

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 17380 | Electrolysis epilation, each 30 minutes |
| CPT-I | 19105 | Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma |
| CPT-I | 20560 | Needle insertion(s) without injection(s); 1 or 2 muscle(s) |
| CPT-I | 20561 | Needle insertion(s) without injection(s); 3 or more muscles |
| CPT-I | 22526 | Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level |
| CPT-I | 22527 | Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (List separately in addition to code for primary procedure) |
| CPT-I | 22860 | Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (List separately in addition to code for primary procedure) |
| CPT-I | 22867 | Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level |
| CPT-I | 22868 | Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure) |
| CPT-I | 22869 | Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level |
| CPT-I | 22870 | Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure) |
| CPT-I | 27279 | Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device |
| CPT-I | 28446 | Open osteochondral autograft, talus (includes obtaining graft[s]) |
| CPT-I | 30468 | Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s) |
| CPT-I | 30469 | Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutaneous/submucosal remodeling |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 31660 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe |
| CPT-I | 31661 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes |
| CPT-I | 33289 | Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed |
| CPT-I | 33368 | 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) |
| CPT-I | 33369 | 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) |
| CPT-I | 33370 | Transcatheter placement and subsequent removal of cerebral embolic protection device(s), including arterial access, catheterization, imaging, and radiological supervision and interpretation, percutaneous (List separately in addition to code for primary procedure) |
| CPT-I | 33548 | Surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg, ventricular remodeling, SVR, SAVER, Dor procedures) |
| CPT-I | 37252 | Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure) |
| CPT-I | 37253 | Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure) |
| CPT-I | 41512 | Tongue base suspension, permanent suture technique |
| CPT-I | 41530 | Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 43257 | 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 |
| CPT-I | 43284 | Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed |
| CPT-I | 43285 | Removal of esophageal sphincter augmentation device |
| CPT-I | 43290 | Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon |
| CPT-I | 43291 | Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s) |
| CPT-I | 43644 | Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less) |
| CPT-I | 43645 | Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption |
| CPT-I | 43647 | Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum |
| CPT-I | 43648 | Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum |
| CPT-I | 43770 | Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components) |
| CPT-I | 43771 | Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only |
| CPT-I | 43772 | Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only |
| CPT-I | 43773 | Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only |
| CPT-I | 43774 | Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components |
| CPT-I | 43775 | Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy) |
| CPT-I | 43842 | Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty |
| CPT-I | 43843 | Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 43845 | Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch) |
| CPT-I | 43846 | Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy |
| CPT-I | 43847 | Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption |
| CPT-I | 43848 | Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure) |
| CPT-I | 43881 | Implantation or replacement of gastric neurostimulator electrodes, antrum, open |
| CPT-I | 43882 | Revision or removal of gastric neurostimulator electrodes, antrum, open |
| CPT-I | 43886 | Gastric restrictive procedure, open; revision of subcutaneous port component only |
| CPT-I | 43887 | Gastric restrictive procedure, open; removal of subcutaneous port component only |
| CPT-I | 43888 | Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only |
| CPT-I | 46607 | Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple |
| CPT-I | 53451 | Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance |
| CPT-I | 53452 | Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance |
| CPT-I | 53453 | Periurethral transperineal adjustable balloon continence device; removal, each balloon |
| CPT-I | 53454 | Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume |
| CPT-I | 53860 | Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence |
| CPT-I | 55706 | Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance |
| CPT-I | 55870 | Electroejaculation |
| CPT-I | 55899 | Unlisted procedure, male genital system |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 57465 | Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the acetowhitening effect (List separately in addition to code for primary procedure) |
| CPT-I | 58321 | Artificial insemination; intra-cervical |
| CPT-I | 58322 | Artificial insemination; intra-uterine |
| CPT-I | 58323 | Sperm washing for artificial insemination |
| CPT-I | 58750 | Tubotubal anastomosis |
| CPT-I | 58752 | Tubouterine implantation |
| CPT-I | 58970 | Follicle puncture for oocyte retrieval, any method |
| CPT-I | 58974 | Embryo transfer, intrauterine |
| CPT-I | 58976 | Gamete, zygote, or embryo intrafallopian transfer, any method |
| CPT-I | 59866 | Multifetal pregnancy reduction(s) (MPR) |
| CPT-I | 61736 | Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion |
| CPT-I | 61737 | Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s) |
| CPT-I | 62287 | 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 |
| CPT-I | 64628 | Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral |
| CPT-I | 64629 | Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure) |
| CPT-I | 64912 | Nerve repair; with nerve allograft, each nerve, first strand (cable) |
| CPT-I | 64913 | Nerve repair; with nerve allograft, each additional strand (List separately in addition to code for primary procedure) |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 65760 | Keratomileusis |
| CPT-I | 65765 | Keratophakia |
| CPT-I | 65767 | Epikeratoplasty |
| CPT-I | 65770 | Keratoprosthesis |
| CPT-I | 65771 | Radial keratotomy |
| CPT-I | 68841 | Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal canaliculus, each |
| CPT-I | 69090 | Ear piercing |
| CPT-I | 69705 | Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral |
| CPT-I | 69706 | Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral |
| CPT-I | 72159 | Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s) |
| CPT-I | 73225 | Magnetic resonance angiography, upper extremity, with or without contrast material(s) |
| CPT-I | 75571 | Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium |
| CPT-I | 76391 | Magnetic resonance (eg, vibration) elastography |
| CPT-I | 76883 | Ultrasound, nerve(s) and accompanying structures throughout their entire anatomic course in one extremity, comprehensive, including real-time cine imaging with image documentation, per extremity |
| CPT-I | 76936 | Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging) |
| CPT-I | 76978 | Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion |
| CPT-I | 76979 | Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure) |
| CPT-I | 76981 | Ultrasound, elastography; parenchyma (eg, organ) |
| CPT-I | 76982 | Ultrasound, elastography; first target lesion |
| CPT-I | 76983 | Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure) |
| CPT-I | 78350 | Bone density (bone mineral content) study, 1 or more sites; single photon absorptiometry |
| CPT-I | 78351 | Bone density (bone mineral content) study, 1 or more sites; dual photon absorptiometry, 1 or more sites |
| CPT-I | 78499 | Unlisted cardiovascular procedure, diagnostic nuclear medicine |

Individual and Family Plan Non-Covered List

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 81327 | SEPT9 (Septin9) (eg, colorectal cancer) promoter methylation analysis |
| CPT-I | 81338 | MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R) |
| CPT-I | 81339 | MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10 |
| CPT-I | 81347 | SF3B1 (splicing factor [3b] subunit B1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, A672T, E622D, L833F, R625C, R625L) |
| CPT-I | 81349 | Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-of-heterozygosity variants, low-pass sequencing analysis |
| CPT-I | 81418 | Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including CYP2C19, CYP2D6, and CYP2D6 duplication/deletion analysis |
| CPT-I | 81422 | Fetal chromosomal microdeletion(s) genomic sequence analysis (eg, DiGeorge syndrome, Cri-du-chat syndrome), circulating cell-free fetal DNA in maternal blood |
| CPT-I | 81430 | Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel, must include sequencing of at least 60 genes, including CDH23, CLRN1, GJB2, GPR98, MTRNR1, MYO7A, MYO15A, PCDH15, OTOF, SLC26A4, TMC1, TMPRSS3, USH1C, USH1G, USH2A, and WFS1 |
| CPT-I | 81431 | Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); duplication/deletion analysis panel, must include copy number analyses for STRC and DFNB1 deletions in GJB2 and GJB6 genes |
| CPT-I | 81522 | Oncology (breast), mRNA, gene expression profiling by RT-PCR of 12 genes (8 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk score |
| CPT-I | 81529 | Oncology (cutaneous melanoma), mRNA, gene expression profiling by real-time RT-PCR of 31 genes (28 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk, including likelihood of sentinel lymph node metastasis |
| CPT-I | 81539 | Oncology (high-grade prostate cancer), biochemical assay of four proteins (Total PSA, Free PSA, Intact PSA, and human kallikrein-2 [hK2]), utilizing plasma or serum, prognostic algorithm reported as a probability score |
| CPT-I | 81554 | Pulmonary disease (idiopathic pulmonary fibrosis [IPF]), mRNA, gene expression analysis of 190 genes, utilizing transbronchial biopsies, diagnostic algorithm reported as categorical result (eg, positive or negative for high probability of usual interstitial pneumonia [UIP]) |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 81560 | Transplantation medicine (allograft rejection, pediatric liver and small bowel), measurement of donor and third-party-induced CD154+T-cytotoxic memory cells, utilizing whole peripheral blood, algorithm reported as a rejection risk score |
| CPT-I | 82653 | Elastase, pancreatic (EL-1), fecal; quantitative |
| CPT-I | 82785 | Gammaglobulin (immunoglobulin); IgE |
| CPT-I | 83037 | Hemoglobin; glycosylated (A1C) by device cleared by FDA for home use |
| CPT-I | 83698 | Lipoprotein-associated phospholipase A2 (Lp-PLA2) |
| CPT-I | 83876 | Myeloperoxidase (MPO) |
| CPT-I | 86001 | Allergen specific IgG quantitative or semiquantitative, each allergen |
| CPT-I | 86003 | Allergen specific IgE; quantitative or semiquantitative, crude allergen extract, each |
| CPT-I | 86005 | Allergen specific IgE; qualitative, multiallergen screen (eg, disk, sponge, card) |
| CPT-I | 86008 | Allergen specific IgE; quantitative or semiquantitative, recombinant or purified component, each |
| CPT-I-COVID | 87913 | Infectious agent genotype analysis by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), mutation identification in targeted region(s) |
| CPT-I | 89250 | Culture of oocyte(s)/embryo(s), less than 4 days |
| CPT-I | 89251 | Culture of oocyte(s)/embryo(s), less than 4 days; with co-culture of oocyte(s)/embryos |
| CPT-I | 89253 | Assisted embryo hatching, microtechniques (any method) |
| CPT-I | 89254 | Oocyte identification from follicular fluid |
| CPT-I | 89255 | Preparation of embryo for transfer (any method) |
| CPT-I | 89257 | Sperm identification from aspiration (other than seminal fluid) |
| CPT-I | 89258 | Cryopreservation; embryo(s) |
| CPT-I | 89259 | Cryopreservation; sperm |
| CPT-I | 89260 | Sperm isolation; simple prep (eg, sperm wash and swim-up) for insemination or diagnosis with semen analysis |
| CPT-I | 89261 | Sperm isolation; complex prep (eg, Percoll gradient, albumin gradient) for insemination or diagnosis with semen analysis |
| CPT-I | 89264 | Sperm identification from testis tissue, fresh or cryopreserved |
| CPT-I | 89268 | Insemination of oocytes |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 89272 | Extended culture of oocyte(s)/embryo(s), 4-7 days |
| CPT-I | 89280 | Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes |
| CPT-I | 89281 | Assisted oocyte fertilization, microtechnique; greater than 10 oocytes |
| CPT-I | 89290 | Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); less than or equal to 5 embryos |
| CPT-I | 89291 | Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); greater than 5 embryos |
| CPT-I | 89300 | Semen analysis; presence and/or motility of sperm including Huhner test (post coital) |
| CPT-I | 89310 | Semen analysis; motility and count (not including Huhner test) |
| CPT-I | 89320 | Semen analysis; volume, count, motility, and differential |
| CPT-I | 89321 | Semen analysis; sperm presence and motility of sperm, if performed |
| CPT-I | 89322 | Semen analysis; volume, count, motility, and differential using strict morphologic criteria (eg, Kruger) |
| CPT-I | 89325 | Sperm antibodies |
| CPT-I | 89329 | Sperm evaluation; hamster penetration test |
| CPT-I | 89330 | Sperm evaluation; cervical mucus penetration test, with or without spinnbarkeit test |
| CPT-I | 89331 | Sperm evaluation, for retrograde ejaculation, urine (sperm concentration, motility, and morphology, as indicated) |
| CPT-I | 89335 | Cryopreservation, reproductive tissue, testicular |
| CPT-I | 89337 | Cryopreservation, mature oocyte(s) |
| CPT-I | 89342 | Storage (per year); embryo(s) |
| CPT-I | 89343 | Storage (per year); sperm/semen |
| CPT-I | 89344 | Storage (per year); reproductive tissue, testicular/ovarian |
| CPT-I | 89346 | Storage (per year); oocyte(s) |
| CPT-I | 89352 | Thawing of cryopreserved; embryo(s) |
| CPT-I | 89353 | Thawing of cryopreserved; sperm/semen, each aliquot |
| CPT-I | 89354 | Thawing of cryopreserved; reproductive tissue, testicular/ovarian |
| CPT-I | 89356 | Thawing of cryopreserved; oocytes, each aliquot |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 90626 | Tick-borne encephalitis virus vaccine, inactivated; 0.25 mL dosage, for intramuscular use |
| CPT-I | 90627 | Tick-borne encephalitis virus vaccine, inactivated; 0.5 mL dosage, for intramuscular use |
| CPT-I | 90678 | Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use |
| CPT-I | 90882 | Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions |
| CPT-I | 90885 | Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes |
| CPT-I | 90887 | Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient |
| CPT-I | 90901 | Biofeedback training by any modality |
| CPT-I | 91111 | Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report |
| CPT-I | 91113 | Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report |
| CPT-I | 92132 | Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral |
| CPT-I | 92606 | Therapeutic service(s) for the use of non-speech-generating device, including programming and modification |
| CPT-I | 92609 | Therapeutic services for the use of speech-generating device, including programming and modification |
| CPT-I | 93740 | Temperature gradient studies |
| CPT-I | 95004 | Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests |
| CPT-I | 95017 | Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests |
| CPT-I | 95018 | Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests |
| CPT-I | 95024 | Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 95027 | Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report, specify number of tests |
| CPT-I | 95028 | Intracutaneous (intradermal) tests with allergenic extracts, delayed type reaction, including reading, specify number of tests |
| CPT-I | 95044 | Patch or application test(s) (specify number of tests) |
| CPT-I | 95052 | Photo patch test(s) (specify number of tests) |
| CPT-I | 95056 | Photo tests |
| CPT-I | 95060 | Ophthalmic mucous membrane tests |
| CPT-I | 95065 | Direct nasal mucous membrane test |
| CPT-I | 95070 | Inhalation bronchial challenge testing (not including necessary pulmonary function tests), with histamine, methacholine, or similar compounds |
| CPT-I | 95076 | Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); initial 120 minutes of testing |
| CPT-I | 95079 | Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); each additional 60 minutes of testing (List separately in addition to code for primary procedure) |
| CPT-I | 95803 | Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording) |
| CPT-I | 95851 | Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine) |
| CPT-I | 95852 | Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side |
| CPT-I | 95905 | Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report |
| CPT-I | 95919 | Quantitative pupillometry with physician or other qualified health care professional interpretation and report, unilateral or bilateral |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 95980 | Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming |
| CPT-I | 95999 | Unlisted neurological or neuromuscular diagnostic procedure |
| CPT-I | 96160 | Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument |
| CPT-I | 96377 | Application of on-body injector (includes cannula insertion) for timed subcutaneous injection |
| CPT-I | 96573 | Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day |
| CPT-I | 96574 | Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day |
| CPT-I | 96902 | Microscopic examination of hairs plucked or clipped by the examiner (excluding hair collected by the patient) to determine telogen and anagen counts, or structural hair shaft abnormality |
| CPT-I | 97022 | Application of a modality to 1 or more areas; whirlpool |
| CPT-I | 97113 | Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises |
| CPT-I | 97169 | Athletic training evaluation, low complexity, requiring these components: A history and physical activity profile with no comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing 1-2 elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 15 minutes are spent face-to-face with the patient and/or family. |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 97170 | Athletic training evaluation, moderate complexity, requiring these components: A medical history and physical activity profile with 1-2 comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing a total of 3 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family. |
| CPT-I | 97171 | Athletic training evaluation, high complexity, requiring these components: A medical history and physical activity profile, with 3 or more comorbidities that affect physical activity; A comprehensive examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; Clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family. |
| CPT-I | 97172 | Re-evaluation of athletic training established plan of care requiring these components: An assessment of patient's current functional status when there is a documented change; and A revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome with an update in management options, goals, and interventions. Typically, 20 minutes are spent face-to-face with the patient and/or family. |
| CPT-I | 97533 | Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes |
| CPT-I | 97535 | Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes |
| CPT-I | 97537 | Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes |
| CPT-I | 97542 | Wheelchair management (eg, assessment, fitting, training), each 15 minutes |
| CPT-I | 97545 | Work hardening/conditioning; initial 2 hours |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 97546 | Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure) |
| CPT-I | 97610 | Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day |
| CPT-I | 97810 | Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient |
| CPT-I | 97811 | Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure) |
| CPT-I | 97813 | Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient |
| CPT-I | 97814 | Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure) |
| CPT-I | 98966 | Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion |
| CPT-I | 98967 | Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion |
| CPT-I | 98968 | Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 98970 | Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes |
| CPT-I | 98971 | Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes |
| CPT-I | 98972 | Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes |
| CPT-I | 98975 | Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); initial set-up and patient education on use of equipment |
| CPT-I | 98976 | Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days |
| CPT-I | 98977 | Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days |
| CPT-I | 98978 | Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor cognitive behavioral therapy, each 30 days |
| CPT-I | 98980 | Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; first 20 minutes |
| CPT-I | 98981 | Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; each additional 20 minutes (List separately in addition to code for primary procedure) |
| CPT-I | 99002 | Handling, conveyance, and/or any other service in connection with the implementation of an order involving devices (eg, designing, fitting, packaging, handling, delivery or mailing) when devices such as orthotics, protectives, prosthetics are fabricated by an outside laboratory or shop but which items have been designed, and are to be fitted and adjusted by the attending physician or other qualified health care professional |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 99024 | Postoperative follow-up visit, normally included in the surgical package, to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) related to the original procedure |
| CPT-I | 99026 | Hospital mandated on call service; in-hospital, each hour |
| CPT-I | 99027 | Hospital mandated on call service; out-of-hospital, each hour |
| CPT-I | 99050 | Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (eg, holidays, Saturday or Sunday), in addition to basic service |
| CPT-I | 99051 | Service(s) provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service |
| CPT-I | 99053 | Service(s) provided between 10:00 PM and 8:00 AM at 24-hour facility, in addition to basic service |
| CPT-I | 99056 | Service(s) typically provided in the office, provided out of the office at request of patient, in addition to basic service |
| CPT-I | 99058 | Service(s) provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic service |
| CPT-I | 99060 | Service(s) provided on an emergency basis, out of the office, which disrupts other scheduled office services, in addition to basic service |
| CPT-I | 99070 | Supplies and materials (except spectacles), provided by the physician or other qualified health care professional over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided) |
| CPT-I | 99071 | Educational supplies, such as books, tapes, and pamphlets, for the patient's education at cost to physician or other qualified health care professional |
| CPT-I | 99075 | Medical testimony |
| CPT-I | 99078 | Physician or other qualified health care professional qualified by education, training, licensure/regulation (when applicable) educational services rendered to patients in a group setting (eg, prenatal, obesity, or diabetic instructions) |
| CPT-I | 99080 | Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form |
| CPT-I | 99082 | Unusual travel (eg, transportation and escort of patient) |

Individual and Family Plan Non-Covered List

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 99172 | Visual function screening, automated or semi-automated bilateral quantitative determination of visual acuity, ocular alignment, color vision by pseudoisochromatic plates, and field of vision (may include all or some screening of the determination[s] for contrast sensitivity, vision under glare) |
| CPT-I | 99174 | Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with remote analysis and report |
| CPT-I | 99188 | Application of topical fluoride varnish by a physician or other qualified health care professional |
| CPT-I | 99374 | Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes |
| CPT-I | 99375 | Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 99424 | Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month. |
| CPT-I | 99425 | Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; each additional 30 minutes provided personally by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure) |
| CPT-I | 99426 | Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes of clinical staff time directed by physician or other qualified health care professional, per calendar month. |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 99427 | Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure) |
| CPT-I | 99437 | Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; each additional 30 minutes by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure) |
| CPT-I | 99450 | Basic life and/or disability examination that includes: Measurement of height, weight, and blood pressure; Completion of a medical history following a life insurance pro forma; Collection of blood sample and/or urinalysis complying with "chain of custody" protocols; and Completion of necessary documentation/certificates. |
| CPT-I | 99455 | Work related or medical disability examination by the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report. |
| CPT-I | 99456 | Work related or medical disability examination by other than the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report. |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 99457 | Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes |
| CPT-I | 99458 | Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes (List separately in addition to code for primary procedure) |
| CPT-I | 99473 | Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration |
| CPT-I | 99474 | Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient |
| CPT-I | 99483 | Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home, with all of the following required elements: Cognition-focused evaluation including a pertinent history and examination, Medical decision making of moderate or high complexity, Functional assessment (eg, basic and instrumental activities of daily living), including decision-making capacity, Use of standardized instruments for staging of dementia (eg, functional assessment staging test [FAST], clinical dementia rating [CDR]), Medication reconciliation and review for high-risk medications, Evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized screening instrument(s), Evaluation of safety (eg, home), including motor vehicle operation, Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks, Development, updating or revision, or review of an Advance Care Plan, Creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, neuro-cognitive symptoms, functional limitations, and referral to community resources as needed (eg, rehabilitation services, adult day programs, support groups) shared with the patient and/or caregiver with initial education and support. Typically, 50 minutes are spent face-to-face with the patient and/or family or caregiver. |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 99484 | Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales, behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes, facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation, and continuity of care with a designated member of the care team. |
| CPT-I | 99490 | Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month. |
| CPT-I | 99497 | Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate |
| CPT-I | 99498 | Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure) |
| CPT-I | 99510 | Home visit for individual, family, or marriage counseling |
| CPT-PLA | 0001U | 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 |
| CPT-PLA | 0002U | 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 |
| CPT-PLA | 0003U | 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 |
| CPT-PLA | 0005U | Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), urine, algorithm reported as risk score |

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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-PLA | 0007U | 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 |
| CPT-PLA | 0008U | 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 or fecal sample, predictive, reported as positive or negative for resistance to clarithromycin, fluoroquinolones, metronidazole, amoxicillin, tetracycline, and rifabutin |
| CPT-PLA | 0009U | 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 |
| CPT-PLA | 0010U | Infectious disease (bacterial), strain typing by whole genome sequencing, phylogenetic-based report of strain relatedness, per submitted isolate |
| CPT-PLA | 0011U | 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 |
| CPT-PLA | 0012U | Germline disorders, gene rearrangement detection by whole genome next-generation sequencing, DNA, whole blood, report of specific gene rearrangement(s) |
| CPT-PLA | 0013U | 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) |
| CPT-MAAA | 0014M | Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal peptide [PIIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using immunoassays, utilizing serum, prognostic algorithm reported as a risk score and risk of liver fibrosis and liver-related clinical events within 5 years |
| CPT-PLA | 0014U | Hematology (hematolymphoid neoplasia), gene rearrangement detection by whole genome next-generation sequencing, DNA, whole blood or bone marrow, report of specific gene rearrangement(s) |
| CPT-MAAA | 0015M | Adrenal cortical tumor, biochemical assay of 25 steroid markers, utilizing 24-hour urine specimen and clinical parameters, prognostic algorithm reported as a clinical risk and integrated clinical steroid risk for adrenal cortical carcinoma, adenoma, or other adrenal malignancy |

Individual and Family Plan Non-Covered List

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-MAAA | 0016M | Oncology (bladder), mRNA, microarray gene expression profiling of 219 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as molecular subtype (luminal, luminal infiltrated, basal, basal claudin-low, neuroendocrine-like) |
| CPT-PLA | 0016U | Oncology (hematolymphoid neoplasia), RNA, BCR/ABL1 major and minor breakpoint fusion transcripts, quantitative PCR amplification, blood or bone marrow, report of fusion not detected or detected with quantitation |
| CPT-PLA | 0017U | Oncology (hematolymphoid neoplasia), JAK2 mutation, DNA, PCR amplification of exons 12-14 and sequence analysis, blood or bone marrow, report of JAK2 mutation not detected or detected |
| CPT-PLA | 0018U | Oncology (thyroid), microRNA profiling by RT-PCR of 10 microRNA sequences, utilizing fine needle aspirate, algorithm reported as a positive or negative result for moderate to high risk of malignancy |
| CPT-PLA | 0019U | Oncology, RNA, gene expression by whole transcriptome sequencing, formalin-fixed paraffin-embedded tissue or fresh frozen tissue, predictive algorithm reported as potential targets for therapeutic agents |
| CPT-PLA | 0021U | Oncology (prostate), detection of 8 autoantibodies (ARF 6, NKX3-1, 5'-UTR-BMI1, CEP 164, 3'-UTR-Ropporin, Desmocollin, AURKAIP-1, CSNK2A2), multiplexed immunoassay and flow cytometry serum, algorithm reported as risk score |
| CPT-PLA | 0022U | Targeted genomic sequence analysis panel, cholangiocarcinoma and non-small cell lung neoplasia, DNA and RNA analysis, 1-23 genes, interrogation for sequence variants and rearrangements, reported as presence/absence of variants and associated therapy(ies) to consider |
| CPT-PLA | 0023U | Oncology (acute myelogenous leukemia), DNA, genotyping of internal tandem duplication, p.D835, p.I836, using mononuclear cells, reported as detection or non-detection of FLT3 mutation and indication for or against the use of midostaurin |
| CPT-PLA | 0024U | Glycosylated acute phase proteins (GlycA), nuclear magnetic resonance spectroscopy, quantitative |
| CPT-PLA | 0025U | Tenofovir, by liquid chromatography with tandem mass spectrometry (LC-MS/MS), urine, quantitative |
| CPT-PLA | 0026U | Oncology (thyroid), DNA and mRNA of 112 genes, next-generation sequencing, fine needle aspirate of thyroid nodule, algorithmic analysis reported as a categorical result ("Positive, high probability of malignancy" or "Negative, low probability of malignancy") |
| CPT-PLA | 0027U | JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, targeted sequence analysis exons 12-15 |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-PLA | 0029U | Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis (ie, CYP1A2, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, CYP4F2, SLCO1B1, VKORC1 and rs12777823) |
| CPT-PLA | 0030U | Drug metabolism (warfarin drug response), targeted sequence analysis (ie, CYP2C9, CYP4F2, VKORC1, rs12777823) |
| CPT-PLA | 0031U | CYP1A2 (cytochrome P450 family 1, subfamily A, member 2) (eg, drug metabolism) gene analysis, common variants (ie, *1F, *1K, *6, *7) |
| CPT-PLA | 0032U | COMT (catechol-O-methyltransferase) (eg, drug metabolism) gene analysis, c.472G>A (rs4680) variant |
| CPT-PLA | 0033U | HTR2A (5-hydroxytryptamine receptor 2A), HTR2C (5-hydroxytryptamine receptor 2C) (eg, citalopram metabolism) gene analysis, common variants (ie, HTR2A rs7997012 [c.614-2211T>C], HTR2C rs3813929 [c.-759C>T] and rs1414334 [c.551-3008C>G]) |
| CPT-PLA | 0034U | TPMT (thiopurine S-methyltransferase), NUDT15 (nudix hydroxylase 15) (eg, thiopurine metabolism) gene analysis, common variants (ie, TPMT *2, *3A, *3B, *3C, *4, *5, *6, *8, *12; NUDT15 *3, *4, *5) |
| CPT-PLA | 0035U | Neurology (prion disease), cerebrospinal fluid, detection of prion protein by quaking-induced conformational conversion, qualitative |
| CPT-PLA | 0036U | Exome (ie, somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and normal specimen, sequence analyses |
| CPT-PLA | 0037U | Targeted genomic sequence analysis, solid organ neoplasm, DNA analysis of 324 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden |
| CPT-PLA | 0038U | Vitamin D, 25 hydroxy D2 and D3, by LC-MS/MS, serum microsample, quantitative |
| CPT-PLA | 0039U | Deoxyribonucleic acid (DNA) antibody, double stranded, high avidity |
| CPT-PLA | 0040U | BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative |
| CPT-PLA | 0041U | Borrelia burgdorferi, antibody detection of 5 recombinant protein groups, by immunoblot, IgM |
| CPT-III | 0042T | Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time |
| CPT-PLA | 0042U | Borrelia burgdorferi, antibody detection of 12 recombinant protein groups, by immunoblot, IgG |

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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-PLA | 0043U | Tick-borne relapsing fever Borrelia group, antibody detection to 4 recombinant protein groups, by immunoblot, IgM |
| CPT-PLA | 0044U | Tick-borne relapsing fever Borrelia group, antibody detection to 4 recombinant protein groups, by immunoblot, IgG |
| CPT-PLA | 0045U | Oncology (breast ductal carcinoma in situ), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence score |
| CPT-PLA | 0046U | FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (ITD) variants, quantitative |
| CPT-PLA | 0047U | Oncology (prostate), mRNA, gene expression profiling by real-time RT-PCR of 17 genes (12 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a risk score |
| CPT-PLA | 0048U | Oncology (solid organ neoplasia), DNA, targeted sequencing of protein-coding exons of 468 cancer-associated genes, including interrogation for somatic mutations and microsatellite instability, matched with normal specimens, utilizing formalin-fixed paraffin-embedded tumor tissue, report of clinically significant mutation(s) |
| CPT-PLA | 0049U | NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, quantitative |
| CPT-PLA | 0050U | Targeted genomic sequence analysis panel, acute myelogenous leukemia, DNA analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements |
| CPT-PLA | 0051U | Prescription drug monitoring, evaluation of drugs present by liquid chromatography tandem mass spectrometry (LC-MS/MS), urine or blood, 31 drug panel, reported as quantitative results, detected or not detected, per date of service |
| CPT-PLA | 0052U | Lipoprotein, blood, high resolution fractionation and quantitation of lipoproteins, including all five major lipoprotein classes and subclasses of HDL, LDL, and VLDL by vertical auto profile ultracentrifugation |
| CPT-PLA | 0053U | Oncology (prostate cancer), FISH analysis of 4 genes (ASAP1, HDAC9, CHD1 and PTEN), needle biopsy specimen, algorithm reported as probability of higher tumor grade |
| CPT-III | 0054T | Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (List separately in addition to code for primary procedure) |

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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-PLA | 0054U | Prescription drug monitoring, 14 or more classes of drugs and substances, definitive tandem mass spectrometry with chromatography, capillary blood, quantitative report with therapeutic and toxic ranges, including steady-state range for the prescribed dose when detected, per date of service |
| CPT-III | 0055T | Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on CT/MRI images (List separately in addition to code for primary procedure) |
| CPT-PLA | 0055U | Cardiology (heart transplant), cell-free DNA, PCR assay of 96 DNA target sequences (94 single nucleotide polymorphism targets and two control targets), plasma |
| CPT-PLA | 0056U | Hematology (acute myelogenous leukemia), DNA, whole genome next-generation sequencing to detect gene rearrangement(s), blood or bone marrow, report of specific gene rearrangement(s) |
| CPT-PLA | 0058U | Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus oncoprotein (small T antigen), serum, quantitative |
| CPT-PLA | 0059U | Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus capsid protein (VP1), serum, reported as positive or negative |
| CPT-PLA | 0060U | Twin zygosity, genomic-targeted sequence analysis of chromosome 2, using circulating cell-free fetal DNA in maternal blood |
| CPT-PLA | 0061U | Transcutaneous measurement of five biomarkers (tissue oxygenation [StO2], oxyhemoglobin [ctHbO2], deoxyhemoglobin [ctHbR], papillary and reticular dermal hemoglobin concentrations [ctHb1 and ctHb2]), using spatial frequency domain imaging (SFDI) and multi-spectral analysis |
| CPT-PLA | 0062U | Autoimmune (systemic lupus erythematosus), IgG and IgM analysis of 80 biomarkers, utilizing serum, algorithm reported with a risk score |
| CPT-PLA | 0063U | Neurology (autism), 32 amines by LC-MS/MS, using plasma, algorithm reported as metabolic signature associated with autism spectrum disorder |
| CPT-PLA | 0064U | Antibody, Treponema pallidum, total and rapid plasma reagin (RPR), immunoassay, qualitative |
| CPT-PLA | 0065U | Syphilis test, non-treponemal antibody, immunoassay, qualitative (RPR) |
| CPT-PLA | 0066U | Placental alpha-micro globulin-1 (PAMG-1), immunoassay with direct optical observation, cervico-vaginal fluid, each specimen |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-PLA | 0067U | Oncology (breast), immunohistochemistry, protein expression profiling of 4 biomarkers (matrix metalloproteinase-1 [MMP-1], carcinoembryonic antigen-related cell adhesion molecule 6 [CEACAM6], hyaluronoglucosaminidase [HYAL1], highly expressed in cancer protein [HEC1]), formalin-fixed paraffin-embedded precancerous breast tissue, algorithm reported as carcinoma risk score |
| CPT-PLA | 0068U | Candida species panel (C. albicans, C. glabrata, C. parapsilosis, C. krusei, C. tropicalis, and C. auris), amplified probe technique with qualitative report of the presence or absence of each species |
| CPT-PLA | 0069U | Oncology (colorectal), microRNA, RT-PCR expression profiling of miR-31-3p, formalin-fixed paraffin-embedded tissue, algorithm reported as an expression score |
| CPT-PLA | 0070U | CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, common and select rare variants (ie, *2, *3, *4, *4N, *5, *6, *7, *8, *9, *10, *11, *12, *13, *14A, *14B, *15, *17, *29, *35, *36, *41, *57, *61, *63, *68, *83, *xN) |
| CPT-III | 0071T | Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue |
| CPT-PLA | 0071U | CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, full gene sequence (List separately in addition to code for primary procedure) |
| CPT-III | 0072T | Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue |
| CPT-PLA | 0072U | CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D6-2D7 hybrid gene) (List separately in addition to code for primary procedure) |
| CPT-PLA | 0073U | CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D7-2D6 hybrid gene) (List separately in addition to code for primary procedure) |
| CPT-PLA | 0074U | CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, non-duplicated gene when duplication/multiplication is trans) (List separately in addition to code for primary procedure) |
| CPT-III | 0075T | Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; initial vessel |

