
63005 63011	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda
63012	Laminectomy With Removal Of Abnormal Facets And/Or Pars Inter-Articularis With
63015	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda
63016	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda
63017 63020	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Par
63030	Laminotomy (Hemilaminectomy), with Decompression Of Nerve Root(S), including Par
63035	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Par
63040	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including
63042	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including
63043 63044	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including
63044	Laminotomy (Hernianinectomy), with becompression of Nerve Root(3), including
63046	Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral With
63047	Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral With
63048	Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral With
63055	Transpedicular Approach With Decompression Of Spinal Cord, Equina And/Or Nerve R
63056 63057	Transpedicular Approach With Decompression Of Spinal Cord, Equina And/Or Nerve Transpedicular Approach With Decompression Of Spinal Cord, Equina And/Or Nerve
63075	Removal Of Upper Spine Disc And Release Of Spinal Cord And/Or Nerves
63076	Removal Of Upper Spine Disc And Release Of Spinal Cord And/Or Nerves
63077	Removal Of Middle Spine Disc And Release Of Spinal Cord And/Or Nerves
63078	Removal Of Middle Spine Disc And Release Of Spinal Cord And/Or Nerves
63081 63082	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Anterior Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Anterior
63085	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Antenor
63086	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete,
63087	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Combined
63088	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Combined
63090 63091	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete,
63101	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Lateral Ex
63102	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Lateral
63103	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Lateral
63250	Laminectomy For Excision Or Occlusion Of Arteriovenous Malformation Of Spinal Co
63251	Laminectomy For Excision Or Occlusion Of Arteriovenous Malformation Of Spinal Laminectomy For Excision Or Occlusion Of Arteriovenous Malformation Of Spinal
63252 63265	Laminectomy For Excision Or Occusion Of Intraspinal Lesion Other Than
63266	Laminoctomy For Excision Or Evacuation of Intraspinal Lesion Other Than
63267	Laminectomy For Excision Or Evacuation Of Intraspinal Lesion Other Than
63268	Laminectomy For Excision Or Evacuation Of Intraspinal Lesion Other Than
63270	Laminectomy For Excision Of Intraspinal Lesion Other Than Neoplasm, Intradural;
63271 63272	Laminectomy For Excision Of Intraspinal Lesion Other Than Neoplasm, Intradural; Laminectomy For Excision Of Intraspinal Lesion Other Than Neoplasm, Intradural;
63272	Laminectomy For Excision Of Intraspinal Lesion Other Than Neoplasm, Intraducal,
63275	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Extradural, Cervical
63276	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Extradural, Thoracic
63277	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Extradural, Lumbar
63278	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Extradural, Sacral
63615 63650	Strtctc Bx Aspirat/Exc Lesion Spinal Cord Percutaneous Implantation Of Neurostimulator Electrode Array, Epidural
63650	Prq Impltj Nstim Electrode Array Epidural
63655	Laminectomy For Implantation Of Neurostimulator Electrodes, Plate/Paddle,
63655	Lam Impltj Nstim Eltrds Plate/Paddle Edrl
63661	Removal Of Spinal Neurostimulator Electrode Percutaneous Array(S), Including Fluoroscopy, When Performed
63662	Removal Of Spinal Neurostimulator Electrode Plate/Paddle(S) Placed Via Laminotomy Or Laminectomy, Including
63663	Fluoroscopy, When Performed Revision Including Replacement, When Performed, Of Spinal Neurostimulator Electr
63664	Revision Including Replacement, When Performed, Of Spinal Neurostimulator Electrode Plate/Paddle(S) Placed Via
00007	Laminotomy Or Laminectomy, Including Fluoroscopy, When Performed
63685	Insertion Or Replacement Of Spinal Neurostimulator Pulse Generator Or Receiver,
63685	Insi/Rplcmt Spi Npar Dir/Induxive Coupling
	Revision Or Removal Of Implanted Spinal Neurostimulator Pulse Generator Or
63688 64400	Nix Anes Trigeminal Nrv Any Div/Branch



A 1	
Code	Description
64405 64408	Injection Anesthetic Agent Greater Occipital Nrv
	Injection Anesthetic Agent Vagus Nerve
64410 64413	Injection Anesthetic Agent Phrenic Nerve
	Injection Anesthetic Agent Cervical Plexus
64415	Single Nerve Block Injection Arm Nerve
64416	Injection Anes Brachial Plexus Cont Nfs Cath
64417	Injection Anesthetic Agent Axillary Nerve
64418	Injection Anesthetic Agent Suprascapular Nerve
64420	Injection Anesthetic Agent 1 Intercostal Nerve
64421	Multiple Nerve Block Injections Rib Nerves
64425	Injection Anes Ilioinguinal Iliohypogastric Nrvs
64430	Injection Anesthetic Agent Pudendal Nerve
64435	Injection Anesthetic Paracervical Uterine Nerve
64445	Injection Anesthetic Agent Sciatic Nrv Single
64446	Injection Anes Sciatic Nerve Cont Infusion Cath
64447	Injection Anesthetic Agent Femoral Nerve Single
64448	Injection Anes Femoral Nerve Cont Infusion Cath
64449	Injection Anes Lumbar Plexus Post Cont Nfs Cath
64450	Injection Anes Other Peripheral Nerve/Branch
64455	Nix Anes&/Steroid Plantar Common Digital Nerve
64461	Paravertebral Block (Pvb) (Paraspinous Block), Thoracic; Single Injection Site (Includes Imaging Guidance, When Performed)
64462	Paravertebral Block (Pvb) (Paraspinous Block), Thoracic; Second And Any Additional Injection Site(S) (Includes Imaging Guidance, When Performed) (List Separately In Addition To Code For Primary Procedure)
64463	Paravertebral Block (Pvb) (Paraspinous Block), Thoracic; Continuous Infusion By Catheter (Includes Imaging Guidance, When Performed)
64479	Nix Anes&/Strd W/Img Tfrml Edrl Crv/Thrc 1 Lvl
64480	Nix Anes&/Strd W/Ing Trimi Edri Crv/Thrc Ea Lvl
64483	Njx Anes&/Strd W/Img Tfrml Edrl Lmbr/Sac 1 Lvl
64484	Nix Anes&/Strd W/Ing Tirmi Edit Limbr/Sac Ea Lvl
64490	Nix Dx/Ther Aqt Pvrt Facet Jt Crv/Thrc 1 Level
64491	Nix Dx/Ther Aqt Pvrt Facet Jt Crv/Thrc 2Nd Level