Individual and Family Plan Non-Covered List

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-PLA | 0075U | CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 5' gene duplication/multiplication) (List separately in addition to code for primary procedure) |
| CPT-III | 0076T | Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; each additional vessel (List separately in addition to code for primary procedure) |
| CPT-PLA | 0076U | CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 3' gene duplication/multiplication) (List separately in addition to code for primary procedure) |
| CPT-PLA | 0077U | Immunoglobulin paraprotein (M-protein), qualitative, immunoprecipitation and mass spectrometry, blood or urine, including isotype |
| CPT-PLA | 0078U | Pain management (opioid-use disorder) genotyping panel, 16 common variants (ie, ABCB1, COMT, DAT1, DBH, DOR, DRD1, DRD2, DRD4, GABA, GAL, HTR2A, HTTLPR, MTHFR, MUOR, OPRK1, OPRM1), buccal swab or other germline tissue sample, algorithm reported as positive or negative risk of opioid-use disorder |
| CPT-PLA | 0079U | Comparative DNA analysis using multiple selected single-nucleotide polymorphisms (SNPs), urine and buccal DNA, for specimen identity verification |
| CPT-PLA | 0080U | Oncology (lung), mass spectrometric analysis of galectin-3-binding protein and scavenger receptor cysteine-rich type 1 protein M130, with five clinical risk factors (age, smoking status, nodule diameter, nodule-spiculation status and nodule location), utilizing plasma, algorithm reported as a categorical probability of malignancy |
| CPT-PLA | 0082U | Drug test(s), definitive, 90 or more drugs or substances, definitive chromatography with mass spectrometry, and presumptive, any number of drug classes, by instrument chemistry analyzer (utilizing immunoassay), urine, report of presence or absence of each drug, drug metabolite or substance with description and severity of significant interactions per date of service |
| CPT-PLA | 0083U | Oncology, response to chemotherapy drugs using motility contrast tomography, fresh or frozen tissue, reported as likelihood of sensitivity or resistance to drugs or drug combinations |
| CPT-III | 0100T | Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intraocular retinal electrode array, with vitrectomy |
| CPT-III | 0101T | Extracorporeal shock wave involving musculoskeletal system, not otherwise specified |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-III | 0102T | Extracorporeal shock wave performed by a physician, requiring anesthesia other than local, and involving the lateral humeral epicondyle |
| CPT-PLA | 0105U | Nephrology (chronic kidney disease), multiplex electrochemiluminescent immunoassay (ECLIA) of tumor necrosis factor receptor 1A, receptor superfamily 2 (TNFR1, TNFR2), and kidney injury molecule-1 (KIM-1) combined with longitudinal clinical data, including APOL1 genotype if available, and plasma (isolated fresh or frozen), algorithm reported as probability score for rapid kidney function decline (RKFD) |
| CPT-III | 0106T | Quantitative sensory testing (QST), testing and interpretation per extremity; using touch pressure stimuli to assess large diameter sensation |
| CPT-PLA | 0106U | Gastric emptying, serial collection of 7 timed breath specimens, non-radioisotope carbon-13 (13C) spirulina substrate, analysis of each specimen by gas isotope ratio mass spectrometry, reported as rate of 13CO2 excretion |
| CPT-III | 0107T | Quantitative sensory testing (QST), testing and interpretation per extremity; using vibration stimuli to assess large diameter fiber sensation |
| CPT-PLA | 0107U | Clostridium difficile toxin(s) antigen detection by immunoassay technique, stool, qualitative, multiple-step method |
| CPT-III | 0108T | Quantitative sensory testing (QST), testing and interpretation per extremity; using cooling stimuli to assess small nerve fiber sensation and hyperalgesia |
| CPT-PLA | 0108U | Gastroenterology (Barrett's esophagus), whole slide-digital imaging, including morphometric analysis, computer-assisted quantitative immunolabeling of 9 protein biomarkers (p16, AMACR, p53, CD68, COX-2, CD45RO, HIF1α, HER-2, K20) and morphology, formalin-fixed paraffin-embedded tissue, algorithm reported as risk of progression to high-grade dysplasia or cancer |
| CPT-III | 0109T | Quantitative sensory testing (QST), testing and interpretation per extremity; using heat-pain stimuli to assess small nerve fiber sensation and hyperalgesia |
| CPT-PLA | 0109U | Infectious disease (Aspergillus species), real-time PCR for detection of DNA from 4 species (A. fumigatus, A. terreus, A. niger, and A. flavus), blood, lavage fluid, or tissue, qualitative reporting of presence or absence of each species |
| CPT-III | 0110T | Quantitative sensory testing (QST), testing and interpretation per extremity; using other stimuli to assess sensation |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-PLA | 0110U | Prescription drug monitoring, one or more oral oncology drug(s) and substances, definitive tandem mass spectrometry with chromatography, serum or plasma from capillary blood or venous blood, quantitative report with steady-state range for the prescribed drug(s) when detected |
| CPT-PLA | 0111U | Oncology (colon cancer), targeted KRAS (codons 12, 13, and 61) and NRAS (codons 12, 13, and 61) gene analysis, utilizing formalin-fixed paraffin-embedded tissue |
| CPT-PLA | 0112U | Infectious agent detection and identification, targeted sequence analysis (16S and 18S rRNA genes) with drug-resistance gene |
| CPT-PLA | 0113U | Oncology (prostate), measurement of PCA3 and TMPRSS2-ERG in urine and PSA in serum following prostatic massage, by RNA amplification and fluorescence-based detection, algorithm reported as risk score |
| CPT-PLA | 0114U | Gastroenterology (Barrett's esophagus), VIM and CCNA1 methylation analysis, esophageal cells, algorithm reported as likelihood for Barrett's esophagus |
| CPT-PLA | 0115U | Respiratory infectious agent detection by nucleic acid (DNA and RNA), 18 viral types and subtypes and 2 bacterial targets, amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected |
| CPT-PLA | 0116U | Prescription drug monitoring, enzyme immunoassay of 35 or more drugs confirmed with LC-MS/MS, oral fluid, algorithm results reported as a patient-compliance measurement with risk of drug to drug interactions for prescribed medications |
| CPT-PLA | 0117U | Pain management, analysis of 11 endogenous analytes (methylmalonic acid, xanthurenic acid, homocysteine, pyroglutamic acid, vanilmandelate, 5-hydroxyindoleacetic acid, hydroxymethylglutarate, ethylmalonate, 3-hydroxypropyl mercapturic acid (3-HPMA), quinolinic acid, kynurenic acid), LC-MS/MS, urine, algorithm reported as a pain-index score with likelihood of atypical biochemical function associated with pain |
| CPT-PLA | 0118U | Transplantation medicine, quantification of donor-derived cell-free DNA using whole genome next-generation sequencing, plasma, reported as percentage of donor-derived cell-free DNA in the total cell-free DNA |
| CPT-PLA | 0119U | Cardiology, ceramides by liquid chromatography-tandem mass spectrometry, plasma, quantitative report with risk score for major cardiovascular events |

Individual and Family Plan Non-Covered List

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-PLA | 0120U | Oncology (B-cell lymphoma classification), mRNA, gene expression profiling by fluorescent probe hybridization of 58 genes (45 content and 13 housekeeping genes), formalin-fixed paraffin-embedded tissue, algorithm reported as likelihood for primary mediastinal B-cell lymphoma (PMBCL) and diffuse large B-cell lymphoma (DLBCL) with cell of origin subtyping in the latter |
| CPT-PLA | 0121U | Sickle cell disease, microfluidic flow adhesion (VCAM-1), whole blood |
| CPT-PLA | 0122U | Sickle cell disease, microfluidic flow adhesion (P-Selectin), whole blood |
| CPT-PLA | 0123U | Mechanical fragility, RBC, shear stress and spectral analysis profiling |
| CPT-PLA | 0129U | Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis and deletion/duplication analysis panel (ATM, BRCA1, BRCA2, CDH1, CHEK2, PALB2, PTEN, and TP53) |
| CPT-PLA | 0130U | Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), targeted mRNA sequence analysis panel (APC, CDH1, CHEK2, MLH1, MSH2, MSH6, MUTYH, PMS2, PTEN, and TP53) (List separately in addition to code for primary procedure) |
| CPT-PLA | 0131U | Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (13 genes) (List separately in addition to code for primary procedure) |
| CPT-PLA | 0132U | Hereditary ovarian cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (17 genes) (List separately in addition to code for primary procedure) |
| CPT-PLA | 0133U | Hereditary prostate cancer-related disorders, targeted mRNA sequence analysis panel (11 genes) (List separately in addition to code for primary procedure) |
| CPT-PLA | 0134U | Hereditary pan cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (18 genes) (List separately in addition to code for primary procedure) |
| CPT-PLA | 0135U | Hereditary gynecological cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (12 genes) (List separately in addition to code for primary procedure) |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-PLA | 0136U | ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia) mRNA sequence analysis (List separately in addition to code for primary procedure) |
| CPT-PLA | 0137U | PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) mRNA sequence analysis (List separately in addition to code for primary procedure) |
| CPT-PLA | 0138U | BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) mRNA sequence analysis (List separately in addition to code for primary procedure) |
| CPT-PLA | 0140U | Infectious disease (fungi), fungal pathogen identification, DNA (15 fungal targets), blood culture, amplified probe technique, each target reported as detected or not detected |
| CPT-PLA | 0141U | Infectious disease (bacteria and fungi), gram-positive organism identification and drug resistance element detection, DNA (20 gram-positive bacterial targets, 4 resistance genes, 1 pan gram-negative bacterial target, 1 pan Candida target), blood culture, amplified probe technique, each target reported as detected or not detected |
| CPT-PLA | 0142U | Infectious disease (bacteria and fungi), gram-negative bacterial identification and drug resistance element detection, DNA (21 gram-negative bacterial targets, 6 resistance genes, 1 pan gram-positive bacterial target, 1 pan Candida target), amplified probe technique, each target reported as detected or not detected |
| CPT-PLA | 0143U | Drug assay, definitive, 120 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service |
| CPT-PLA | 0144U | Drug assay, definitive, 160 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service |
| CPT-PLA | 0145U | Drug assay, definitive, 65 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service |
| CPT-PLA | 0146U | Drug assay, definitive, 80 or more drugs or metabolites, urine, by quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-PLA | 0147U | Drug assay, definitive, 85 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service |
| CPT-PLA | 0148U | Drug assay, definitive, 100 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service |
| CPT-PLA | 0149U | Drug assay, definitive, 60 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service |
| CPT-PLA | 0150U | Drug assay, definitive, 120 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service |
| CPT-PLA | 0152U | Infectious disease (bacteria, fungi, parasites, and DNA viruses), microbial cell-free DNA, plasma, untargeted next-generation sequencing, report for significant positive pathogens |
| CPT-PLA | 0153U | Oncology (breast), mRNA, gene expression profiling by next-generation sequencing of 101 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a triple negative breast cancer clinical subtype(s) with information on immune cell involvement |
| CPT-PLA | 0154U | Oncology (urothelial cancer), RNA, analysis by real-time RT-PCR of the FGFR3 (fibroblast growth factor receptor 3) gene analysis (ie, p.R248C [c.742C>T], p.S249C [c.746C>G], p.G370C [c.1108G>T], p.Y373C [c.1118A>G], FGFR3-TACC3v1, and FGFR3-TACC3v3), utilizing formalin-fixed paraffin-embedded urothelial cancer tumor tissue, reported as FGFR gene alteration status |
| CPT-PLA | 0155U | Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase, catalytic subunit alpha) (eg, breast cancer) gene analysis (ie, p.C420R, p.E542K, p.E545A, p.E545D [g.1635G>T only], p.E545G, p.E545K, p.Q546E, p.Q546R, p.H1047L, p.H1047R, p.H1047Y), utilizing formalin-fixed paraffin-embedded breast tumor tissue, reported as PIK3CA gene mutation status |
| CPT-PLA | 0156U | Copy number (eg, intellectual disability, dysmorphology), sequence analysis |
| CPT-PLA | 0157U | APC (APC regulator of WNT signaling pathway) (eg, familial adenomatosis polyposis [FAP]) mRNA sequence analysis (List separately in addition to code for primary procedure) |

Individual and Family Plan Non-Covered List

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-PLA | 0158U | MLH1 (mutL homolog 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure) |
| CPT-PLA | 0159U | MSH2 (mutS homolog 2) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure) |
| CPT-PLA | 0160U | MSH6 (mutS homolog 6) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure) |
| CPT-PLA | 0161U | PMS2 (PMS1 homolog 2, mismatch repair system component) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure) |
| CPT-PLA | 0162U | Hereditary colon cancer (Lynch syndrome), targeted mRNA sequence analysis panel (MLH1, MSH2, MSH6, PMS2) (List separately in addition to code for primary procedure) |
| CPT-III | 0163T | 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) |
| CPT-PLA | 0163U | Oncology (colorectal) screening, biochemical enzyme-linked immunosorbent assay (ELISA) of 3 plasma or serum proteins (teratocarcinoma derived growth factor-1 [TDGF-1, Cripto-1], carcinoembryonic antigen [CEA], extracellular matrix protein [ECM]), with demographic data (age, gender, CRC-screening compliance) using a proprietary algorithm and reported as likelihood of CRC or advanced adenomas |
| CPT-PLA | 0164U | Gastroenterology (irritable bowel syndrome [IBS]), immunoassay for anti-CdtB and anti-vinculin antibodies, utilizing plasma, algorithm for elevated or not elevated qualitative results |
| CPT-PLA | 0165U | Peanut allergen-specific quantitative assessment of multiple epitopes using enzyme-linked immunosorbent assay (ELISA), blood, individual epitope results and probability of peanut allergy |
| CPT-PLA | 0166U | Liver disease, 10 biochemical assays (\pm 2-macroglobulin, haptoglobin, apolipoprotein A1, bilirubin, GGT, ALT, AST, triglycerides, cholesterol, fasting glucose) and biometric and demographic data, utilizing serum, algorithm reported as scores for fibrosis, necroinflammatory activity, and steatosis with a summary interpretation |
| CPT-PLA | 0167U | Gonadotropin, chorionic (hCG), immunoassay with direct optical observation, blood |
| CPT-PLA | 0169U | NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-PLA | 0170U | Neurology (autism spectrum disorder [ASD]), RNA, next-generation sequencing, saliva, algorithmic analysis, and results reported as predictive probability of ASD diagnosis |
| CPT-PLA | 0171U | Targeted genomic sequence analysis panel, acute myeloid leukemia, myelodysplastic syndrome, and myeloproliferative neoplasms, DNA analysis, 23 genes, interrogation for sequence variants, rearrangements and minimal residual disease, reported as presence/absence |
| CPT-PLA | 0172U | Oncology (solid tumor as indicated by the label), somatic mutation analysis of BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) and analysis of homologous recombination deficiency pathways, DNA, formalin-fixed paraffin-embedded tissue, algorithm quantifying tumor genomic instability score |
| CPT-PLA | 0173U | Psychiatry (ie, depression, anxiety), genomic analysis panel, includes variant analysis of 14 genes |
| CPT-III | 0174T | 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) |
| CPT-PLA | 0174U | Oncology (solid tumor), mass spectrometric 30 protein targets, formalin-fixed paraffin-embedded tissue, prognostic and predictive algorithm reported as likely, unlikely, or uncertain benefit of 39 chemotherapy and targeted therapeutic oncology agents |
| CPT-III | 0175T | 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 |
| CPT-PLA | 0175U | Psychiatry (eg, depression, anxiety), genomic analysis panel, variant analysis of 15 genes |
| CPT-PLA | 0176U | Cytotoxic distending toxin B (CdtB) and vinculin IgG antibodies by immunoassay (ie, ELISA) |
| CPT-PLA | 0177U | Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase catalytic subunit alpha) gene analysis of 11 gene variants utilizing plasma, reported as PIK3CA gene mutation status |
| CPT-PLA | 0178U | Peanut allergen-specific quantitative assessment of multiple epitopes using enzyme-linked immunosorbent assay (ELISA), blood, report of minimum eliciting exposure for a clinical reaction |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-PLA | 0179U | Oncology (non-small cell lung cancer), cell-free DNA, targeted sequence analysis of 23 genes (single nucleotide variations, insertions and deletions, fusions without prior knowledge of partner/breakpoint, copy number variations), with report of significant mutation(s) |
| CPT-PLA | 0180U | Red cell antigen (ABO blood group) genotyping (ABO), gene analysis Sanger/chain termination/conventional sequencing, ABO (ABO, alpha 1-3-N-acetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase) gene, including subtyping, 7 exons |
| CPT-PLA | 0181U | Red cell antigen (Colton blood group) genotyping (CO), gene analysis, AQP1 (aquaporin 1 [Colton blood group]) exon 1 |
| CPT-PLA | 0182U | Red cell antigen (Cromer blood group) genotyping (CROM), gene analysis, CD55 (CD55 molecule [Cromer blood group]) exons 1-10 |
| CPT-PLA | 0183U | Red cell antigen (Diego blood group) genotyping (DI), gene analysis, SLC4A1 (solute carrier family 4 member 1 [Diego blood group]) exon 19 |
| CPT-III | 0184T | Excision of rectal tumor, transanal endoscopic microsurgical approach (ie, TEMS), including muscularis propria (ie, full thickness) |
| CPT-PLA | 0184U | Red cell antigen (Dombrock blood group) genotyping (DO), gene analysis, ART4 (ADP-ribosyltransferase 4 [Dombrock blood group]) exon 2 |
| CPT-PLA | 0185U | Red cell antigen (H blood group) genotyping (FUT1), gene analysis, FUT1 (fucosyltransferase 1 [H blood group]) exon 4 |
| CPT-PLA | 0186U | Red cell antigen (H blood group) genotyping (FUT2), gene analysis, FUT2 (fucosyltransferase 2) exon 2 |
| CPT-PLA | 0187U | Red cell antigen (Duffy blood group) genotyping (FY), gene analysis, ACKR1 (atypical chemokine receptor 1 [Duffy blood group]) exons 1-2 |
| CPT-PLA | 0188U | Red cell antigen (Gerbich blood group) genotyping (GE), gene analysis, GYPC (glycophorin C [Gerbich blood group]) exons 1-4 |
| CPT-PLA | 0189U | Red cell antigen (MNS blood group) genotyping (GYPA), gene analysis, GYPA (glycophorin A [MNS blood group]) introns 1, 5, exon 2 |
| CPT-PLA | 0190U | Red cell antigen (MNS blood group) genotyping (GYPB), gene analysis, GYPB (glycophorin B [MNS blood group]) introns 1, 5, pseudoexon 3 |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-PLA | 0191U | Red cell antigen (Indian blood group) genotyping (IN), gene analysis, CD44 (CD44 molecule [Indian blood group]) exons 2, 3, 6 |
| CPT-PLA | 0192U | Red cell antigen (Kidd blood group) genotyping (JK), gene analysis, SLC14A1 (solute carrier family 14 member 1 [Kidd blood group]) gene promoter, exon 9 |
| CPT-PLA | 0193U | Red cell antigen (JR blood group) genotyping (JR), gene analysis, ABCG2 (ATP binding cassette subfamily G member 2 [Junior blood group]) exons 2-26 |
| CPT-PLA | 0194U | Red cell antigen (Kell blood group) genotyping (KEL), gene analysis, KEL (Kell metallo-endopeptidase [Kell blood group]) exon 8 |
| CPT-PLA | 0195U | KLF1 (Kruppel-like factor 1), targeted sequencing (ie, exon 13) |
| CPT-PLA | 0196U | Red cell antigen (Lutheran blood group) genotyping (LU), gene analysis, BCAM (basal cell adhesion molecule [Lutheran blood group]) exon 3 |
| CPT-PLA | 0197U | Red cell antigen (Landsteiner-Wiener blood group) genotyping (LW), gene analysis, ICAM4 (intercellular adhesion molecule 4 [Landsteiner-Wiener blood group]) exon 1 |
| CPT-III | 0198T | Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report |
| CPT-PLA | 0198U | Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis Sanger/chain termination/conventional sequencing, RHD (Rh blood group D antigen) exons 1-10 and RHCE (Rh blood group CcEe antigens) exon 5 |
| CPT-PLA | 0199U | Red cell antigen (Scianna blood group) genotyping (SC), gene analysis, ERMAP (erythroblast membrane associated protein [Scianna blood group]) exons 4, 12 |
| CPT-III | 0200T | 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 |
| CPT-PLA | 0200U | Red cell antigen (Kx blood group) genotyping (XK), gene analysis, XK (X-linked Kx blood group) exons 1-3 |
| CPT-III | 0201T | 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 |
| CPT-PLA | 0201U | Red cell antigen (Yt blood group) genotyping (YT), gene analysis, ACHE (acetylcholinesterase [Cartwright blood group]) exon 2 |

| Type of Code | Code | Description |
|---------------|-------|---|
| CPT-III | 0202T | 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 |
| CPT-PLA-COVID | 0202U | Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected |
| CPT-PLA | 0203U | Autoimmune (inflammatory bowel disease), mRNA, gene expression profiling by quantitative RT-PCR, 17 genes (15 target and 2 reference genes), whole blood, reported as a continuous risk score and classification of inflammatory bowel disease aggressiveness |
| CPT-PLA | 0204U | Oncology (thyroid), mRNA, gene expression analysis of 593 genes (including BRAF, RAS, RET, PAX8, and NTRK) for sequence variants and rearrangements, utilizing fine needle aspirate, reported as detected or not detected |
| CPT-PLA | 0205U | Ophthalmology (age-related macular degeneration), analysis of 3 gene variants (2 CFH gene, 1 ARMS2 gene), using PCR and MALDI-TOF, buccal swab, reported as positive or negative for neovascular age-related macular-degeneration risk associated with zinc supplements |
| CPT-PLA | 0206U | Neurology (Alzheimer disease); cell aggregation using morphometric imaging and protein kinase C-epsilon (PKCe) concentration in response to amylospheroid treatment by ELISA, cultured skin fibroblasts, each reported as positive or negative for Alzheimer disease |
| CPT-III | 0207T | Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral |
| CPT-PLA | 0207U | Neurology (Alzheimer disease); quantitative imaging of phosphorylated ERK1 and ERK2 in response to bradykinin treatment by in situ immunofluorescence, using cultured skin fibroblasts, reported as a probability index for Alzheimer disease (List separately in addition to code for primary procedure) |
| CPT-III | 0208T | Pure tone audiometry (threshold), automated; air only |
| CPT-III | 0209T | Pure tone audiometry (threshold), automated; air and bone |
| CPT-PLA | 0209U | Cytogenomic constitutional (genome-wide) analysis, interrogation of genomic regions for copy number, structural changes and areas of homozygosity for chromosomal abnormalities |
| CPT-III | 0210T | Speech audiometry threshold, automated |
| CPT-PLA | 0210U | Syphilis test, non-treponemal antibody, immunoassay, quantitative (RPR) |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-III | 0211T | Speech audiometry threshold, automated; with speech recognition |
| CPT-PLA | 0211U | Oncology (pan-tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded tissue, interpretative report for single nucleotide variants, copy number alterations, tumor mutational burden, and microsatellite instability, with therapy association |
| CPT-III | 0212T | Comprehensive audiometry threshold evaluation and speech recognition (0209T, 0211T combined), automated |
| CPT-PLA | 0212U | Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband |
| CPT-III | 0213T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level |
| CPT-PLA | 0213U | Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg, parent, sibling) |
| CPT-III | 0214T | 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) |
| CPT-PLA | 0214U | Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband |
| CPT-III | 0215T | 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) |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-PLA | 0215U | Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator exome (eg, parent, sibling) |
| CPT-III | 0216T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level |
| CPT-PLA | 0216U | Neurology (inherited ataxias), genomic DNA sequence analysis of 12 common genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants |
| CPT-III | 0217T | 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) |
| CPT-PLA | 0217U | Neurology (inherited ataxias), genomic DNA sequence analysis of 51 genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants |
| CPT-III | 0218T | 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) |
| CPT-PLA | 0218U | Neurology (muscular dystrophy), DMD gene sequence analysis, including small sequence changes, deletions, duplications, and variants in non-uniquely mappable regions, blood or saliva, identification and characterization of genetic variants |
| CPT-III | 0219T | 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 |
| CPT-PLA | 0219U | Infectious agent (human immunodeficiency virus), targeted viral next-generation sequence analysis (ie, protease [PR], reverse transcriptase [RT], integrase [INT]), algorithm reported as prediction of antiviral drug susceptibility |
| CPT-III | 0220T | 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 |

| Type of Code | Code | Description |
|---------------|-------|--|
| CPT-PLA | 0220U | Oncology (breast cancer), image analysis with artificial intelligence assessment of 12 histologic and immunohistochemical features, reported as a recurrence score |
| CPT-III | 0221T | 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 |
| CPT-PLA | 0221U | Red cell antigen (ABO blood group) genotyping (ABO), gene analysis, next-generation sequencing, ABO (ABO, alpha 1-3-N-acetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase) gene |
| CPT-III | 0222T | 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) |
| CPT-PLA | 0222U | Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis, next-generation sequencing, RH proximal promoter, exons 1-10, portions of introns 2-3 |
| CPT-PLA-COVID | 0223U | Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected |
| CPT-PLA-COVID | 0224U | Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), includes titer(s), when performed |
| CPT-PLA-COVID | 0225U | Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets, including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected |
| CPT-PLA-COVID | 0226U | Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), ELISA, plasma, serum |
| CPT-PLA | 0227U | Drug assay, presumptive, 30 or more drugs or metabolites, urine, liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, includes sample validation |
| CPT-PLA | 0228U | Oncology (prostate), multianalyte molecular profile by photometric detection of macromolecules adsorbed on nanosponge array slides with machine learning, utilizing first morning voided urine, algorithm reported as likelihood of prostate cancer |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-PLA | 0229U | BCAT1 (Branched chain amino acid transaminase 1) and IKZF1 (IKAROS family zinc finger 1) (eg, colorectal cancer) promoter methylation analysis |
| CPT-PLA | 0230U | AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), full sequence analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions |
| CPT-PLA | 0231U | CACNA1A (calcium voltage-gated channel subunit alpha 1A) (eg, spinocerebellar ataxia), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) gene expansions, mobile element insertions, and variants in non-uniquely mappable regions |
| CPT-III | 0232T | Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed |
| CPT-PLA | 0232U | CSTB (cystatin B) (eg, progressive myoclonic epilepsy type 1A, Unverricht-Lundborg disease), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions |
| CPT-PLA | 0233U | FXN (frataxin) (eg, Friedreich ataxia), gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions |
| CPT-III | 0234T | Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; renal artery |
| CPT-PLA | 0234U | MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions |
| CPT-III | 0235T | Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; visceral artery (except renal), each vessel |
| CPT-PLA | 0235U | PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions |

| Type of Code | Code | Description |
|---------------|-------|---|
| CPT-III | 0236T | Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; abdominal aorta |
| CPT-PLA | 0236U | SMN1 (survival of motor neuron 1, telomeric) and SMN2 (survival of motor neuron 2, centromeric) (eg, spinal muscular atrophy) full gene analysis, including small sequence changes in exonic and intronic regions, duplications, deletions, and mobile element insertions |
| CPT-III | 0237T | Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; brachiocephalic trunk and branches, each vessel |
| CPT-PLA | 0237U | Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia), genomic sequence analysis panel including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions |
| CPT-III | 0238T | Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; iliac artery, each vessel |
| CPT-PLA | 0238U | Oncology (Lynch syndrome), genomic DNA sequence analysis of MLH1, MSH2, MSH6, PMS2, and EPCAM, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions |
| CPT-PLA | 0239U | Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes, interrogation for sequence variants, including substitutions, insertions, deletions, select rearrangements, and copy number variations |
| CPT-PLA-COVID | 0240U | Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 3 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B), upper respiratory specimen, each pathogen reported as detected or not detected |
| CPT-PLA-COVID | 0241U | Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 4 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B, respiratory syncytial virus [RSV]), upper respiratory specimen, each pathogen reported as detected or not detected |
| CPT-PLA | 0242U | Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 55-74 genes, interrogation for sequence variants, gene copy number amplifications, and gene rearrangements |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-PLA | 0243U | Obstetrics (preeclampsia), biochemical assay of placental-growth factor, time-resolved fluorescence immunoassay, maternal serum, predictive algorithm reported as a risk score for preeclampsia |
| CPT-PLA | 0244U | Oncology (solid organ), DNA, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants, insertions/deletions, copy number alterations, gene rearrangements, tumor-mutational burden and microsatellite instability, utilizing formalin-fixed paraffin-embedded tumor tissue |
| CPT-PLA | 0245U | Oncology (thyroid), mutation analysis of 10 genes and 37 RNA fusions and expression of 4 mRNA markers using next-generation sequencing, fine needle aspirate, report includes associated risk of malignancy expressed as a percentage |
| CPT-PLA | 0246U | Red blood cell antigen typing, DNA, genotyping of at least 16 blood groups with phenotype prediction of at least 51 red blood cell antigens |
| CPT-PLA | 0247U | Obstetrics (preterm birth), insulin-like growth factor-binding protein 4 (IBP4), sex hormone-binding globulin (SHBG), quantitative measurement by LC-MS/MS, utilizing maternal serum, combined with clinical data, reported as predictive-risk stratification for spontaneous preterm birth |
| CPT-PLA | 0248U | Oncology (brain), spheroid cell culture in a 3D microenvironment, 12 drug panel, tumor-response prediction for each drug |
| CPT-PLA | 0249U | Oncology (breast), semiquantitative analysis of 32 phosphoproteins and protein analytes, includes laser capture microdissection, with algorithmic analysis and interpretative report |
| CPT-PLA | 0250U | Oncology (solid organ neoplasm), targeted genomic sequence DNA analysis of 505 genes, interrogation for somatic alterations (SNVs [single nucleotide variant], small insertions and deletions, one amplification, and four translocations), microsatellite instability and tumor-mutation burden |
| CPT-PLA | 0251U | Hepcidin-25, enzyme-linked immunosorbent assay (ELISA), serum or plasma |
| CPT-PLA | 0252U | Fetal aneuploidy short tandem-repeat comparative analysis, fetal DNA from products of conception, reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism, and segmental aneuploidy |
| CPT-III | 0253T | Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the suprachoroidal space |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-PLA | 0253U | Reproductive medicine (endometrial receptivity analysis), RNA gene expression profile, 238 genes by next-generation sequencing, endometrial tissue, predictive algorithm reported as endometrial window of implantation (eg, pre-receptive, receptive, post-receptive) |
| CPT-PLA | 0254U | Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using embryonic DNA genomic sequence analysis for aneuploidy, and a mitochondrial DNA score in euploid embryos, results reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism, and segmental aneuploidy, per embryo tested |
| CPT-PLA | 0255U | Andrology (infertility), sperm-capacitation assessment of ganglioside GM1 distribution patterns, fluorescence microscopy, fresh or frozen specimen, reported as percentage of capacitated sperm and probability of generating a pregnancy score |
| CPT-PLA | 0256U | Trimethylamine/trimethylamine N-oxide (TMA/TMAO) profile, tandem mass spectrometry (MS/MS), urine, with algorithmic analysis and interpretive report |
| CPT-PLA | 0257U | Very long chain acyl-coenzyme A (CoA) dehydrogenase (VLCAD), leukocyte enzyme activity, whole blood |
| CPT-PLA | 0258U | Autoimmune (psoriasis), mRNA, next-generation sequencing, gene expression profiling of 50-100 genes, skin-surface collection using adhesive patch, algorithm reported as likelihood of response to psoriasis biologics |
| CPT-PLA | 0259U | Nephrology (chronic kidney disease), nuclear magnetic resonance spectroscopy measurement of myo-inositol, valine, and creatinine, algorithmically combined with cystatin C (by immunoassay) and demographic data to determine estimated glomerular filtration rate (GFR), serum, quantitative |
| CPT-PLA | 0260U | Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping |
| CPT-PLA | 0261U | Oncology (colorectal cancer), image analysis with artificial intelligence assessment of 4 histologic and immunohistochemical features (CD3 and CD8 within tumor-stroma border and tumor core), tissue, reported as immune response and recurrence-risk score |
| CPT-PLA | 0262U | Oncology (solid tumor), gene expression profiling by real-time RT-PCR of 7 gene pathways (ER, AR, PI3K, MAPK, HH, TGFB, Notch), formalin-fixed paraffin-embedded (FFPE), algorithm reported as gene pathway activity score |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-PLA | 0263U | Neurology (autism spectrum disorder [ASD]), quantitative measurements of 16 central carbon metabolites (ie, β -ketoglutarate, alanine, lactate, phenylalanine, pyruvate, succinate, carnitine, citrate, fumarate, hypoxanthine, inosine, malate, S-sulfocysteine, taurine, urate, and xanthine), liquid chromatography tandem mass spectrometry (LC-MS/MS), plasma, algorithmic analysis with result reported as negative or positive (with metabolic subtypes of ASD) |
| CPT-PLA | 0264U | Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping |
| CPT-PLA | 0265U | Rare constitutional and other heritable disorders, whole genome and mitochondrial DNA sequence analysis, blood, frozen and formalin-fixed paraffin-embedded (FFPE) tissue, saliva, buccal swabs or cell lines, identification of single nucleotide and copy number variants |
| CPT-III | 0266T | 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) |
| CPT-PLA | 0266U | Unexplained constitutional or other heritable disorders or syndromes, tissue-specific gene expression by whole-transcriptome and next-generation sequencing, blood, formalin-fixed paraffin-embedded (FFPE) tissue or fresh frozen tissue, reported as presence or absence of splicing or expression changes |
| CPT-III | 0267T | Implantation or replacement of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed) |
| CPT-PLA | 0267U | Rare constitutional and other heritable disorders, identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping and whole genome sequencing |
| CPT-III | 0268T | Implantation or replacement of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed) |
| CPT-PLA | 0268U | Hematology (atypical hemolytic uremic syndrome [aHUS]), genomic sequence analysis of 15 genes, blood, buccal swab, or amniotic fluid |
| CPT-III | 0269T | 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) |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-PLA | 0269U | Hematology (autosomal dominant congenital thrombocytopenia), genomic sequence analysis of 14 genes, blood, buccal swab, or amniotic fluid |
| CPT-III | 0270T | Revision or removal of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed) |
| CPT-PLA | 0270U | Hematology (congenital coagulation disorders), genomic sequence analysis of 20 genes, blood, buccal swab, or amniotic fluid |
| CPT-III | 0271T | Revision or removal of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed) |
| CPT-PLA | 0271U | Hematology (congenital neutropenia), genomic sequence analysis of 23 genes, blood, buccal swab, or amniotic fluid |
| CPT-III | 0272T | 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) |
| CPT-PLA | 0272U | Hematology (genetic bleeding disorders), genomic sequence analysis of 51 genes, blood, buccal swab, or amniotic fluid, comprehensive |
| CPT-III | 0273T | 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 |
| CPT-PLA | 0273U | Hematology (genetic hyperfibrinolysis, delayed bleeding), analysis of 9 genes (F13A1, F13B, FGA, FGB, FGG, SERPINA1, SERPINE1, SERPINF2 by next-generation sequencing and PLAU by array comparative genomic hybridization), blood, buccal swab, or amniotic fluid |
| CPT-PLA | 0274U | Hematology (genetic platelet disorders), genomic sequence analysis of 43 genes, blood, buccal swab, or amniotic fluid |
| CPT-PLA | 0275U | Hematology (heparin-induced thrombocytopenia), platelet antibody reactivity by flow cytometry, serum |
| CPT-PLA | 0276U | Hematology (inherited thrombocytopenia), genomic sequence analysis of 42 genes, blood, buccal swab, or amniotic fluid |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-PLA | 0277U | Hematology (genetic platelet function disorder), genomic sequence analysis of 31 genes, blood, buccal swab, or amniotic fluid |
| CPT-III | 0278T | Transcutaneous electrical modulation pain reprocessing (eg, scrambler therapy), each treatment session (includes placement of electrodes) |
| CPT-PLA | 0278U | Hematology (genetic thrombosis), genomic sequence analysis of 12 genes, blood, buccal swab, or amniotic fluid |
| CPT-PLA | 0279U | Hematology (von Willebrand disease [VWD]), von Willebrand factor (VWF) and collagen III binding by enzyme-linked immunosorbent assays (ELISA), plasma, report of collagen III binding |
| CPT-PLA | 0280U | Hematology (von Willebrand disease [VWD]), von Willebrand factor (VWF) and collagen IV binding by enzyme-linked immunosorbent assays (ELISA), plasma, report of collagen IV binding |
| CPT-PLA | 0281U | Hematology (von Willebrand disease [VWD]), von Willebrand propeptide, enzyme-linked immunosorbent assays (ELISA), plasma, diagnostic report of von Willebrand factor (VWF) propeptide antigen level |
| CPT-PLA | 0282U | Red blood cell antigen typing, DNA, genotyping of 12 blood group system genes to predict 44 red blood cell antigen phenotypes |
| CPT-PLA | 0283U | von Willebrand factor (VWF), type 2B, platelet-binding evaluation, radioimmunoassay, plasma |
| CPT-PLA | 0284U | von Willebrand factor (VWF), type 2N, factor VIII and VWF binding evaluation, enzyme-linked immunosorbent assays (ELISA), plasma |
| CPT-PLA | 0285U | Oncology, response to radiation, cell-free DNA, quantitative branched chain DNA amplification, plasma, reported as a radiation toxicity score |
| CPT-PLA | 0286U | CEP72 (centrosomal protein, 72-KDa), NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants |
| CPT-PLA | 0287U | Oncology (thyroid), DNA and mRNA, next-generation sequencing analysis of 112 genes, fine needle aspirate or formalin-fixed paraffin-embedded (FFPE) tissue, algorithmic prediction of cancer recurrence, reported as a categorical risk result (low, intermediate, high) |
| CPT-PLA | 0288U | Oncology (lung), mRNA, quantitative PCR analysis of 11 genes (BAG1, BRCA1, CDC6, CDK2AP1, ERBB3, FUT3, IL11, LCK, RND3, SH3BGR, WNT3A) and 3 reference genes (ESD, TBP, YAP1), formalin-fixed paraffin-embedded (FFPE) tumor tissue, algorithmic interpretation reported as a recurrence risk score |

Individual and Family Plan Non-Covered List

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-PLA | 0289U | Neurology (Alzheimer disease), mRNA, gene expression profiling by RNA sequencing of 24 genes, whole blood, algorithm reported as predictive risk score |
| CPT-PLA | 0290U | Pain management, mRNA, gene expression profiling by RNA sequencing of 36 genes, whole blood, algorithm reported as predictive risk score |
| CPT-PLA | 0291U | Psychiatry (mood disorders), mRNA, gene expression profiling by RNA sequencing of 144 genes, whole blood, algorithm reported as predictive risk score |
| CPT-PLA | 0292U | Psychiatry (stress disorders), mRNA, gene expression profiling by RNA sequencing of 72 genes, whole blood, algorithm reported as predictive risk score |
| CPT-PLA | 0293U | Psychiatry (suicidal ideation), mRNA, gene expression profiling by RNA sequencing of 54 genes, whole blood, algorithm reported as predictive risk score |
| CPT-PLA | 0294U | Longevity and mortality risk, mRNA, gene expression profiling by RNA sequencing of 18 genes, whole blood, algorithm reported as predictive risk score |
| CPT-PLA | 0295U | Oncology (breast ductal carcinoma in situ), protein expression profiling by immunohistochemistry of 7 proteins (COX2, FOXA1, HER2, Ki-67, p16, PR, SIAH2), with 4 clinicopathologic factors (size, age, margin status, palpability), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a recurrence risk score |
| CPT-PLA | 0296U | Oncology (oral and/or oropharyngeal cancer), gene expression profiling by RNA sequencing at least 20 molecular features (eg, human and/or microbial mRNA), saliva, algorithm reported as positive or negative for signature associated with malignancy |
| CPT-PLA | 0297U | Oncology (pan tumor), whole genome sequencing of paired malignant and normal DNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and variant identification |
| CPT-PLA | 0298U | Oncology (pan tumor), whole transcriptome sequencing of paired malignant and normal RNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and expression level and chimeric transcript identification |
| CPT-PLA | 0299U | Oncology (pan tumor), whole genome optical genome mapping of paired malignant and normal DNA specimens, fresh frozen tissue, blood, or bone marrow, comparative structural variant identification |

Individual and Family Plan Non-Covered List

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-PLA | 0300U | Oncology (pan tumor), whole genome sequencing and optical genome mapping of paired malignant and normal DNA specimens, fresh tissue, blood, or bone marrow, comparative sequence analyses and variant identification |
| CPT-PLA | 0301U | Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR); |
| CPT-PLA | 0302U | Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR); following liquid enrichment |
| CPT-PLA | 0303U | Hematology, red blood cell (RBC) adhesion to endothelial/subendothelial adhesion molecules, functional assessment, whole blood, with algorithmic analysis and result reported as an RBC adhesion index; hypoxic |
| CPT-PLA | 0304U | Hematology, red blood cell (RBC) adhesion to endothelial/subendothelial adhesion molecules, functional assessment, whole blood, with algorithmic analysis and result reported as an RBC adhesion index; normoxic |
| CPT-PLA | 0305U | Hematology, red blood cell (RBC) functionality and deformity as a function of shear stress, whole blood, reported as a maximum elongation index |
| CPT-PLA | 0306U | Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis, cell-free DNA, initial (baseline) assessment to determine a patient specific panel for future comparisons to evaluate for MRD |
| CPT-PLA | 0307U | Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis of a patient-specific panel, cell-free DNA, subsequent assessment with comparison to previously analyzed patient specimens to evaluate for MRD |
| CPT-III | 0308T | Insertion of ocular telescope prosthesis including removal of crystalline lens or intraocular lens prosthesis |
| CPT-PLA | 0308U | Cardiology (coronary artery disease [CAD]), analysis of 3 proteins (high sensitivity [hs] troponin, adiponectin, and kidney injury molecule-1 [KIM-1]), plasma, algorithm reported as a risk score for obstructive CAD |
| CPT-PLA | 0309U | Cardiology (cardiovascular disease), analysis of 4 proteins (NT-proBNP, osteopontin, tissue inhibitor of metalloproteinase-1 [TIMP-1], and kidney injury molecule-1 [KIM-1]), plasma, algorithm reported as a risk score for major adverse cardiac event |
| CPT-PLA | 0310U | Pediatrics (vasculitis, Kawasaki disease [KD]), analysis of 3 biomarkers (NT-proBNP, C-reactive protein, and T-uptake), plasma, algorithm reported as a risk score for KD |
| CPT-PLA | 0311U | Infectious disease (bacterial), quantitative antimicrobial susceptibility reported as phenotypic minimum inhibitory concentration (MIC) based antimicrobial susceptibility for each organism identified |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-III | 0312T | 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 |
| CPT-PLA | 0312U | Autoimmune diseases (eg, systemic lupus erythematosus [SLE]), analysis of 8 IgG autoantibodies and 2 cell-bound complement activation products using enzyme-linked immunosorbent immunoassay (ELISA), flow cytometry and indirect immunofluorescence, serum, or plasma and whole blood, individual components reported along with an algorithmic SLE-likelihood assessment |
| CPT-III | 0313T | Vagus nerve blocking therapy (morbid obesity); laparoscopic revision or replacement of vagal trunk neurostimulator electrode array, including connection to existing pulse generator |
| CPT-PLA | 0313U | Oncology (pancreas), DNA and mRNA next-generation sequencing analysis of 74 genes and analysis of CEA (CEACAM5) gene expression, pancreatic cyst fluid, algorithm reported as a categorical result (ie, negative, low probability of neoplasia or positive, high probability of neoplasia) |
| CPT-III | 0314T | Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator electrode array and pulse generator |
| CPT-PLA | 0314U | Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 35 genes (32 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical result (ie, benign, intermediate, malignant) |
| CPT-III | 0315T | Vagus nerve blocking therapy (morbid obesity); removal of pulse generator |
| CPT-PLA | 0315U | Oncology (cutaneous squamous cell carcinoma), mRNA gene expression profiling by RT-PCR of 40 genes (34 content and 6 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical risk result (ie, Class 1, Class 2A, Class 2B) |
| CPT-III | 0316T | Vagus nerve blocking therapy (morbid obesity); replacement of pulse generator |
| CPT-PLA | 0316U | Borrelia burgdorferi (Lyme disease), OspA protein evaluation, urine |
| CPT-III | 0317T | Vagus nerve blocking therapy (morbid obesity); neurostimulator pulse generator electronic analysis, includes reprogramming when performed |
| CPT-PLA | 0317U | Oncology (lung cancer), four-probe FISH (3q29, 3p22.1, 10q22.3, 10cen) assay, whole blood, predictive algorithm-generated evaluation reported as decreased or increased risk for lung cancer |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-PLA | 0318U | Pediatrics (congenital epigenetic disorders), whole genome methylation analysis by microarray for 50 or more genes, blood |
| CPT-PLA | 0319U | Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using pretransplant peripheral blood, algorithm reported as a risk score for early acute rejection |
| CPT-PLA | 0320U | Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using posttransplant peripheral blood, algorithm reported as a risk score for acute cellular rejection |
| CPT-PLA | 0321U | Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens, identification of 20 bacterial and fungal organisms and identification of 16 associated antibiotic-resistance genes, multiplex amplified probe technique |
| CPT-PLA | 0322U | Neurology (autism spectrum disorder [ASD]), quantitative measurements of 14 acyl carnitines and microbiome-derived metabolites, liquid chromatography with tandem mass spectrometry (LC-MS/MS), plasma, results reported as negative or positive for risk of metabolic subtypes associated with ASD |
| CPT-PLA | 0323U | Infectious agent detection by nucleic acid (DNA and RNA), central nervous system pathogen, metagenomic next-generation sequencing, cerebrospinal fluid (CSF), identification of pathogenic bacteria, viruses, parasites, or fungi |
| CPT-PLA | 0324U | Oncology (ovarian), spheroid cell culture, 4-drug panel (carboplatin, doxorubicin, gemcitabine, paclitaxel), tumor chemotherapy response prediction for each drug |
| CPT-PLA | 0325U | Oncology (ovarian), spheroid cell culture, poly (ADP-ribose) polymerase (PARP) inhibitors (niraparib, olaparib, rucaparib, velparib), tumor response prediction for each drug |
| CPT-PLA | 0326U | Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 83 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden |
| CPT-PLA | 0327U | Fetal aneuploidy (trisomy 13, 18, and 21), DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy, includes sex reporting, if performed |
| CPT-PLA | 0328U | Drug assay, definitive, 120 or more drugs and metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS), includes specimen validity and algorithmic analysis describing drug or metabolite and presence or absence of risks for a significant patient-adverse event, per date of service |
| CPT-III | 0329T | Monitoring of intraocular pressure for 24 hours or longer, unilateral or bilateral, with interpretation and report |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-PLA | 0329U | Oncology (neoplasia), exome and transcriptome sequence analysis for sequence variants, gene copy number amplifications and deletions, gene rearrangements, microsatellite instability and tumor mutational burden utilizing DNA and RNA from tumor with DNA from normal blood or saliva for subtraction, report of clinically significant mutation(s) with therapy associations |
| CPT-III | 0330T | Tear film imaging, unilateral or bilateral, with interpretation and report |
| CPT-PLA | 0330U | Infectious agent detection by nucleic acid (DNA or RNA), vaginal pathogen panel, identification of 27 organisms, amplified probe technique, vaginal swab |
| CPT-III | 0331T | Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment |
| CPT-PLA | 0331U | Oncology (hematolymphoid neoplasia), optical genome mapping for copy number alterations and gene rearrangements utilizing DNA from blood or bone marrow, report of clinically significant alterations |
| CPT-III | 0332T | Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT |
| CPT-PLA | 0332U | Oncology (pan-tumor), genetic profiling of 8 DNA-regulatory (epigenetic) markers by quantitative polymerase chain reaction (qPCR), whole blood, reported as a high or low probability of responding to immune checkpoint-inhibitor therapy |
| CPT-III | 0333T | Visual evoked potential, screening of visual acuity, automated, with report |
| CPT-PLA | 0333U | Oncology (liver), surveillance for hepatocellular carcinoma (HCC) in high-risk patients, analysis of methylation patterns on circulating cell-free DNA (cfDNA) plus measurement of serum of AFP/AFP-L3 and oncoprotein des-gamma-carboxy-prothrombin (DCP), algorithm reported as normal or abnormal result |
| CPT-PLA | 0334U | Oncology (solid organ), targeted genomic sequence analysis, formalin-fixed paraffin-embedded (FFPE) tumor tissue, DNA analysis, 84 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden |
| CPT-III | 0335T | Insertion of sinus tarsi implant |
| CPT-PLA | 0335U | Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, fetal sample, identification and categorization of genetic variants |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-PLA | 0336U | Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg, parent) |
| CPT-PLA | 0337U | Oncology (plasma cell disorders and myeloma), circulating plasma cell immunologic selection, identification, morphological characterization, and enumeration of plasma cells based on differential CD138, CD38, CD19, and CD45 protein biomarker expression, peripheral blood |
| CPT-III | 0338T | 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 |
| CPT-PLA | 0338U | Oncology (solid tumor), circulating tumor cell selection, identification, morphological characterization, detection and enumeration based on differential EpCAM, cytokeratins 8, 18, and 19, and CD45 protein biomarkers, and quantification of HER2 protein biomarker-expressing cells, peripheral blood |
| CPT-III | 0339T | 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 |
| CPT-PLA | 0339U | Oncology (prostate), mRNA expression profiling of HOXC6 and DLX1, reverse transcription polymerase chain reaction (RT-PCR), first-void urine following digital rectal examination, algorithm reported as probability of high-grade cancer |
| CPT-PLA | 0340U | Oncology (pan-cancer), analysis of minimal residual disease (MRD) from plasma, with assays personalized to each patient based on prior next-generation sequencing of the patient's tumor and germline DNA, reported as absence or presence of MRD, with disease-burden correlation, if appropriate |
| CPT-PLA | 0341U | Fetal aneuploidy DNA sequencing comparative analysis, fetal DNA from products of conception, reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism, and segmental aneuploid |
| CPT-III | 0342T | Therapeutic apheresis with selective HDL delipidation and plasma reinfusion |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-PLA | 0342U | Oncology (pancreatic cancer), multiplex immunoassay of C5, C4, cystatin C, factor B, osteoprotegerin (OPG), gelsolin, IGFBP3, CA125 and multiplex electrochemiluminescent immunoassay (ECLIA) for CA19-9, serum, diagnostic algorithm reported qualitatively as positive, negative, or borderline |
| CPT-PLA | 0343U | Oncology (prostate), exosome-based analysis of 442 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as molecular evidence of no-, low-, intermediate- or high-risk of prostate cancer |
| CPT-PLA | 0344U | Hepatology (nonalcoholic fatty liver disease [NAFLD]), semiquantitative evaluation of 28 lipid markers by liquid chromatography with tandem mass spectrometry (LC-MS/MS), serum, reported as at-risk for nonalcoholic steatohepatitis (NASH) or not NASH |
| CPT-III | 0345T | Transcatheter mitral valve repair percutaneous approach via the coronary sinus |
| CPT-PLA | 0345U | Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6 |
| CPT-PLA | 0346U | Beta amyloid, A β 40 and A β 42 by liquid chromatography with tandem mass spectrometry (LC-MS/MS), ratio, plasma |
| CPT-III | 0347T | Placement of interstitial device(s) in bone for radiostereometric analysis (RSA) |
| CPT-PLA | 0347U | Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 16 gene report, with variant analysis and reported phenotypes |
| CPT-III | 0348T | Radiologic examination, radiostereometric analysis (RSA); spine, (includes cervical, thoracic and lumbosacral, when performed) |
| CPT-PLA | 0348U | Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 25 gene report, with variant analysis and reported phenotypes |
| CPT-III | 0349T | Radiologic examination, radiostereometric analysis (RSA); upper extremity(ies), (includes shoulder, elbow, and wrist, when performed) |
| CPT-PLA | 0349U | Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis, including reported phenotypes and impacted gene-drug interactions |
| CPT-III | 0350T | Radiologic examination, radiostereometric analysis (RSA); lower extremity(ies), (includes hip, proximal femur, knee, and ankle, when performed) |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-PLA | 0350U | Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis and reported phenotypes |
| CPT-III | 0351T | Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; real-time intraoperative |
| CPT-PLA | 0351U | Infectious disease (bacterial or viral), biochemical assays, tumor necrosis factor-related apoptosis-inducing ligand (TRAIL), interferon gamma-induced protein-10 (IP-10), and C-reactive protein, serum, algorithm reported as likelihood of bacterial infection |
| CPT-III | 0352T | Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; interpretation and report, real-time or referred |
| CPT-PLA | 0352U | Infectious disease (bacterial vaginosis and vaginitis), multiplex amplified probe technique, for detection of bacterial vaginosis-associated bacteria (BVAB-2, Atopobium vaginae, and Megasphaera type 1), algorithm reported as detected or not detected and separate detection of Candida species (C. albicans, C. tropicalis, C. parapsilosis, C. dubliniensis), Candida glabrata/Candida krusei, and trichomonas vaginalis, vaginal-fluid specimen, each result reported as detected or not detected |
| CPT-III | 0353T | Optical coherence tomography of breast, surgical cavity; real-time intraoperative |
| CPT-PLA | 0353U | Infectious agent detection by nucleic acid (DNA), Chlamydia trachomatis and Neisseria gonorrhoeae, multiplex amplified probe technique, urine, vaginal, pharyngeal, or rectal, each pathogen reported as detected or not detected |
| CPT-III | 0354T | Optical coherence tomography of breast, surgical cavity; interpretation and report, real-time or referred |
| CPT-PLA | 0354U | Human papilloma virus (HPV), high-risk types (ie, 16, 18, 31, 33, 45, 52 and 58) qualitative mRNA expression of E6/E7 by quantitative polymerase chain reaction (qPCR) |
| CPT-PLA | 0355U | APOL1 (apolipoprotein L1) (eg, chronic kidney disease), risk variants (G1, G2) |
| CPT-PLA | 0356U | Oncology (oropharyngeal), evaluation of 17 DNA biomarkers using droplet digital PCR (ddPCR), cell-free DNA, algorithm reported as a prognostic risk score for cancer recurrence |
| CPT-PLA | 0357U | Oncology (melanoma), artificial intelligence (AI)-enabled quantitative mass spectrometry analysis of 142 unique pairs of glycopeptide and product fragments, plasma, prognostic, and predictive algorithm reported as likely, unlikely, or uncertain benefit from immunotherapy agents |
| CPT-III | 0358T | Bioelectrical impedance analysis whole body composition assessment, with interpretation and report |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-PLA | 0358U | Neurology (mild cognitive impairment), analysis of β -amyloid 1-42 and 1-40, chemiluminescence enzyme immunoassay, cerebral spinal fluid, reported as positive, likely positive, or negative |
| CPT-PLA | 0359U | Oncology (prostate cancer), analysis of all prostate-specific antigen (PSA) structural isoforms by phase separation and immunoassay, plasma, algorithm reports risk of cancer |
| CPT-PLA | 0360U | Oncology (lung), enzyme-linked immunosorbent assay (ELISA) of 7 autoantibodies (p53, NY-ESO-1, CAGE, GBU4-5, SOX2, MAGE A4, and HuD), plasma, algorithm reported as a categorical result for risk of malignancy |
| CPT-PLA | 0361U | Neurofilament light chain, digital immunoassay, plasma, quantitative |
| CPT-PLA | 0362U | Oncology (papillary thyroid cancer), gene-expression profiling via targeted hybrid capture–enrichment RNA sequencing of 82 content genes and 10 housekeeping genes, formalin-fixed paraffin embedded (FFPE) tissue, algorithm reported as one of three molecular subtypes |
| CPT-PLA | 0363U | Oncology (urothelial), mRNA, gene-expression profiling by real-time quantitative PCR of 5 genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm incorporates age, sex, smoking history, and macrohematuria frequency, reported as a risk score for having urothelial carcinoma |
| CPT-III | 0373T | Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior. |
| CPT-III | 0378T | 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 |
| CPT-III | 0379T | 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 |
| CPT-III | 0397T | Endoscopic retrograde cholangiopancreatography (ERCP), with optical endomicroscopy (List separately in addition to code for primary procedure) |
| CPT-III | 0398T | Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation and frame placement when performed |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-III | 0402T | Collagen cross-linking of cornea, including removal of the corneal epithelium, when performed, and intraoperative pachymetry, when performed |
| CPT-III | 0403T | Preventive behavior change, intensive program of prevention of diabetes using a standardized diabetes prevention program curriculum, provided to individuals in a group setting, minimum 60 minutes, per day |
| CPT-III | 0404T | Transcervical uterine fibroid(s) ablation with ultrasound guidance, radiofrequency |
| CPT-III | 0437T | Implantation of non-biologic or synthetic implant (eg, polypropylene) for fascial reinforcement of the abdominal wall (List separately in addition to code for primary procedure) |
| CPT-III | 0439T | 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) |
| CPT-III | 0440T | Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve |
| CPT-III | 0441T | Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve |
| CPT-III | 0442T | Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve) |
| CPT-III | 0443T | Real-time spectral analysis of prostate tissue by fluorescence spectroscopy, including imaging guidance (List separately in addition to code for primary procedure) |
| CPT-III | 0444T | Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion, unilateral or bilateral |
| CPT-III | 0445T | Subsequent placement of a drug-eluting ocular insert under one or more eyelids, including re-training, and removal of existing insert, unilateral or bilateral |
| CPT-III | 0446T | Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training |
| CPT-III | 0447T | Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision |
| CPT-III | 0448T | Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation |
| CPT-III | 0450T | 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) |
| CPT-III | 0464T | Visual evoked potential, testing for glaucoma, with interpretation and report |
| CPT-III | 0465T | Suprachoroidal injection of a pharmacologic agent (does not include supply of medication) |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-III | 0469T | Retinal polarization scan, ocular screening with on-site automated results, bilateral |
| CPT-III | 0470T | Optical coherence tomography (OCT) for microstructural and morphological imaging of skin, image acquisition, interpretation, and report; first lesion |
| CPT-III | 0471T | Optical coherence tomography (OCT) for microstructural and morphological imaging of skin, image acquisition, interpretation, and report; each additional lesion (List separately in addition to code for primary procedure) |
| CPT-III | 0472T | Device evaluation, interrogation, and initial programming of intraocular retinal electrode array (eg, retinal prosthesis), in person, with iterative adjustment of the implantable device to test functionality, select optimal permanent programmed values with analysis, including visual training, with review and report by a qualified health care professional |
| CPT-III | 0473T | Device evaluation and interrogation of intraocular retinal electrode array (eg, retinal prosthesis), in person, including reprogramming and visual training, when performed, with review and report by a qualified health care professional |
| CPT-III | 0474T | Insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space |
| CPT-III | 0475T | Recording of fetal magnetic cardiac signal using at least 3 channels; patient recording and storage, data scanning with signal extraction, technical analysis and result, as well as supervision, review, and interpretation of report by a physician or other qualified health care professional |
| CPT-III | 0476T | Recording of fetal magnetic cardiac signal using at least 3 channels; patient recording, data scanning, with raw electronic signal transfer of data and storage |
| CPT-III | 0477T | Recording of fetal magnetic cardiac signal using at least 3 channels; signal extraction, technical analysis, and result |
| CPT-III | 0478T | Recording of fetal magnetic cardiac signal using at least 3 channels; review, interpretation, report by physician or other qualified health care professional |
| CPT-III | 0479T | 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 |

Individual and Family Plan Non-Covered List

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-III | 0480T | Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; each additional 100 cm ² , or each additional 1% of body surface area of infants and children, or part thereof (List separately in addition to code for primary procedure) |
| CPT-III | 0481T | Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation, when performed |
| CPT-III | 0483T | Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach, including transseptal puncture, when performed |
| CPT-III | 0484T | Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic exposure (eg, thoracotomy, transapical) |
| CPT-III | 0485T | Optical coherence tomography (OCT) of middle ear, with interpretation and report; unilateral |
| CPT-III | 0486T | Optical coherence tomography (OCT) of middle ear, with interpretation and report; bilateral |
| CPT-III | 0487T | Biomechanical mapping, transvaginal, with report |
| CPT-III | 0488T | Preventive behavior change, online/electronic structured intensive program for prevention of diabetes using a standardized diabetes prevention program curriculum, provided to an individual, per 30 days |
| CPT-III | 0489T | 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 |
| CPT-III | 0490T | Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; multiple injections in one or both hands |
| CPT-III | 0491T | Ablative laser treatment, non-contact, full field and fractional ablation, open wound, per day, total treatment surface area; first 20 sq cm or less |
| CPT-III | 0492T | 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) |
| CPT-III | 0493T | Contact near-infrared spectroscopy studies of lower extremity wounds (eg, for oxyhemoglobin measurement) |
| CPT-III | 0494T | Surgical preparation and cannulation of marginal (extended) cadaver donor lung(s) to ex vivo organ perfusion system, including decannulation, separation from the perfusion system, and cold preservation of the allograft prior to implantation, when performed |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-III | 0495T | Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; first two hours in sterile field |
| CPT-III | 0496T | Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; each additional hour (List separately in addition to code for primary procedure) |
| CPT-III | 0497T | External patient-activated, physician- or other qualified health care professional-prescribed, electrocardiographic rhythm derived event recorder without 24-hour attended monitoring; in-office connection |
| CPT-III | 0498T | External patient-activated, physician- or other qualified health care professional-prescribed, electrocardiographic rhythm derived event recorder without 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional per 30 days with at least one patient-generated triggered event |
| CPT-III | 0499T | Cystourethroscopy, with mechanical dilation and urethral therapeutic drug delivery for urethral stricture or stenosis, including fluoroscopy, when performed |
| CPT-III | 0500T | Infectious agent detection by nucleic acid (DNA or RNA), Human Papillomavirus (HPV) for five or more separately reported high-risk HPV types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) (ie, genotyping) |
| CPT-III | 0501T | 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 |
| CPT-III | 0502T | 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 |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-III | 0503T | 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 |
| CPT-III | 0504T | 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 |
| CPT-III | 0509T | Electroretinography (ERG) with interpretation and report, pattern (PERG) |
| CPT-III | 0510T | Removal of sinus tarsi implant |
| CPT-III | 0511T | Removal and reinsertion of sinus tarsi implant |
| CPT-III | 0512T | Extracorporeal shock wave for integumentary wound healing, including topical application and dressing care; initial wound |
| CPT-III | 0513T | Extracorporeal shock wave for integumentary wound healing, including topical application and dressing care; each additional wound (List separately in addition to code for primary procedure) |
| CPT-III | 0514T | Intraoperative visual axis identification using patient fixation (List separately in addition to code for primary procedure) |
| CPT-III | 0515T | Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; complete system (includes electrode and generator [transmitter and battery]) |
| CPT-III | 0516T | Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; electrode only |
| CPT-III | 0517T | Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; pulse generator component(s) (battery and/or transmitter) only |
| CPT-III | 0518T | Removal of only pulse generator component(s) (battery and/or transmitter) of wireless cardiac stimulator for left ventricular pacing |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-III | 0519T | Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter) |
| CPT-III | 0520T | Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter), including placement of a new electrode |
| CPT-III | 0521T | Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording, and disconnection per patient encounter, wireless cardiac stimulator for left ventricular pacing |
| CPT-III | 0522T | 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, wireless cardiac stimulator for left ventricular pacing |
| CPT-III | 0523T | Intraprocedural coronary fractional flow reserve (FFR) with 3D functional mapping of color-coded FFR values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention (List separately in addition to code for primary procedure) |
| CPT-III | 0524T | Endovenous catheter directed chemical ablation with balloon isolation of incompetent extremity vein, open or percutaneous, including all vascular access, catheter manipulation, diagnostic imaging, imaging guidance and monitoring |
| CPT-III | 0525T | Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; complete system (electrode and implantable monitor) |
| CPT-III | 0526T | Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; electrode only |
| CPT-III | 0527T | Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; implantable monitor only |
| CPT-III | 0528T | Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report |
| CPT-III | 0529T | Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report |
| CPT-III | 0530T | Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; complete system (electrode and implantable monitor) |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-III | 0531T | Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; electrode only |
| CPT-III | 0532T | Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; implantable monitor only |
| CPT-III | 0533T | Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; includes set-up, patient training, configuration of monitor, data upload, analysis and initial report configuration, download review, interpretation and report |
| CPT-III | 0534T | Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; set-up, patient training, configuration of monitor |
| CPT-III | 0535T | Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; data upload, analysis and initial report configuration |
| CPT-III | 0536T | Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; download review, interpretation and report |
| CPT-III | 0541T | Myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition using minimum 36 channel grid, generation of magnetic-field time-series images, quantitative analysis of magnetic dipoles, machine learning-derived clinical scoring, and automated report generation, single study |
| CPT-III | 0542T | Myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition using minimum 36 channel grid, generation of magnetic-field time-series images, quantitative analysis of magnetic dipoles, machine learning-derived clinical scoring, and automated report generation, single study; interpretation and report |
| CPT-III | 0563T | Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral |
| CPT-III | 0564T | Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor cells, categorical drug response reported based on percent of cytotoxicity observed, a minimum of 14 drugs or drug combinations |
| CPT-III | 0565T | Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; tissue harvesting and cellular implant creation |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-III | 0566T | Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; injection of cellular implant into knee joint including ultrasound guidance, unilateral |
| CPT-III | 0567T | Permanent fallopian tube occlusion with degradable biopolymer implant, transcervical approach, including transvaginal ultrasound |
| CPT-III | 0568T | Introduction of mixture of saline and air for sonosalpingography to confirm occlusion of fallopian tubes, transcervical approach, including transvaginal ultrasound and pelvic ultrasound |
| CPT-III | 0569T | Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis |
| CPT-III | 0570T | Transcatheter tricuspid valve repair, percutaneous approach; each additional prosthesis during same session (List separately in addition to code for primary procedure) |
| CPT-III | 0571T | Insertion or replacement of implantable cardioverter-defibrillator system with substernal electrode(s), including all imaging guidance and electrophysiological evaluation (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters), when performed |
| CPT-III | 0572T | Insertion of substernal implantable defibrillator electrode |
| CPT-III | 0573T | Removal of substernal implantable defibrillator electrode |
| CPT-III | 0574T | Repositioning of previously implanted substernal implantable defibrillator-pacing electrode |
| CPT-III | 0575T | Programming device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional |
| CPT-III | 0576T | Interrogation device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter |
| CPT-III | 0577T | Electrophysiologic evaluation of implantable cardioverter-defibrillator system with substernal electrode (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters) |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-III | 0578T | Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional |
| CPT-III | 0579T | Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results |
| CPT-III | 0580T | Removal of substernal implantable defibrillator pulse generator only |
| CPT-III | 0581T | Ablation, malignant breast tumor(s), percutaneous, cryotherapy, including imaging guidance when performed, unilateral |
| CPT-III | 0582T | Transurethral ablation of malignant prostate tissue by high-energy water vapor thermotherapy, including intraoperative imaging and needle guidance |
| CPT-III | 0583T | Tympanostomy (requiring insertion of ventilating tube), using an automated tube delivery system, iontophoresis local anesthesia |
| CPT-III | 0584T | Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; percutaneous |
| CPT-III | 0585T | Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; laparoscopic |
| CPT-III | 0586T | Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; open |
| CPT-III | 0587T | Percutaneous implantation or replacement of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve |
| CPT-III | 0588T | Revision or removal of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-III | 0589T | Electronic analysis with simple programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 1-3 parameters |
| CPT-III | 0590T | Electronic analysis with complex programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 4 or more parameters |
| CPT-III | 0591T | Health and well-being coaching face-to-face; individual, initial assessment |
| CPT-III | 0592T | Health and well-being coaching face-to-face; individual, follow-up session, at least 30 minutes |
| CPT-III | 0593T | Health and well-being coaching face-to-face; group (2 or more individuals), at least 30 minutes |
| CPT-III | 0594T | Osteotomy, humerus, with insertion of an externally controlled intramedullary lengthening device, including intraoperative imaging, initial and subsequent alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device |
| CPT-III | 0596T | Temporary female intraurethral valve-pump (ie, voiding prosthesis); initial insertion, including urethral measurement |
| CPT-III | 0597T | Temporary female intraurethral valve-pump (ie, voiding prosthesis); replacement |
| CPT-III | 0598T | Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; first anatomic site (eg, lower extremity) |
| CPT-III | 0599T | Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; each additional anatomic site (eg, upper extremity) (List separately in addition to code for primary procedure) |
| CPT-III | 0600T | Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging guidance, when performed, percutaneous |
| CPT-III | 0601T | Ablation, irreversible electroporation; 1 or more tumors per organ, including fluoroscopic and ultrasound guidance, when performed, open |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-III | 0602T | Glomerular filtration rate (GFR) measurement(s), transdermal, including sensor placement and administration of a single dose of fluorescent pyrazine agent |
| CPT-III | 0603T | Glomerular filtration rate (GFR) monitoring, transdermal, including sensor placement and administration of more than one dose of fluorescent pyrazine agent, each 24 hours |
| CPT-III | 0604T | Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center, unilateral or bilateral; initial device provision, set-up and patient education on use of equipment |
| CPT-III | 0605T | Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center, unilateral or bilateral; remote surveillance center technical support, data analyses and reports, with a minimum of 8 daily recordings, each 30 days |
| CPT-III | 0606T | Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center, unilateral or bilateral; review, interpretation and report by the prescribing physician or other qualified health care professional of remote surveillance center data analyses, each 30 days |
| CPT-III | 0607T | Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; set-up and patient education on use of equipment |
| CPT-III | 0608T | Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; analysis of data received and transmission of reports to the physician or other qualified health care professional |
| CPT-III | 0609T | Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (ie, lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and collagen) in at least 3 discs |
| CPT-III | 0610T | Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-III | 0611T | Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); postprocessing for algorithmic analysis of biomarker data for determination of relative chemical differences between discs |
| CPT-III | 0612T | Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report |
| CPT-III | 0613T | Percutaneous transcatheter implantation of interatrial septal shunt device, including right and left heart catheterization, intracardiac echocardiography, and imaging guidance by the proceduralist, when performed |
| CPT-III | 0614T | Removal and replacement of substernal implantable defibrillator pulse generator |
| CPT-III | 0615T | Eye-movement analysis without spatial calibration, with interpretation and report |
| CPT-III | 0616T | Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; without removal of crystalline lens or intraocular lens, without insertion of intraocular lens |
| CPT-III | 0617T | Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; with removal of crystalline lens and insertion of intraocular lens |
| CPT-III | 0618T | Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; with secondary intraocular lens placement or intraocular lens exchange |
| CPT-III | 0619T | Cystourethroscopy with transurethral anterior prostate commissurotomy and drug delivery, including transrectal ultrasound and fluoroscopy, when performed |
| CPT-III | 0620T | Endovascular venous arterialization, tibial or peroneal vein, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed |
| CPT-III | 0621T | Trabeculostomy ab interno by laser |
| CPT-III | 0622T | Trabeculostomy ab interno by laser; with use of ophthalmic endoscope |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-III | 0623T | Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission, computerized analysis of data, with review of computerized analysis output to reconcile discordant data, interpretation and report |
| CPT-III | 0624T | Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission |
| CPT-III | 0625T | Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; computerized analysis of data from coronary computed tomographic angiography |
| CPT-III | 0626T | Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; review of computerized analysis output to reconcile discordant data, interpretation and report |
| CPT-III | 0627T | Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level |
| CPT-III | 0628T | Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; each additional level (List separately in addition to code for primary procedure) |
| CPT-III | 0629T | Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level |
| CPT-III | 0630T | Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; each additional level (List separately in addition to code for primary procedure) |
| CPT-III | 0631T | Transcutaneous visible light hyperspectral imaging measurement of oxyhemoglobin, deoxyhemoglobin, and tissue oxygenation, with interpretation and report, per extremity |
| CPT-III | 0632T | Percutaneous transcatheter ultrasound ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance |
| CPT-III | 0633T | Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-III | 0634T | Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s) |
| CPT-III | 0635T | Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s) |
| CPT-III | 0636T | Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s) |
| CPT-III | 0637T | Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s) |
| CPT-III | 0638T | Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s) |
| CPT-III | 0639T | Wireless skin sensor thermal anisotropy measurement(s) and assessment of flow in cerebrospinal fluid shunt, including ultrasound guidance, when performed |
| CPT-III | 0640T | Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO ₂]); image acquisition, interpretation and report, each flap or wound |
| CPT-III | 0641T | Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO ₂]); image acquisition only, each flap or wound |
| CPT-III | 0642T | Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO ₂]); interpretation and report only, each flap or wound |
| CPT-III | 0643T | Transcatheter left ventricular restoration device implantation including right and left heart catheterization and left ventriculography when performed, arterial approach |
| CPT-III | 0644T | Transcatheter removal or debulking of intracardiac mass (eg, vegetations, thrombus) via suction (eg, vacuum, aspiration) device, percutaneous approach, with intraoperative reinfusion of aspirated blood, including imaging guidance, when performed |
| CPT-III | 0645T | Transcatheter implantation of coronary sinus reduction device including vascular access and closure, right heart catheterization, venous angiography, coronary sinus angiography, imaging guidance, and supervision and interpretation, when performed |
| CPT-III | 0646T | Transcatheter tricuspid valve implantation (TTVI)/replacement with prosthetic valve, percutaneous approach, including right heart catheterization, temporary pacemaker insertion, and selective right ventricular or right atrial angiography, when performed |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-III | 0647T | Insertion of gastrostomy tube, percutaneous, with magnetic gastropexy, under ultrasound guidance, image documentation and report |
| CPT-III | 0648T | Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; single organ |
| CPT-III | 0649T | Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); single organ (List separately in addition to code for primary procedure) |
| CPT-III | 0650T | Programming device evaluation (remote) of subcutaneous cardiac rhythm monitor system, with iterative adjustment of the implantable device to test the function of the device and select optimal permanently programmed values with analysis, review and report by a physician or other qualified health care professional |
| CPT-III | 0651T | Magnetically controlled capsule endoscopy, esophagus through stomach, including intraprocedural positioning of capsule, with interpretation and report |
| CPT-III | 0652T | Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) |
| CPT-III | 0653T | Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single or multiple |
| CPT-III | 0654T | Esophagogastroduodenoscopy, flexible, transnasal; with insertion of intraluminal tube or catheter |
| CPT-III | 0655T | Transperineal focal laser ablation of malignant prostate tissue, including transrectal imaging guidance, with MR-fused images or other enhanced ultrasound imaging |
| CPT-III | 0656T | Vertebral body tethering, anterior; up to 7 vertebral segments |
| CPT-III | 0657T | Vertebral body tethering, anterior; 8 or more vertebral segments |
| CPT-III | 0658T | Electrical impedance spectroscopy of 1 or more skin lesions for automated melanoma risk score |
| CPT-III | 0659T | Transcatheter intracoronary infusion of supersaturated oxygen in conjunction with percutaneous coronary revascularization during acute myocardial infarction, including catheter placement, imaging guidance (eg, fluoroscopy), angiography, and radiologic supervision and interpretation |
| CPT-III | 0660T | Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-III | 0661T | Removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting implant |
| CPT-III | 0662T | Scalp cooling, mechanical; initial measurement and calibration of cap |
| CPT-III | 0663T | Scalp cooling, mechanical; placement of device, monitoring, and removal of device (List separately in addition to code for primary procedure) |
| CPT-III | 0664T | Donor hysterectomy (including cold preservation); open, from cadaver donor |
| CPT-III | 0665T | Donor hysterectomy (including cold preservation); open, from living donor |
| CPT-III | 0666T | Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor |
| CPT-III | 0667T | Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living donor |
| CPT-III | 0668T | Backbench standard preparation of cadaver or living donor uterine allograft prior to transplantation, including dissection and removal of surrounding soft tissues and preparation of uterine vein(s) and uterine artery(ies), as necessary |
| CPT-III | 0669T | Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each |
| CPT-III | 0670T | Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each |
| CPT-III | 0671T | Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more |
| CPT-III | 0672T | Endovaginal cryogen-cooled, monopolar radiofrequency remodeling of the tissues surrounding the female bladder neck and proximal urethra for urinary incontinence |
| CPT-III | 0673T | Ablation, benign thyroid nodule(s), percutaneous, laser, including imaging guidance |
| CPT-III | 0674T | Laparoscopic insertion of new or replacement of permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including an implantable pulse generator and diaphragmatic lead(s) |
| CPT-III | 0675T | Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first lead |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-III | 0676T | Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; each additional lead (List separately in addition to code for primary procedure) |
| CPT-III | 0677T | Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first repositioned lead |
| CPT-III | 0678T | Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; each additional repositioned lead (List separately in addition to code for primary procedure) |
| CPT-III | 0679T | Laparoscopic removal of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function |
| CPT-III | 0680T | Insertion or replacement of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing lead(s) |
| CPT-III | 0681T | Relocation of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing dual leads |
| CPT-III | 0682T | Removal of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function |
| CPT-III | 0683T | Programming device evaluation (in-person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function |
| CPT-III | 0684T | Peri-procedural device evaluation (in-person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review, and report by a physician or other qualified health care professional, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function |
| CPT-III | 0685T | Interrogation device evaluation (in-person) with analysis, review and report by a physician or other qualified health care professional, including connection, recording and disconnection per patient encounter, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function |