64492	Nix Dx/Ther Agt Pvrt Facet Jt Crv/Thrc 3+ Level
64493	Nix Dx/Ther Agt Pvrt Facet Jt Lmbr/Sac 1 Level
64494	Nix Dx/Ther Agt Pvrt Facet Jt Lmbr/Sac 2Nd Level
64495	Nix Dx/Ther Agt Pvrt Facet Jt Lmbr/Sac 3+ Level
64505	Injection Anes Agent Sphenopalatine Ganglion
64508	Injection Anesthetic Agent Carotid Sinus Spx
64510	Nix Anes Stellate Ganglion Crv Sympathetic
64517	Injection Anes Superior Hypogastric Plexus
64520	Injection Aries Superior Hypogastic Flexus
64530	Inix Anes Celiac Plexus W/Wo Radiologic Monitrug
64553	Percutaneous Implantation Of Neurostimulator Electrode Array; Cranial Nerve
64555	Percutaneous Implantation Of Neurostimulator Electrode Array; Peripheral Nerve (
64561	Percutaneous Implantation Of Neurostimulator Electrode Array; Sacral Nerve (Tran
64565	Percutaneous Implantation Of Neurostimulator Electrode Array; Neuromuscular
64566	Posterior Tibial Neurostimulation, Percutaneous Needle Electrode, Single Treatme
64568 64569	Incision For Implantation Of Cranial Nerve (Eg, Vagus Nerve) Neurostimulator Electrode Array And Pulse Generator Revision Or Replacement Of Cranial Nerve (Eg, Vagus Nerve) Neurostimulator Electrode Array, Including Connection To
	Existing Pulse Generator
64575	Incision For Implantation Of Neurostimulator Electrode Array; Peripheral Nerve (
64580	Incision For Implantation Of Neurostimulator Electrode Array; Neuromuscular
64581	Incision For Implantation Of Neurostimulator Electrode Array; Sacral Nerve (Tran
64585	Revision Or Removal Of Peripheral Neurostimulator Electrode Array
64590	Insertion Or Replacement Of Peripheral Or Gastric Neurostimulator Pulse Generato
64595	Revision Or Removal Of Peripheral Or Gastric Neurostimulator Pulse Generator Or
64600	Dstrj Trigeminal Nrv Supraorb Infraorb Branch
64605	Dstrj Neurolytic Trigeminal Nrv 2/3 Div Branch
64610	Dstrj Neurlytic Trigem Nrv 2/3 Div Radio Monitor
64615	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral
	(eg, for chronic migraine)
64616	Chemodenervation Of Muscle(S); Neck Muscle(S), Excluding Muscles Of The Larynx, Unilateral (Eg, For Cervical Dyston
	Spasmodic Torticollis)
64617	Chemodenervation Of Muscle(S); Larynx, Unilateral, Percutaneous (Eg, For Spasmodic Dysphonia), Includes Guidance E
0.1000	Needle Electromyography, When Performed
64620	Dstrj Neurolytic Agent Intercostal Nerve
64630	Dstrj Neurolytic Agent Pudendal Nerve
64633	Dstr Nrolytc Agnt Parverteb Ect Sngl Crvcl/Thora
64634	Dstr Nrolytc Agnt Parverteb Fct Addl Crvcl/Thora
64635	Dstr Nrolytc Agnt Parverteb Fct Sngl Lmbr/Sacral
64636	Dstr Nrolytc Agnt Parverteb Fct Addl Lmbr/Sacral
64640	Dstri Neurolytic Agent Other Peripheral Nerve
64642	Chemodenervation Of One Extremity; 1-4 Muscle(S)
64643	Chemodenervation Of One Extremity; Each Additional Extremity, 1-4 Muscle(S) (List Separately In Addition To Code For Primary Procedure)
0.101.1	Chemodenervation Of One Extremity; 5 Or More Muscles
64644	
64644 64645	Chemodenervation Of One Extremity: Each Additional Extremity 5 Or More Muscles (List Separately in Addition To Code
64644 64645	
64645	For Primary Procedure)
	Chemodenervation Of One Extremity; Each Additional Extremity, 5 Or More Muscles (List Separately In Addition To Code For Primary Procedure) Chemodenervation Of Trunk Muscle(S); 1-5 Muscle(S) Chemodenervation Of Trunk Muscle(S); 6 Or More Muscles



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Code	Description
64680	Dstrj Neurolytic W/Wo Rad Monitor Celiac Plexus
64681	Dstrj Nulyt W/Worad Mntr Suprior Hypogstr Plexus
67311	Strabismus Recession/Rescj 1 Hrzntl Musc
67312	Strabismus Recession/Rescj 2 Hrzntl Musc
67314	Strabismus Recession/Rescj 1 Ver Musc
67316	Strabismus Recession/Resci 2/More Ver Musc
67318	Strabismus Any Superior Oblique Muscle
67320	Transposition Procedure Extraocular Musc
67331	Strabismus Previous Eye X Involve Eo Musc
67332	Strabismus Scarring Eo Musc/Rstev Myopathy
67334	Strabismus Post Fixj Sutr Tq W/Wo Musc Recession
67335	Placement Adjustable Suture Strabismus
67340	Strabismus Expl&/Rpr Detached Extrocular Musc
67343	RIs Xtnsv Scar Tiss W/O Detaching Eo Musc Spx
67345	Chemodenervation Extraocular Muscle
67346	Biopsy Extraocular Muscle
67399	Unlisted Procedure Ocular Muscle
67414	Orbitotomy W/O Bone Flap W/RmvI Bone Dcmprn
67715	Canthotomy Separate Procedure
67825	Correction Trichiasis Epilation Oth/Than Forceps
67900	Repair Brow Ptosis
67901	Rpr Blepharoptosis Frontalis Musc Sutr/Oth Matrl
67902	Rpr Blepharopt Frontalis Musc Autol Fascal Sling
67903	Rpr Blepharoptosis Levator Resci/Advmnt Internal
67904	Rpr Blepharoptosis Levator Rescj/Advmnt Xtrnl
67906	Rpr Blepharoptosis Superior Rectus Fascial Sling
67908	Rpr Blpos Conjunctivo-Tarso-Musc-Levator Rescj
67909	Reduction Overcorrection Ptosis
67911	Correction Lid Retraction
67912	Corrj Lagophthalmos Impltj Upr Eyelid Lid Load
67914	Repair Of Ectropion; Suture
67915	Repair Of Ectropion; Thermocauterization
67916	Repair Ectropion Excision Tarsal Wedge
67917	Repair Ectropion Extensive
67921	Repair Of Entropion; Suture
67922	Repair Of Entropion; Thermocauterization
67923	Repair Of Entropion; Excision Tarsal Wedge
67924	Repair Of Entropion; Extensive (Eg, Tarsal Strip Or Capsulopalpebral Fascia Repairs Operation)
67938	Removal Embedded Foreign Body Eyelid
67950	Canthoplasty
67961	Excision & Repair Eyelid > One-Fourth Lid Margin
67966	Excision & Repair Eyelid One-Fourth Lid Margin/>
67971	Rcnstj Eyelid Full Thickness < Two-Thirds 1 Stg
67973	Rcnstj Eyelid Full Thickness Lower Eyelid 1 Stg
67974	Rcnstj Eyelid Full Thickness Upper Eyelid 1 Stg
67975	Rcnstj Eyelid Full Thickness Second Stage
68320	Conjunctivoplasty W/Grf/Xtnsv Rearrangement
68325	Conjunctivoplasty W/Buccal Muc Memb Graft
68326	Cjp Rcnstj Cul-De-Sac Buccal Grf/Xtnsv Rearrgmt
68328	Conjunctpl Cul-De-Sac W/Buccal Muc Memb Graft
68330	Rpr Symblepharon Conjunctivoplasty W/O Graft
68335	Rpr Symblepharon Fr Grf Cjnc/Buccal Muc Memb
68360	Conjunctival Flap Bridge/Partial Spx
68362	Conjunctival Flap Total
68371	Harvesting Conjuncival Allography Living Donor
68399	Unlisted Procedure Conjunctiva
68700	Plastic Repair Canaliculi
70336	MRI Temporomandibular Joint
70450	Computed Tomography, Head Or Brain; Without Contrast Material
70460	Computed Tomography, Head Or Brain; With Contrast Material(S)
70470	Computed Tomography, Head Or Brain; Without Contrast Material, Followed By
70480	Computed Tomography, Orbit, Sella, Or Posterior Fossa Or Outer, Middle, Or