Individual and Family Plan Non-Covered List

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-III | 0686T | Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant hepatocellular tissue, including image guidance |
| CPT-III | 0687T | Treatment of amblyopia using an online digital program; device supply, educational set-up, and initial session |
| CPT-III | 0688T | Treatment of amblyopia using an online digital program; assessment of patient performance and program data by physician or other qualified health care professional, with report, per calendar month |
| CPT-III | 0689T | Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained without diagnostic ultrasound examination of the same anatomy (eg, organ, gland, tissue, target structure) |
| CPT-III | 0690T | Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained with diagnostic ultrasound examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure) |
| CPT-III | 0691T | Automated analysis of an existing computed tomography study for vertebral fracture(s), including assessment of bone density when performed, data preparation, interpretation, and report |
| CPT-III | 0692T | Therapeutic ultrafiltration |
| CPT-III | 0693T | Comprehensive full body computer-based markerless 3D kinematic and kinetic motion analysis and report |
| CPT-III | 0694T | 3-dimensional volumetric imaging and reconstruction of breast or axillary lymph node tissue, each excised specimen, 3-dimensional automatic specimen reorientation, interpretation and report, real-time intraoperative |
| CPT-III | 0695T | Body surface-activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) to optimize electrical synchrony, cardiac resynchronization therapy device, including connection, recording, disconnection, review, and report; at time of implant or replacement |
| CPT-III | 0696T | Body surface-activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) to optimize electrical synchrony, cardiac resynchronization therapy device, including connection, recording, disconnection, review, and report; at time of follow-up interrogation or programming device evaluation |
| CPT-III | 0697T | Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; multiple organs |

Individual and Family Plan Non-Covered List

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-III | 0698T | Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); multiple organs (List separately in addition to code for primary procedure) |
| CPT-III | 0699T | Injection, posterior chamber of eye, medication |
| CPT-III | 0700T | Molecular fluorescent imaging of suspicious nevus; first lesion |
| CPT-III | 0701T | Molecular fluorescent imaging of suspicious nevus; each additional lesion (List separately in addition to code for primary procedure) |
| CPT-III | 0702T | Remote therapeutic monitoring of a standardized online digital cognitive behavioral therapy program ordered by a physician or other qualified health care professional; supply and technical support, per 30 days |
| CPT-III | 0703T | Remote therapeutic monitoring of a standardized online digital cognitive behavioral therapy program ordered by a physician or other qualified health care professional; management services by physician or other qualified health care professional, per calendar month |
| CPT-III | 0704T | Remote treatment of amblyopia using an eye tracking device; device supply with initial set-up and patient education on use of equipment |
| CPT-III | 0705T | Remote treatment of amblyopia using an eye tracking device; surveillance center technical support including data transmission with analysis, with a minimum of 18 training hours, each 30 days |
| CPT-III | 0706T | Remote treatment of amblyopia using an eye tracking device; interpretation and report by physician or other qualified health care professional, per calendar month |
| CPT-III | 0707T | Injection(s), bone-substitute material (eg, calcium phosphate) into subchondral bone defect (ie, bone marrow lesion, bone bruise, stress injury, microtrabecular fracture), including imaging guidance and arthroscopic assistance for joint visualization |
| CPT-III | 0708T | Intradermal cancer immunotherapy; preparation and initial injection |
| CPT-III | 0709T | Intradermal cancer immunotherapy; each additional injection (List separately in addition to code for primary procedure) |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-III | 0710T | Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; including data preparation and transmission, quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability, data review, interpretation and report |
| CPT-III | 0711T | Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission |
| CPT-III | 0712T | Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability |
| CPT-III | 0713T | Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation and report |
| CPT-III | 0714T | Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance |
| CPT-III | 0716T | Cardiac acoustic waveform recording with automated analysis and generation of coronary artery disease risk score |
| CPT-III | 0717T | Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; adipose tissue harvesting, isolation and preparation of harvested cells, including incubation with cell dissociation enzymes, filtration, washing and concentration of ADRCs |
| CPT-III | 0718T | Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; injection into supraspinatus tendon including ultrasound guidance, unilateral |
| CPT-III | 0719T | Posterior vertebral joint replacement, including bilateral facetectomy, laminectomy, and radical discectomy, including imaging guidance, lumbar spine, single segment |
| CPT-III | 0720T | Percutaneous electrical nerve field stimulation, cranial nerves, without implantation |
| CPT-III | 0721T | Quantitative computed tomography (CT) tissue characterization, including interpretation and report, obtained without concurrent CT examination of any structure contained in previously acquired diagnostic imaging |
| CPT-III | 0723T | Quantitative magnetic resonance cholangiopancreatography (QMRC) including data preparation and transmission, interpretation and report, obtained without diagnostic magnetic resonance imaging (MRI) examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-III | 0725T | Vestibular device implantation, unilateral |
| CPT-III | 0726T | Removal of implanted vestibular device, unilateral |
| CPT-III | 0727T | Removal and replacement of implanted vestibular device, unilateral |
| CPT-III | 0728T | Diagnostic analysis of vestibular implant, unilateral; with initial programming |
| CPT-III | 0729T | Diagnostic analysis of vestibular implant, unilateral; with subsequent programming |
| CPT-III | 0730T | Trabeculotomy by laser, including optical coherence tomography (OCT) guidance |
| CPT-III | 0731T | Augmentative AI-based facial phenotype analysis with report |
| CPT-III | 0732T | Immunotherapy administration with electroporation, intramuscular |
| CPT-III | 0733T | Remote body and limb kinematic measurement-based therapy ordered by a physician or other qualified health care professional; supply and technical support, per 30 days |
| CPT-III | 0734T | Remote body and limb kinematic measurement-based therapy ordered by a physician or other qualified health care professional; treatment management services by a physician or other qualified health care professional, per calendar month |
| CPT-III | 0736T | Colonic lavage, 35 or more liters of water, gravity-fed, with induced defecation, including insertion of rectal catheter |
| CPT-III | 0737T | Xenograft implantation into the articular surface |
| CPT-III | 0738T | Treatment planning for magnetic field induction ablation of malignant prostate tissue, using data from previously performed magnetic resonance imaging (MRI) examination |
| CPT-III | 0739T | Ablation of malignant prostate tissue by magnetic field induction, including all intraprocedural, transperineal needle/catheter placement for nanoparticle installation and intraprocedural temperature monitoring, thermal dosimetry, bladder irrigation, and magnetic field nanoparticle activation |
| CPT-III | 0740T | Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; initial set-up and patient education |
| CPT-III | 0741T | Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; provision of software, data collection, transmission, and storage, each 30 days |
| CPT-III | 0742T | Absolute quantitation of myocardial blood flow (AQMBF), single-photon emission computed tomography (SPECT), with exercise or pharmacologic stress, and at rest, when performed (List separately in addition to code for primary procedure) |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-III | 0743T | Bone strength and fracture risk using finite element analysis of functional data and bone mineral density (BMD), with concurrent vertebral fracture assessment, utilizing data from a computed tomography scan, retrieval and transmission of the scan data, measurement of bone strength and BMD and classification of any vertebral fractures, with overall fracture-risk assessment, interpretation and report |
| CPT-III | 0744T | Insertion of bioprosthetic valve, open, femoral vein, including duplex ultrasound imaging guidance, when performed, including autogenous or nonautogenous patch graft (eg, polyester, ePTFE, bovine pericardium), when performed |
| CPT-III | 0745T | Cardiac focal ablation utilizing radiation therapy for arrhythmia; noninvasive arrhythmia localization and mapping of arrhythmia site (nidus), derived from anatomical image data (eg, CT, MRI, or myocardial perfusion scan) and electrical data (eg, 12-lead ECG data), and identification of areas of avoidance |
| CPT-III | 0746T | Cardiac focal ablation utilizing radiation therapy for arrhythmia; conversion of arrhythmia localization and mapping of arrhythmia site (nidus) into a multidimensional radiation treatment plan |
| CPT-III | 0747T | Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia |
| CPT-III | 0748T | Injections of stem cell product into perianal perifistular soft tissue, including fistula preparation (eg, removal of setons, fistula curettage, closure of internal openings) |
| CPT-III | 0749T | Bone strength and fracture-risk assessment using digital X-ray radiogrammetry-bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X ray, retrieval and transmission of digital X-ray data, assessment of bone strength and fracture risk and BMD, interpretation and report |
| CPT-III | 0750T | Bone strength and fracture-risk assessment using digital X-ray radiogrammetry-bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X ray, retrieval and transmission of digital X-ray data, assessment of bone strength and fracture risk and BMD, interpretation and report; with single-view digital X-ray examination of the hand taken for the purpose of DXR-BMD |
| CPT-III | 0751T | Digitization of glass microscope slides for level II, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) |
| CPT-III | 0752T | Digitization of glass microscope slides for level III, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) |
| CPT-III | 0753T | Digitization of glass microscope slides for level IV, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-III | 0754T | Digitization of glass microscope slides for level V, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) |
| CPT-III | 0755T | Digitization of glass microscope slides for level VI, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) |
| CPT-III | 0756T | Digitization of glass microscope slides for special stain, including interpretation and report, group I, for microorganisms (eg, acid fast, methenamine silver) (List separately in addition to code for primary procedure) |
| CPT-III | 0757T | Digitization of glass microscope slides for special stain, including interpretation and report, group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry (List separately in addition to code for primary procedure) |
| CPT-III | 0758T | Digitization of glass microscope slides for special stain, including interpretation and report, histochemical stain on frozen tissue block (List separately in addition to code for primary procedure) |
| CPT-III | 0759T | Digitization of glass microscope slides for special stain, including interpretation and report, group III, for enzyme constituents (List separately in addition to code for primary procedure) |
| CPT-III | 0760T | Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, initial single antibody stain procedure (List separately in addition to code for primary procedure) |
| CPT-III | 0761T | Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, each additional single antibody stain procedure (List separately in addition to code for primary procedure) |
| CPT-III | 0762T | Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, each multiplex antibody stain procedure (List separately in addition to code for primary procedure) |
| CPT-III | 0763T | Digitization of glass microscope slides for morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure, manual (List separately in addition to code for primary procedure) |
| CPT-III | 0764T | Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to concurrently performed electrocardiogram (List separately in addition to code for primary procedure) |
| CPT-III | 0765T | Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to previously performed electrocardiogram |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-III | 0766T | Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, initial treatment, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve |
| CPT-III | 0767T | Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, initial treatment, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; each additional nerve (List separately in addition to code for primary procedure) |
| CPT-III | 0768T | Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, subsequent treatment, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve |
| CPT-III | 0769T | Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, subsequent treatment, including noninvasive electroneurographic localization (nerve conduction localization), when performed; each additional nerve (List separately in addition to code for primary procedure) |
| CPT-III | 0770T | Virtual reality technology to assist therapy (List separately in addition to code for primary procedure) |
| CPT-III | 0771T | Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older |
| CPT-III | 0772T | Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service) |
| CPT-III | 0773T | Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports; initial 15 minutes of intraservice time, patient age 5 years or older |

Individual and Family Plan Non-Covered List

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-III | 0774T | Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service) |
| CPT-III | 0775T | Arthrodesis, sacroiliac joint, percutaneous, with image guidance, includes placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]) |
| CPT-III | 0776T | Therapeutic induction of intra-brain hypothermia, including placement of a mechanical temperature-controlled cooling device to the neck over carotids and head, including monitoring (eg, vital signs and sport concussion assessment tool 5 [SCAT5]), 30 minutes of treatment |
| CPT-III | 0777T | Real-time pressure-sensing epidural guidance system (List separately in addition to code for primary procedure) |
| CPT-III | 0778T | Surface mechanomyography (sMMG) with concurrent application of inertial measurement unit (IMU) sensors for measurement of multi-joint range of motion, posture, gait, and muscle function |
| CPT-III | 0779T | Gastrointestinal myoelectrical activity study, stomach through colon, with interpretation and report |
| CPT-III | 0780T | Instillation of fecal microbiota suspension via rectal enema into lower gastrointestinal tract |
| CPT-III | 0781T | Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; bilateral mainstem bronchi |
| CPT-III | 0782T | Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; unilateral mainstem bronchus |
| CPT-III | 0783T | Transcutaneous auricular neurostimulation, set-up, calibration, and patient education on use of equipment |
| HCPCS | A0021 | Ambulance service, outside state per mile, transport (Medicaid only) |
| HCPCS | A0080 | Non-emergency transportation, per mile - vehicle provided by volunteer (individual or organization), with no vested interest |
| HCPCS | A0090 | Non-emergency transportation, per mile - vehicle provided by individual (family member, self, neighbor) with vested interest |
| HCPCS | A0100 | Non-emergency transportation; taxi |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | A0110 | Non-emergency transportation and bus, intra- or interstate carrier |
| HCPCS | A0120 | Non-emergency transportation: mini-bus, mountain area transports, or other transportation systems |
| HCPCS | A0130 | Non-emergency transportation: wheelchair van |
| HCPCS | A0140 | Non-emergency transportation and air travel (private or commercial) intra- or interstate |
| HCPCS | A0160 | Non-emergency transportation: per mile - case worker or social worker |
| HCPCS | A0170 | Transportation ancillary: parking fees, tolls, other |
| HCPCS | A0180 | Non-emergency transportation: ancillary: lodging-recipient |
| HCPCS | A0190 | Non-emergency transportation: ancillary: meals-recipient |
| HCPCS | A0200 | Non-emergency transportation: ancillary: lodging escort |
| HCPCS | A0210 | Non-emergency transportation: ancillary: meals-escort |
| HCPCS | A0225 | Ambulance service, neonatal transport, base rate, emergency transport, one way |
| HCPCS | A0380 | BLS mileage (per mile) |
| HCPCS | A0390 | ALS mileage (per mile) |
| HCPCS | A0888 | Noncovered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility) |
| HCPCS | A4245 | Alcohol wipes, per box |
| HCPCS | A4246 | Betadine or pHisoHex solution, per pint |
| HCPCS | A4247 | Betadine or iodine swabs/wipes, per box |
| HCPCS | A4248 | Chlorhexidine containing antiseptic, 1 ml |
| HCPCS | A4250 | Urine test or reagent strips or tablets (100 tablets or strips) |
| HCPCS | A4252 | Blood ketone test or reagent strip, each |
| HCPCS | A4257 | Replacement lens shield cartridge for use with laser skin piercing device, each |
| HCPCS | A4265 | Paraffin, per pound |
| HCPCS | A4267 | Contraceptive supply, condom, male, each |
| HCPCS | A4268 | Contraceptive supply, condom, female, each |
| HCPCS | A4269 | Contraceptive supply, spermicide (e.g., foam, gel), each |
| HCPCS | A4281 | Tubing for breast pump, replacement |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | A4282 | Adapter for breast pump, replacement |
| HCPCS | A4283 | Cap for breast pump bottle, replacement |
| HCPCS | A4284 | Breast shield and splash protector for use with breast pump, replacement |
| HCPCS | A4285 | Polycarbonate bottle for use with breast pump, replacement |
| HCPCS | A4286 | Locking ring for breast pump, replacement |
| HCPCS | A4305 | Disposable drug delivery system, flow rate of 50 ml or greater per hour |
| HCPCS | A4450 | Tape, non-waterproof, per 18 square inches |
| HCPCS | A4452 | Tape, waterproof, per 18 square inches |
| HCPCS | A4453 | Rectal catheter for use with the manual pump-operated enema system, replacement only |
| HCPCS | A4455 | Adhesive remover or solvent (for tape, cement or other adhesive), per ounce |
| HCPCS | A4456 | Adhesive remover, wipes, any type, each |
| HCPCS | A4458 | Enema bag with tubing, reusable |
| HCPCS | A4461 | Surgical dressing holder, non-reusable, each |
| HCPCS | A4463 | Surgical dressing holder, reusable, each |
| HCPCS | A4465 | Non-elastic binder for extremity |
| HCPCS | A4467 | Belt, strap, sleeve, garment, or covering, any type |
| HCPCS | A4470 | Gravlee jet washer |
| HCPCS | A4480 | Vabra aspirator |
| HCPCS | A4483 | Moisture exchanger, disposable, for use with invasive mechanical ventilation |
| HCPCS | A4490 | Surgical stockings above knee length, each |
| HCPCS | A4495 | Surgical stockings thigh length, each |
| HCPCS | A4500 | Surgical stockings below knee length, each |
| HCPCS | A4510 | Surgical stockings full length, each |
| HCPCS | A4520 | Incontinence garment, any type, (e.g., brief, diaper), each |
| HCPCS | A4550 | Surgical trays |
| HCPCS | A4554 | Disposable underpads, all sizes |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | A4555 | Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only |
| HCPCS | A4556 | Electrodes, (e.g., apnea monitor), per pair |
| HCPCS | A4557 | Lead wires, (e.g., apnea monitor), per pair |
| HCPCS | A4558 | Conductive gel or paste, for use with electrical device (e.g., TNES, NMES), per oz |
| HCPCS | A4559 | Coupling gel or paste, for use with ultrasound device, per oz |
| HCPCS | A4561 | Pessary, rubber, any type |
| HCPCS | A4562 | Pessary, non rubber, any type |
| HCPCS | A4563 | Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each |
| HCPCS | A4575 | Topical hyperbaric oxygen chamber, disposable |
| HCPCS | A4595 | Electrical stimulator supplies, 2 lead, per month, (e.g., TENS, NMES) |
| HCPCS | A4596 | Cranial electrotherapy stimulation (ces) system supplies and accessories, per month |
| HCPCS | A4600 | Sleeve for intermittent limb compression device, replacement only, each |
| HCPCS | A4601 | Lithium ion battery, rechargeable, for non-prosthetic use, replacement |
| HCPCS | A4602 | Replacement battery for external infusion pump owned by patient, lithium, 1.5 volt, each |
| HCPCS | A4630 | Replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient |
| HCPCS | A4633 | Replacement bulb/lamp for ultraviolet light therapy system, each |
| HCPCS | A4634 | Replacement bulb for therapeutic light box, tabletop model |
| HCPCS | A4635 | Underarm pad, crutch, replacement, each |
| HCPCS | A4636 | Replacement, handgrip, cane, crutch, or walker, each |
| HCPCS | A4637 | Replacement, tip, cane, crutch, walker, each. |
| HCPCS | A4638 | Replacement battery for patient-owned ear pulse generator, each |
| HCPCS | A4639 | Replacement pad for infrared heating pad system, each |
| HCPCS | A4640 | Replacement pad for use with medically necessary alternating pressure pad owned by patient |
| HCPCS | A4641 | Radiopharmaceutical, diagnostic, not otherwise classified |
| HCPCS | A4642 | Indium In-111 satumomab pendetide, diagnostic, per study dose, up to 6 millicuries |
| HCPCS | A4648 | Tissue marker, implantable, any type, each |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | A4649 | Surgical supply; miscellaneous |
| HCPCS | A4650 | Implantable radiation dosimeter, each |
| HCPCS | A4651 | Calibrated microcapillary tube, each |
| HCPCS | A4652 | Microcapillary tube sealant |
| HCPCS | A4653 | Peritoneal dialysis catheter anchoring device, belt, each |
| HCPCS | A4660 | Sphygmomanometer/blood pressure apparatus with cuff and stethoscope |
| HCPCS | A4663 | Blood pressure cuff only |
| HCPCS | A4670 | Automatic blood pressure monitor |
| HCPCS | A4870 | Plumbing and/or electrical work for home hemodialysis equipment |
| HCPCS | A4890 | Contracts, repair and maintenance, for hemodialysis equipment |
| HCPCS | A4927 | Gloves, non-sterile, per 100 |
| HCPCS | A4928 | Surgical mask, per 20 |
| HCPCS | A4929 | Tourniquet for dialysis, each |
| HCPCS | A4930 | Gloves, sterile, per pair |
| HCPCS | A4931 | Oral thermometer, reusable, any type, each |
| HCPCS | A4932 | Rectal thermometer, reusable, any type, each |
| HCPCS | A6000 | Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card |
| HCPCS | A6216 | Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing |
| HCPCS | A6217 | Gauze, non-impregnated, non-sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing |
| HCPCS | A6218 | Gauze, non-impregnated, non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing |
| HCPCS | A6219 | Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing |
| HCPCS | A6220 | Gauze, non-impregnated, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing |
| HCPCS | A6221 | Gauze, non-impregnated, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | A6222 | Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing |
| HCPCS | A6223 | Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing |
| HCPCS | A6224 | Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 48 sq. in., without adhesive border, each dressing |
| HCPCS | A6228 | Gauze, impregnated, water or normal saline, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing |
| HCPCS | A6229 | Gauze, impregnated, water or normal saline, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing |
| HCPCS | A6230 | Gauze, impregnated, water or normal saline, sterile, pad size more than 48 sq. in., without adhesive border, each dressing |
| HCPCS | A6231 | Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size 16 sq. in. or less, each dressing |
| HCPCS | A6232 | Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size greater than 16 sq. in., but less than or equal to 48 sq. in., each dressing |
| HCPCS | A6233 | Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size more than 48 sq. in., each dressing |
| HCPCS | A6234 | Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing |
| HCPCS | A6235 | Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing |
| HCPCS | A6236 | Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing |
| HCPCS | A6237 | Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing |
| HCPCS | A6238 | Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing |
| HCPCS | A6239 | Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing |
| HCPCS | A6240 | Hydrocolloid dressing, wound filler, paste, sterile, per ounce |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | A6241 | Hydrocolloid dressing, wound filler, dry form, sterile, per gram |
| HCPCS | A6242 | Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing |
| HCPCS | A6243 | Hydrogel dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing |
| HCPCS | A6244 | Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing |
| HCPCS | A6245 | Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing |
| HCPCS | A6246 | Hydrogel dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing |
| HCPCS | A6247 | Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing |
| HCPCS | A6248 | Hydrogel dressing, wound filler, gel, per fluid ounce |
| HCPCS | A6250 | Skin sealants, protectants, moisturizers, ointments, any type, any size |
| HCPCS | A6251 | Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing |
| HCPCS | A6252 | Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing |
| HCPCS | A6253 | Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing |
| HCPCS | A6254 | Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing |
| HCPCS | A6255 | Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing |
| HCPCS | A6256 | Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing |
| HCPCS | A6257 | Transparent film, sterile, 16 sq. in. or less, each dressing |
| HCPCS | A6258 | Transparent film, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing |
| HCPCS | A6259 | Transparent film, sterile, more than 48 sq. in., each dressing |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | A6260 | Wound cleansers, any type, any size |
| HCPCS | A6261 | Wound filler, gel/paste, per fluid ounce, not otherwise specified |
| HCPCS | A6262 | Wound filler, dry form, per gram, not otherwise specified |
| HCPCS | A6266 | Gauze, impregnated, other than water, normal saline, or zinc paste, sterile, any width, per linear yard |
| HCPCS | A6402 | Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing |
| HCPCS | A6403 | Gauze, non-impregnated, sterile, pad size more than 16 sq. in. less than or equal to 48 sq. in., without adhesive border, each dressing |
| HCPCS | A6404 | Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing |
| HCPCS | A6407 | Packing strips, non-impregnated, sterile, up to 2 inches in width, per linear yard |
| HCPCS | A6410 | Eye pad, sterile, each |
| HCPCS | A6411 | Eye pad, non-sterile, each |
| HCPCS | A6412 | Eye patch, occlusive, each |
| HCPCS | A6413 | Adhesive bandage, first-aid type, any size, each |
| HCPCS | A6441 | Padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to three inches and less than five inches, per yard |
| HCPCS | A6442 | Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard |
| HCPCS | A6443 | Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard |
| HCPCS | A6444 | Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to 5 inches, per yard |
| HCPCS | A6445 | Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard |
| HCPCS | A6446 | Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard |
| HCPCS | A6447 | Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard |
| HCPCS | A6448 | Light compression bandage, elastic, knitted/woven, width less than three inches, per yard |
| HCPCS | A6449 | Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | A6450 | Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard |
| HCPCS | A6451 | Moderate compression bandage, elastic, knitted/woven, load resistance of 1.25 to 1.34 foot pounds at 50% maximum stretch, width greater than or equal to three inches and less than five inches, per yard |
| HCPCS | A6452 | High compression bandage, elastic, knitted/woven, load resistance greater than or equal to 1.35 foot pounds at 50% maximum stretch, width greater than or equal to three inches and less than five inches, per yard |
| HCPCS | A6453 | Self-adherent bandage, elastic, non-knitted/non-woven, width less than three inches, per yard |
| HCPCS | A6454 | Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to three inches and less than five inches, per yard |
| HCPCS | A6455 | Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to five inches, per yard |
| HCPCS | A6456 | Zinc paste impregnated bandage, non-elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard |
| HCPCS | A6457 | Tubular dressing with or without elastic, any width, per linear yard |
| HCPCS | A6460 | Synthetic resorbable wound dressing, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing |
| HCPCS | A6461 | Synthetic resorbable wound dressing, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing |
| HCPCS | A6530 | Gradient compression stocking, below knee, 18-30 mm Hg, each |
| HCPCS | A6531 | Gradient compression stocking, below knee, 30-40 mm Hg, each |
| HCPCS | A6532 | Gradient compression stocking, below knee, 40-50 mm Hg, each |
| HCPCS | A6533 | Gradient compression stocking, thigh length, 18-30 mm Hg, each |
| HCPCS | A6534 | Gradient compression stocking, thigh length, 30-40 mm Hg, each |
| HCPCS | A6535 | Gradient compression stocking, thigh length, 40-50 mm Hg, each |
| HCPCS | A6536 | Gradient compression stocking, full length/chap style, 18-30 mm Hg, each |
| HCPCS | A6537 | Gradient compression stocking, full length/chap style, 30-40 mm Hg, each |
| HCPCS | A6538 | Gradient compression stocking, full length/chap style, 40-50 mm Hg, each |
| HCPCS | A6539 | Gradient compression stocking, waist length, 18-30 mm Hg, each |
| HCPCS | A6540 | Gradient compression stocking, waist length, 30-40 mm Hg, each |
| HCPCS | A6541 | Gradient compression stocking, waist length, 40-50 mm Hg, each |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | A6544 | Gradient compression stocking, garter belt |
| HCPCS | A6545 | Gradient compression wrap, non-elastic, below knee, 30-50 mm Hg, each |
| HCPCS | A6549 | Gradient compression stocking/sleeve, not otherwise specified |
| HCPCS | A7001 | Canister, non-disposable, used with suction pump, each |
| HCPCS | A9150 | Non-prescription drugs |
| HCPCS | A9152 | Single vitamin/mineral/trace element, oral, per dose, not otherwise specified |
| HCPCS | A9153 | Multiple vitamins, with or without minerals and trace elements, oral, per dose, not otherwise specified |
| HCPCS | A9155 | Artificial saliva, 30 ml |
| HCPCS | A9180 | Pediculosis (lice infestation) treatment, topical, for administration by patient/caretaker |
| HCPCS | A9270 | Non-covered item or service |
| HCPCS | A9272 | Wound suction, disposable, includes dressing, all accessories and components, any type, each |
| HCPCS | A9273 | Cold or hot fluid bottle, ice cap or collar, heat and/or cold wrap, any type |
| HCPCS | A9275 | Home glucose disposable monitor, includes test strips |
| HCPCS | A9280 | Alert or alarm device, not otherwise classified |
| HCPCS | A9281 | Reaching/grabbing device, any type, any length, each |
| HCPCS | A9282 | Wig, any type, each |
| HCPCS | A9283 | Foot pressure off loading/supportive device, any type, each |
| HCPCS | A9284 | Spirometer, non-electronic, includes all accessories |
| HCPCS | A9285 | Inversion/eversion correction device |
| HCPCS | A9286 | Hygienic item or device, disposable or non-disposable, any type, each |
| HCPCS | A9300 | Exercise equipment |
| HCPCS | A9698 | Non-radioactive contrast imaging material, not otherwise classified, per study |
| HCPCS | A9699 | Radiopharmaceutical, therapeutic, not otherwise classified |
| HCPCS | A9900 | Miscellaneous DME supply, accessory, and/or service component of another HCPCS code |
| HCPCS | A9901 | DME delivery, set up, and/or dispensing service component of another HCPCS code |
| HCPCS | A9999 | Miscellaneous DME supply or accessory, not otherwise specified |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | B4100 | Food thickener, administered orally, per ounce |
| HCPCS | B4102 | Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit |
| HCPCS | B4103 | Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit |
| HCPCS | B4104 | Additive for enteral formula (e.g., fiber) |
| HCPCS | B4149 | Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit |
| HCPCS | B4150 | Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit |
| HCPCS | B4152 | Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit |
| HCPCS | B4153 | Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit |
| HCPCS | B4154 | Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit |
| HCPCS | B4155 | Enteral formula, nutritionally incomplete/Modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit |
| HCPCS | B4157 | Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit |
| HCPCS | B4158 | Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit |

Individual and Family Plan Non-Covered List

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | B4159 | Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit |
| HCPCS | B4160 | Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit |
| HCPCS | B4187 | Omegaven, 10 grams lipids |
| HCPCS | C1052 | Hemostatic agent, gastrointestinal, topical |
| HCPCS | C1062 | Intravertebral body fracture augmentation with implant (e.g., metal, polymer) |
| HCPCS | C1734 | Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to bone (implantable) |
| HCPCS | C1747 | Endoscope, single-use (i.e. disposable), urinary tract, imaging/illumination device (insertable) |
| HCPCS | C1761 | Catheter, transluminal intravascular lithotripsy, coronary |
| HCPCS | C1813 | Prosthesis, penile, inflatable |
| HCPCS | C1821 | Interspinous process distraction device (implantable) |
| HCPCS | C1822 | Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system |
| HCPCS | C1823 | Generator, neurostimulator (implantable), non-rechargeable, with transvenous sensing and stimulation leads |
| HCPCS | C1824 | Generator, cardiac contractility modulation (implantable) |
| HCPCS | C1825 | Generator, neurostimulator (implantable), non-rechargeable with carotid sinus baroreceptor stimulation lead(s) |
| HCPCS | C1826 | Generator, neurostimulator (implantable), includes closed feedback loop leads and all implantable components, with rechargeable battery and charging system |
| HCPCS | C1827 | Generator, neurostimulator (implantable), non-rechargeable, with implantable stimulation lead and external paired stimulation controller |
| HCPCS | C1831 | Personalized, anterior and lateral interbody cage (implantable) |
| HCPCS | C1832 | Autograft suspension, including cell processing and application, and all system components |
| HCPCS | C1833 | Monitor, cardiac, including intracardiac lead and all system components (implantable) |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | C1834 | Pressure sensor system, includes all components (e.g., introducer, sensor), intramuscular (implantable), excludes mobile (wireless) software application |
| HCPCS | C1839 | Iris prosthesis |
| HCPCS | C1849 | Skin substitute, synthetic, resorbable, per square centimeter |
| HCPCS | C1889 | Implantable/insertable device, not otherwise classified |
| HCPCS | C1890 | No implantable/insertable device used with device-intensive procedures |
| HCPCS | C1982 | Catheter, pressure-generating, one-way valve, intermittently occlusive |
| HCPCS | C2596 | Probe, image-guided, robotic, waterjet ablation |
| HCPCS | C2624 | Implantable wireless pulmonary artery pressure sensor with delivery catheter, including all system components |
| HCPCS | C2628 | Catheter, occlusion |
| HCPCS | C7500 | Debridement, bone including epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed, first 20 sq cm or less with manual preparation and insertion of deep (eg, subfacial) drug-delivery device(s) |
| HCPCS | C7501 | Percutaneous breast biopsies using stereotactic guidance, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, all lesions unilateral and bilateral (for single lesion biopsy, use appropriate code) |
| HCPCS | C7502 | Percutaneous breast biopsies using magnetic resonance guidance, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, all lesions unilateral or bilateral (for single lesion biopsy, use appropriate code) |
| HCPCS | C7503 | Open biopsy or excision of deep cervical node(s) with intraoperative identification (eg, mapping) of sentinel lymph node(s) including injection of non-radioactive dye when performed |
| HCPCS | C7504 | Percutaneous vertebroplasties (bone biopsies included when performed), first cervicothoracic and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance |
| HCPCS | C7505 | Percutaneous vertebroplasties (bone biopsies included when performed), first lumbosacral and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance |
| HCPCS | C7506 | Arthrodesis, interphalangeal joints, with or without internal fixation |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | C7507 | Percutaneous vertebral augmentations, first thoracic and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (eg, kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance |
| HCPCS | C7508 | Percutaneous vertebral augmentations, first lumbar and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (eg, kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance |
| HCPCS | C7509 | Bronchoscopy, rigid or flexible, diagnostic with cell washing(s) when performed, with computer-assisted image-guided navigation, including fluoroscopic guidance when performed |
| HCPCS | C7510 | Bronchoscopy, rigid or flexible, with bronchial alveolar lavage(s), with computer-assisted image-guided navigation, including fluoroscopic guidance when performed |
| HCPCS | C7511 | Bronchoscopy, rigid or flexible, with single or multiple bronchial or endobronchial biopsy(ies), single or multiple sites, with computer-assisted image-guided navigation, including fluoroscopic guidance when performed |
| HCPCS | C7512 | Bronchoscopy, rigid or flexible, with single or multiple bronchial or endobronchial biopsy(ies), single or multiple sites, with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s), including fluoroscopic guidance when performed |
| HCPCS | C7513 | Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with transluminal balloon angioplasty of central dialysis segment, performed through dialysis circuit, including all required imaging, radiological supervision and interpretation, image documentation and report |
| HCPCS | C7514 | Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with all angioplasty in the central dialysis segment, and transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all required imaging, radiological supervision and interpretation, image documentation and report |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | C7515 | Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with dialysis circuit permanent endovascular embolization or occlusion of main circuit or any accessory veins, including all required imaging, radiological supervision and interpretation, image documentation and report |
| HCPCS | C7516 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report |
| HCPCS | C7517 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, with iliac and/or femoral artery angiography, non-selective, bilateral or ipsilateral to catheter insertion, performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement of the catheter in the distal aorta or ipsilateral femoral or iliac artery, injection of dye, production of permanent images, and radiologic supervision and interpretation |
| HCPCS | C7518 | Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (ivus) or optical coherence tomography (oct) during diagnostic evaluation and/or therapeutic intervention including imaging, supervision, interpretation and report |
| HCPCS | C7519 | Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | C7520 | Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) includes intraprocedural injection(s) for bypass graft angiography with iliac and/or femoral artery angiography, non-selective, bilateral or ipsilateral to catheter insertion, performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement of the catheter in the distal aorta or ipsilateral femoral or iliac artery, injection of dye, production of permanent images, and radiologic supervision and interpretation |
| HCPCS | C7521 | Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography with right heart catheterization with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report |
| HCPCS | C7522 | Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation with right heart catheterization, with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress |
| HCPCS | C7523 | Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report |
| HCPCS | C7524 | Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | C7525 | Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report |
| HCPCS | C7526 | Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress |
| HCPCS | C7527 | Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report |
| HCPCS | C7528 | Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | C7529 | Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress |
| HCPCS | C7530 | Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty and all angioplasty in the central dialysis segment, with transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging, radiological supervision and interpretation, documentation and report |
| HCPCS | C7531 | Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with transluminal angioplasty with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation |
| HCPCS | C7532 | Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), initial artery, open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation |
| HCPCS | C7533 | Percutaneous transluminal coronary angioplasty, single major coronary artery or branch with transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy |
| HCPCS | C7534 | Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with atherectomy, includes angioplasty within the same vessel, when performed with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | C7535 | Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with transluminal stent placement(s), includes angioplasty within the same vessel, when performed, with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation |
| HCPCS | C7537 | Insertion of new or replacement of permanent pacemaker with atrial transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system) |
| HCPCS | C7538 | Insertion of new or replacement of permanent pacemaker with ventricular transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system) |
| HCPCS | C7539 | Insertion of new or replacement of permanent pacemaker with atrial and ventricular transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system) |
| HCPCS | C7540 | Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator, dual lead system, with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system) |
| HCPCS | C7541 | Diagnostic endoscopic retrograde cholangiopancreatography (ERCP), including collection of specimen(s) by brushing or washing, when performed, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s) |
| HCPCS | C7542 | Endoscopic retrograde cholangiopancreatography (ERCP) with biopsy, single or multiple, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s) |
| HCPCS | C7543 | Endoscopic retrograde cholangiopancreatography (ERCP) with sphincterotomy/papillotomy, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s) |
| HCPCS | C7544 | Endoscopic retrograde cholangiopancreatography (ERCP) with removal of calculi/debris from biliary/pancreatic duct(s), with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s) |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | C7545 | Percutaneous exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), with removal of calculi/debris from biliary duct(s) and/or gallbladder, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, including diagnostic cholangiography(ies) when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation |
| HCPCS | C7546 | Removal and replacement of externally accessible nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, with ureteral stricture balloon dilation, including imaging guidance and all associated radiological supervision and interpretation |
| HCPCS | C7547 | Convert nephrostomy catheter to nephroureteral catheter, percutaneous via pre-existing nephrostomy tract, with ureteral stricture balloon dilation, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation |
| HCPCS | C7548 | Exchange nephrostomy catheter, percutaneous, with ureteral stricture balloon dilation, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation |
| HCPCS | C7549 | Change of ureterostomy tube or externally accessible ureteral stent via ileal conduit with ureteral stricture balloon dilation, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation |
| HCPCS | C7550 | Cystourethroscopy, with biopsy(ies) with adjunctive blue light cystoscopy with fluorescent imaging agent |
| HCPCS | C7551 | Excision of major peripheral nerve neuroma, except sciatic, with implantation of nerve end into bone or muscle |
| HCPCS | C7552 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress, initial vessel |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | C7553 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed |
| HCPCS | C7554 | Cystourethroscopy with adjunctive blue light cystoscopy with fluorescent imaging agent |
| HCPCS | C7555 | Thyroidectomy, total or complete with parathyroid autotransplantation |
| HCPCS | C7900 | Service for diagnosis, evaluation, or treatment of a mental health or substance use disorder, initial 15-29 minutes, provided remotely by hospital staff who are licensed to provide mental health services under applicable state law(s), when the patient is in their home, and there is no associated professional service |
| HCPCS | C7901 | Service for diagnosis, evaluation, or treatment of a mental health or substance use disorder, initial 30-60 minutes, provided remotely by hospital staff who are licensed to provided mental health services under applicable state law(s), when the patient is in their home, and there is no associated professional service |
| HCPCS | C7902 | Service for diagnosis, evaluation, or treatment of a mental health or substance use disorder, each additional 15 minutes, provided remotely by hospital staff who are licensed to provide mental health services under applicable state law(s), when the patient is in their home, and there is no associated professional service (List separately in addition to code for primary service) |
| HCPCS | C8937 | Computer-aided detection, including computer algorithm analysis of breast MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation (List separately in addition to code for primary procedure) |
| HCPCS | C9250 | Human plasma fibrin sealant, vapor-heated, solvent-detergent (Artiss), 2 ml |
| HCPCS | C9360 | Dermal substitute, native, non-denatured collagen, neonatal bovine origin (SurgiMend Collagen Matrix), per 0.5 square centimeters |
| HCPCS | C9361 | Collagen matrix nerve wrap (NeuroMend Collagen Nerve Wrap), per 0.5 centimeter length |
| HCPCS | C9362 | Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Strip), per 0.5 cc |
| HCPCS | C9363 | Skin substitute, integra meshed bilayer wound matrix, per square centimeter |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | C9364 | Porcine implant, Permacol, per square centimeter |
| HCPCS | C9751 | Bronchoscopy, rigid or flexible, transbronchial ablation of lesion(s) by microwave energy, including fluoroscopic guidance, when performed, with computed tomography acquisition(s) and 3D rendering, computer-assisted, image-guided navigation, and endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]) and all mediastinal and/or hilar lymph node stations or structures and therapeutic intervention(s) |
| HCPCS | C9758 | Blinded procedure for nyha class iii/iv heart failure; transcatheter implantation of interatrial shunt or placebo control, including right heart catheterization, trans-esophageal echocardiography (TEE)/intracardiac echocardiography (ICE), and all imaging with or without guidance (e.g., ultrasound, fluoroscopy), performed in an approved investigational device exemption (IDE) study |
| HCPCS | C9760 | Non-randomized, non-blinded procedure for NYHA class II, III, IV heart failure; transcatheter implantation of interatrial shunt, including right and left heart catheterization, transeptal puncture, trans-esophageal echocardiography (TEE)/intracardiac echocardiography (ICE), and all imaging with or without guidance (e.g., ultrasound, fluoroscopy), performed in an approved investigational device exemption (IDE) study |
| HCPCS | C9761 | Cystourethroscopy, with ureteroscopy and/or pyeloscopy, with lithotripsy, and ureteral catheterization for steerable vacuum aspiration of the kidney, collecting system, ureter, bladder, and urethra if applicable |
| HCPCS | C9771 | Nasal/sinus endoscopy, cryoablation nasal tissue(s) and/or nerve(s), unilateral or bilateral |
| HCPCS | C9776 | Intraoperative near-infrared fluorescence imaging of major extra-hepatic bile duct(s) (e.g., cystic duct, common bile duct and common hepatic duct) with intravenous administration of indocyanine green (icg) (list separately in addition to code for primary procedure) |
| HCPCS | C9777 | Esophageal mucosal integrity testing by electrical impedance, transoral, includes esophagoscopy or esophagogastroduodenoscopy |
| HCPCS | C9778 | Colpopexy, vaginal; minimally invasive extra-peritoneal approach (sacrospinous) |
| HCPCS | C9779 | Endoscopic submucosal dissection (esd), including endoscopy or colonoscopy, mucosal closure, when performed |
| HCPCS | C9780 | Insertion of central venous catheter through central venous occlusion via inferior and superior approaches (e.g., inside-out technique), including imaging guidance |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | C9781 | Arthroscopy, shoulder, surgical; with implantation of subacromial spacer (e.g., balloon), includes debridement (e.g., limited or extensive), subacromial decompression, acromioplasty, and biceps tenodesis when performed |
| HCPCS | C9782 | Blinded procedure for New York Heart Association (NYHA) class II or III heart failure, or Canadian Cardiovascular Society (CCS) class III or IV chronic refractory angina; transcatheter intramyocardial transplantation of autologous bone marrow cells (e.g., mononuclear) or placebo control, autologous bone marrow harvesting and preparation for transplantation, left heart catheterization including ventriculography, all laboratory services, and all imaging with or without guidance (e.g., transthoracic echocardiography, ultrasound, fluoroscopy), performed in an approved investigational device exemption (IDE) study |
| HCPCS | C9783 | Blinded procedure for transcatheter implantation of coronary sinus reduction device or placebo control, including vascular access and closure, right heart catheterization, venous and coronary sinus angiography, imaging guidance and supervision and interpretation when performed in an approved investigational device exemption (IDE) study |
| HCPCS | C9898 | Radiolabeled product provided during a hospital inpatient stay |
| HCPCS | C9899 | Implanted prosthetic device, payable only for inpatients who do not have inpatient coverage |
| HCPCS | E0117 | Crutch, underarm, articulating, spring assisted, each |
| HCPCS | E0118 | Crutch substitute, lower leg platform, with or without wheels, each |
| HCPCS | E0144 | Walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat |
| HCPCS | E0147 | Walker, heavy duty, multiple braking system, variable wheel resistance |
| HCPCS | E0153 | Platform attachment, forearm crutch, each |
| HCPCS | E0154 | Platform attachment, walker, each |
| HCPCS | E0155 | Wheel attachment, rigid pick-up walker, per pair |
| HCPCS | E0157 | Crutch attachment, walker, each |
| HCPCS | E0158 | Leg extensions for walker, per set of four (4) |
| HCPCS | E0159 | Brake attachment for wheeled walker, replacement, each |
| HCPCS | E0160 | Sitz type bath or equipment, portable, used with or without commode |
| HCPCS | E0161 | Sitz type bath or equipment, portable, used with or without commode, with faucet attachment/s |
| HCPCS | E0162 | Sitz bath chair |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | E0163 | Commode chair, mobile or stationary, with fixed arms |
| HCPCS | E0165 | Commode chair, mobile or stationary, with detachable arms |
| HCPCS | E0167 | Pail or pan for use with commode chair, replacement only |
| HCPCS | E0168 | Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each |
| HCPCS | E0170 | Commode chair with integrated seat lift mechanism, electric, any type |
| HCPCS | E0171 | Commode chair with integrated seat lift mechanism, non-electric, any type |
| HCPCS | E0172 | Seat lift mechanism placed over or on top of toilet, any type |
| HCPCS | E0175 | Foot rest, for use with commode chair, each |
| HCPCS | E0181 | Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty |
| HCPCS | E0182 | Pump for alternating pressure pad, for replacement only |
| HCPCS | E0183 | Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty |
| HCPCS | E0184 | Dry pressure mattress |
| HCPCS | E0185 | Gel or gel-like pressure pad for mattress, standard mattress length and width |
| HCPCS | E0186 | Air pressure mattress |
| HCPCS | E0187 | Water pressure mattress |
| HCPCS | E0188 | Synthetic sheepskin pad |
| HCPCS | E0189 | Lambswool sheepskin pad, any size |
| HCPCS | E0190 | Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories |
| HCPCS | E0191 | Heel or elbow protector, each |
| HCPCS | E0193 | Powered air flotation bed (low air loss therapy) |
| HCPCS | E0194 | Air fluidized bed |
| HCPCS | E0196 | Gel pressure mattress |
| HCPCS | E0197 | Air pressure pad for mattress, standard mattress length and width |
| HCPCS | E0198 | Water pressure pad for mattress, standard mattress length and width |
| HCPCS | E0199 | Dry pressure pad for mattress, standard mattress length and width |
| HCPCS | E0200 | Heat lamp, without stand (table model), includes bulb, or infrared element |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | E0202 | Phototherapy (bilirubin) light with photometer |
| HCPCS | E0203 | Therapeutic lightbox, minimum 10,000 lux, table top model |
| HCPCS | E0205 | Heat lamp, with stand, includes bulb, or infrared element |
| HCPCS | E0210 | Electric heat pad, standard |
| HCPCS | E0215 | Electric heat pad, moist |
| HCPCS | E0217 | Water circulating heat pad with pump |
| HCPCS | E0218 | Fluid circulating cold pad with pump, any type |
| HCPCS | E0221 | Infrared heating pad system |
| HCPCS | E0225 | Hydrocollator unit, includes pads |
| HCPCS | E0231 | Non-contact wound warming device (temperature control unit, AC adapter and power cord) for use with warming card and wound cover |
| HCPCS | E0232 | Warming card for use with the non contact wound warming device and non contact wound warming wound cover |
| HCPCS | E0235 | Paraffin bath unit, portable (see medical supply code A4265 for paraffin) |
| HCPCS | E0236 | Pump for water circulating pad |
| HCPCS | E0239 | Hydrocollator unit, portable |
| HCPCS | E0240 | Bath/shower chair, with or without wheels, any size |
| HCPCS | E0241 | Bath tub wall rail, each |
| HCPCS | E0242 | Bath tub rail, floor base |
| HCPCS | E0243 | Toilet rail, each |
| HCPCS | E0244 | Raised toilet seat |
| HCPCS | E0245 | Tub stool or bench |
| HCPCS | E0246 | Transfer tub rail attachment |
| HCPCS | E0247 | Transfer bench for tub or toilet with or without commode opening |
| HCPCS | E0248 | Transfer bench, heavy duty, for tub or toilet with or without commode opening |
| HCPCS | E0249 | Pad for water circulating heat unit, for replacement only |
| HCPCS | E0265 | Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | E0266 | Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress |
| HCPCS | E0280 | Bed cradle, any type |
| HCPCS | E0296 | Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress |
| HCPCS | E0297 | Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress |
| HCPCS | E0305 | Bed side rails, half length |
| HCPCS | E0310 | Bed side rails, full length |
| HCPCS | E0315 | Bed accessory: board, table, or support device, any type |
| HCPCS | E0316 | Safety enclosure frame/canopy for use with hospital bed, any type |
| HCPCS | E0325 | Urinal; male, jug-type, any material |
| HCPCS | E0326 | Urinal; female, jug-type, any material |
| HCPCS | E0329 | Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress |
| HCPCS | E0350 | Control unit for electronic bowel irrigation/evacuation system |
| HCPCS | E0352 | Disposable pack (water reservoir bag, speculum, valving mechanism and collection bag/box) for use with the electronic bowel irrigation/evacuation system |
| HCPCS | E0370 | Air pressure elevator for heel |
| HCPCS | E0371 | Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width |
| HCPCS | E0372 | Powered air overlay for mattress, standard mattress length and width |
| HCPCS | E0373 | Nonpowered advanced pressure reducing mattress |
| HCPCS | E0446 | Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories |
| HCPCS | E0462 | Rocking bed with or without side rails |
| HCPCS | E0487 | Spirometer, electronic, includes all accessories |
| HCPCS | E0604 | Breast pump, hospital grade, electric (AC and /or DC), any type |
| HCPCS | E0605 | Vaporizer, room type |
| HCPCS | E0606 | Postural drainage board |
| HCPCS | E0617 | external defibrillator with integrated electrocardiogram analysis |
| HCPCS | E0620 | Skin piercing device for collection of capillary blood, laser, each |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | E0621 | Sling or seat, patient lift, canvas or nylon |
| HCPCS | E0625 | Patient lift, bathroom or toilet, not otherwise classified |
| HCPCS | E0627 | Seat lift mechanism, electric, any type |
| HCPCS | E0629 | Seat lift mechanism, non-electric, any type |
| HCPCS | E0630 | Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s) |
| HCPCS | E0635 | Patient lift, electric with seat or sling |
| HCPCS | E0636 | Multipositional patient support system, with integrated lift, patient accessible controls |
| HCPCS | E0637 | Combination sit to stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels |
| HCPCS | E0638 | Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels |
| HCPCS | E0639 | Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories |
| HCPCS | E0640 | Patient lift, fixed system, includes all components/accessories |
| HCPCS | E0641 | Standing frame/table system, multi-position (e.g., three-way stander), any size including pediatric, with or without wheels |
| HCPCS | E0642 | Standing frame/table system, mobile (dynamic stander), any size including pediatric |
| HCPCS | E0650 | Pneumatic compressor, non-segmental home model |
| HCPCS | E0651 | Pneumatic compressor, segmental home model without calibrated gradient pressure |
| HCPCS | E0652 | Pneumatic compressor, segmental home model with calibrated gradient pressure |
| HCPCS | E0655 | Non-segmental pneumatic appliance for use with pneumatic compressor, half arm |
| HCPCS | E0656 | Segmental pneumatic appliance for use with pneumatic compressor, trunk |
| HCPCS | E0657 | Segmental pneumatic appliance for use with pneumatic compressor, chest |
| HCPCS | E0660 | Non-segmental pneumatic appliance for use with pneumatic compressor, full leg |
| HCPCS | E0665 | Non-segmental pneumatic appliance for use with pneumatic compressor, full arm |
| HCPCS | E0666 | Non-segmental pneumatic appliance for use with pneumatic compressor, half leg |
| HCPCS | E0667 | Segmental pneumatic appliance for use with pneumatic compressor, full leg |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | E0668 | Segmental pneumatic appliance for use with pneumatic compressor, full arm |
| HCPCS | E0669 | Segmental pneumatic appliance for use with pneumatic compressor, half leg |
| HCPCS | E0670 | Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk |
| HCPCS | E0671 | Segmental gradient pressure pneumatic appliance, full leg |
| HCPCS | E0672 | Segmental gradient pressure pneumatic appliance, full arm |
| HCPCS | E0673 | Segmental gradient pressure pneumatic appliance, half leg |
| HCPCS | E0675 | Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system) |
| HCPCS | E0676 | Intermittent limb compression device (includes all accessories), not otherwise specified |
| HCPCS | E0700 | Safety equipment, device or accessory, any type |
| HCPCS | E0705 | Transfer device, any type, each |
| HCPCS | E0710 | Restraints, any type (body, chest, wrist or ankle) |
| HCPCS | E0720 | Transcutaneous electrical nerve stimulation (TENS) device, two lead, localized stimulation |
| HCPCS | E0730 | Transcutaneous electrical nerve stimulation (TENS) device, four or more leads, for multiple nerve stimulation |
| HCPCS | E0731 | Form fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric) |
| HCPCS | E0740 | Non-implanted pelvic floor electrical stimulator, complete system |
| HCPCS | E0745 | Neuromuscular stimulator, electronic shock unit |
| HCPCS | E0746 | Electromyography (EMG), biofeedback device |
| HCPCS | E0761 | Non-thermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device |
| HCPCS | E0762 | Transcutaneous electrical joint stimulation device system, includes all accessories |
| HCPCS | E0764 | 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 |
| HCPCS | E0766 | Electrical stimulation device used for cancer treatment, includes all accessories, any type |
| HCPCS | E0769 | Electrical stimulation or electromagnetic wound treatment device, not otherwise classified |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | E0770 | Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified |
| HCPCS | E0860 | Traction equipment, overdoor, cervical |
| HCPCS | E0936 | Continuous passive motion exercise device for use other than knee |
| HCPCS | E0940 | Trapeze bar, free standing, complete with grab bar |
| HCPCS | E0941 | Gravity assisted traction device, any type |
| HCPCS | E0942 | Cervical head harness/halter |
| HCPCS | E0944 | Pelvic belt/harness/boot |
| HCPCS | E0945 | Extremity belt/harness |
| HCPCS | E0950 | Wheelchair accessory, tray, each |
| HCPCS | E0980 | Safety vest, wheelchair |
| HCPCS | E0985 | Wheelchair accessory, seat lift mechanism |
| HCPCS | E1031 | Rollabout chair, any and all types with casters 5" or greater |
| HCPCS | E1035 | Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs |
| HCPCS | E1036 | Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs |
| HCPCS | E1037 | Transport chair, pediatric size |
| HCPCS | E1038 | Transport chair, adult size, patient weight capacity up to and including 300 pounds |
| HCPCS | E1039 | Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds |
| HCPCS | E1087 | High strength lightweight wheelchair, fixed full length arms, swing away detachable elevating leg rests |
| HCPCS | E1088 | High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable elevating leg rests |
| HCPCS | E1089 | High strength lightweight wheelchair, fixed length arms, swing away detachable footrest |
| HCPCS | E1090 | High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable foot rests |
| HCPCS | E1230 | Power operated vehicle (three or four wheel nonhighway) specify brand name and model number |
| HCPCS | E1240 | Lightweight wheelchair, detachable arms, (desk or full length) swing away detachable, elevating legrest |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | E1250 | Lightweight wheelchair, fixed full length arms, swing away detachable footrest |
| HCPCS | E1260 | Lightweight wheelchair, detachable arms (desk or full length) swing away detachable footrest |
| HCPCS | E1270 | Lightweight wheelchair, fixed full length arms, swing away detachable elevating legrests |
| HCPCS | E1300 | Whirlpool, portable (overtub type) |
| HCPCS | E1310 | Whirlpool, non-portable (built-in type) |
| HCPCS | E1500 | Centrifuge, for dialysis |
| HCPCS | E1510 | Kidney, dialysate delivery syst kidney machine, pump recirculating, air removal syst, flowrate meter, power off, heater and temperature control with alarm, IV poles, pressure gauge, concentrate container |
| HCPCS | E1520 | Heparin infusion pump for hemodialysis |
| HCPCS | E1530 | Air bubble detector for hemodialysis, each, replacement |
| HCPCS | E1540 | Pressure alarm for hemodialysis, each, replacement |
| HCPCS | E1550 | Bath conductivity meter for hemodialysis, each |
| HCPCS | E1560 | Blood leak detector for hemodialysis, each, replacement |
| HCPCS | E1570 | Adjustable chair, for ESRD patients |
| HCPCS | E1575 | Transducer protectors/fluid barriers, for hemodialysis, any size, per 10 |
| HCPCS | E1580 | Unipuncture control system for hemodialysis |
| HCPCS | E1590 | Hemodialysis machine |
| HCPCS | E1600 | Delivery and/or installation charges for hemodialysis equipment |
| HCPCS | E1610 | Reverse osmosis water purification system, for hemodialysis |
| HCPCS | E1615 | Deionizer water purification system, for hemodialysis |
| HCPCS | E1620 | Blood pump for hemodialysis, replacement |
| HCPCS | E1625 | Water softening system, for hemodialysis |
| HCPCS | E1632 | Wearable artificial kidney, each |
| HCPCS | E1635 | Compact (portable) travel hemodialyzer system |
| HCPCS | E1636 | Sorbent cartridges, for hemodialysis, per 10 |
| HCPCS | E1637 | Hemostats, each |
| HCPCS | E1639 | Scale, each |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | E1700 | Jaw motion rehabilitation system |
| HCPCS | E1701 | Replacement cushions for jaw motion rehabilitation system, package of 6 |
| HCPCS | E1702 | Replacement measuring scales for jaw motion rehabilitation system, package of 200 |
| HCPCS | E1801 | Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories |
| HCPCS | E1806 | Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories |
| HCPCS | E1811 | Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories |
| HCPCS | E1815 | Dynamic adjustable ankle extension/flexion device, includes soft interface material |
| HCPCS | E1816 | Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories |
| HCPCS | E1818 | Static progressive stretch forearm pronation /supination device, with or without range of motion adjustment, includes all components and accessories |
| HCPCS | E1821 | Replacement soft interface material/cuffs for bi-directional static progressive stretch device |
| HCPCS | E1831 | Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories |
| HCPCS | E1840 | Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material |
| HCPCS | E1841 | Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories |
| HCPCS | E2101 | Blood glucose monitor with integrated lancing/blood sample |
| HCPCS | E2120 | Pulse generator system for tympanic treatment of inner ear endolymphatic fluid |
| HCPCS | E2207 | Wheelchair accessory, crutch and cane holder, each |
| HCPCS | E2208 | Wheelchair accessory, cylinder tank carrier, each |
| HCPCS | E2209 | Accessory, arm trough, with or without hand support, each |
| HCPCS | E2301 | Wheelchair accessory, power standing system, any type |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | E2310 | Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware |
| HCPCS | E2312 | Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware |
| HCPCS | E2321 | Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware |
| HCPCS | E2322 | Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware |
| HCPCS | E2323 | Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated |
| HCPCS | E2324 | Power wheelchair accessory, chin cup for chin control interface |
| HCPCS | E2325 | Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware |
| HCPCS | E2326 | Power wheelchair accessory, breath tube kit for sip and puff interface |
| HCPCS | E2327 | Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware |
| HCPCS | E2328 | Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware |
| HCPCS | E2329 | Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware |
| HCPCS | E2330 | Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware |
| HCPCS | E2331 | Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware |
| HCPCS | E2340 | Power wheelchair accessory, nonstandard seat frame width, 20-23 inches |
| HCPCS | E2341 | Power wheelchair accessory, nonstandard seat frame width, 24-27 inches |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | E2342 | Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches |
| HCPCS | E2343 | Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches |
| HCPCS | E2351 | Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface |
| HCPCS | E2358 | Power wheelchair accessory, group 34 non-sealed lead acid battery, each |
| HCPCS | E2359 | Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat) |
| HCPCS | E2360 | Power wheelchair accessory, 22 NF non-sealed lead acid battery, each |
| HCPCS | E2361 | Power wheelchair accessory, 22 NF sealed lead acid battery, each, (e.g., gel cell, absorbed glassmat) |
| HCPCS | E2362 | Power wheelchair accessory, group 24 non-sealed lead acid battery, each |
| HCPCS | E2364 | Power wheelchair accessory, U-1 non-sealed lead acid battery, each |
| HCPCS | E2365 | Power wheelchair accessory, U-1 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat) |
| HCPCS | E2366 | Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each |
| HCPCS | E2367 | Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each |
| HCPCS | E2368 | Power wheelchair component, drive wheel motor, replacement only |
| HCPCS | E2369 | Power wheelchair component, drive wheel gear box, replacement only |
| HCPCS | E2370 | Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only |
| HCPCS | E2371 | Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each |
| HCPCS | E2372 | Power wheelchair accessory, group 27 non-sealed lead acid battery, each |
| HCPCS | E2373 | Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware |
| HCPCS | E2374 | Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only |
| HCPCS | E2375 | Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | E2376 | Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only |
| HCPCS | E2378 | Power wheelchair component, actuator, replacement only |
| HCPCS | E2381 | Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each |
| HCPCS | E2382 | Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each |
| HCPCS | E2383 | Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each |
| HCPCS | E2384 | Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each |
| HCPCS | E2385 | Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each |
| HCPCS | E2386 | Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each |
| HCPCS | E2387 | Power wheelchair accessory, foam filled caster tire, any size, replacement only, each |
| HCPCS | E2388 | Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each |
| HCPCS | E2389 | Power wheelchair accessory, foam caster tire, any size, replacement only, each |
| HCPCS | E2390 | Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each |
| HCPCS | E2391 | Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each |
| HCPCS | E2392 | Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each |
| HCPCS | E2394 | Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each |
| HCPCS | E2395 | Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each |
| HCPCS | E2396 | Power wheelchair accessory, caster fork, any size, replacement only, each |
| HCPCS | E2397 | Power wheelchair accessory, lithium-based battery, each |
| HCPCS | E2609 | Custom fabricated wheelchair seat cushion, any size |
| HCPCS | E2610 | Wheelchair seat cushion, powered |
| HCPCS | E2617 | Custom fabricated wheelchair back cushion, any size, including any type mounting hardware |
| HCPCS | E2619 | Replacement cover for wheelchair seat cushion or back cushion, each |
| HCPCS | E2621 | Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | E2622 | Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth |
| HCPCS | E2623 | Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth |
| HCPCS | E2624 | Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth |
| HCPCS | E2625 | Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth |
| HCPCS | E8000 | Gait trainer, pediatric size, posterior support, includes all accessories and components |
| HCPCS | E8001 | Gait trainer, pediatric size, upright support, includes all accessories and components |
| HCPCS | E8002 | Gait trainer, pediatric size, anterior support, includes all accessories and components |
| HCPCS | G0027 | Semen analysis; presence and/or motility of sperm excluding Huhner |
| HCPCS | G0028 | Documentation of medical reason(s) for not screening for tobacco use (e.g., limited life expectancy, other medical reason) |
| HCPCS | G0029 | Tobacco screening not performed or tobacco cessation intervention not provided on the date of the encounter or within the previous 12 months, reason not otherwise specified |
| HCPCS | G0030 | Patient screened for tobacco use and received tobacco cessation intervention on the date of the encounter or within the previous 12 months (counseling, pharmacotherapy, or both), if identified as a tobacco user |
| HCPCS | G0031 | Palliative care services given to patient any time during the measurement period |
| HCPCS | G0032 | Two or more antipsychotic prescriptions ordered for patients who had a diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder on or between January 1 of the year prior to the measurement period and the index prescription start date (IPSD) for antipsychotics |
| HCPCS | G0033 | Two or more benzodiazepine prescriptions ordered for patients who had a diagnosis of seizure disorders, rapid eye movement sleep behavior disorder, benzodiazepine withdrawal, ethanol withdrawal, or severe generalized anxiety disorder on or between January 1 of the year prior to the measurement period and the ipsd for benzodiazepines |
| HCPCS | G0034 | Patients receiving palliative care during the measurement period |
| HCPCS | G0035 | Patient has any emergency department encounter during the performance period with place of service indicator 23 |
| HCPCS | G0036 | Patient or care partner decline assessment |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | G0037 | On date of encounter, patient is not able to participate in assessment or screening, including non-verbal patients, delirious, severely aphasic, severely developmentally delayed, severe visual or hearing impairment and for those patients, no knowledgeable informant available |
| HCPCS | G0038 | Clinician determines patient does not require referral |
| HCPCS | G0039 | Patient not referred, reason not otherwise specified |
| HCPCS | G0040 | Patient already receiving physical/occupational/speech/recreational therapy during the measurement period |
| HCPCS | G0041 | Patient and/or care partner decline referral |
| HCPCS | G0042 | Referral to physical, occupational, speech, or recreational therapy |
| HCPCS | G0043 | Patients with mechanical prosthetic heart valve |
| HCPCS | G0044 | Patients with moderate or severe mitral stenosis |
| HCPCS | G0045 | Clinical follow-up and MRS score assessed at 90 days following endovascular stroke intervention |
| HCPCS | G0046 | Clinical follow-up and MRS score not assessed at 90 days following endovascular stroke intervention |
| HCPCS | G0047 | Pediatric patient with minor blunt head trauma and PECARN prediction criteria are not assessed |
| HCPCS | G0048 | Patients who receive palliative care services any time during the intake period through the end of the measurement year |
| HCPCS | G0049 | With maintenance hemodialysis (in-center and home HD) for the complete reporting month |
| HCPCS | G0050 | Patients with a catheter that have limited life expectancy |
| HCPCS | G0051 | Patients under hospice care in the current reporting month |
| HCPCS | G0052 | Patients on peritoneal dialysis for any portion of the reporting month |
| HCPCS | G0053 | Advancing rheumatology patient care MIPS value pathways |
| HCPCS | G0054 | Coordinating stroke care to promote prevention and cultivate positive outcomes MIPS value pathways |
| HCPCS | G0055 | Advancing care for heart disease MIPS value pathways |
| HCPCS | G0056 | Optimizing chronic disease management MIPS value pathways |
| HCPCS | G0057 | Proposed adopting best practices and promoting patient safety within emergency medicine MIPS value pathways |
| HCPCS | G0058 | Improving care for lower extremity joint repair MIPS value pathways |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | G0059 | Patient safety and support of positive experiences with anesthesia MIPS value pathways |
| HCPCS | G0060 | Allergy/Immunology MIPS Specialty Set |
| HCPCS | G0061 | Anesthesiology MIPS Specialty Set |
| HCPCS | G0062 | Audiology MIPS Specialty Set |
| HCPCS | G0063 | Cardiology MIPS Specialty Set |
| HCPCS | G0064 | Certified nurse midwife MIPS Specialty Set |
| HCPCS | G0065 | Chiropractic medicine MIPS Specialty Set |
| HCPCS | G0066 | Clinical social work MIPS Specialty Set |
| HCPCS | G0067 | Dentistry MIPS Specialty Set |
| HCPCS | G0068 | Professional services for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 minutes |
| HCPCS | G0069 | Professional services for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes |
| HCPCS | G0070 | Professional services for the administration of intravenous chemotherapy or other intravenous highly complex drug or biological infusion for each infusion drug administration calendar day in the individual's home, each 15 minutes |
| HCPCS | G0071 | Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between an rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only |
| HCPCS | G0076 | Brief (20 minutes) care management home visit for a new patient. for use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility) |
| HCPCS | G0077 | Limited (30 minutes) care management home visit for a new patient. for use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility) |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | G0078 | Moderate (45 minutes) care management home visit for a new patient. for use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility) |
| HCPCS | G0079 | Comprehensive (60 minutes) care management home visit for a new patient. for use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility) |
| HCPCS | G0080 | Extensive (75 minutes) care management home visit for a new patient. for use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility) |
| HCPCS | G0081 | Brief (20 minutes) care management home visit for an existing patient. for use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility) |
| HCPCS | G0082 | Limited (30 minutes) care management home visit for an existing patient. for use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility) |
| HCPCS | G0083 | Moderate (45 minutes) care management home visit for an existing patient. for use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility) |
| HCPCS | G0084 | Comprehensive (60 minutes) care management home visit for an existing patient. for use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility) |
| HCPCS | G0085 | Extensive (75 minutes) care management home visit for an existing patient. for use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility) |
| HCPCS | G0086 | Limited (30 minutes) care management home care plan oversight. for use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility) |

Individual and Family Plan Non-Covered List

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | G0087 | Comprehensive (60 minutes) care management home care plan oversight, for use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility) |
| HCPCS | G0176 | Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more) |
| HCPCS | G0177 | Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more) |
| HCPCS | G0179 | Physician or allowed practitioner re-certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians and allowed practitioners to affirm the initial implementation of the plan of care |
| HCPCS | G0180 | Physician or allowed practitioner certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians and allowed practitioners to affirm the initial implementation of the plan of care |
| HCPCS | G0181 | Physician or allowed practitioner supervision of a patient receiving Medicare-covered services provided by a participating home health agency (patient not present) requiring complex and multidisciplinary care modalities involving regular physician or allowed practitioner development and/or revision of care plans |
| HCPCS | G0276 | Blinded procedure for lumbar stenosis, percutaneous image-guided lumbar decompression (PILD) or placebo-control, performed in an approved coverage with evidence development (CED) clinical trial |
| HCPCS | G0279 | Diagnostic digital breast tomosynthesis, unilateral or bilateral (List separately in addition to 77065 or 77066) |
| HCPCS | G0295 | Electromagnetic therapy, to one or more areas, for wound care other than described in G0329 or for other uses |
| HCPCS | G0310 | Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 5 to 15 mins time (this code is used for medicaid billing purposes) |
| HCPCS | G0311 | Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 16-30 mins time (this code is used for medicaid billing purposes) |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | G0312 | Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 5 to 15 mins time (this code is used for medicaid billing purposes) |
| HCPCS | G0313 | Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 16-30 mins time (this code is used for medicaid billing purposes) |
| HCPCS | G0314 | Immunization counseling by a physician or other qualified health care professional for covid-19, ages under 21, 16-30 mins time (this code is used for the medicaid early and periodic screening, diagnostic, and treatment benefit (epsdt)) |
| HCPCS | G0315 | Immunization counseling by a physician or other qualified health care professional for covid-19, ages under 21, 5-15 mins time (this code is used for the medicaid early and periodic screening, diagnostic, and treatment benefit (epsdt)) |
| HCPCS | G0316 | Prolonged hospital inpatient or observation care evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (List separately in addition to CPT codes 99223, 99233, and 99236 for hospital inpatient or observation care evaluation and management services). (Do not report G0316 on the same date of service as other prolonged services for evaluation and management 99358, 99359, 99418, 99415, 99416). (do not report G0316 for any time unit less than 15 minutes) |
| HCPCS | G0317 | Prolonged nursing facility evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (List separately in addition to CPT codes 99306, 99310 for nursing facility evaluation and management services). (Do not report G0317 on the same date of service as other prolonged services for evaluation and management 99358, 99359, 99418). (Do not report G0317 for any time unit less than 15 minutes) |

Individual and Family Plan Non-Covered List

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | G0318 | Prolonged home or residence evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (List separately in addition to CPT codes 99345, 99350 for home or residence evaluation and management services). (Do not report G0318 on the same date of service as other prolonged services for evaluation and management 99358, 99359, 99417). (do not report g0318 for any time unit less than 15 minutes) |
| HCPCS | G0320 | Home health services furnished using synchronous telemedicine rendered via a real-time two-way audio and video telecommunications system |
| HCPCS | G0321 | Home health services furnished using synchronous telemedicine rendered via telephone or other real-time interactive audio-only telecommunications system |
| HCPCS | G0322 | The collection of physiologic data digitally stored and/or transmitted by the patient to the home health agency (i.e., remote patient monitoring) |
| HCPCS | G0323 | Care management services for behavioral health conditions, at least 20 minutes of clinical psychologist or clinical social worker time, per calendar month. These services include the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales; behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; facilitating and coordinating treatment such as psychotherapy, coordination with and/or referral to physicians and practitioners who are authorized by medicare to prescribe medications and furnish e/m services, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team) |
| HCPCS | G0327 | Colorectal cancer screening; blood-based biomarker |
| HCPCS | G0329 | Electromagnetic therapy, to one or more areas for chronic stage III and stage IV pressure ulcers, arterial ulcers, diabetic ulcers and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care as part of a therapy plan of care |
| HCPCS | G0330 | Facility services for dental rehabilitation procedure(s) performed on a patient who requires monitored anesthesia (e.g., general, intravenous sedation (monitored anesthesia care) and use of an operating room |
| HCPCS | G0372 | Physician service required to establish and document the need for a power mobility device |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | G0402 | Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment |
| HCPCS | G0406 | Follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth |
| HCPCS | G0407 | Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth |
| HCPCS | G0408 | Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth |
| HCPCS | G0420 | Face-to-face educational services related to the care of chronic kidney disease; individual, per session, per one hour |
| HCPCS | G0421 | Face-to-face educational services related to the care of chronic kidney disease; group, per session, per one hour |
| HCPCS | G0425 | Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth |
| HCPCS | G0426 | Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth |
| HCPCS | G0427 | Telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth |
| HCPCS | G0428 | Collagen meniscus implant procedure for filling meniscal defects (e.g., CMI, collagen scaffold, Menaflex) |
| HCPCS | G0454 | Physician documentation of face-to-face visit for durable medical equipment determination performed by nurse practitioner, physician assistant or clinical nurse specialist |
| HCPCS | G0455 | Preparation with instillation of fecal microbiota by any method, including assessment of donor specimen |
| HCPCS | G0459 | Inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy |
| HCPCS | G0460 | Autologous platelet rich plasma for non-diabetic chronic wounds/ulcers, including phlebotomy, centrifugation, and all other preparatory procedures, administration and dressings, per treatment |
| HCPCS | G0471 | Collection of venous blood by venipuncture or urine sample by catheterization from an individual in a skilled nursing facility (SNF) or by a laboratory on behalf of a home health agency (HHA) |