70481	Computed Tomography, Orbit, Sella, Or Posterior Fossa Or Outer, Middle, Or
70482	Computed Tomography, Orbit, Sella, Or Posterior Fossa Or Outer, Middle, Or
70486	Computed Tomography, Maxillofacial Area; Without Contrast Material
70487	Computed Tomography, Maxillofacial Area; With Contrast Material(S)
70488	Computed Tomography, Maxillofacial Area; Without Contrast Material, Followed By
70490	Computed Tomography, Soft Tissue Neck; Without Contrast Material
70491	Computed Tomography, Soft Tissue Neck; With Contrast Material(S)
70492	Computed Tomography, Soft Tissue Neck; Without Contrast Material Followed By
70496	Computed Tomographic Angiography, Head, With Contrast Material(S), Including Non
70498	Computed Tomographic Angiography, Neck, With Contrast Material(S), Including Non
70540	Magnetic Resonance (Eg, Proton) Imaging, Orbit, Face, And/Or Neck; Without Contr
70542	Magnetic Resonance (Eg, Proton) Imaging, Orbit, Face, And Neck; With Contrast
70543	Magnetic Resonance (Eq. Proton) Imaging, Orbit, Face, And Neck; Without
70544	Magnetic Resonance Angiography, Head; Without Contrast Material(S)
70545	Magnetic Resonance Angiography, Head; With Contrast Material(S)
70546	Magnetic Resonance Angiography, Head; Without Contrast Material(S), Followed By
70547	Magnetic Resonance Angiography, Neck, Without Contrast Material(S)
70548	Magnetic Resonance Angiography, Neck, With Contrast Material(S)
70549	Magnetic Resonance Angiography, Neck, Without Contrast Material(S), Followed By



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Code 70551	Description Magnetic Resonance (Eg, Proton) Imaging, Brain (Including Brain Stem); Without
70552	Magnetic Resonance (Eg, Proton) Imaging, Brain (Including Brain Stern), Without Magnetic Resonance (Eg, Proton) Imaging, Brain (Including Brain Stern); With
70553	Magnetic Resonance (Eg, Proton) Imaging, Brain (Including Brain Stem); Without
70554	Magnetic Resonance Imaging, Brain, Functional Mri; Including Test Selection And
70555	Magnetic Resonance Imaging, Brain, Functional Mri; Requiring Physician Or Psycho
70557	Magnetic Resonance (Eg, Proton) Imaging, Brain (Including Brain Stem And Skull
70558	Magnetic Resonance (Eg, Proton) Imaging, Brain (Including Brain Stem And Skull
70559 71250	Magnetic Resonance (Eg, Proton) Imaging, Brain (Including Brain Stem And Skull Computed Tomography, Thorax; Without Contrast Material
71260	Computed Tomography, Thorax, Without Contrast Material(S)
71270	Computed Tomography, Thorax; Without Contrast Material, Followed By Contrast
71275	Computed Tomographic Angiography, Chest (Noncoronary), With Contrast Material(S)
71550	Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And
71551	Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And
71552 71555	Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Magnetic Resonance Angiography, Chest (Excluding Myocardium), With Or Without
72125	Computed Tomography, Cervical Spine; Without Contrast Material
72126	Computed Tomography, Cervical Spine; With Contrast Material
72127	Computed Tomography, Cervical Spine; Without Contrast Material, Followed By
72128	Computed Tomography, Thoracic Spine; Without Contrast Material
72129	Computed Tomography, Thoracic Spine; With Contrast Material
72130	Computed Tomography, Thoracic Spine; Without Contrast Material, Followed By
72131	Computed Tomography, Lumbar Spine; Without Contrast Material
72132 72133	Computed Tomography, Lumbar Spine; With Contrast Material Computed Tomography, Lumbar Spine; Without Contrast Material, Followed By
72133	Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Cervical;
72142	Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Cervical;
72146	Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Thoracic;
72147	Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Thoracic;
72148	Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Lumbar;
72149	Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Lumbar;
72156	Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Without Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Without
72157 72158	Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Without Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Without
72159	Magnetic Resonance Angiography, Spinal Canal And Contents, With Or Without
72191	Computed Tomographic Angiography, Pelvis, With Contrast Material(S), Including N
72192	Computed Tomography, Pelvis; Without Contrast Material
72193	Computed Tomography, Pelvis; With Contrast Material(S)
72194	Computed Tomography, Pelvis; Without Contrast Material, Followed By Contrast
72195	Magnetic Resonance (Eg, Proton) Imaging, Pelvis; Without Contrast Material(S)
72196 72197	Magnetic Resonance (Eg, Proton) Imaging, Pelvis; With Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Pelvis; Without Contrast Material(S),
72198	Magnetic Resonance Angiography, Pelvis, With Or Without Contrast Material(S)
73200	Computed Tomography, Upper Extremity; Without Contrast Material
73201	Computed Tomography, Upper Extremity; With Contrast Material(S)
73202	Computed Tomography, Upper Extremity; Without Contrast Material, Followed By
73206	Computed Tomographic Angiography, Upper Extremity, With Contrast Material(S), In
73218 73219	Magnetic Resonance (Eg, Proton) Imaging, Upper Extremity, Other Than Joint; Magnetic Resonance (Eg, Proton) Imaging, Upper Extremity, Other Than Joint;
73219	Magnetic Resonance (Eg, Proton) Imaging, Opper Extremity, Other Than Joint,
73221	Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Upper Extremity; Without
73222	Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Upper Extremity; With
73223	Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Upper Extremity; Without
73225	Magnetic Resonance Angiography, Upper Extremity, With Or Without Contrast
73700	Computed Tomography, Lower Extremity; Without Contrast Material
73701 73702	Computed Tomography, Lower Extremity; With Contrast Material(S) Computed Tomography, Lower Extremity; Without Contrast Material, Followed By
73702	Computed Tomographic Angiography, Lower Extremity, Without Contrast Material, Followed By
73718	Magnetic Resonance (Eg, Proton) Imaging, Lower Extremity Other Than Joint;
73719	Magnetic Resonance (Eg, Proton) Imaging, Lower Extremity Other Than Joint; With
73720	Magnetic Resonance (Eg, Proton) Imaging, Lower Extremity Other Than Joint;
73721	Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Lower Extremity; Without
73722 73723	Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Lower Extremity; With Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Lower Extremity; Without
73725	Magnetic Resonance Angiography, Lower Extremity, With Or Without Contrast
74150	Ct Abdomen W/O Contrast Material
74160	Computed Tomography, Abdomen; With Contrast Material(S)
74170	Computed Tomography, Abdomen; Without Contrast Material, Followed By Contrast
74174	Computed Tomographic Angiography, Abdomen And Pelvis, With Contrast Material(S),
74175	Computed Tomographic Angiography, Abdomen, With Contrast Material(S), Including
74176	Computed Tomography, Abdomen And Pelvis; Without Contrast Material Computed Tomography, Abdomen And Pelvis; With Contrast Material(S)
74177 74178	Computed Tomography, Abdomen And Pelvis; With Contrast Material (S) Computed Tomography, Abdomen And Pelvis; Without Contrast Material In One Or Bot
74178	Magnetic Resonance (Eg, Proton) Imaging, Abdomen; Without Contrast Material (S)
74182	Magnetic Resonance (Eg, Proton) Imaging, Abdomen; With Contrast Material(S)
74183	Magnetic Resonance (Eg, Proton) Imaging, Abdomen; Without Contrast Material(S),
74185	Magnetic Resonance Angiography, Abdomen, With Or Without Contrast Material(S)
75557	Cardiac Magnetic Resonance Imaging For Morphology And Function Without Contrast
75559	Cardiac Magnetic Resonance Imaging For Morphology And Function Without Contrast
75561 75563	Cardiac Magnetic Resonance Imaging For Morphology And Function Without Contrast Cardiac Magnetic Resonance Imaging For Morphology And Function Without Contrast
10000	Caralas magnetis resonance imaging For morphology And Function without colligitst



de	Description
75565	Cardiac Magnetic Resonance Imaging For Velocity Flow Mapping (List Separately In
75571	Computed Tomography, Heart, Without Contrast Material, With Quantitative Evaluat
75572	Computed Tomography, Heart, With Contrast Material, For Evaluation Of Cardiac Structure And Morphology (Including 3
	Image Postprocessing, Assessment Of Cardiac Function, And Evaluation Of Venous Structures, If Performed)
75573	Computed Tomography, Heart, With Contrast Material, For Evaluation Of Cardiac St
	Computed Tomographic Angiography, Heart, Coronary Arteries And Bypass Grafts (Wh
75574	
75635	Computed Tomographic Angiography, Abdominal Aorta And Bilateral Iliofemoral Lower Extremity Runoff, With Contrast
	Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing
76380	Ct Limited/Localized Follow Up Study
76390	Mri Spectroscopy
77058	Magnetic Resonance Imaging, Breast, Without And/Or With Contrast Material(S); Un
77059	Magnetic Resonance Imaging, Breast, Without And/Or With Contrast Material(S); Bi
77084	Bone Marrow Blood Supply
77520	Proton Tx Delivery Simple W/O Compensation
77522	Proton Tx Delivery Simple W/Compensation
77523	Proton Tx Delivery Intermediate
77525	Proton Tx Delivery Complex
78459	Myocardial Imaging Pet Metabolic Evaluation
78491	Myocardial Imaging, Positron Emission Tomography (Pet), Perfusion; Single Study
78492	Myocardial Imaging, Positron Emission Tomography (Pet), Perfusion; Multiple
78608	Brain Imaging, Positron Emission Tomography (Pet); Metabolic Evaluation
	Brain Imaging, Fositron Emission Tomography (Fet), Perfusion Evaluation
78609	
78811	Positron Emission Tomography (Pet) Imaging; Limited Area (Eg, Chest, Head/Neck)
78812	Positron Emission Tomography (Pet) Imaging; Skull Base To Mid-Thigh
78813	Positron Emission Tomography (Pet) Imaging; Whole Body
78814	Positron Emission Tomography (Pet) With Concurrently Acquired Computed Tomograph
78815	Positron Emission Tomography (Pet) With Concurrently Acquired Computed Tomograph
78816	Positron Emission Tomography (Pet) With Concurrently Acquired Computed Tomograph
90283	Immune Globulin, Lyophilized (IVIG): Iveegam EN
90283	Immune Globulin, Non-Lyophilized (IVIG): Octegam
90283	Immune Globulin, Non-Lyophilized (Liquid) 500Mg (IVIG): Privigen
95961	Functional Cortical And Subcortical Mapping By Stimulation And/Or Recording Of Electrodes On Brain Surface, Or Of
	Depth Electrodes, To Provoke Seizures Or Identify Vital Brain Structures; Initial Hour Of Attendance By A Physician Or
	Other Qualified Health Care Professional
95962	Functional Cortical And Subcortical Mapping By Stimulation And/Or Recording Of Electrodes On Brain Surface, Or Of
00002	Depth Electrodes, To Provoke Seizures Or Identify Vital Brain Structures; Each Additional Hour Of Attendance By A
	Physician Or Other Qualified Health Care Professional (List Separately In Addition To Code For Primary Procedure)
95971	Electronic Analysis Of Implanted Neurostimulator Pulse Generator System (Eg, Rate, Pulse Amplitude, Pulse Duration,
55571	
	Configuration Of Wave Form, Battery Status, Electrode Selectability, Output Modulation, Cycling, Impedance And Patien
	Compliance Measurements); Simple Spinal Cord, Or Peripheral (le, Peripheral Nerve, Sacral Nerve, Neuromuscular)
	Neurostimulator Pulse Generator/Transmitter, With Intraoperative Or Subsequent Programming
95972	Electronic Analysis Of Implanted Neurostimulator Pulse Generator System (Eg, Rate, Pulse Amplitude, Pulse Duration,
	Configuration Of Wave Form, Battery Status, Electrode Selectability, Output Modulation, Cycling, Impedance And Patien
	Compliance Measurements); Complex Spinal Cord, Or Peripheral (le, Peripheral Nerve, Sacral Nerve, Neuromuscular)
	(Except Cranial Nerve) Neurostimulator Pulse Generator/Transmitter, With Intraoperative Or Subsequent Programming
95973	Electronic Analysis Of Implanted Neurostimulator Pulse Generator System (Eg, Rate, Pulse Amplitude, Pulse Duration,
	Configuration Of Wave Form, Battery Status, Electrode Selectability, Output Modulation, Cycling, Impedance And Patien
	Configuration of wave Form, Battery Status, Electrode Selectability, Output Modulation, Cycling, Impedance And Fatient
	Compliance Measurements); Complex Spinal Cord, Or Peripheral (le, Peripheral Nerve, Sacral Nerve, Neuromuscular)
	Compliance Measurements); Complex Spinal Cord, Or Peripheral (le, Peripheral Nerve, Sacral Nerve, Neuromuscular)
	Compliance Measurements); Complex Spinal Cord, Or Peripheral (le, Peripheral Nerve, Sacral Nerve, Neuromuscular) (Except Cranial Nerve) Neurostimulator Pulse Generator/Transmitter, With Intraoperative Or Subsequent Programming,