Individual and Family Plan Non-Covered List

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | G0491 | Dialysis procedure at a Medicare certified ESRD facility for acute kidney injury without ESRD |
| HCPCS | G0501 | Resource-intensive services for patients for whom the use of specialized mobility-assistive technology (such as adjustable height chairs or tables, patient lift, and adjustable padded leg supports) is medically necessary and used during the provision of an office/outpatient, evaluation and management visit (List separately in addition to primary service) |
| HCPCS | G0506 | Comprehensive assessment of and care planning for patients requiring chronic care management services (List separately in addition to primary monthly care management service) |
| HCPCS | G0508 | Telehealth consultation, critical care, initial , physicians typically spend 60 minutes communicating with the patient and providers via telehealth |
| HCPCS | G0509 | Telehealth consultation, critical care, subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth |
| HCPCS | G0511 | Rural health clinic or federally qualified health center (RHC or FQHC) only, general care management, 20 minutes or more of clinical staff time for chronic care management services or behavioral health integration services directed by an RHC or FQHC practitioner (physician, NP, PA, or CNM), per calendar month |
| HCPCS | G0512 | Rural health clinic or federally qualified health center (RHC/FQHC) only, psychiatric collaborative care model (psychiatric cocm), 60 minutes or more of clinical staff time for psychiatric cocm services directed by an RHC or FQHC practitioner (physician, NP, PA, or CNM) and including services furnished by a behavioral health care manager and consultation with a psychiatric consultant, per calendar month |
| HCPCS | G0513 | Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes (List separately in addition to code for preventive service) |
| HCPCS | G0514 | Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (List separately in addition to code G0513 for additional 30 minutes of preventive service) |
| HCPCS | G0913 | Improvement in visual function achieved within 90 days following cataract surgery |
| HCPCS | G0914 | Patient care survey was not completed by patient |
| HCPCS | G0915 | Improvement in visual function not achieved within 90 days following cataract surgery |
| HCPCS | G0916 | Satisfaction with care achieved within 90 days following cataract surgery |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | G0917 | Patient satisfaction survey was not completed by patient |
| HCPCS | G0918 | Satisfaction with care not achieved within 90 days following cataract surgery |
| HCPCS | G1001 | Clinical decision support mechanism eviCore, as defined by the Medicare Appropriate Use Criteria Program |
| HCPCS | G1002 | Clinical decision support mechanism Medcurrent, as defined by the Medicare Appropriate Use Criteria Program |
| HCPCS | G1003 | Clinical decision support mechanism Medicalis, as defined by the Medicare Appropriate Use Criteria Program |
| HCPCS | G1004 | Clinical decision support mechanism National Decision Support Company, as defined by the Medicare Appropriate Use Criteria Program |
| HCPCS | G1007 | Clinical decision support mechanism AIM Specialty Health, as defined by the Medicare Appropriate Use Criteria Program |
| HCPCS | G1008 | Clinical decision support mechanism Cranberry Peak, as defined by the Medicare Appropriate Use Criteria Program |
| HCPCS | G1010 | Clinical decision support mechanism Stanson, as defined by the Medicare Appropriate Use Criteria Program |
| HCPCS | G1011 | Clinical decision support mechanism, qualified tool not otherwise specified, as defined by the Medicare Appropriate Use Criteria Program |
| HCPCS | G1012 | Clinical decision support mechanism AgileMD, as defined by the Medicare Appropriate Use Criteria Program |
| HCPCS | G1013 | Clinical decision support mechanism EvidenceCare ImagingCare, as defined by the Medicare Appropriate Use Criteria Program |
| HCPCS | G1014 | Clinical decision support mechanism InveniQA Semantic Answers in Medicine, as defined by the Medicare Appropriate Use Criteria Program |
| HCPCS | G1015 | Clinical decision support Mechanism Reliant Medical Group, as defined by the Medicare Appropriate Use Criteria Program |
| HCPCS | G1016 | Clinical decision support Mechanism Speed of Care, as defined by the Medicare Appropriate Use Criteria Program |
| HCPCS | G1017 | Clinical decision support mechanism HealthHelp, as defined by the Medicare Appropriate Use Criteria Program |
| HCPCS | G1018 | Clinical decision support mechanism INFINX, as defined by the Medicare Appropriate Use Criteria Program |
| HCPCS | G1019 | Clinical decision support mechanism LogicNets, as defined by the Medicare Appropriate Use Criteria Program |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | G1020 | Clinical decision support mechanism Curbside Clinical Augmented Workflow, as defined by the Medicare Appropriate Use Criteria program |
| HCPCS | G1021 | Clinical decision support mechanism EHealthLine Clinical Decision Support Mechanism, as defined by the Medicare Appropriate Use Criteria program |
| HCPCS | G1022 | Clinical decision support mechanism Intermountain Clinical Decision Support Mechanism, as defined by the Medicare Appropriate Use Criteria program |
| HCPCS | G1023 | Clinical decision support mechanism Persivia Clinical Decision Support, as defined by the Medicare Appropriate Use Criteria program |
| HCPCS | G1024 | Clinical decision support mechanism Radrite, as defined by the Medicare Appropriate Use Criteria Program |
| HCPCS | G1025 | Patient-months where there are more than one Medicare capitated payment (MCP) provider listed for the month |
| HCPCS | G1026 | The number of adult patient-months in the denominator who were on maintenance hemodialysis using a catheter continuously for three months or longer under the care of the same practitioner or group partner as of the last hemodialysis session of the reporting month |
| HCPCS | G1027 | The number of adult patient-months in the denominator who were on maintenance hemodialysis under the care of the same practitioner or group partner as of the last hemodialysis session of the reporting month using a catheter continuously for less than three months |
| HCPCS | G1028 | Take-home supply of nasal naloxone; 2-pack of 8mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure |
| HCPCS | G2001 | Brief (20 minutes) in-home visit for a new patient post-discharge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than 9 times.) |
| HCPCS | G2002 | Limited (30 minutes) in-home visit for a new patient post-discharge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than 9 times.) |
| HCPCS | G2003 | Moderate (45 minutes) in-home visit for a new patient post-discharge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than 9 times.) |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | G2004 | Comprehensive (60 minutes) in-home visit for a new patient post-discharge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than 9 times.) |
| HCPCS | G2005 | Extensive (75 minutes) in-home visit for a new patient post-discharge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than 9 times.) |
| HCPCS | G2006 | Brief (20 minutes) in-home visit for an existing patient post-discharge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than 9 times.) |
| HCPCS | G2007 | Limited (30 minutes) in-home visit for an existing patient post-discharge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than 9 times.) |
| HCPCS | G2008 | Moderate (45 minutes) in-home visit for an existing patient post-discharge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than 9 times.) |
| HCPCS | G2009 | Comprehensive (60 minutes) in-home visit for an existing patient post-discharge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than 9 times.) |
| HCPCS | G2013 | Extensive (75 minutes) in-home visit for an existing patient post-discharge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than 9 times.) |
| HCPCS | G2014 | Limited (30 minutes) care plan oversight. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than 9 times.) |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | G2015 | Comprehensive (60 mins) home care plan oversight. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility.) |
| HCPCS | G2020 | Services for high intensity clinical services associated with the initial engagement and outreach of beneficiaries assigned to the SIP component of the PCF model (do not bill with chronic care management codes) |
| HCPCS | G2021 | Health care practitioners rendering treatment in place (TIP) |
| HCPCS | G2022 | A model participant (ambulance supplier/provider), the beneficiary refuses services covered under the model (transport to an alternate destination/treatment in place) |
| HCPCS | G2066 | Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results |
| HCPCS | G2067 | Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program) |
| HCPCS | G2068 | Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) |
| HCPCS | G2069 | Medication assisted treatment, buprenorphine (injectable); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) |
| HCPCS | G2070 | Medication assisted treatment, buprenorphine (implant insertion); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) |
| HCPCS | G2071 | Medication assisted treatment, buprenorphine (implant removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | G2072 | Medication assisted treatment, buprenorphine (implant insertion and removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) |
| HCPCS | G2073 | Medication assisted treatment, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) |
| HCPCS | G2074 | Medication assisted treatment, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) |
| HCPCS | G2075 | Medication assisted treatment, medication not otherwise specified; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program) |
| HCPCS | G2076 | Intake activities, including initial medical examination that is a complete, fully documented physical evaluation and initial assessment by a program physician or a primary care physician, or an authorized healthcare professional under the supervision of a program physician qualified personnel that includes preparation of a treatment plan that includes the patient's short-term goals and the tasks the patient must perform to complete the short-term goals; the patient's requirements for education, vocational rehabilitation, and employment; and the medical, psycho- social, economic, legal, or other supportive services that a patient needs, conducted by qualified personnel (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure |
| HCPCS | G2077 | Periodic assessment; assessing periodically by qualified personnel to determine the most appropriate combination of services and treatment (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure |
| HCPCS | G2078 | Take-home supply of methadone; up to 7 additional day supply (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure |
| HCPCS | G2079 | Take-home supply of buprenorphine (oral); up to 7 additional day supply (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | G2080 | Each additional 30 minutes of counseling in a week of medication assisted treatment, (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure |
| HCPCS | G2172 | All inclusive payment for services related to highly coordinated and integrated opioid use disorder (OUD) treatment services furnished for the demonstration project |
| HCPCS | G3002 | Chronic pain management and treatment, monthly bundle including, diagnosis; assessment and monitoring; administration of a validated pain rating scale or tool; the development, implementation, revision, and/or maintenance of a person-centered care plan that includes strengths, goals, clinical needs, and desired outcomes; overall treatment management; facilitation and coordination of any necessary behavioral health treatment; medication management; pain and health literacy counseling; any necessary chronic pain related crisis care; and ongoing communication and care coordination between relevant practitioners furnishing care, e.g. physical therapy and occupational therapy, complementary and integrative approaches, and community-based care, as appropriate. Required initial face-to-face visit at least 30 minutes provided by a physician or other qualified health professional; first 30 minutes personally provided by physician or other qualified health care professional, per calendar month. (When using G3002, 30 minutes must be met or exceeded.) |
| HCPCS | G3003 | Each additional 15 minutes of chronic pain management and treatment by a physician or other qualified health care professional, per calendar month. (list separately in addition to code for G3002. when using G3003, 15 minutes must be met or exceeded.) |
| HCPCS | G4000 | Dermatology MIPS Specialty Set |
| HCPCS | G4001 | Diagnostic radiology MIPS Specialty Set |
| HCPCS | G4002 | Electrophysiology cardiac specialist MIPS Specialty Set |
| HCPCS | G4003 | Emergency medicine MIPS Specialty Set |
| HCPCS | G4004 | Endocrinology MIPS Specialty Set |
| HCPCS | G4005 | Family medicine MIPS Specialty Set |
| HCPCS | G4006 | Gastro-enterology MIPS Specialty Set |
| HCPCS | G4007 | General surgery MIPS Specialty Set |
| HCPCS | G4008 | Geriatrics MIPS Specialty Set |
| HCPCS | G4009 | Hospitalists MIPS Specialty Set |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | G4010 | Infectious disease MIPS Specialty Set |
| HCPCS | G4011 | Internal medicine MIPS Specialty Set |
| HCPCS | G4012 | Interventional radiology MIPS Specialty Set |
| HCPCS | G4013 | Mental/behavioral health MIPS Specialty Set |
| HCPCS | G4014 | Nephrology MIPS Specialty Set |
| HCPCS | G4015 | Neurology MIPS Specialty Set |
| HCPCS | G4016 | Neurosurgical MIPS Specialty Set |
| HCPCS | G4017 | Nutrition/dietician MIPS Specialty Set |
| HCPCS | G4018 | Obstetrics/gynecology MIPS Specialty Set |
| HCPCS | G4019 | Oncology/hematology MIPS Specialty Set |
| HCPCS | G4020 | Ophthalmology MIPS Specialty Set |
| HCPCS | G4021 | Orthopedic surgery MIPS Specialty Set |
| HCPCS | G4022 | Otolaryngology MIPS Specialty Set |
| HCPCS | G4023 | Pathology MIPS Specialty Set |
| HCPCS | G4024 | Pediatrics MIPS Specialty Set |
| HCPCS | G4025 | Physical medicine MIPS Specialty Set |
| HCPCS | G4026 | Physical therapy/occupational therapy MIPS Specialty Set |
| HCPCS | G4027 | Plastic surgery MIPS Specialty Set |
| HCPCS | G4028 | Podiatry MIPS Specialty Set |
| HCPCS | G4029 | Preventive medicine MIPS Specialty Set |
| HCPCS | G4030 | Pulmonology MIPS Specialty Set |
| HCPCS | G4031 | Radiation oncology MIPS Specialty Set |
| HCPCS | G4032 | Rheumatology MIPS Specialty Set |
| HCPCS | G4033 | Skilled nursing facility MIPS Specialty Set |
| HCPCS | G4034 | Speech language pathology MIPS Specialty Set |
| HCPCS | G4035 | Thoracic surgery MIPS Specialty Set |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | G4036 | Urgent care MIPS Specialty Set |
| HCPCS | G4037 | Urology MIPS Specialty Set |
| HCPCS | G4038 | Vascular surgery MIPS Specialty Set |
| HCPCS | G8395 | Left ventricular ejection fraction (LVEF) \geq 40% or documentation as normal or mildly depressed left ventricular systolic function |
| HCPCS | G8396 | Left ventricular ejection fraction (LVEF) not performed or documented |
| HCPCS | G8397 | Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema and level of severity of retinopathy |
| HCPCS | G8399 | Patient with documented results of a central dual-energy x-ray absorptiometry (DXA) ever being performed |
| HCPCS | G8400 | Patient with central dual-energy x-ray absorptiometry (DXA) results not documented, reason not given |
| HCPCS | G8404 | Lower extremity neurological exam performed and documented |
| HCPCS | G8405 | Lower extremity neurological exam not performed |
| HCPCS | G8410 | Footwear evaluation performed and documented |
| HCPCS | G8415 | Footwear evaluation was not performed |
| HCPCS | G8416 | Clinician documented that patient was not an eligible candidate for footwear evaluation measure |
| HCPCS | G8417 | BMI is documented above normal parameters and a follow-up plan is documented |
| HCPCS | G8418 | BMI is documented below normal parameters and a follow-up plan is documented |
| HCPCS | G8419 | BMI documented outside normal parameters, no follow-up plan documented, no reason given |
| HCPCS | G8420 | BMI is documented within normal parameters and no follow-up plan is required |
| HCPCS | G8421 | BMI not documented and no reason is given |
| HCPCS | G8427 | Eligible clinician attests to documenting in the medical record they obtained, updated, or reviewed the patient's current medications |
| HCPCS | G8428 | Current list of medications not documented as obtained, updated, or reviewed by the eligible clinician, reason not given |
| HCPCS | G8430 | Documentation of a medical reason(s) for not documenting, updating, or reviewing the patient's current medications list (e.g., patient is in an urgent or emergent medical situation) |
| HCPCS | G8431 | Screening for depression is documented as being positive and a follow-up plan is documented |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | G8432 | Depression screening not documented, reason not given |
| HCPCS | G8433 | Screening for depression not completed, documented patient or medical reason |
| HCPCS | G8450 | Beta-blocker therapy prescribed |
| HCPCS | G8451 | Beta-blocker therapy for LVEF < 40% not prescribed for reasons documented by the clinician (e.g., low blood pressure, fluid overload, asthma, patients recently treated with an intravenous positive inotropic agent, allergy, intolerance, other medical reasons, patient declined, other patient reasons, or other reasons attributable to the healthcare system) |
| HCPCS | G8452 | Beta-blocker therapy not prescribed |
| HCPCS | G8465 | High or very high risk of recurrence of prostate cancer |
| HCPCS | G8473 | Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy prescribed |
| HCPCS | G8474 | Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy not prescribed for reasons documented by the clinician (e.g., allergy, intolerance, pregnancy, renal failure due to ace inhibitor, diseases of the aortic or mitral valve, other medical reasons) or (e.g., patient declined, other patient reasons) or (e.g., lack of drug availability, other reasons attributable to the health care system) |
| HCPCS | G8475 | Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy not prescribed, reason not given |
| HCPCS | G8476 | Most recent blood pressure has a systolic measurement of < 140 mm Hg and a diastolic measurement of < 90 mm Hg |
| HCPCS | G8477 | Most recent blood pressure has a systolic measurement of >= 140 mm Hg and/or a diastolic measurement of >= 90 mm Hg |
| HCPCS | G8478 | Blood pressure measurement not performed or documented, reason not given |
| HCPCS | G8482 | Influenza immunization administered or previously received |
| HCPCS | G8483 | Influenza immunization was not administered for reasons documented by clinician (e.g., patient allergy or other medical reasons, patient declined or other patient reasons, vaccine not available or other system reasons) |
| HCPCS | G8484 | Influenza immunization was not administered, reason not given |
| HCPCS | G8506 | Patient receiving angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy |
| HCPCS | G8510 | Screening for depression is documented as negative, a follow-up plan is not required |

Individual and Family Plan Non-Covered List

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | G8511 | Screening for depression documented as positive, follow-up plan not documented, reason not given |
| HCPCS | G8535 | Elder maltreatment screen not documented; documentation that patient is not eligible for the elder maltreatment screen at the time of the encounter |
| HCPCS | G8536 | No documentation of an elder maltreatment screen, reason not given |
| HCPCS | G8539 | Functional outcome assessment documented as positive using a standardized tool and a care plan based on identified deficiencies on the date of functional outcome assessment, is documented |
| HCPCS | G8540 | Functional outcome assessment not documented as being performed, documentation the patient is not eligible for a functional outcome assessment using a standardized tool at the time of the encounter |
| HCPCS | G8541 | Functional outcome assessment using a standardized tool not documented, reason not given |
| HCPCS | G8542 | Functional outcome assessment using a standardized tool is documented; no functional deficiencies identified, care plan not required |
| HCPCS | G8543 | Documentation of a positive functional outcome assessment using a standardized tool; care plan not documented, reason not given |
| HCPCS | G8559 | Patient referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation |
| HCPCS | G8560 | Patient has a history of active drainage from the ear within the previous 90 days |
| HCPCS | G8561 | Patient is not eligible for the referral for otologic evaluation for patients with a history of active drainage measure |
| HCPCS | G8562 | Patient does not have a history of active drainage from the ear within the previous 90 days |
| HCPCS | G8563 | Patient not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation, reason not given |
| HCPCS | G8564 | Patient was referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation, reason not specified) |
| HCPCS | G8565 | Verification and documentation of sudden or rapidly progressive hearing loss |
| HCPCS | G8566 | Patient is not eligible for the "referral for otologic evaluation for sudden or rapidly progressive hearing loss" measure |
| HCPCS | G8567 | Patient does not have verification and documentation of sudden or rapidly progressive hearing loss |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | G8568 | Patient was not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation, reason not given |
| HCPCS | G8569 | Prolonged postoperative intubation (> 24 hrs) required |
| HCPCS | G8570 | Prolonged postoperative intubation (> 24 hrs) not required |
| HCPCS | G8575 | Developed postoperative renal failure or required dialysis |
| HCPCS | G8576 | No postoperative renal failure/dialysis not required |
| HCPCS | G8577 | Re-exploration required due to mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction or other cardiac reason |
| HCPCS | G8578 | Re-exploration not required due to mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction or other cardiac reason |
| HCPCS | G8598 | Aspirin or another antiplatelet therapy used |
| HCPCS | G8599 | Aspirin or another antiplatelet therapy not used, reason not given |
| HCPCS | G8600 | IV tPA initiated within three hours (\leq 180 minutes) of time last known well |
| HCPCS | G8601 | IV alteplase not initiated within three hours (\leq 180 minutes) of time last known well for reasons documented by clinician (e.g. patient enrolled in clinical trial for stroke, patient admitted for elective carotid intervention, patient received tenecteplase (tnk)) |
| HCPCS | G8602 | IV tPA not initiated within three hours (\leq 180 minutes) of time last known well, reason not given |
| HCPCS | G8633 | Pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed |
| HCPCS | G8635 | Pharmacologic therapy for osteoporosis was not prescribed, reason not given |
| HCPCS | G8647 | Risk-adjusted functional status change residual score for the knee impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0) |
| HCPCS | G8648 | Risk-adjusted functional status change residual score for the knee impairment successfully calculated and the score was less than zero (< 0) |
| HCPCS | G8650 | Risk-adjusted functional status change residual score for the knee impairment not measured because the patient did not complete the LEPP PROM at initial evaluation and/or near discharge, reason not given |
| HCPCS | G8651 | Risk-adjusted functional status change residual score for the hip impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0) |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | G8652 | Risk-adjusted functional status change residual score for the hip impairment successfully calculated and the score was less than zero (< 0) |
| HCPCS | G8654 | Risk-adjusted functional status change residual score for the hip impairment not measured because the patient did not complete the LEPF PROM at initial evaluation and/or near discharge, reason not given |
| HCPCS | G8655 | Risk-adjusted functional status change residual score for the lower leg, foot or ankle impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0) |
| HCPCS | G8656 | Risk-adjusted functional status change residual score for the lower leg, foot or ankle impairment successfully calculated and the score was less than zero (< 0) |
| HCPCS | G8658 | Risk-adjusted functional status change residual score for the lower leg, foot or ankle impairment not measured because the patient did not complete the LEPF PROM at initial evaluation and/or near discharge, reason not given |
| HCPCS | G8659 | Risk-adjusted functional status change residual score for the low back impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0) |
| HCPCS | G8660 | Risk-adjusted functional status change residual score for the low back impairment successfully calculated and the score was less than zero (< 0) |
| HCPCS | G8661 | Risk-adjusted functional status change residual score for the low back impairment not measured because the patient did not complete the FS status survey near discharge, patient not appropriate |
| HCPCS | G8662 | Risk-adjusted functional status change residual score for the low back impairment not measured because the patient did not complete the low back FS PROM at initial evaluation and/or near discharge, reason not given |
| HCPCS | G8663 | Risk-adjusted functional status change residual score for the shoulder impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0) |
| HCPCS | G8664 | Risk-adjusted functional status change residual score for the shoulder impairment successfully calculated and the score was less than zero (< 0) |
| HCPCS | G8666 | Risk-adjusted functional status change residual score for the shoulder impairment not measured because the patient did not complete the shoulder FS PROM at initial evaluation and/or near discharge, reason not given |
| HCPCS | G8667 | Risk-adjusted functional status change residual score for the elbow, wrist or hand impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0) |

Individual and Family Plan Non-Covered List

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | G8668 | Risk-adjusted functional status change residual score for the elbow, wrist or hand impairment successfully calculated and the score was less than zero (< 0) |
| HCPCS | G8670 | Risk-adjusted functional status change residual score for the elbow, wrist or hand impairment not measured because the patient did not complete the elbow/wrist/hand FS PROM at initial evaluation and/or near discharge, reason not given |
| HCPCS | G8694 | Left ventricular ejection fraction (LVEF) < 40% or documentation of moderate or severe LVSD |
| HCPCS | G8708 | Patient not prescribed or dispensed antibiotic |
| HCPCS | G8709 | URI episodes when the patient had competing diagnoses on or three days after the episode date (e.g., intestinal infection, pertussis, bacterial infection, lyme disease, otitis media, acute sinusitis, acute pharyngitis, acute tonsillitis, chronic sinusitis, infection of the pharynx/larynx/tonsils/adenoids, prostatitis, cellulitis, mastoiditis, or bone infections, acute lymphadenitis, impetigo, skin staph infections, pneumonia/gonococcal infections, venereal disease (syphilis, chlamydia, inflammatory diseases [female reproductive organs]), infections of the kidney, cystitis or UTI, and acne) |
| HCPCS | G8710 | Patient prescribed or dispensed antibiotic |
| HCPCS | G8711 | Prescribed or dispensed antibiotic on or within 3 days after the episode date |
| HCPCS | G8712 | Antibiotic not prescribed or dispensed |
| HCPCS | G8721 | PT category (primary tumor), PN category (regional lymph nodes), and histologic grade were documented in pathology report |
| HCPCS | G8722 | Documentation of medical reason(s) for not including the PT category, the PN category or the histologic grade in the pathology report (e.g., re-excision without residual tumor; non-carcinomasanal canal) |
| HCPCS | G8723 | Specimen site is other than anatomic location of primary tumor |
| HCPCS | G8724 | PT category, PN category and histologic grade were not documented in the pathology report, reason not given |
| HCPCS | G8733 | Elder maltreatment screen documented as positive and a follow-up plan is documented |
| HCPCS | G8734 | Elder maltreatment screen documented as negative, no follow-up required |
| HCPCS | G8735 | Elder maltreatment screen documented as positive, follow-up plan not documented, reason not given |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | G8749 | Absence of signs of melanoma (tenderness, jaundice, localized neurologic signs such as weakness, or any other sign suggesting systemic spread) or absence of symptoms of melanoma (cough, dyspnea, pain, paresthesia, or any other symptom suggesting the possibility of systemic spread of melanoma) |
| HCPCS | G8752 | Most recent systolic blood pressure < 140 mm Hg |
| HCPCS | G8753 | Most recent systolic blood pressure >= 140 mm Hg |
| HCPCS | G8754 | Most recent diastolic blood pressure < 90 mm Hg |
| HCPCS | G8755 | Most recent diastolic blood pressure >= 90 mm Hg |
| HCPCS | G8756 | No documentation of blood pressure measurement, reason not given |
| HCPCS | G8783 | Normal blood pressure reading documented, follow-up not required |
| HCPCS | G8785 | Blood pressure reading not documented, reason not given |
| HCPCS | G8797 | Specimen site other than anatomic location of esophagus |
| HCPCS | G8798 | Specimen site other than anatomic location of prostate |
| HCPCS | G8806 | Performance of trans-abdominal or trans-vaginal ultrasound and pregnancy location documented |
| HCPCS | G8807 | Trans-abdominal or trans-vaginal ultrasound not performed for reasons documented by clinician (e.g., patient has visited the ED multiple times within 72 hours, patient has a documented intrauterine pregnancy [IUP]) |
| HCPCS | G8808 | Trans-abdominal or trans-vaginal ultrasound not performed, reason not given |
| HCPCS | G8815 | Documented reason in the medical records for why the statin therapy was not prescribed (i.e., lower extremity bypass was for a patient with non-atherosclerotic disease) |
| HCPCS | G8816 | Statin medication prescribed at discharge |
| HCPCS | G8817 | Statin therapy not prescribed at discharge, reason not given |
| HCPCS | G8818 | Patient discharge to home no later than post-operative day #7 |
| HCPCS | G8825 | Patient not discharged to home by post-operative day #7 |
| HCPCS | G8826 | Patient discharge to home no later than post-operative day #2 following EVAR |
| HCPCS | G8833 | Patient not discharged to home by post-operative day #2 following EVAR |
| HCPCS | G8834 | Patient discharged to home no later than post-operative day #2 following CEA |
| HCPCS | G8838 | Patient not discharged to home by post-operative day #2 following CEA |
| HCPCS | G8839 | Sleep apnea symptoms assessed, including presence or absence of snoring and daytime sleepiness |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | G8840 | Documentation of reason(s) for not documenting an assessment of sleep symptoms (e.g., patient didn't have initial daytime sleepiness, patient visited between initial testing and initiation of therapy) |
| HCPCS | G8841 | Sleep apnea symptoms not assessed, reason not given |
| HCPCS | G8842 | Apnea hypopnea index (AHI) or respiratory disturbance index (RDI) measured at the time of initial diagnosis |
| HCPCS | G8843 | Documentation of reason(s) for not measuring an apnea hypopnea index (AHI) or a respiratory disturbance index (RDI) at the time of initial diagnosis (e.g., psychiatric disease, dementia, patient declined, financial, insurance coverage, test ordered but not yet completed) |
| HCPCS | G8844 | Apnea hypopnea index (AHI) or respiratory disturbance index (RDI) not measured at the time of initial diagnosis, reason not given |
| HCPCS | G8845 | Positive airway pressure therapy prescribed |
| HCPCS | G8846 | Moderate or severe obstructive sleep apnea (apnea hypopnea index (AHI) or respiratory disturbance index (RDI) of 15 or greater) |
| HCPCS | G8849 | Documentation of reason(s) for not prescribing positive airway pressure therapy (e.g., patient unable to tolerate, alternative therapies use, patient declined, financial, insurance coverage) |
| HCPCS | G8850 | Positive airway pressure therapy not prescribed, reason not given |
| HCPCS | G8851 | Objective measurement of adherence to positive airway pressure therapy, documented |
| HCPCS | G8852 | Positive airway pressure therapy prescribed |
| HCPCS | G8854 | Documentation of reason(s) for not objectively measuring adherence to positive airway pressure therapy (e.g., patient didn't bring data from continuous positive airway pressure [CPAP], therapy not yet initiated, not available on machine) |
| HCPCS | G8855 | Objective measurement of adherence to positive airway pressure therapy not performed, reason not given |
| HCPCS | G8856 | Referral to a physician for an otologic evaluation performed |
| HCPCS | G8857 | Patient is not eligible for the referral for otologic evaluation measure (e.g., patients who are already under the care of a physician for acute or chronic dizziness) |
| HCPCS | G8858 | Referral to a physician for an otologic evaluation not performed, reason not given |
| HCPCS | G8863 | Patients not assessed for risk of bone loss, reason not given |
| HCPCS | G8864 | Pneumococcal vaccine administered or previously received |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | G8865 | Documentation of medical reason(s) for not administering or previously receiving pneumococcal vaccine (e.g., patient allergic reaction, potential adverse drug reaction) |
| HCPCS | G8866 | Documentation of patient reason(s) for not administering or previously receiving pneumococcal vaccine (e.g., patient refusal) |
| HCPCS | G8867 | Pneumococcal vaccine not administered or previously received, reason not given |
| HCPCS | G8869 | Patient has documented immunity to hepatitis B and initiating anti-TNF therapy |
| HCPCS | G8875 | Clinician diagnosed breast cancer preoperatively by a minimally invasive biopsy method |
| HCPCS | G8876 | Documentation of reason(s) for not performing minimally invasive biopsy to diagnose breast cancer preoperatively (e.g., lesion too close to skin, implant, chest wall, etc., lesion could not be adequately visualized for needle biopsy, patient condition prevents needle biopsy [weight, breast thickness, etc.], duct excision without imaging abnormality, prophylactic mastectomy, reduction mammoplasty, excisional biopsy performed by another physician) |
| HCPCS | G8877 | Clinician did not attempt to achieve the diagnosis of breast cancer preoperatively by a minimally invasive biopsy method, reason not given |
| HCPCS | G8878 | Sentinel lymph node biopsy procedure performed |
| HCPCS | G8880 | Documentation of reason(s) sentinel lymph node biopsy not performed (e.g., reasons could include but not limited to; non-invasive cancer, incidental discovery of breast cancer on prophylactic mastectomy, incidental discovery of breast cancer on reduction mammoplasty, pre-operative biopsy proven lymph node (ln) metastases, inflammatory carcinoma, stage 3 locally advanced cancer, recurrent invasive breast cancer, clinically node positive after neoadjuvant systemic therapy, patient refusal after informed consent, patient with significant age, comorbidities, or limited life expectancy and favorable tumor; adjuvant systemic therapy unlikely to change) |
| HCPCS | G8881 | Stage of breast cancer is greater than T1N0M0 or T2N0M0 |
| HCPCS | G8882 | Sentinel lymph node biopsy procedure not performed, reason not given |
| HCPCS | G8883 | Biopsy results reviewed, communicated, tracked and documented |
| HCPCS | G8884 | Clinician documented reason that patient's biopsy results were not reviewed |
| HCPCS | G8885 | Biopsy results not reviewed, communicated, tracked or documented |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | G8907 | Patient documented not to have experienced any of the following events: a burn prior to discharge; a fall within the facility; wrong site/side/patient/procedure/implant event; or a hospital transfer or hospital admission upon discharge from the facility |
| HCPCS | G8908 | Patient documented to have received a burn prior to discharge |
| HCPCS | G8909 | Patient documented not to have received a burn prior to discharge |
| HCPCS | G8910 | Patient documented to have experienced a fall within ASC |
| HCPCS | G8911 | Patient documented not to have experienced a fall within ambulatory surgical center |
| HCPCS | G8912 | Patient documented to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant event |
| HCPCS | G8913 | Patient documented not to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant event |
| HCPCS | G8914 | Patient documented to have experienced a hospital transfer or hospital admission upon discharge from ASC |
| HCPCS | G8915 | Patient documented not to have experienced a hospital transfer or hospital admission upon discharge from ASC |
| HCPCS | G8916 | Patient with preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis, antibiotic initiated on time |
| HCPCS | G8917 | Patient with preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis, antibiotic not initiated on time |
| HCPCS | G8918 | Patient without preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis |
| HCPCS | G8923 | Left ventricular ejection fraction (LVEF) < 40% or documentation of moderately or severely depressed left ventricular systolic function |
| HCPCS | G8924 | Spirometry test results demonstrate FEV1/FVC < 70%, FEV1 < 60% predicted and patient has COPD symptoms (e.g., dyspnea, cough/sputum, wheezing) |
| HCPCS | G8934 | Left ventricular ejection fraction (LVEF) < 40% or documentation of moderately or severely depressed left ventricular systolic function |
| HCPCS | G8935 | Clinician prescribed angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy |

Individual and Family Plan Non-Covered List

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | G8936 | Clinician documented that patient was not an eligible candidate for angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy (eg, allergy, intolerance, pregnancy, renal failure due to ace inhibitor, diseases of the aortic or mitral valve, other medical reasons) or (eg, patient declined, other patient reasons) or (eg, lack of drug availability, other reasons attributable to the health care system) |
| HCPCS | G8937 | Clinician did not prescribe angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy, reason not given |
| HCPCS | G8941 | Elder maltreatment screen documented as positive, follow-up plan not documented, documentation the patient is not eligible for follow-up plan at the time of the encounter |
| HCPCS | G8942 | Functional outcomes assessment using a standardized tool is documented within the previous 30 days and care plan, based on identified deficiencies on the date of the functional outcome assessment, is documented |
| HCPCS | G8944 | AJCC melanoma cancer stage 0 through IIc melanoma |
| HCPCS | G8946 | Minimally invasive biopsy method attempted but not diagnostic of breast cancer (e.g., high risk lesion of breast such as atypical ductal hyperplasia, lobular neoplasia, atypical lobular hyperplasia, lobular carcinoma in situ, atypical columnar hyperplasia, flat epithelial atypia, radial scar, complex sclerosing lesion, papillary lesion, or any lesion with spindle cells) |
| HCPCS | G8950 | Elevated or hypertensive blood pressure reading documented, and the indicated follow-up is documented |
| HCPCS | G8952 | Elevated or hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given |
| HCPCS | G8955 | Most recent assessment of adequacy of volume management documented |
| HCPCS | G8956 | Patient receiving maintenance hemodialysis in an outpatient dialysis facility |
| HCPCS | G8958 | Assessment of adequacy of volume management not documented, reason not given |
| HCPCS | G8967 | FDA approved oral anticoagulant is prescribed |
| HCPCS | G8968 | Documentation of medical reason(s) for not prescribing an FDA-approved anticoagulant to a patient with a CHA2DS2-VASc score of 0 or 1 for men; or 0, 1, or 2 for women (e.g., present or planned atrial appendage occlusion or ligation) |
| HCPCS | G8969 | Documentation of patient reason(s) for not prescribing an oral anticoagulant that is FDA approved for the prevention of thromboembolism (e.g., patient preference for not receiving anticoagulation) |
| HCPCS | G8970 | No risk factors or one moderate risk factor for thromboembolism |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | G9001 | Coordinated care fee, initial rate |
| HCPCS | G9002 | Coordinated care fee, maintenance rate |
| HCPCS | G9003 | Coordinated care fee, risk adjusted high, initial |
| HCPCS | G9004 | Coordinated care fee, risk adjusted low, initial |
| HCPCS | G9005 | Coordinated care fee, risk adjusted maintenance |
| HCPCS | G9006 | Coordinated care fee, home monitoring |
| HCPCS | G9007 | Coordinated care fee, scheduled team conference |
| HCPCS | G9008 | Coordinated care fee, physician coordinated care oversight services |
| HCPCS | G9009 | Coordinated care fee, risk adjusted maintenance, level 3 |
| HCPCS | G9010 | Coordinated care fee, risk adjusted maintenance, level 4 |
| HCPCS | G9011 | Coordinated care fee, risk adjusted maintenance, level 5 |
| HCPCS | G9012 | Other specified case management service not elsewhere classified |
| HCPCS | G9013 | ESRD demo basic bundle level I |
| HCPCS | G9014 | ESRD demo expanded bundle including venous access and related services |
| HCPCS | G9016 | Smoking cessation counseling, individual, in the absence of or in addition to any other evaluation and management service, per session (6-10 minutes) [demo project code only] |
| HCPCS | G9050 | Oncology; primary focus of visit; work-up, evaluation, or staging at the time of cancer diagnosis or recurrence (for use in a Medicare-approved demonstration project) |
| HCPCS | G9051 | Oncology; primary focus of visit; treatment decision-making after disease is staged or restaged, discussion of treatment options, supervising/coordinating active cancer directed therapy or managing consequences of cancer directed therapy (for use in a Medicare-approved demonstration project) |
| HCPCS | G9052 | Oncology; primary focus of visit; surveillance for disease recurrence for patient who has completed definitive cancer-directed therapy and currently lacks evidence of recurrent disease; cancer directed therapy might be considered in the future (for use in a Medicare-approved demonstration project) |
| HCPCS | G9053 | Oncology; primary focus of visit; expectant management of patient with evidence of cancer for whom no cancer directed therapy is being administered or arranged at present; cancer directed therapy might be considered in the future (for use in a Medicare-approved demonstration project) |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | G9054 | Oncology; primary focus of visit; supervising, coordinating or managing care of patient with terminal cancer or for whom other medical illness prevents further cancer treatment; includes symptom management, end-of-life care planning, management of palliative therapies (for use in a Medicare-approved demonstration project) |
| HCPCS | G9055 | Oncology; primary focus of visit; other, unspecified service not otherwise listed (for use in a Medicare-approved demonstration project) |
| HCPCS | G9056 | Oncology; practice guidelines; management adheres to guidelines (for use in a Medicare-approved demonstration project) |
| HCPCS | G9057 | Oncology; practice guidelines; management differs from guidelines as a result of patient enrollment in an institutional review board approved clinical trial (for use in a Medicare-approved demonstration project) |
| HCPCS | G9058 | Oncology; practice guidelines; management differs from guidelines because the treating physician disagrees with guideline recommendations (for use in a Medicare-approved demonstration project) |
| HCPCS | G9059 | Oncology; practice guidelines; management differs from guidelines because the patient, after being offered treatment consistent with guidelines, has opted for alternative treatment or management, including no treatment (for use in a Medicare-approved demonstration project) |
| HCPCS | G9060 | Oncology; practice guidelines; management differs from guidelines for reason(s) associated with patient comorbid illness or performance status not factored into guidelines (for use in a Medicare-approved demonstration project) |
| HCPCS | G9061 | Oncology; practice guidelines; patient's condition not addressed by available guidelines (for use in a Medicare-approved demonstration project) |
| HCPCS | G9062 | Oncology; practice guidelines; management differs from guidelines for other reason(s) not listed (for use in a Medicare-approved demonstration project) |
| HCPCS | G9063 | Oncology; disease status; limited to non-small cell lung cancer; extent of disease initially established as stage I (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) |
| HCPCS | G9064 | Oncology; disease status; limited to non-small cell lung cancer; extent of disease initially established as stage II (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | G9065 | Oncology; disease status; limited to non-small cell lung cancer; extent of disease initially established as stage IIIA (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) |
| HCPCS | G9066 | Oncology; disease status; limited to non-small cell lung cancer; stage IIIB-IV at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project) |
| HCPCS | G9067 | Oncology; disease status; limited to non-small cell lung cancer; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project) |
| HCPCS | G9068 | Oncology; disease status; limited to small cell and combined small cell/non-small cell; extent of disease initially established as limited with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) |
| HCPCS | G9069 | Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/non-small cell; extensive stage at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project) |
| HCPCS | G9070 | Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/non-small; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project) |
| HCPCS | G9071 | Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage I or stage IIA-IIIB; or T3, N1, M0; and ER and/or PR positive; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) |
| HCPCS | G9072 | Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage I, or stage IIIA-IIIB; or T3, N1, M0; and ER and PR negative; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) |
| HCPCS | G9073 | Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage IIIA-IIIB; and not T3, N1, M0; and ER and/or PR positive; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) |

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| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | G9074 | Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage IIIA-III B; and not T3, N1, M0; and ER and PR negative; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) |
| HCPCS | G9075 | Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project) |
| HCPCS | G9077 | Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; T1-T2c and gleason 2-7 and PSA < or equal to 20 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) |
| HCPCS | G9078 | Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; T2 or T3a gleason 8-10 or PSA > 20 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) |
| HCPCS | G9079 | Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; T3b-T4, any N; any T, N1 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) |
| HCPCS | G9080 | Oncology; disease status; prostate cancer, limited to adenocarcinoma; after initial treatment with rising PSA or failure of PSA decline (for use in a Medicare-approved demonstration project) |
| HCPCS | G9083 | Oncology; disease status; prostate cancer, limited to adenocarcinoma; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project) |
| HCPCS | G9084 | Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-3, N0, M0 with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) |
| HCPCS | G9085 | Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T4, N0, M0 with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | G9086 | Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-4, N1-2, M0 with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) |
| HCPCS | G9087 | Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive with current clinical, radiologic, or biochemical evidence of disease (for use in a Medicare-approved demonstration project) |
| HCPCS | G9088 | Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive without current clinical, radiologic, or biochemical evidence of disease (for use in a Medicare-approved demonstration project) |
| HCPCS | G9089 | Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project) |
| HCPCS | G9090 | Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-2, N0, M0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) |
| HCPCS | G9091 | Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T3, N0, M0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) |
| HCPCS | G9092 | Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-3, N1-2, M0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence or metastases (for use in a Medicare-approved demonstration project) |
| HCPCS | G9093 | Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T4, any N, M0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | G9094 | Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project) |
| HCPCS | G9095 | Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project) |
| HCPCS | G9096 | Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease initially established as T1-T3, N0-N1 or NX (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) |
| HCPCS | G9097 | Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease initially established as T4, any N, M0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) |
| HCPCS | G9098 | Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project) |
| HCPCS | G9099 | Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project) |
| HCPCS | G9100 | Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; post R0 resection (with or without neoadjuvant therapy) with no evidence of disease recurrence, progression, or metastases (for use in a Medicare-approved demonstration project) |
| HCPCS | G9101 | Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; post R1 or R2 resection (with or without neoadjuvant therapy) with no evidence of disease progression, or metastases (for use in a Medicare-approved demonstration project) |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | G9102 | Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; clinical or pathologic M0, unresectable with no evidence of disease progression, or metastases (for use in a Medicare-approved demonstration project) |
| HCPCS | G9103 | Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; clinical or pathologic M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project) |
| HCPCS | G9104 | Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project) |
| HCPCS | G9105 | Oncology; disease status; pancreatic cancer, limited to adenocarcinoma as predominant cell type; post R0 resection without evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) |
| HCPCS | G9106 | Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; post R1 or R2 resection with no evidence of disease progression, or metastases (for use in a Medicare-approved demonstration project) |
| HCPCS | G9107 | Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; unresectable at diagnosis, M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project) |
| HCPCS | G9108 | Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project) |
| HCPCS | G9109 | Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease initially established as T1-T2 and N0, M0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) |
| HCPCS | G9110 | Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease initially established as T3-4 and/or N1-3, M0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) |
| HCPCS | G9111 | Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project) |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | G9112 | Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project) |
| HCPCS | G9113 | Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage IA-B (grade 1) without evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) |
| HCPCS | G9114 | Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage IA-B (grade 2-3); or stage Ic (all grades); or stage II; without evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) |
| HCPCS | G9115 | Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage III-IV; without evidence of progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) |
| HCPCS | G9116 | Oncology; disease status; ovarian cancer, limited to epithelial cancer; evidence of disease progression, or recurrence, and/or platinum resistance (for use in a Medicare-approved demonstration project) |
| HCPCS | G9117 | Oncology; disease status; ovarian cancer, limited to epithelial cancer; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project) |
| HCPCS | G9123 | Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or BCR-ABL positive; chronic phase not in hematologic, cytogenetic, or molecular remission (for use in a Medicare-approved demonstration project) |
| HCPCS | G9124 | Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or BCR-ABL positive; accelerated phase not in hematologic cytogenetic, or molecular remission (for use in a Medicare-approved demonstration project) |
| HCPCS | G9125 | Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or BCR-ABL positive; blast phase not in hematologic, cytogenetic, or molecular remission (for use in a Medicare-approved demonstration project) |
| HCPCS | G9126 | Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or BCR-ABL positive; in hematologic, cytogenetic, or molecular remission (for use in a Medicare-approved demonstration project) |

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| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | G9128 | Oncology; disease status; limited to multiple myeloma, systemic disease; smoldering, stage I (for use in a Medicare-approved demonstration project) |
| HCPCS | G9129 | Oncology; disease status; limited to multiple myeloma, systemic disease; stage II or higher (for use in a Medicare-approved demonstration project) |
| HCPCS | G9130 | Oncology; disease status; limited to multiple myeloma, systemic disease; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project) |
| HCPCS | G9131 | Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project) |
| HCPCS | G9132 | Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone-refractory/androgen-independent (e.g., rising PSA on anti-androgen therapy or post-orchietomy); clinical metastases (for use in a Medicare-approved demonstration project) |
| HCPCS | G9133 | Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone-responsive; clinical metastases or M1 at diagnosis (for use in a Medicare-approved demonstration project) |
| HCPCS | G9134 | Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; stage I, II at diagnosis, not relapsed, not refractory (for use in a Medicare-approved demonstration project) |
| HCPCS | G9135 | Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; stage III, IV, not relapsed, not refractory (for use in a Medicare-approved demonstration project) |
| HCPCS | G9136 | Oncology; disease status; non-hodgkin's lymphoma, transformed from original cellular diagnosis to a second cellular classification (for use in a Medicare-approved demonstration project) |
| HCPCS | G9137 | Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; relapsed/refractory (for use in a Medicare-approved demonstration project) |
| HCPCS | G9138 | Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; diagnostic evaluation, stage not determined, evaluation of possible relapse or non-response to therapy, or not listed (for use in a Medicare-approved demonstration project) |
| HCPCS | G9139 | Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or BCR-ABL positive; extent of disease unknown, staging in progress, not listed (for use in a Medicare-approved demonstration project) |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | G9140 | Frontier extended stay clinic demonstration; for a patient stay in a clinic approved for the CMS demonstration project; the following measures should be present: the stay must be equal to or greater than 4 hours; weather or other conditions must prevent transfer or the case falls into a category of monitoring and observation cases that are permitted by the rules of the demonstration; there is a maximum frontier extended stay clinic (FESC) visit of 48 hours, except in the case when weather or other conditions prevent transfer; payment is made on each period up to 4 hours, after the first 4 hours |
| HCPCS | G9143 | Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s) |
| HCPCS | G9147 | Outpatient intravenous insulin treatment (OIVIT) either pulsatile or continuous, by any means, guided by the results of measurements for: respiratory quotient; and/or, urine urea nitrogen (UUN); and/or, arterial, venous or capillary glucose; and/or potassium concentration |
| HCPCS | G9148 | National committee for quality assurance - Level 1 medical home |
| HCPCS | G9149 | National committee for quality assurance - Level 2 medical home |
| HCPCS | G9150 | National committee for quality assurance - Level 3 medical home |
| HCPCS | G9151 | MAPCP demonstration - State provided services |
| HCPCS | G9152 | MAPCP demonstration - Community health teams |
| HCPCS | G9153 | MAPCP demonstration - Physician incentive pool |
| HCPCS | G9156 | Evaluation for wheelchair requiring face to face visit with physician |
| HCPCS | G9157 | Transesophageal doppler measurement of cardiac output (including probe placement, image acquisition, and interpretation per course of treatment) for monitoring purposes |
| HCPCS | G9187 | Bundled payments for care improvement initiative home visit for patient assessment performed by a qualified health care professional for individuals not considered homebound including, but not limited to, assessment of safety, falls, clinical status, fluid status, medication reconciliation/management, patient compliance with orders/plan of care, performance of activities of daily living, appropriateness of care setting; (for use only in the Medicare-approved bundled payments for care improvement initiative); may not be billed for a 30-day period covered by a transitional care management code |
| HCPCS | G9188 | Beta-blocker therapy not prescribed, reason not given |
| HCPCS | G9189 | Beta-blocker therapy prescribed or currently being taken |

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| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | G9190 | Documentation of medical reason(s) for not prescribing beta-blocker therapy (eg, allergy, intolerance, other medical reasons) |
| HCPCS | G9191 | Documentation of patient reason(s) for not prescribing beta-blocker therapy (eg, patient declined, other patient reasons) |
| HCPCS | G9192 | Documentation of system reason(s) for not prescribing beta-blocker therapy (eg, other reasons attributable to the health care system) |
| HCPCS | G9196 | Documentation of medical reason(s) for not ordering a first or second generation cephalosporin for antimicrobial prophylaxis (e.g., patients enrolled in clinical trials, patients with documented infection prior to surgical procedure of interest, patients who were receiving antibiotics more than 24 hours prior to surgery [except colon surgery patients taking oral prophylactic antibiotics], patients who were receiving antibiotics within 24 hours prior to arrival [except colon surgery patients taking oral prophylactic antibiotics], other medical reason(s)) |
| HCPCS | G9197 | Documentation of order for first or second generation cephalosporin for antimicrobial prophylaxis |
| HCPCS | G9198 | Order for first or second generation cephalosporin for antimicrobial prophylaxis was not documented, reason not given |
| HCPCS | G9212 | DSM-IVTR criteria for major depressive disorder documented at the initial evaluation |
| HCPCS | G9213 | DSM-IV-TR criteria for major depressive disorder not documented at the initial evaluation, reason not otherwise specified |
| HCPCS | G9223 | Pneumocystis jiroveci pneumonia prophylaxis prescribed within 3 months of low CD4+ cell count below 500 cells/mm ³ or a CD4 percentage below 15% |
| HCPCS | G9225 | Foot exam was not performed, reason not given |
| HCPCS | G9226 | Foot examination performed (includes examination through visual inspection, sensory exam with 10-g monofilament plus testing any one of the following: vibration using 128-Hz tuning fork, pinprick sensation, ankle reflexes, or vibration perception threshold, and pulse exam; report when all of the 3 components are completed) |
| HCPCS | G9227 | Functional outcome assessment documented, care plan not documented, documentation the patient is not eligible for a care plan at the time of the encounter |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | G9228 | Chlamydia, gonorrhea and syphilis screening results documented (report when results are present for all of the 3 screenings) |
| HCPCS | G9229 | Chlamydia, gonorrhea, and syphilis screening results not documented (patient refusal is the only allowed exception) |
| HCPCS | G9230 | Chlamydia, gonorrhea, and syphilis not screened, reason not given |
| HCPCS | G9231 | Documentation of end stage renal disease (ESRD), dialysis, renal transplant before or during the measurement period or pregnancy during the measurement period |
| HCPCS | G9242 | Documentation of viral load equal to or greater than 200 copies/ml or viral load not performed |
| HCPCS | G9243 | Documentation of viral load less than 200 copies/ml |
| HCPCS | G9246 | Patient did not have at least one medical visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between medical visits |
| HCPCS | G9247 | Patient had at least one medical visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between medical visits |
| HCPCS | G9250 | Documentation of patient pain brought to a comfortable level within 48 hours from initial assessment |
| HCPCS | G9251 | Documentation of patient with pain not brought to a comfortable level within 48 hours from initial assessment |
| HCPCS | G9254 | Documentation of patient discharged to home later than post-operative day 2 following CAS |
| HCPCS | G9255 | Documentation of patient discharged to home no later than post operative day 2 following CAS |
| HCPCS | G9273 | Blood pressure has a systolic value of < 140 and a diastolic value of < 90 |
| HCPCS | G9274 | Blood pressure has a systolic value of =140 and a diastolic value of = 90 or systolic value < 140 and diastolic value = 90 or systolic value = 140 and diastolic value < 90 |
| HCPCS | G9275 | Documentation that patient is a current non-tobacco user |
| HCPCS | G9276 | Documentation that patient is a current tobacco user |
| HCPCS | G9277 | Documentation that the patient is on daily aspirin or anti-platelet or has documentation of a valid contraindication or exception to aspirin/anti-platelet; contraindications/exceptions include anti-coagulant use, allergy to aspirin or anti-platelets, history of gastrointestinal bleed and bleeding disorder; additionally, the following exceptions documented by the physician as a reason for not taking daily aspirin or anti-platelet are acceptable (use of non-steroidal anti-inflammatory agents, documented risk for drug interaction, uncontrolled hypertension defined as >180 systolic or >110 diastolic or gastroesophageal reflux) |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | G9278 | Documentation that the patient is not on daily aspirin or anti-platelet regimen |
| HCPCS | G9279 | Pneumococcal screening performed and documentation of vaccination received prior to discharge |
| HCPCS | G9280 | Pneumococcal vaccination not administered prior to discharge, reason not specified |
| HCPCS | G9281 | Screening performed and documentation that vaccination not indicated/patient refusal |
| HCPCS | G9282 | Documentation of medical reason(s) for not reporting the histological type or NSCLC-NOS classification with an explanation (e.g., biopsy taken for other purposes in a patient with a history of non-small cell lung cancer or other documented medical reasons) |
| HCPCS | G9283 | Non small cell lung cancer biopsy and cytology specimen report documents classification into specific histologic type or classified as NSCLC-NOS with an explanation |
| HCPCS | G9284 | Non small cell lung cancer biopsy and cytology specimen report does not document classification into specific histologic type or classified as NSCLC-NOS with an explanation |
| HCPCS | G9285 | Specimen site other than anatomic location of lung or is not classified as non small cell lung cancer |
| HCPCS | G9286 | Antibiotic regimen prescribed within 10 days after onset of symptoms |
| HCPCS | G9287 | Antibiotic regimen not prescribed within 10 days after onset of symptoms |
| HCPCS | G9288 | Documentation of medical reason(s) for not reporting the histological type or NSCLC-NOS classification with an explanation (e.g., a solitary fibrous tumor in a person with a history of non-small cell carcinoma or other documented medical reasons) |
| HCPCS | G9289 | Non small cell lung cancer biopsy and cytology specimen report documents classification into specific histologic type or classified as NSCLC-NOS with an explanation |
| HCPCS | G9290 | Non small cell lung cancer biopsy and cytology specimen report does not document classification into specific histologic type or classified as NSCLC-NOS with an explanation |
| HCPCS | G9291 | Specimen site other than anatomic location of lung, is not classified as non small cell lung cancer or classified as NSCLC-NOS |
| HCPCS | G9292 | Documentation of medical reason(s) for not reporting PT category and a statement on thickness and ulceration and for PT1, mitotic rate (e.g., negative skin biopsies in a patient with a history of melanoma or other documented medical reasons) |
| HCPCS | G9293 | Pathology report does not include the PT category and a statement on thickness and ulceration and for PT1, mitotic rate |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | G9294 | Pathology report includes the PT category and a statement on thickness and ulceration and for PT1, mitotic rate |
| HCPCS | G9295 | Specimen site other than anatomic cutaneous location |
| HCPCS | G9296 | Patients with documented shared decision-making including discussion of conservative (non-surgical) therapy (e.g., nsaids, analgesics, weight loss, exercise, injections) prior to the procedure |
| HCPCS | G9297 | Shared decision-making including discussion of conservative (non-surgical) therapy (e.g., NSAIDs, analgesics, weight loss, exercise, injections) prior to the procedure, not documented, reason not given |
| HCPCS | G9298 | Patients who are evaluated for venous thromboembolic and cardiovascular risk factors within 30 days prior to the procedure (e.g., history of DVT, PE, MI, arrhythmia and stroke) |
| HCPCS | G9299 | Patients who are not evaluated for venous thromboembolic and cardiovascular risk factors within 30 days prior to the procedure (e.g., history of DVT, PE, MI, arrhythmia and stroke, reason not given) |
| HCPCS | G9305 | Intervention for presence of leak of endoluminal contents through an anastomosis not required |
| HCPCS | G9306 | Intervention for presence of leak of endoluminal contents through an anastomosis required |
| HCPCS | G9307 | No return to the operating room for a surgical procedure, for complications of the principal operative procedure, within 30 days of the principal operative procedure |
| HCPCS | G9308 | Unplanned return to the operating room for a surgical procedure, for complications of the principal operative procedure, within 30 days of the principal operative procedure |
| HCPCS | G9309 | No unplanned hospital readmission within 30 days of principal procedure |
| HCPCS | G9310 | Unplanned hospital readmission within 30 days of principal procedure |
| HCPCS | G9311 | No surgical site infection |
| HCPCS | G9312 | Surgical site infection |
| HCPCS | G9313 | Amoxicillin, with or without clavulanate, not prescribed as first line antibiotic at the time of diagnosis for documented reason |
| HCPCS | G9314 | Amoxicillin, with or without clavulanate, not prescribed as first line antibiotic at the time of diagnosis, reason not given |
| HCPCS | G9315 | Documentation amoxicillin, with or without clavulanate, prescribed as a first line antibiotic at the time of diagnosis |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | G9316 | Documentation of patient-specific risk assessment with a risk calculator based on multi-institutional clinical data, the specific risk calculator used, and communication of risk assessment from risk calculator with the patient or family |
| HCPCS | G9317 | Documentation of patient-specific risk assessment with a risk calculator based on multi-institutional clinical data, the specific risk calculator used, and communication of risk assessment from risk calculator with the patient or family not completed |
| HCPCS | G9318 | Imaging study named according to standardized nomenclature |
| HCPCS | G9319 | Imaging study not named according to standardized nomenclature, reason not given |
| HCPCS | G9321 | Count of previous CT (any type of CT) and cardiac nuclear medicine (myocardial perfusion) studies documented in the 12-month period prior to the current study |
| HCPCS | G9322 | Count of previous CT and cardiac nuclear medicine (myocardial perfusion) studies not documented in the 12-month period prior to the current study, reason not given |
| HCPCS | G9341 | Search conducted for prior patient CT studies completed at non-affiliated external healthcare facilities or entities within the past 12-months and are available through a secure, authorized, media-free, shared archive prior to an imaging study being performed |
| HCPCS | G9342 | Search not conducted prior to an imaging study being performed for prior patient CT studies completed at non-affiliated external healthcare facilities or entities within the past 12-months and are available through a secure, authorized, media-free, shared archive, reason not given |
| HCPCS | G9344 | Due to system reasons search not conducted for dicom format images for prior patient CT imaging studies completed at non-affiliated external healthcare facilities or entities within the past 12 months that are available through a secure, authorized, media-free, shared archive (e.g., non-affiliated external healthcare facilities or entities does not have archival abilities through a shared archival system) |
| HCPCS | G9345 | Follow-up recommendations documented according to recommended guidelines for incidentally detected pulmonary nodules (e.g., follow-up CT imaging studies needed or that no follow-up is needed) based at a minimum on nodule size and patient risk factors |
| HCPCS | G9347 | Follow-up recommendations not documented according to recommended guidelines for incidentally detected pulmonary nodules, reason not given |
| HCPCS | G9351 | More than one CT scan of the paranasal sinuses ordered or received within 90 days after diagnosis |