95974	Compliance Measurements); Complex Spinal Cord, Or Peripheral (le, Peripheral Nerve, Sacral Nerve, Neuromuscular) (Except Cranial Nerve) Neurostimulator Pulse Generator/Transmitter, With Intraoperative Or Subsequent Programming, Each Additional 30 Minutes After First Hour (List Separately In Addition To Code For Primary Procedure)
95974	Compliance Measurements); Complex Spinal Cord, Or Peripheral (le, Peripheral Nerve, Sacral Nerve, Neuromuscular) (Except Cranial Nerve) Neurostimulator Pulse Generator/Transmitter, With Intraoperative Or Subsequent Programming, Each Additional 30 Minutes After First Hour (List Separately In Addition To Code For Primary Procedure) Electronic Analysis Of Implanted Neurostimulator Pulse Generator System (Eg, Rate, Pulse Amplitude, Pulse Duration,
95974	Compliance Measurements); Complex Spinal Cord, Or Peripheral (le, Peripheral Nerve, Sacral Nerve, Neuromuscular) (Except Cranial Nerve) Neurostimulator Pulse Generator/Transmitter, With Intraoperative Or Subsequent Programming, Each Additional 30 Minutes After First Hour (List Separately In Addition To Code For Primary Procedure) Electronic Analysis Of Implanted Neurostimulator Pulse Generator System (Eg, Rate, Pulse Amplitude, Pulse Duration, Configuration Of Wave Form, Battery Status, Electrode Selectability, Output Modulation, Cycling, Impedance And Patien
95974	Compliance Measurements); Complex Spinal Cord, Or Peripheral (le, Peripheral Nerve, Sacral Nerve, Neuromuscular) (Except Cranial Nerve) Neurostimulator Pulse Generator/Transmitter, With Intraoperative Or Subsequent Programming, Each Additional 30 Minutes After First Hour (List Separately In Addition To Code For Primary Procedure) Electronic Analysis Of Implanted Neurostimulator Pulse Generator System (Eg, Rate, Pulse Amplitude, Pulse Duration, Configuration Of Wave Form, Battery Status, Electrode Selectability, Output Modulation, Cycling, Impedance And Patien Compliance Measurements); Complex Cranial Nerve Neurostimulator Pulse Generator/Transmitter, With Intraoperative O
95974	Compliance Measurements); Complex Spinal Cord, Or Peripheral (le, Peripheral Nerve, Sacral Nerve, Neuromuscular) (Except Cranial Nerve) Neurostimulator Pulse Generator/Transmitter, With Intraoperative Or Subsequent Programming, Each Additional 30 Minutes After First Hour (List Separately In Addition To Code For Primary Procedure) Electronic Analysis Of Implanted Neurostimulator Pulse Generator System (Eg, Rate, Pulse Amplitude, Pulse Duration, Configuration Of Wave Form, Battery Status, Electrode Selectability, Output Modulation, Cycling, Impedance And Patien
	Compliance Measurements); Complex Spinal Cord, Or Peripheral (le, Peripheral Nerve, Sacral Nerve, Neuromuscular) (Except Cranial Nerve) Neurostimulator Pulse Generator/Transmitter, With Intraoperative Or Subsequent Programming, Each Additional 30 Minutes After First Hour (List Separately In Addition To Code For Primary Procedure) Electronic Analysis Of Implanted Neurostimulator Pulse Generator System (Eg, Rate, Pulse Amplitude, Pulse Duration, Configuration Of Wave Form, Battery Status, Electrode Selectability, Output Modulation, Cycling, Impedance And Patien Compliance Measurements); Complex Cranial Nerve Neurostimulator Pulse Generator/Transmitter, With Intraoperative O Subsequent Programming, With Or Without Nerve Interface Testing, First Hour
95974 95975	Compliance Measurements); Complex Spinal Cord, Or Peripheral (le, Peripheral Nerve, Sacral Nerve, Neuromuscular) (Except Cranial Nerve) Neurostimulator Pulse Generator/Transmitter, With Intraoperative Or Subsequent Programming, Each Additional 30 Minutes After First Hour (List Separately In Addition To Code For Primary Procedure) Electronic Analysis Of Implanted Neurostimulator Pulse Generator System (Eg, Rate, Pulse Amplitude, Pulse Duration, Configuration Of Wave Form, Battery Status, Electrode Selectability, Output Modulation, Cycling, Impedance And Patien Compliance Measurements); Complex Cranial Nerve Neurostimulator Pulse Generator/Transmitter, With Intraoperative O Subsequent Programming, With Or Without Nerve Interface Testing, First Hour Electronic Analysis Of Implanted Neurostimulator Pulse Generator System (Eg, Rate, Pulse Amplitude, Pulse Duration, Compliance Measurements); Complex Cranial Nerve Interface Testing, First Hour
	Compliance Measurements); Complex Spinal Cord, Or Peripheral (le, Peripheral Nerve, Sacral Nerve, Neuromuscular) (Except Cranial Nerve) Neurostimulator Pulse Generator/Transmitter, With Intraoperative Or Subsequent Programming, Each Additional 30 Minutes After First Hour (List Separately In Addition To Code For Primary Procedure) Electronic Analysis Of Implanted Neurostimulator Pulse Generator System (Eg, Rate, Pulse Amplitude, Pulse Duration, Configuration Of Wave Form, Battery Status, Electrode Selectability, Output Modulation, Cycling, Impedance And Patien Compliance Measurements); Complex Cranial Nerve Neurostimulator Pulse Generator/Transmitter, With Intraoperative O Subsequent Programming, With Or Without Nerve Interface Testing, First Hour Electronic Analysis Of Implanted Neurostimulator Pulse Generator System (Eg, Rate, Pulse Amplitude, Pulse Duration, Configuration Of Wave Form, Battery Status, Electrode Selectability, Output Modulation, Cycling, Impedance And Patien Compliance Measurements); Complex Cranial Nerve Neurostimulator Pulse Generator/Transmitter, With Intraoperative O Subsequent Programming, With Or Without Nerve Interface Testing, First Hour
	Compliance Measurements); Complex Spinal Cord, Or Peripheral (le, Peripheral Nerve, Sacral Nerve, Neuromuscular) (Except Cranial Nerve) Neurostimulator Pulse Generator/Transmitter, With Intraoperative Or Subsequent Programming, Each Additional 30 Minutes After First Hour (List Separately In Addition To Code For Primary Procedure) Electronic Analysis Of Implanted Neurostimulator Pulse Generator System (Eg, Rate, Pulse Amplitude, Pulse Duration, Configuration Of Wave Form, Battery Status, Electrode Selectability, Output Modulation, Cycling, Impedance And Patien Compliance Measurements); Complex Cranial Nerve Neurostimulator Pulse Generator/Transmitter, With Intraoperative of Subsequent Programming, With Or Without Nerve Interface Testing, First Hour Electronic Analysis Of Implanted Neurostimulator Pulse Generator System (Eg, Rate, Pulse Amplitude, Pulse Duration, Configuration Of Wave Form, Battery Status, Electrode Selectability, Output Modulation, Cycling, Impedance And Patien Subsequent Programming, With Or Without Nerve Interface Testing, First Hour
	Compliance Measurements); Complex Spinal Cord, Or Peripheral (le, Peripheral Nerve, Sacral Nerve, Neuromuscular) (Except Cranial Nerve) Neurostimulator Pulse Generator/Transmitter, With Intraoperative Or Subsequent Programming, Each Additional 30 Minutes After First Hour (List Separately In Addition To Code For Primary Procedure) Electronic Analysis Of Implanted Neurostimulator Pulse Generator System (Eg, Rate, Pulse Amplitude, Pulse Duration, Configuration Of Wave Form, Battery Status, Electrode Selectability, Output Modulation, Cycling, Impedance And Patien Compliance Measurements); Complex Cranial Nerve Neurostimulator Pulse Generator/Transmitter, With Intraoperative O Subsequent Programming, With Or Without Nerve Interface Testing, First Hour Electronic Analysis Of Implanted Neurostimulator Pulse Generator System (Eg, Rate, Pulse Amplitude, Pulse Duration, Configuration Of Wave Form, Battery Status, Electrode Selectability, Output Modulation, Cycling, Impedance And Patien Current Programming, With Or Without Nerve Interface Testing, First Hour
95975	Compliance Measurements); Complex Spinal Cord, Or Peripheral (le, Peripheral Nerve, Sacral Nerve, Neuromuscular) (Except Cranial Nerve) Neurostimulator Pulse Generator/Transmitter, With Intraoperative Or Subsequent Programming, Each Additional 30 Minutes After First Hour (List Separately In Addition To Code For Primary Procedure) Electronic Analysis Of Implanted Neurostimulator Pulse Generator System (Eg, Rate, Pulse Amplitude, Pulse Duration, Configuration Of Wave Form, Battery Status, Electrode Selectability, Output Modulation, Cycling, Impedance And Patien Compliance Measurements); Complex Cranial Nerve Neurostimulator Pulse Generator/Transmitter, With Intraoperative O Subsequent Programming, With Or Without Nerve Interface Testing, First Hour Electronic Analysis Of Implanted Neurostimulator Pulse Generator System (Eg, Rate, Pulse Amplitude, Pulse Duration, Configuration Of Wave Form, Battery Status, Electrode Selectability, Output Modulation, Cycling, Impedance And Patien Compliance Measurements); Complex Cranial Nerve Neurostimulator Pulse Generator/Transmitter, With Intraoperative O Subsequent Programming, Each Additional 30 Minutes After First Hour (List Separately In Addition To Code For Primary Procedure)
	 Compliance Measurements); Complex Spinal Cord, Or Peripheral (le, Peripheral Nerve, Sacral Nerve, Neuromuscular) (Except Cranial Nerve) Neurostimulator Pulse Generator/Transmitter, With Intraoperative Or Subsequent Programming, Each Additional 30 Minutes After First Hour (List Separately In Addition To Code For Primary Procedure) Electronic Analysis Of Implanted Neurostimulator Pulse Generator System (Eg, Rate, Pulse Amplitude, Pulse Duration, Configuration Of Wave Form, Battery Status, Electrode Selectability, Output Modulation, Cycling, Impedance And Patien Compliance Measurements); Complex Cranial Nerve Neurostimulator Pulse Generator/Transmitter, With Intraoperative Or Subsequent Programming, With Or Without Nerve Interface Testing, First Hour Electronic Analysis Of Implanted Neurostimulator Pulse Generator System (Eg, Rate, Pulse Amplitude, Pulse Duration, Configuration Of Wave Form, Battery Status, Electrode Selectability, Output Modulation, Cycling, Impedance And Patien Compliance Measurements); Complex Cranial Nerve Neurostimulator Pulse Generator/Transmitter, With Intraoperative Or Subsequent Programming, Battery Status, Electrode Selectability, Output Modulation, Cycling, Impedance And Patien Compliance Measurements); Complex Cranial Nerve Neurostimulator Pulse Generator/Transmitter, With Intraoperative Or Subsequent Programming, Each Additional 30 Minutes After First Hour (List Separately In Addition To Code For Primary Procedure) Non-Emergency Transportation, Per Mile - Vehicle Provided By Volunteer (Individual Or Organization), With No Vested
95975	Compliance Measurements); Complex Spinal Cord, Or Peripheral (le, Peripheral Nerve, Sacral Nerve, Neuromuscular) (Except Cranial Nerve) Neurostimulator Pulse Generator/Transmitter, With Intraoperative Or Subsequent Programming, Each Additional 30 Minutes After First Hour (List Separately In Addition To Code For Primary Procedure) Electronic Analysis Of Implanted Neurostimulator Pulse Generator System (Eg, Rate, Pulse Amplitude, Pulse Duration, Configuration Of Wave Form, Battery Status, Electrode Selectability, Output Modulation, Cycling, Impedance And Patien Compliance Measurements); Complex Cranial Nerve Neurostimulator Pulse Generator/Transmitter, With Intraoperative O Subsequent Programming, With Or Without Nerve Interface Testing, First Hour Electronic Analysis Of Implanted Neurostimulator Pulse Generator System (Eg, Rate, Pulse Amplitude, Pulse Duration, Configuration Of Wave Form, Battery Status, Electrode Selectability, Output Modulation, Cycling, Impedance And Patien Compliance Measurements); Complex Cranial Nerve Neurostimulator Pulse Generator/Transmitter, With Intraoperative O Subsequent Programming, Each Additional 30 Minutes After First Hour (List Separately In Addition To Code For Primary Procedure)
95975	 Compliance Measurements); Complex Spinal Cord, Or Peripheral (le, Peripheral Nerve, Sacral Nerve, Neuromuscular) (Except Cranial Nerve) Neurostimulator Pulse Generator/Transmitter, With Intraoperative Or Subsequent Programming, Each Additional 30 Minutes After First Hour (List Separately In Addition To Code For Primary Procedure) Electronic Analysis Of Implanted Neurostimulator Pulse Generator System (Eg, Rate, Pulse Amplitude, Pulse Duration, Configuration Of Wave Form, Battery Status, Electrode Selectability, Output Modulation, Cycling, Impedance And Patien Compliance Measurements); Complex Cranial Nerve Neurostimulator Pulse Generator/Transmitter, With Intraoperative Of Subsequent Programming, With Or Without Nerve Interface Testing, First Hour Electronic Analysis Of Implanted Neurostimulator Pulse Generator System (Eg, Rate, Pulse Amplitude, Pulse Duration, Configuration Of Wave Form, Battery Status, Electrode Selectability, Output Modulation, Cycling, Impedance And Patien Compliance Measurements); Complex Cranial Nerve Neurostimulator Pulse Generator/Transmitter, With Intraoperative Of Subsequent Programming, Battery Status, Electrode Selectability, Output Modulation, Cycling, Impedance And Patien Compliance Measurements); Complex Cranial Nerve Neurostimulator Pulse Generator/Transmitter, With Intraoperative Of Subsequent Programming, Each Additional 30 Minutes After First Hour (List Separately In Addition To Code For Primary Procedure) Non-Emergency Transportation, Per Mile - Vehicle Provided By Volunteer (Individual Or Organization), With No Vested
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95975 A0080 A0090 A0100 A0110 A0120 A0130 A0140 A0180 A0190 A0200	 Compliance Measurements); Complex Spinal Cord, Or Peripheral (le, Peripheral Nerve, Sacral Nerve, Neuromuscular) (Except Cranial Nerve) Neurostimulator Pulse Generator/Transmitter, With Intraoperative Or Subsequent Programming, Each Additional 30 Minutes After First Hour (List Separately In Addition To Code For Primary Procedure) Electronic Analysis Of Implanted Neurostimulator Pulse Generator System (Eg, Rate, Pulse Amplitude, Pulse Duration, Configuration Of Wave Form, Battery Status, Electrode Selectability, Output Modulation, Cycling, Impedance And Patien Compliance Measurements); Complex Cranial Nerve Neurostimulator Pulse Generator/Transmitter, With Intraoperative Of Subsequent Programming, With Or Without Nerve Interface Testing, First Hour Electronic Analysis Of Implanted Neurostimulator Pulse Generator System (Eg, Rate, Pulse Amplitude, Pulse Duration, Configuration Of Wave Form, Battery Status, Electrode Selectability, Output Modulation, Cycling, Impedance And Patien Compliance Measurements); Complex Cranial Nerve Neurostimulator Pulse Generator/Transmitter, With Intraoperative Of Subsequent Programming, Each Additional 30 Minutes After First Hour (List Separately In Addition To Code For Primary Procedure) Non-Emergency Transportation, Per Mile - Vehicle Provided By Volunteer (Individual Or Organization), With No Vested Interest Non-Emergency Transportation, Per Mile - Vehicle Provided By Individual (Family Member, Self, Neighbor) With Vested Interest Non-Emergency Transportation, Taxi Non-Emergency Transportation, Mal Bus, Intra Or Inter State Carrier Non-Emergency Transportation: Mini-Bus, Mountain Area Transports, Or Other Transportation Systems Non-Emergency Transportation: Mini-Bus, Mountain Area Transports, Or Other Transportation Systems Non-Emergency Transportation: And Bus, Intra Or Inter State Carrier Non-Emergency Transportation: Ancillary: Lodging-R
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95975 A0080 A0090 A0100 A0110 A0120 A0130 A0140 A0130 A0140 A0190 A0200 A0210	 Compliance Measurements); Complex Spinal Cord, Or Peripheral (le, Peripheral Nerve, Sacral Nerve, Neuromuscular) (Except Cranial Nerve) Neurostimulator Pulse Generator/Transmitter, With Intraoperative Or Subsequent Programming, Each Additional 30 Minutes After First Hour (List Separately In Addition To Code For Primary Procedure) Electronic Analysis Of Implanted Neurostimulator Pulse Generator System (Eg, Rate, Pulse Amplitude, Pulse Duration, Configuration Of Wave Form, Battery Status, Electrode Selectability, Output Modulation, Cycling, Impedance And Patien Compliance Measurements); Complex Cranial Nerve Neurostimulator Pulse Generator/Transmitter, With Intraoperative Of Subsequent Programming, With Or Without Nerve Interface Testing, First Hour Electronic Analysis Of Implanted Neurostimulator Pulse Generator System (Eg, Rate, Pulse Amplitude, Pulse Duration, Configuration Of Wave Form, Battery Status, Electrode Selectability, Output Modulation, Cycling, Impedance And Patien Compliance Measurements); Complex Cranial Nerve Neurostimulator Pulse Generator/Transmitter, With Intraoperative Of Subsequent Programming, Each Additional 30 Minutes After First Hour (List Separately In Addition To Code For Primary Procedure) Non-Emergency Transportation, Per Mile - Vehicle Provided By Volunteer (Individual Or Organization), With No Vested Interest Non-Emergency Transportation, Per Mile - Vehicle Provided By Individual (Family Member, Self, Neighbor) With Vested Interest Non-Emergency Transportation, Taxi Non-Emergency Transportation And Bus, Intra Or Inter State Carrier Non-Emergency Transportation And Bus, Intra Or Inter State Carrier Non-Emergency Transportation: Wheelchair Van Non-Emergency Transportation And Air Travel (Private Or Commercial) Intra Or Inter State Non-Emergency Transportation: Ancillary: Lodging-Recipient Non-Emergency Transportation: Ancillary: L



ode	Description
A4290	Sacral Nerve Stimulation Test Lead, Each
C1767	Generator, Neurostimulator (Implantable), Non-Rechargeable
C1778	Lead, Neurostimulator (Implantable
C1787	Patient Programmer, Neurostimulator
C1816	Receiver And/Or Transmitter, Neurostimulator (Implantable)
C1820	Generator, Neurostimulator (Implantable), With Rechargeable Battery And Charging System.
C9022	Injection, Elosulfase Alfa, 1Mg: Vimizim
C9023	Testosterone Undecanoate, Injection 1Mg: Aveed
C9026	Vedolizumab, Injection 1Mg: Entyvio
C9135	Factor IX (Antihemophiliac Factor, Recombinant), Alprolix Per 10 I.U.: Alprolix
C9471	Hyaluronan Or Derivative: Hymovis
C9727	Insertion Of Implants Into The Soft Palate, Minimum Of 3 Implants
G0219	Pet Imaging Whole Body; Melanoma For Non-Covered Indications
G0235	Pet Imaging, Any Site, Not Otherwise Specified
G0252	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)
G0297	Low Dose CT Scan (LDCT) for Lung Cancer Screening
J0129	Abatacept: Orencia
J0178	Aflibercept: Eylea
J0180	Agalsidase Beta: Fabrazyme
J0220	Alglucosidase Alpha, 10Mg: Myozyme
J0221	Alglucosidase Alpha, 10Mg: Myozyme
J0221	Alglucosidase Alpha: Lumizyme
J0256	Alpha 1-Proteinase Inhibitor - Human: Aralast
J0256	Alpha 1-Protenase Inhibitor - Human: Prolastin
J0256	Alpha 1-Proteinase Inhibitor - Human: Zemaira
J0257	Alpha 1 Proteinase, Inhibitor (Human), 10 Mg: Glassia
J0485	Nesiritide 0.1Mg: Nulojix
J0490	Injection, Belimurab, 10Mg: Benlysta
J0585	Botulinum Toxin Type A: Botox
J0586	Botulinum Toxin Type A: Botox
J0587	Myobloc (Botulinum Toxin Type B): Myobloc (Botulinum Toxin Type B)
J0588	Botulinum Toxin Type A: Botox
J0588	Incobotulinumtoxina 1 Unit: Xeomin
J0597	Injection, C-1 Esterase Inhibitor (Human), 10 Units: Berinert
J0598	C1 Esterase Inhibitor (Human): Cinryze
J0638	Injection, Canakinumab, 1Mg: Ilaris
J0718	Certolizumab: Cimzia
J0740	Vistide 75Mg: Cidofovir
J0775	Injection, Collagenase Clostridium Histolyticum, 0.01 Mg: Xiaflex
J0800	Repository Corticotropin Inj: Hp Acthar Gel Injection
J0881	Darbespoetin Alfa: Aranesp
J0885	Epoetin Alfa: Procrit Or Epogen
J0887	Methoxy Polyethylene Glycol-Epoetin Beta: Mircera
J0888	Methoxy Polyethylene Glycol-Epoetin Beta: Mircera
J0897	Denosumab: Prolia
J0897	Denosumab: Xgeva
J1290	Ecallantide: Kalbitor
J1300	Eculizumab Injection: Solaris
J1439	Ferric Carboxymaltose: Injectafer
J1458	Galsulfase: Naglazyme
J1459	Immune Globulin, Non-Lyophilized (Liquid) 500Mg (IVIG): Privigen
J1557	
	Immune Globulin, Non-Lyophilized: Gammaplex
J1559	Immune Globulin, (Injection): Hizentra
J1561	Immune Globulin, Non-Lyophilized (IVIG): Gamunex
J1566	Immune Globulin, Lyophilized (IVIG): Carimune/Carimune Nf
J1566	Immune Globulin, Lyophilized (IVIG): Gammagard/Gammagard Sd
J1566	Immune Globulin, Lyophilized (IVIG): Gammar-P
J1566	Immune Globulin, Lyophilized (IVIG): Panglobulin/Panglobulin NF
J1568	Immune Globulin, Non-Lyophilized (IVIG): Octegam
J1569	Immune Globulin, Non-Lyophilized (IVIG), Gammagard Liquid: Gammagard Liquid Injection
J1572	Immune Globulin, Non-Lyophilized (IVIG), etalaningan Ergan. Carmagara Ergan injection Immune Globulin, Non-Lyophilized (IVIG), Flebogamma
J1599	Immune Globulin, Non-Lyophilized (NG). Heboganima Immune Globulin, Non-Lyophilized (Injection): Immune Globulin NOS
J1602	Golimumab: Simponi
J1725	Injection, Hydroxyprogesterone Caproate, 1 Mg: Makena
J1743	Idursulfase, 1Mg: Elaprase
J1745	Infliximab: Remicade
J1786	Injection, Imiglucerase 10 Units: Cerezyme
J1931	Laronidase: Aldurazyme
J2315	Naltrexone: Vivitrol
J2323	Natalizumab: Tysabri
J2325	Nesiritide, 0.1Mg: Natrecor
J2357	Omalizumab: Xolair
J2503	Pegaptanib Sodium: Macugen
J2507	Injection, Pegloticase 1Mg: Krystexxa
J2562	Injection, Plerixafor 1Mg: Mozobil
J2778	Ranibizumab: Lucentis
	Injection, Romiplostim, 10Mcg: Nplate
J2796	
J2796 J3262	Tocilizumab: Actemra
J2796 J3262 J3357	Tocilizumab: Actemra Ustekinumab: Stelara



Code	Description
J3385	Velaglucerase Alfa: Vpriv
J3489	Zoledronic Acid, 1Mng: Reclast
J3489	Zoledronic Acid: Zometa
J3490	Hyaluronan Or Derivative: Hymovis
J3490	Reslizumab: Cingair
J3490	Anakinra: Kineret
J3590	Reslizumab: Cinqair
J3590	Mepolizumab: Nucala
J3590	Anakinra: Kineret
J3590	Stelara: IV infusion
J7180	Injection, Factor XIII (Antihemophilic Factor, Human), 1 IU: Corifact
J7183	Willebrand Factor/Coagulation Factor Viii Complex (Human): Wilate
J7185	Injection, Factor VIII (Anthemophilic Factor, Recombinant) (Xyntha), Per I.U. : Xyntha
J7186	Injection, Antihemophiliac Factor VIII/ Von Willebrand Factor Complex: Xyntha
J7187 J7189	Von Willebrand Factor Complex Human Ristocetin Cofactor: Alphanate VWF Complex Factor VIIa (Antihemophilic Factor, Recombinant), Per 1 Microgram: Xyntha
J7189 J7190	Factor VIII (Anti-Hemophilic Factor, Human) Per Iu: Monarc-M
J7192	Factor VIII (Anti-hemophilic Factor, Recombinant) Per I.U.: Monarc-M
J7193	Factor IX (Antihemophilic Factor, Purified, Non-Recombinant) Per I.U.: Monarc-M
J7194	Factor IX Complex, Per Iu: Konyne-80,
J7195	Factor IX Onthemophilic Factor, Recombinant) Oer I.U.: Profilnine Heat Treated, Proplex T, Proplex Sx-T
J7196	Injection, Antithrombin Recombinant, 50 I.U.: Profilinine Heat Treated, Proplex T, Proplex Sx-T
J7197	Antithrombin III (Human), Per lu: Thrombate III
J7198	Anti-Inhibitor, Per IU: Thrombate III
J7199	Hemophilia Clotting Factor, Not Otherwise Classified: Thrombate III
J7205	Injection, Factor Viii, Fc Fusion Protein, (Recombinant), Per Iu
J7311	Fluocinolone Acetonide Intravitreal Implant: Retisert
J7312	Dexamethasone Intravitreal Implant: Ozurdex
J7313	Fluocinolone Acetonide Intravitreal Implant: Iluvien
J7316	Ocriplasmin 0.125Mg: Jetrea
J7321	Hyaluronan Or Derivative: Hyalgan Or Supartz
J7323 J7324	Hyaluronan Or Derivative: Euflexxa Hyaluronan Or Derivative: Orthovisc
J7324 J7325	Hyaluronan Or Derivative: Synvisc Or Synvisc-One
J7326	Hyaluronan Or Derivative: Gel-One
J7327	Hyaluronan Or Derivative: Monovisc
J7328	Hyaluronan Or Derivative: Gel-Syn
J7686	Tresprostinil,Inhalation Solution: Remodulin
J9310	Rituximab: Rituxan
L8679	Implantable Neurostimulator, Pulse Generator, Any Type
L8680	Implantable Neurostimulator Electrode, Each
L8680	Implantable Neurostimulator Electrode, Each
L8681	Patient Programmer (External) For Use With Implantable Programmable Neurostimulator Pulse Generator, Replacement
	Only
L8681	Patient Programmer (External) For Use With Implantable Programmable Neurostimulator Pulse Generator, Replacement
1 0000	Only Implatche Neurostimulator Redictroguency Receiver
L8682	Implantable Neurostimulator Radiofrequency Receiver
L8683 L8683	Radiofrequency Transmitter (External) For Use With Implantable Neurostimulator Radiofrequency Receiver Radiofrequency Transmitter (External) For Use With Implantable Neurostimulator Radiofrequency Receiver
L8684	Radiofrequency Transmitter (External) For Use With Implantable Neurostimulator Radiofrequency Receiver For Bowel And
20004	Bladder Management, Replacement
L8685	Implantable Neurostimulator Pulse Generator, Single Array, Rechargeable, Includes Extension
L8685	Implantable Neurostimulator Pulse Generator, Single Array, Rechargeable, Includes Extension
L8686	Implantable Neurostimulator Pulse Generator, Single Array, Non-Rechargeable, Includes Extension
L8686	Implantable Neurostimulator Pulse Generator, Single Array, Non-Rechargeable, Includes Extension
L8687	Implantable Neurostimulator Pulse Generator, Dual Array, Rechargeable, Includes Extension
L8687	Implantable Neurostimulator Pulse Generator, Dual Array, Rechargeable, Includes Extension
L8688	Implantable Neurostimulator Pulse Generator, Dual Array, Non-Rechargeable, Includes Extension
L8688	Implantable Neurostimulator Pulse Generator, Dual Array, Non-Rechargeable, Includes Extension
L8689	External Recharging System For Battery (Internal) For Use With Implantable Neurostimulator, Replacement Only
L8695	External Recharging System For Battery (External) For Use With Implantable Neurostimulator, Replacement Only
Q2051	Zoledronic Acid: Zometa
Q9980 T2001	Hyaluronan Or Derivative: Genvisc 850
T2001 T2002	Non-Emergency Transportation; Patient Attendant/Escort Non-Emergency Transportation; Per Diem
T2002	Non-Emergency Transportation; Per Diern Non-Emergency Transportation; Encounter/Trip
T2003	Non-Emergency Transportation, Encouncer/ http: Non-Emergency Transport; Commercial Carrier, Multi-Pass
T2004	Non-Emergency Transportation; Stretcher Van
T2000	Non-Emergency Transportation, Stretcher Van, Mileage; Per Mile
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