Individual and Family Plan Non-Covered List

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | G9352 | More than one CT scan of the paranasal sinuses ordered or received within 90 days after the date of diagnosis, reason not given |
| HCPCS | G9353 | More than one CT scan of the paranasal sinuses ordered or received within 90 days after the date of diagnosis for documented reasons (eg, patients with complications, second CT obtained prior to surgery, other medical reasons) |
| HCPCS | G9354 | One CT scan or no CT scan of the paranasal sinuses ordered within 90 days after the date of diagnosis |
| HCPCS | G9355 | Elective delivery (without medical indication) by Cesarean birth or induction of labor not performed (<39 weeks of gestation) |
| HCPCS | G9356 | Elective delivery (without medical indication) by Cesarean birth or induction of labor performed (<39 weeks of gestation) |
| HCPCS | G9357 | Postpartum screenings, evaluations and education performed |
| HCPCS | G9358 | Postpartum screenings, evaluations and education not performed |
| HCPCS | G9359 | Documentation of negative or managed positive TB screen with further evidence that TB is not active prior to treatment with a biologic immune response modifier |
| HCPCS | G9360 | No documentation of negative or managed positive TB screen |
| HCPCS | G9361 | Medical indication for delivery by cesarean birth or induction of labor (<39 weeks of gestation) [documentation of reason(s) for elective delivery (e.g., hemorrhage and placental complications, hypertension, preeclampsia and eclampsia, rupture of membranes (premature or prolonged), maternal conditions complicating pregnancy/delivery, fetal conditions complicating pregnancy/delivery, late pregnancy, prior uterine surgery, or participation in clinical trial)] |
| HCPCS | G9364 | Sinusitis caused by, or presumed to be caused by, bacterial infection |
| HCPCS | G9367 | At least two orders for high-risk medications from the same drug class |
| HCPCS | G9368 | At least two orders for high-risk medications from the same drug class not ordered |
| HCPCS | G9380 | Patient offered assistance with end of life issues during the measurement period |
| HCPCS | G9382 | Patient not offered assistance with end of life issues during the measurement period |
| HCPCS | G9383 | Patient received screening for HCV infection within the 12 month reporting period |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | G9384 | Documentation of medical reason(s) for not receiving annual screening for HCV infection (e.g., decompensated cirrhosis indicating advanced disease [i.e., ascites, esophageal variceal bleeding, hepatic encephalopathy], hepatocellular carcinoma, waitlist for organ transplant, limited life expectancy, other medical reasons) |
| HCPCS | G9385 | Documentation of patient reason(s) for not receiving annual screening for HCV infection (e.g., patient declined, other patient reasons) |
| HCPCS | G9386 | Screening for HCV infection not received within the 12 month reporting period, reason not given |
| HCPCS | G9393 | Patient with an initial PHQ-9 score greater than nine who achieves remission at twelve months as demonstrated by a twelve month (+/- 30 days) PHQ-9 score of less than five |
| HCPCS | G9394 | Patient who had a diagnosis of bipolar disorder or personality disorder, death, permanent nursing home resident or receiving hospice or palliative care any time during the measurement or assessment period |
| HCPCS | G9395 | Patient with an initial PHQ-9 score greater than nine who did not achieve remission at twelve months as demonstrated by a twelve month (+/- 30 days) PHQ-9 score greater than or equal to five |
| HCPCS | G9396 | Patient with an initial PHQ-9 score greater than nine who was not assessed for remission at twelve months (+/- 30 days) |
| HCPCS | G9402 | Patient received follow-up within 30 days after discharge |
| HCPCS | G9403 | Clinician documented reason patient was not able to complete 30 day follow-up from acute inpatient setting discharge (e.g., patient death prior to follow-up visit, patient non-compliant for visit follow-up) |
| HCPCS | G9404 | Patient did not receive follow-up on the date of discharge or within 30 days after discharge |
| HCPCS | G9405 | Patient received follow-up within 7 days after discharge |
| HCPCS | G9406 | Clinician documented reason patient was not able to complete 7 day follow-up from acute inpatient setting discharge (i.e patient death prior to follow-up visit, patient non-compliance for visit follow-up) |
| HCPCS | G9407 | Patient did not receive follow-up on or within 7 days after discharge |
| HCPCS | G9408 | Patients with cardiac tamponade and/or pericardiocentesis occurring within 30 days |
| HCPCS | G9409 | Patients without cardiac tamponade and/or pericardiocentesis occurring within 30 days |
| HCPCS | G9410 | Patient admitted within 180 days, status post CIED implantation, replacement, or revision with an infection requiring device removal or surgical revision |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | G9411 | Patient not admitted within 180 days, status post CIED implantation, replacement, or revision with an infection requiring device removal or surgical revision |
| HCPCS | G9412 | Patient admitted within 180 days, status post CIED implantation, replacement, or revision with an infection requiring device removal or surgical revision |
| HCPCS | G9413 | Patient not admitted within 180 days, status post CIED implantation, replacement, or revision with an infection requiring device removal or surgical revision |
| HCPCS | G9414 | Patient had one dose of meningococcal vaccine (serogroups A, C, W, Y) on or between the patient's 11th and 13th birthdays |
| HCPCS | G9415 | Patient did not have one dose of meningococcal vaccine (serogroups A, C, W, Y) on or between the patient's 11th and 13th birthdays |
| HCPCS | G9416 | Patient had one tetanus, diphtheria toxoids and acellular pertussis vaccine (TDaP) on or between the patient's 10th and 13th birthdays |
| HCPCS | G9417 | Patient did not have one tetanus, diphtheria toxoids and acellular pertussis vaccine (TDaP) on or between the patient's 10th and 13th birthdays |
| HCPCS | G9418 | Primary non-small cell lung cancer biopsy and cytology specimen report documents classification into specific histologic type following IASLC guidance or classified as NSCLC-NOS with an explanation |
| HCPCS | G9419 | Documentation of medical reason(s) for not including the histological type or NSCLC-NOS classification with an explanation (e.g. specimen insufficient or non-diagnostic, specimen does not contain cancer, or other documented medical reasons) |
| HCPCS | G9420 | Specimen site other than anatomic location of lung or is not classified as primary non-small cell lung cancer |
| HCPCS | G9421 | Primary non-small cell lung cancer lung biopsy and cytology specimen report does not document classification into specific histologic type or histologic type does not follow IASLC guidance or is classified as NSCLC-NOS but without an explanation |
| HCPCS | G9422 | Primary lung carcinoma resection report documents PT category, PN category and for non-small cell lung cancer, histologic type (e.g., squamous cell carcinoma, adenocarcinoma and not NSCLC-NOS) |
| HCPCS | G9423 | Documentation of medical reason for not including PT category, PN category and histologic type [for patient with appropriate exclusion criteria (e.g., metastatic disease, benign tumors, malignant tumors other than carcinomas, inadequate surgical specimens)] |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | G9424 | Specimen site other than anatomic location of lung, or classified as NSCLC-NOS |
| HCPCS | G9425 | Primary lung carcinoma resection report does not document PT category, PN category and for non-small cell lung cancer, histologic type (e.g., squamous cell carcinoma, adenocarcinoma) |
| HCPCS | G9426 | Improvement in median time from ED arrival to initial ED oral or parenteral pain medication administration performed for ED admitted patients |
| HCPCS | G9427 | Improvement in median time from ED arrival to initial ED oral or parenteral pain medication administration not performed for ED admitted patients |
| HCPCS | G9428 | Pathology report includes the PT category, thickness, ulceration and mitotic rate, peripheral and deep margin status and presence or absence of microsatellitosis for invasive tumors |
| HCPCS | G9429 | Documentation of medical reason(s) for not including PT category, thickness, ulceration and mitotic rate, peripheral and deep margin status and presence or absence of microsatellitosis for invasive tumors (e.g., negative skin biopsies, insufficient tissue, or other documented medical reasons) |
| HCPCS | G9430 | Specimen site other than anatomic cutaneous location |
| HCPCS | G9431 | Pathology report does not include the PT category, thickness, ulceration and mitotic rate, peripheral and deep margin status and presence or absence of microsatellitosis for invasive tumors |
| HCPCS | G9432 | Asthma well-controlled based on the ACT, C-ACT, ACQ, or ATAQ score and results documented |
| HCPCS | G9434 | Asthma not well-controlled based on the ACT, C-ACT, ACQ, or ATAQ score, or specified asthma control tool not used, reason not given |
| HCPCS | G9451 | Patient received one-time screening for HCV infection |
| HCPCS | G9452 | Documentation of medical reason(s) for not receiving one-time screening for HCV infection (e.g., decompensated cirrhosis indicating advanced disease [ie, ascites, esophageal variceal bleeding, hepatic encephalopathy], hepatocellular carcinoma, waitlist for organ transplant, limited life expectancy, other medical reasons) |
| HCPCS | G9453 | Documentation of patient reason(s) for not receiving one-time screening for HCV infection (e.g., patient declined, other patient reasons) |
| HCPCS | G9454 | One-time screening for HCV infection not received within 12-month reporting period and no documentation of prior screening for HCV infection, reason not given |
| HCPCS | G9455 | Patient underwent abdominal imaging with ultrasound, contrast enhanced CT or contrast MRI for HCC |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | G9456 | Documentation of medical or patient reason(s) for not ordering or performing screening for HCC. Medical reason: comorbid medical conditions with expected survival < 5 years, hepatic decompensation and not a candidate for liver transplantation, or other medical reasons; patient reasons: patient declined or other patient reasons (e.g., cost of tests, time related to accessing testing equipment) |
| HCPCS | G9457 | Patient did not undergo abdominal imaging and did not have a documented reason for not undergoing abdominal imaging in the submission period |
| HCPCS | G9458 | Patient documented as tobacco user and received tobacco cessation intervention (must include at least one of the following: advice given to quit smoking or tobacco use, counseling on the benefits of quitting smoking or tobacco use, assistance with or referral to external smoking or tobacco cessation support programs, or current enrollment in smoking or tobacco use cessation program) if identified as a tobacco user |
| HCPCS | G9459 | Currently a tobacco non-user |
| HCPCS | G9460 | Tobacco assessment or tobacco cessation intervention not performed, reason not given |
| HCPCS | G9468 | Patient not receiving corticosteroids greater than or equal to 10 mg/day of prednisone equivalents for 60 or greater consecutive days or a single prescription equating to 600 mg prednisone or greater for all fills |
| HCPCS | G9470 | Patients not receiving corticosteroids greater than or equal to 10 mg/day of prednisone equivalents for 60 or greater consecutive days or a single prescription equating to 600 mg prednisone or greater for all fills |
| HCPCS | G9471 | Within the past 2 years, central dual-energy x-ray absorptiometry (DXA) not ordered or documented |
| HCPCS | G9473 | Services performed by chaplain in the hospice setting, each 15 minutes |
| HCPCS | G9474 | Services performed by dietary counselor in the hospice setting, each 15 minutes |
| HCPCS | G9475 | Services performed by other counselor in the hospice setting, each 15 minutes |
| HCPCS | G9476 | Services performed by volunteer in the hospice setting, each 15 minutes |
| HCPCS | G9477 | Services performed by care coordinator in the hospice setting, each 15 minutes |
| HCPCS | G9478 | Services performed by other qualified therapist in the hospice setting, each 15 minutes |
| HCPCS | G9479 | Services performed by qualified pharmacist in the hospice setting, each 15 minutes |
| HCPCS | G9480 | Admission to Medicare care choice model program (MCCM) |
| HCPCS | G9497 | Received instruction from the anesthesiologist or proxy prior to the day of surgery to abstain from smoking on the day of surgery |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | G9498 | Antibiotic regimen prescribed |
| HCPCS | G9500 | Radiation exposure indices, or exposure time and number of fluorographic images in final report for procedures using fluoroscopy, documented |
| HCPCS | G9501 | Radiation exposure indices, or exposure time and number of fluorographic images not documented in final report for procedure using fluoroscopy, reason not given |
| HCPCS | G9502 | Documentation of medical reason for not performing foot exam (i.e., patients who have had either a bilateral amputation above or below the knee, or both a left and right amputation above or below the knee before or during the measurement period) |
| HCPCS | G9504 | Documented reason for not assessing hepatitis B virus (HBV) status (e.g., patient not initiating anti-TNF therapy, patient declined) prior to initiating anti-TNF therapy |
| HCPCS | G9505 | Antibiotic regimen prescribed within 10 days after onset of symptoms for documented medical reason |
| HCPCS | G9506 | Biologic immune response modifier prescribed |
| HCPCS | G9507 | Documentation that the patient is on a statin medication or has documentation of a valid contraindication or exception to statin medications; contraindications/exceptions that can be defined by diagnosis codes include pregnancy during the measurement period, active liver disease, rhabdomyolysis, end stage renal disease on dialysis and heart failure; provider documented contraindications/exceptions include breastfeeding during the measurement period, woman of child-bearing age not actively taking birth control, allergy to statin, drug interaction (HIV protease inhibitors, nefazodone, cyclosporine, gemfibrozil, and danazol) and intolerance (with supporting documentation of trying a statin at least once within the last 5 years or diagnosis codes for myositis or toxic myopathy related to drugs) |
| HCPCS | G9508 | Documentation that the patient is not on a statin medication |
| HCPCS | G9509 | Adult patients 18 years of age or older with major depression or dysthymia who reached remission at twelve months as demonstrated by a twelve month (+/-60 days) PHQ-9 or PHQ-9M score of less than 5 |
| HCPCS | G9510 | Adult patients 18 years of age or older with major depression or dysthymia who did not reach remission at twelve months as demonstrated by a twelve month (+/-60 days) PHQ-9 or PHQ-9m score of less than 5. either PHQ- 9 or PHQ-9m score was not assessed or is greater than or equal to 5 |
| HCPCS | G9511 | Index event date PHQ-9 or PHQ-9M score greater than 9 documented during the twelve month denominator identification period |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | G9512 | Individual had a PDC of 0.8 or greater |
| HCPCS | G9513 | Individual did not have a PDC of 0.8 or greater |
| HCPCS | G9514 | Patient required a return to the operating room within 90 days of surgery |
| HCPCS | G9515 | Patient did not require a return to the operating room within 90 days of surgery |
| HCPCS | G9516 | Patient achieved an improvement in visual acuity, from their preoperative level, within 90 days of surgery |
| HCPCS | G9517 | Patient did not achieve an improvement in visual acuity, from their preoperative level, within 90 days of surgery, reason not given |
| HCPCS | G9518 | Documentation of active injection drug use |
| HCPCS | G9519 | Patient achieves final refraction (spherical equivalent) +/- 1.0 diopters of their planned refraction within 90 days of surgery |
| HCPCS | G9520 | Patient does not achieve final refraction (spherical equivalent) +/- 1.0 diopters of their planned refraction within 90 days of surgery |
| HCPCS | G9521 | Total number of emergency department visits and inpatient hospitalizations less than two in the past 12 months |
| HCPCS | G9522 | Total number of emergency department visits and inpatient hospitalizations equal to or greater than two in the past 12 months or patient not screened, reason not given |
| HCPCS | G9529 | Patient with minor blunt head trauma had an appropriate indication(s) for a head CT |
| HCPCS | G9530 | Patient presented with a minor blunt head trauma and had a head CT ordered for trauma by an emergency care provider |
| HCPCS | G9531 | Patient has documentation of ventricular shunt, brain tumor, multisystem trauma, or is currently taking an antiplatelet medication including: abciximab, anagrelide, cangrelor, cilostazol, clopidogrel, dipyridamole, eptifibatide, prasugrel, ticlopidine, ticagrelor, tirofiban, or vorapaxar |
| HCPCS | G9533 | Patient with minor blunt head trauma did not have an appropriate indication(s) for a head CT |
| HCPCS | G9537 | Imaging needed as part of a clinical trial; or other clinician ordered the study |
| HCPCS | G9539 | Intent for potential removal at time of placement |
| HCPCS | G9540 | Patient alive 3 months post procedure |
| HCPCS | G9541 | Filter removed within 3 months of placement |
| HCPCS | G9542 | Documented re-assessment for the appropriateness of filter removal within 3 months of placement |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | G9543 | Documentation of at least two attempts to reach the patient to arrange a clinical re-assessment for the appropriateness of filter removal within 3 months of placement |
| HCPCS | G9544 | Patients that do not have the filter removed, documented re-assessment for the appropriateness of filter removal, or documentation of at least two attempts to reach the patient to arrange a clinical re-assessment for the appropriateness of filter removal within 3 months of placement |
| HCPCS | G9547 | Cystic renal lesion that is simple appearing (Bosniak I or II) , or adrenal lesion less than or equal to 1.0 cm or adrenal lesion greater than 1.0 cm but less than or equal to 4.0 cm classified as likely benign by unenhanced CT or washout protocol CT, or MRI with in- and opposed-phase sequences or other equivalent institutional imaging protocols |
| HCPCS | G9548 | Final reports for imaging studies stating no follow-up imaging is recommended |
| HCPCS | G9549 | Documentation of medical reason(s) that follow-up imaging is indicated (e.g., patient has lymphadenopathy, signs of metastasis or an active diagnosis or history of cancer, and other medical reason(s)) |
| HCPCS | G9550 | Final reports for imaging studies with follow-up imaging recommended, or final reports that do not include a specific recommendation of no follow-up |
| HCPCS | G9551 | Final reports for imaging studies without an incidentally found lesion noted |
| HCPCS | G9552 | Incidental thyroid nodule < 1.0 cm noted in report |
| HCPCS | G9553 | Prior thyroid disease diagnosis |
| HCPCS | G9554 | Final reports for CT, CTA, MRI or MRA of the chest or neck with follow-up imaging recommended |
| HCPCS | G9555 | Documentation of medical reason(s) for recommending follow up imaging (e.g., patient has multiple endocrine neoplasia, patient has cervical lymphadenopathy, other medical reason(s)) |
| HCPCS | G9556 | Final reports for CT, CTA, MRI or MRA of the chest or neck with follow-up imaging not recommended |
| HCPCS | G9557 | Final reports for CT, CTA, MRI or MRA studies of the chest or neck without an incidentally found thyroid nodule < 1.0 cm noted or no nodule found |
| HCPCS | G9580 | Door to puncture time of 90 minutes or less |
| HCPCS | G9582 | Door to puncture time of greater than 90 minutes, no reason given |
| HCPCS | G9593 | Pediatric patient with minor blunt head trauma classified as low risk according to the PECARN prediction rules |
| HCPCS | G9594 | Patient presented with a minor blunt head trauma and had a head CT ordered for trauma by an emergency care provider |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | G9595 | Patient has documentation of ventricular shunt, brain tumor, or coagulopathy |
| HCPCS | G9596 | Pediatric patient had a head CT for trauma ordered by someone other than an emergency care provider or was ordered for a reason other than trauma |
| HCPCS | G9597 | Pediatric patient with minor blunt head trauma not classified as low risk according to the PECARN prediction rules |
| HCPCS | G9598 | Aortic aneurysm 5.5 - 5.9 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT |
| HCPCS | G9599 | Aortic aneurysm 6.0 cm or greater maximum diameter on centerline formatted CT or minor diameter on axial formatted CT |
| HCPCS | G9603 | Patient survey score improved from baseline following treatment |
| HCPCS | G9604 | Patient survey results not available |
| HCPCS | G9605 | Patient survey score did not improve from baseline following treatment |
| HCPCS | G9606 | Intraoperative cystoscopy performed to evaluate for lower tract injury |
| HCPCS | G9607 | Documented medical reasons for not performing intraoperative cystoscopy (e.g., urethral pathology precluding cystoscopy, any patient who has a congenital or acquired absence of the urethra) or in the case of patient death |
| HCPCS | G9608 | Intraoperative cystoscopy not performed to evaluate for lower tract injury |
| HCPCS | G9609 | Documentation of an order for anti-platelet agents |
| HCPCS | G9610 | Documentation of medical reason(s) in the patient's record for not ordering anti-platelet agents |
| HCPCS | G9611 | Order for anti-platelet agents was not documented in the patient's record, reason not given |
| HCPCS | G9612 | Photodocumentation of two or more cecal landmarks to establish a complete examination |
| HCPCS | G9613 | Documentation of post-surgical anatomy (e.g., right hemicolectomy, ileocecal resection, etc.) |
| HCPCS | G9614 | Photodocumentation of less than two cecal landmarks (i.e., no cecal landmarks or only one cecal landmark) to establish a complete examination |
| HCPCS | G9618 | Documentation of screening for uterine malignancy or those that had an ultrasound and/or endometrial sampling of any kind |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | G9620 | Patient not screened for uterine malignancy, or those that have not had an ultrasound and/or endometrial sampling of any kind, reason not given |
| HCPCS | G9621 | Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method and received brief counseling |
| HCPCS | G9622 | Patient not identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method |
| HCPCS | G9623 | Documentation of medical reason(s) for not screening for unhealthy alcohol use (e.g., limited life expectancy, other medical reasons) |
| HCPCS | G9624 | Patient not screened for unhealthy alcohol use using a systematic screening method or patient did not receive brief counseling if identified as an unhealthy alcohol user, reason not given |
| HCPCS | G9625 | Patient sustained bladder injury at the time of surgery or discovered subsequently up to 30 days post-surgery |
| HCPCS | G9626 | Documented medical reason for not reporting bladder injury (e.g., gynecologic or other pelvic malignancy documented, concurrent surgery involving bladder pathology, injury that occurs during urinary incontinence procedure, patient death from non-medical causes not related to surgery, patient died during procedure without evidence of bladder injury) |
| HCPCS | G9627 | Patient did not sustain bladder injury at the time of surgery nor discovered subsequently up to 30 days post-surgery |
| HCPCS | G9628 | Patient sustained bowel injury at the time of surgery or discovered subsequently up to 30 days post-surgery |
| HCPCS | G9629 | Documented medical reasons for not reporting bowel injury (e.g., gynecologic or other pelvic malignancy documented, planned (e.g., not due to an unexpected bowel injury) resection and/or re-anastomosis of bowel, or patient death from non-medical causes not related to surgery, patient died during procedure without evidence of bowel injury) |
| HCPCS | G9630 | Patient did not sustain a bowel injury at the time of surgery nor discovered subsequently up to 30 days post-surgery |
| HCPCS | G9631 | Patient sustained ureter injury at the time of surgery or discovered subsequently up to 30 days post-surgery |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | G9632 | Documented medical reasons for not reporting ureter injury (e.g., gynecologic or other pelvic malignancy documented, concurrent surgery involving bladder pathology, injury that occurs during a urinary incontinence procedure, patient death from non-medical causes not related to surgery, patient died during procedure without evidence of ureter injury) |
| HCPCS | G9633 | Patient did not sustain ureter injury at the time of surgery nor discovered subsequently up to 30 days post-surgery |
| HCPCS | G9637 | Final reports with documentation of one or more dose reduction techniques (e.g., automated exposure control, adjustment of the MA and/or KV according to patient size, use of iterative reconstruction technique) |
| HCPCS | G9638 | Final reports without documentation of one or more dose reduction techniques (e.g., automated exposure control, adjustment of the MA and/or KV according to patient size, use of iterative reconstruction technique) |
| HCPCS | G9642 | Current smoker (e.g., cigarette, cigar, pipe, e-cigarette or marijuana) |
| HCPCS | G9643 | Elective surgery |
| HCPCS | G9644 | Patients who abstained from smoking prior to anesthesia on the day of surgery or procedure |
| HCPCS | G9645 | Patients who did not abstain from smoking prior to anesthesia on the day of surgery or procedure |
| HCPCS | G9646 | Patients with 90 day MRS score of 0 to 2 |
| HCPCS | G9648 | Patients with 90 day MRS score greater than 2 |
| HCPCS | G9649 | Psoriasis assessment tool documented meeting any one of the specified benchmarks (e.g., (PGA; 5-point or 6-point scale), body surface area (BSA), psoriasis area and severity index (PASI) and/or dermatology life quality index) (DLQI)) |
| HCPCS | G9651 | Psoriasis assessment tool documented not meeting any one of the specified benchmarks (e.g., (PGA; 5-point or 6-point scale), body surface area (BSA), psoriasis area and severity index (PASI) and/or dermatology life quality index) (DLQI)) or psoriasis assessment tool not documented |
| HCPCS | G9654 | Monitored anesthesia care (MAC) |
| HCPCS | G9655 | A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is used |
| HCPCS | G9656 | Patient transferred directly from anesthetizing location to PACU or other non-ICU location |
| HCPCS | G9658 | A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is not used |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | G9659 | Patients greater than or equal to 86 years of age who underwent a screening colonoscopy and did not have a history of colorectal cancer or other valid medical reason for the colonoscopy, including: iron deficiency anemia, lower gastrointestinal bleeding, crohn's disease (i.e., regional enteritis), familial adenomatous polyposis, lynch syndrome (i.e., hereditary non-polyposis colorectal cancer), inflammatory bowel disease, ulcerative colitis, abnormal finding of gastrointestinal tract, or changes in bowel habits |
| HCPCS | G9660 | Documentation of medical reason(s) for a colonoscopy performed on a patient greater than or equal to 86 years of age (e.g., iron deficiency anemia, lower gastrointestinal bleeding, crohn's disease (i.e., regional enteritis), familial history of adenomatous polyposis, lynch syndrome (i.e., hereditary non-polyposis colorectal cancer), inflammatory bowel disease, ulcerative colitis, abnormal finding of gastrointestinal tract, or changes in bowel habits) |
| HCPCS | G9661 | Patients greater than or equal to 86 years of age who received a colonoscopy for an assessment of signs/symptoms of GI tract illness, and/or because the patient meets high risk criteria, and/or to follow-up on previously diagnosed advanced lesions |
| HCPCS | G9662 | Previously diagnosed or have an active diagnosis of clinical ASCVD, including ASCVD procedure |
| HCPCS | G9663 | Any LDL-C laboratory test result ≥ 190 mg/dl |
| HCPCS | G9664 | Patients who are currently statin therapy users or received an order (prescription) for statin therapy |
| HCPCS | G9665 | Patients who are not currently statin therapy users or did not receive an order (prescription) for statin therapy |
| HCPCS | G9674 | Patients with clinical ASCVD diagnosis |
| HCPCS | G9675 | Patients who have ever had a fasting or direct laboratory result of LDL-C = 190 mg/dl |
| HCPCS | G9676 | Patients aged 40 to 75 years at the beginning of the measurement period with type 1 or type 2 diabetes and with an LDL-C result of 70/189 mg/dl recorded as the highest fasting or direct laboratory test result in the measurement year or during the two years prior to the beginning of the measurement period |
| HCPCS | G9687 | Hospice services provided to patient any time during the measurement period |
| HCPCS | G9688 | Patients using hospice services any time during the measurement period |
| HCPCS | G9689 | Patient admitted for performance of elective carotid intervention |
| HCPCS | G9690 | Patient receiving hospice services any time during the measurement period |
| HCPCS | G9691 | Patient had hospice services any time during the measurement period |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | G9692 | Hospice services received by patient any time during the measurement period |
| HCPCS | G9693 | Patient use of hospice services any time during the measurement period |
| HCPCS | G9694 | Hospice services utilized by patient any time during the measurement period |
| HCPCS | G9695 | Long-acting inhaled bronchodilator prescribed |
| HCPCS | G9696 | Documentation of medical reason(s) for not prescribing a long-acting inhaled bronchodilator |
| HCPCS | G9697 | Documentation of patient reason(s) for not prescribing a long-acting inhaled bronchodilator |
| HCPCS | G9698 | Documentation of system reason(s) for not prescribing a long-acting inhaled bronchodilator |
| HCPCS | G9699 | Long-acting inhaled bronchodilator not prescribed, reason not otherwise specified |
| HCPCS | G9700 | Patients who use hospice services any time during the measurement period |
| HCPCS | G9702 | Patients who use hospice services any time during the measurement period |
| HCPCS | G9703 | Episodes where the patient is taking antibiotics (table 1) in the 30 days prior to the episode date, or had an active prescription on the episode date |
| HCPCS | G9704 | AJCC breast cancer stage I: T1 mic or T1a documented |
| HCPCS | G9705 | AJCC breast cancer stage I: T1b (tumor > 0.5 cm but <= 1 cm in greatest dimension) documented |
| HCPCS | G9706 | Low (or very low) risk of recurrence, prostate cancer |
| HCPCS | G9707 | Patient received hospice services any time during the measurement period |
| HCPCS | G9708 | Women who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there is evidence of a right and a left unilateral mastectomy |
| HCPCS | G9709 | Hospice services used by patient any time during the measurement period |
| HCPCS | G9710 | Patient was provided hospice services any time during the measurement period |
| HCPCS | G9711 | Patients with a diagnosis or past history of total colectomy or colorectal cancer |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | G9712 | Documentation of medical reason(s) for prescribing or dispensing antibiotic (e.g., intestinal infection, pertussis, bacterial infection, lyme disease, otitis media, acute sinusitis, acute pharyngitis, acute tonsillitis, chronic sinusitis, infection of the pharynx/larynx/tonsils/adenoids, prostatitis, cellulitis/mastoiditis/bone infections, acute lymphadenitis, impetigo, skin staph infections, pneumonia, gonococcal infections/venered disease (syphilis, chlamydia, inflammatory diseases [female reproductive organs]), infections of the kidney, cystitis/UTI, acne, HIV disease/asymptomatic HIV, cystic fibrosis, disorders of the immune system, malignancy neoplasms, chronic bronchitis, emphysema, bronchiectasis, extrinsic allergic alveolitis, chronic airway obstruction, chronic obstructive asthma, pneumoconiosis and other lung disease due to external agents, other diseases of the respiratory system, and tuberculosis |
| HCPCS | G9713 | Patients who use hospice services any time during the measurement period |
| HCPCS | G9714 | Patient is using hospice services any time during the measurement period |
| HCPCS | G9715 | Patients who use hospice services any time during the measurement period |
| HCPCS | G9716 | BMI is documented as being outside of normal parameters, follow-up plan is not completed for documented medical reason |
| HCPCS | G9717 | Documentation stating the patient has had a diagnosis of depression or has had a diagnosis of bipolar disorder |
| HCPCS | G9718 | Hospice services for patient provided any time during the measurement period |
| HCPCS | G9719 | Patient is not ambulatory, bed ridden, immobile, confined to chair, wheelchair bound, dependent on helper pushing wheelchair, independent in wheelchair or minimal help in wheelchair |
| HCPCS | G9720 | Hospice services for patient occurred any time during the measurement period |
| HCPCS | G9721 | Patient not ambulatory, bed ridden, immobile, confined to chair, wheelchair bound, dependent on helper pushing wheelchair, independent in wheelchair or minimal help in wheelchair |
| HCPCS | G9722 | Documented history of renal failure or baseline serum creatinine ≥ 4.0 mg/dl; renal transplant recipients are not considered to have preoperative renal failure, unless, since transplantation the CR has been or is 4.0 or higher |
| HCPCS | G9723 | Hospice services for patient received any time during the measurement period |
| HCPCS | G9724 | Patients who had documentation of use of anticoagulant medications overlapping the measurement year |
| HCPCS | G9725 | Patients who use hospice services any time during the measurement period |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | G9726 | Patient refused to participate |
| HCPCS | G9727 | Patient unable to complete the LEPF PROM at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available |
| HCPCS | G9728 | Patient refused to participate |
| HCPCS | G9729 | Patient unable to complete the LEPF PROM at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available |
| HCPCS | G9730 | Patient refused to participate |
| HCPCS | G9731 | Patient unable to complete the LEPF PROM at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available |
| HCPCS | G9732 | Patient refused to participate |
| HCPCS | G9733 | Patient unable to complete the low back FS PROM at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available |
| HCPCS | G9734 | Patient refused to participate |
| HCPCS | G9735 | Patient unable to complete the shoulder FS PROM at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available |
| HCPCS | G9736 | Patient refused to participate |
| HCPCS | G9737 | Patient unable to complete the elbow/wrist/hand FS PROM at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available |
| HCPCS | G9740 | Hospice services given to patient any time during the measurement period |
| HCPCS | G9741 | Patients who use hospice services any time during the measurement period |
| HCPCS | G9744 | Patient not eligible due to active diagnosis of hypertension |
| HCPCS | G9745 | Documented reason for not screening or recommending a follow-up for high blood pressure |
| HCPCS | G9746 | Patient has mitral stenosis or prosthetic heart valves or patient has transient or reversible cause of AF (e.g., pneumonia, hyperthyroidism, pregnancy, cardiac surgery) |
| HCPCS | G9751 | Patient died at any time during the 24-month measurement period |
| HCPCS | G9752 | Emergency surgery |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | G9753 | Documentation of medical reason for not conducting a search for DICOM format images for prior patient CT imaging studies completed at non-affiliated external healthcare facilities or entities within the past 12 months that are available through a secure, authorized, media-free, shared archive (e.g., trauma, acute myocardial infarction, stroke, aortic aneurysm where time is of the essence) |
| HCPCS | G9754 | A finding of an incidental pulmonary nodule |
| HCPCS | G9755 | Documentation of medical reason(s) for not including a recommended interval and modality for follow-up or for no follow-up, and source of recommendations (e.g., patients with unexplained fever, immunocompromised patients who are at risk for infection) |
| HCPCS | G9756 | Surgical procedures that included the use of silicone oil |
| HCPCS | G9757 | Surgical procedures that included the use of silicone oil |
| HCPCS | G9758 | Patient in hospice at any time during the measurement period |
| HCPCS | G9760 | Patients who use hospice services any time during the measurement period |
| HCPCS | G9761 | Patients who use hospice services any time during the measurement period |
| HCPCS | G9762 | Patient had at least two HPV vaccines (with at least 146 days between the two) or three HPV vaccines on or between the patient's 9th and 13th birthdays |
| HCPCS | G9763 | Patient did not have at least two HPV vaccines (with at least 146 days between the two) or three HPV vaccines on or between the patient's 9th and 13th birthdays |
| HCPCS | G9764 | Patient has been treated with a systemic medication for psoriasis vulgaris |
| HCPCS | G9765 | Documentation that the patient declined change in medication or alternative therapies were unavailable, has documented contraindications, or has not been treated with a systemic medication for at least six consecutive months (e.g., experienced adverse effects or lack of efficacy with all other therapy options) in order to achieve better disease control as measured by PGA, BSA, PASI, or DLQI |
| HCPCS | G9766 | Patients who are transferred from one institution to another with a known diagnosis of CVA for endovascular stroke treatment |
| HCPCS | G9767 | Hospitalized patients with newly diagnosed CVA considered for endovascular stroke treatment |
| HCPCS | G9768 | Patients who utilize hospice services any time during the measurement period |
| HCPCS | G9769 | Patient had a bone mineral density test in the past two years or received osteoporosis medication or therapy in the past 12 months |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | G9770 | Peripheral nerve block (PNB) |
| HCPCS | G9771 | At least 1 body temperature measurement equal to or greater than 35.5 degrees celsius (or 95.9 degrees fahrenheit) achieved within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time |
| HCPCS | G9772 | Documentation of medical reason(s) for not achieving at least 1 body temperature measurement equal to or greater than 35.5 degrees Celsius (or 95.9 degrees Fahrenheit) within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time (e.g., emergency cases, intentional hypothermia, etc.) |
| HCPCS | G9773 | At least 1 body temperature measurement equal to or greater than 35.5 degrees celsius (or 95.9 degrees fahrenheit) not achieved within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time, reason not given |
| HCPCS | G9774 | Patients who have had a hysterectomy |
| HCPCS | G9775 | Patient received at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively |
| HCPCS | G9776 | Documentation of medical reason for not receiving at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively (e.g., intolerance or other medical reason) |
| HCPCS | G9777 | Patient did not receive at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively |
| HCPCS | G9778 | Patients who have a diagnosis of pregnancy at any time during the measurement period |
| HCPCS | G9779 | Patients who are breastfeeding at any time during the measurement period |
| HCPCS | G9780 | Patients who have a diagnosis of rhabdomyolysis at any time during the measurement period |
| HCPCS | G9781 | Documentation of medical reason(s) for not currently being a statin therapy user or receiving an order (prescription) for statin therapy (e.g., patients with statin-associated muscle symptoms or an allergy to statin medication therapy, patients who are receiving palliative or hospice care, patients with active liver disease or hepatic disease or insufficiency, and patients with end stage renal disease [ESRD]) |
| HCPCS | G9782 | History of or active diagnosis of familial hypercholesterolemia |
| HCPCS | G9784 | Pathologists/dermatopathologists providing a second opinion on a biopsy |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | G9785 | Pathology report diagnosing cutaneous basal cell carcinoma, squamous cell carcinoma, or melanoma (to include in situ disease) sent from the pathologist/ dermatopathologist to the biopsying clinician for review within 7 days from the time when the tissue specimen was received by the pathologist |
| HCPCS | G9786 | Pathology report diagnosing cutaneous basal cell carcinoma, squamous cell carcinoma, or melanoma (to include in situ disease) was not sent from the pathologist/ dermatopathologist to the biopsying clinician for review within 7 days from the time when the tissue specimen was received by the pathologist |
| HCPCS | G9787 | Patient alive as of the last day of the measurement year |
| HCPCS | G9788 | Most recent BP is less than or equal to 140/90 mm Hg |
| HCPCS | G9789 | Blood pressure recorded during inpatient stays, emergency room visits, urgent care visits, and patient self-reported BP's (home and health fair BP results) |
| HCPCS | G9790 | Most recent BP is greater than 140/90 mm Hg, or blood pressure not documented |
| HCPCS | G9791 | Most recent tobacco status is tobacco free |
| HCPCS | G9792 | Most recent tobacco status is not tobacco free |
| HCPCS | G9793 | Patient is currently on a daily aspirin or other antiplatelet |
| HCPCS | G9794 | Documentation of medical reason(s) for not on a daily aspirin or other antiplatelet (e.g., history of gastrointestinal bleed, intra-cranial bleed, idiopathic thrombocytopenic purpura (ITP), gastric bypass or documentation of active anticoagulant use during the measurement period) |
| HCPCS | G9795 | Patient is not currently on a daily aspirin or other antiplatelet |
| HCPCS | G9796 | Patient is currently on a statin therapy |
| HCPCS | G9797 | Patient is not on a statin therapy |
| HCPCS | G9805 | Patients who use hospice services any time during the measurement period |
| HCPCS | G9806 | Patients who received cervical cytology or an HPV test |
| HCPCS | G9807 | Patients who did not receive cervical cytology or an HPV test |
| HCPCS | G9808 | Any patients who had no asthma controller medications dispensed during the measurement year |
| HCPCS | G9809 | Patients who use hospice services any time during the measurement period |
| HCPCS | G9810 | Patient achieved a PDC of at least 75% for their asthma controller medication |
| HCPCS | G9811 | Patient did not achieve a PDC of at least 75% for their asthma controller medication |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | G9812 | Patient died including all deaths occurring during the hospitalization in which the operation was performed, even if after 30 days, and those deaths occurring after discharge from the hospital, but within 30 days of the procedure |
| HCPCS | G9813 | Patient did not die within 30 days of the procedure or during the index hospitalization |
| HCPCS | G9818 | Documentation of sexual activity |
| HCPCS | G9819 | Patients who use hospice services any time during the measurement period |
| HCPCS | G9820 | Documentation of a chlamydia screening test with proper follow-up |
| HCPCS | G9821 | No documentation of a chlamydia screening test with proper follow-up |
| HCPCS | G9822 | Patients who had an endometrial ablation procedure during the 12 months prior to the index date (exclusive of the index date) |
| HCPCS | G9823 | Endometrial sampling or hysteroscopy with biopsy and results documented during the 12 months prior to the index date (exclusive of the index date) of the endometrial ablation |
| HCPCS | G9824 | Endometrial sampling or hysteroscopy with biopsy and results not documented during the 12 months prior to the index date (exclusive of the index date) of the endometrial ablation |
| HCPCS | G9830 | HER2/neu positive |
| HCPCS | G9831 | AJCC stage at breast cancer diagnosis = II or III |
| HCPCS | G9832 | AJCC stage at breast cancer diagnosis = I (IA or IB) and T-stage at breast cancer diagnosis does not equal = T1, T1a, T1b |
| HCPCS | G9838 | Patient has metastatic disease at diagnosis |
| HCPCS | G9839 | Anti-EGFR monoclonal antibody therapy |
| HCPCS | G9840 | RAS (KRAS and NRAS) gene mutation testing performed before initiation of anti-EGFR MoAb |
| HCPCS | G9841 | RAS (KRAS and NRAS) gene mutation testing not performed before initiation of anti-EGFR MoAb |
| HCPCS | G9842 | Patient has metastatic disease at diagnosis |
| HCPCS | G9843 | RAS (KRAS or NRAS) gene mutation |
| HCPCS | G9844 | Patient did not receive anti-EGFR monoclonal antibody therapy |
| HCPCS | G9845 | Patient received anti-EGFR monoclonal antibody therapy |
| HCPCS | G9846 | Patients who died from cancer |

Individual and Family Plan Non-Covered List

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | G9847 | Patient received chemotherapy in the last 14 days of life |
| HCPCS | G9848 | Patient did not receive chemotherapy in the last 14 days of life |
| HCPCS | G9852 | Patients who died from cancer |
| HCPCS | G9853 | Patient admitted to the ICU in the last 30 days of life |
| HCPCS | G9854 | Patient was not admitted to the ICU in the last 30 days of life |
| HCPCS | G9858 | Patient enrolled in hospice |
| HCPCS | G9859 | Patients who died from cancer |
| HCPCS | G9860 | Patient spent less than three days in hospice care |
| HCPCS | G9861 | Patient spent greater than or equal to three days in hospice care |
| HCPCS | G9862 | Documentation of medical reason(s) for not recommending at least a 10 year follow-up interval (e.g., inadequate prep, familial or personal history of colonic polyps, patient had no adenoma and age is = 66 years old, or life expectancy < 10 years old, other medical reasons) |
| HCPCS | G9890 | Bridge payment: a one-time payment for the first Medicare Diabetes Prevention Program (MDPP) core session, core maintenance session, or ongoing maintenance session furnished by an MDPP supplier to an MDPP beneficiary during months 1-24 of the MDPP expanded model (EM) who has previously received MDPP services from a different MDPP supplier under the MDPP expanded model. A supplier may only receive one bridge payment per MDPP beneficiary |
| HCPCS | G9891 | MDPP session reported as a line-item on a claim for a payable MDPP expanded model (EM) HCPCS code for a session furnished by the billing supplier under the MDPP expanded model and counting toward achievement of the attendance performance goal for the payable MDPP expanded model HCPCS code (this code is for reporting purposes only) |
| HCPCS | G9892 | Documentation of patient reason(s) for not performing a dilated macular examination |
| HCPCS | G9893 | Dilated macular exam was not performed, reason not otherwise specified |
| HCPCS | G9894 | Androgen deprivation therapy prescribed/administered in combination with external beam radiotherapy to the prostate |
| HCPCS | G9895 | Documentation of medical reason(s) for not prescribing/administering androgen deprivation therapy in combination with external beam radiotherapy to the prostate (e.g., salvage therapy) |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | G9896 | Documentation of patient reason(s) for not prescribing/administering androgen deprivation therapy in combination with external beam radiotherapy to the prostate |
| HCPCS | G9897 | Patients who were not prescribed/administered androgen deprivation therapy in combination with external beam radiotherapy to the prostate, reason not given |
| HCPCS | G9898 | Patients age 66 or older in institutional special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the measurement period |
| HCPCS | G9899 | Screening, diagnostic, film, digital or digital breast tomosynthesis (3D) mammography results documented and reviewed |
| HCPCS | G9900 | Screening, diagnostic, film, digital or digital breast tomosynthesis (3D) mammography results were not documented and reviewed, reason not otherwise specified |
| HCPCS | G9901 | Patient age 66 or older in institutional special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the measurement period |
| HCPCS | G9902 | Patient screened for tobacco use and identified as a tobacco user |
| HCPCS | G9903 | Patient screened for tobacco use and identified as a tobacco non-user |
| HCPCS | G9904 | Documentation of medical reason(s) for not screening for tobacco use (e.g., limited life expectancy, other medical reason) |
| HCPCS | G9905 | Patient not screened for tobacco use, reason not given |
| HCPCS | G9906 | Patient identified as a tobacco user received tobacco cessation intervention on the date of the encounter or within the previous 12 months (counseling and/or pharmacotherapy) |
| HCPCS | G9907 | Documentation of medical reason(s) for not providing tobacco cessation intervention on the date of the encounter or within the previous 12 months (e.g., limited life expectancy, other medical reason) |
| HCPCS | G9908 | Patient identified as tobacco user did not receive tobacco cessation intervention on the date of the encounter or within the previous 12 months (counseling and/or pharmacotherapy), reason not given |
| HCPCS | G9909 | Documentation of medical reason(s) for not providing tobacco cessation intervention on the date of the encounter or within the previous 12 months if identified as a tobacco user (e.g., limited life expectancy, other medical reason) |
| HCPCS | G9910 | Patients age 66 or older in institutional special needs plans (SNP) or residing in long-term care with POSs code 32, 33, 34, 54 or 56 for more than 90 consecutive days during the measurement period |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | G9911 | Clinically node negative (T1N0M0 or T2N0M0) invasive breast cancer before or after neoadjuvant systemic therapy |
| HCPCS | G9912 | Hepatitis B virus (HBV) status assessed and results interpreted prior to initiating anti-TNF (tumor necrosis factor) therapy |
| HCPCS | G9913 | Hepatitis B virus (HBV) status not assessed and results interpreted prior to initiating anti-TNF (tumor necrosis factor) therapy, reason not given |
| HCPCS | G9914 | Patient receiving an anti-TNF agent |
| HCPCS | G9915 | No record of HBV results documented |
| HCPCS | G9916 | Functional status performed once in the last 12 months |
| HCPCS | G9917 | Documentation of advanced stage dementia and caregiver knowledge is limited |
| HCPCS | G9918 | Functional status not performed, reason not otherwise specified |
| HCPCS | G9919 | Screening performed and positive and provision of recommendations |
| HCPCS | G9920 | Screening performed and negative |
| HCPCS | G9921 | No screening performed, partial screening performed or positive screen without recommendations and reason is not given or otherwise specified |
| HCPCS | G9922 | Safety concerns screen provided and if positive then documented mitigation recommendations |
| HCPCS | G9923 | Safety concerns screen provided and negative |
| HCPCS | G9925 | Safety concerns screening not provided, reason not otherwise specified |
| HCPCS | G9926 | Safety concerns screening positive screen is without provision of mitigation recommendations, including but not limited to referral to other resources |
| HCPCS | G9927 | Documentation of system reason(s) for not prescribing an FDA-approved anticoagulation due to patient being currently enrolled in a clinical trial related to AF/atrial flutter treatment |
| HCPCS | G9928 | FDA-approved anticoagulant not prescribed, reason not given |
| HCPCS | G9929 | Patient with transient or reversible cause of AF (e.g., pneumonia, hyperthyroidism, pregnancy, cardiac surgery) |
| HCPCS | G9930 | Patients who are receiving comfort care only |
| HCPCS | G9931 | Documentation of CHA2DS2-VASc risk score of 0 or 1 for men; or 0, 1, or 2 for women |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | G9932 | Documentation of patient reason(s) for not having records of negative or managed positive TB screen (e.g., patient does not return for mantoux (PPD) skin test evaluation) |
| HCPCS | G9938 | Patients age 66 or older in institutional special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the six months prior to the measurement period through december 31 of the measurement period |
| HCPCS | G9939 | Pathologists/dermatopathologists is the same clinician who performed the biopsy |
| HCPCS | G9940 | Documentation of medical reason(s) for not on a statin (e.g., pregnancy, in vitro fertilization, clomiphene RX, ESRD, cirrhosis, muscular pain and disease during the measurement period or prior year) |
| HCPCS | G9942 | Patient had any additional spine procedures performed on the same date as the lumbar discectomy/laminectomy |
| HCPCS | G9943 | Back pain was not measured by the visual analog scale (VAS) within three months preoperatively and at three months (6-20 weeks) postoperatively |
| HCPCS | G9945 | Patient had cancer, acute fracture or infection related to the lumbar spine or patient had neuromuscular, idiopathic or congenital lumbar scoliosis |
| HCPCS | G9946 | Back pain was not measured by the visual analog scale (VAS) within three months preoperatively and at one year (9 to 15 months) postoperatively |
| HCPCS | G9948 | Patient had any additional spine procedures performed on the same date as the lumbar discectomy/laminectomy |
| HCPCS | G9949 | Leg pain was not measured by the visual analog scale (VAS) at three months (6 - 20 weeks) postoperatively |
| HCPCS | G9954 | Patient exhibits 2 or more risk factors for post-operative vomiting |
| HCPCS | G9955 | Cases in which an inhalational anesthetic is used only for induction |
| HCPCS | G9956 | Patient received combination therapy consisting of at least two prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively |
| HCPCS | G9957 | Documentation of medical reason for not receiving combination therapy consisting of at least two prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively (e.g., intolerance or other medical reason) |
| HCPCS | G9958 | Patient did not receive combination therapy consisting of at least two prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | G9959 | Systemic antimicrobials not prescribed |
| HCPCS | G9960 | Documentation of medical reason(s) for prescribing systemic antimicrobials |
| HCPCS | G9961 | Systemic antimicrobials prescribed |
| HCPCS | G9962 | Embolization endpoints are documented separately for each embolized vessel and ovarian artery angiography or embolization performed in the presence of variant uterine artery anatomy |
| HCPCS | G9963 | Embolization endpoints are not documented separately for each embolized vessel or ovarian artery angiography or embolization not performed in the presence of variant uterine artery anatomy |
| HCPCS | G9964 | Patient received at least one well-child visit with a PCP during the performance period |
| HCPCS | G9965 | Patient did not receive at least one well-child visit with a PCP during the performance period |
| HCPCS | G9968 | Patient was referred to another provider or specialist during the performance period |
| HCPCS | G9969 | Provider who referred the patient to another provider received a report from the provider to whom the patient was referred |
| HCPCS | G9970 | Provider who referred the patient to another provider did not receive a report from the provider to whom the patient was referred |
| HCPCS | G9974 | Dilated macular exam performed, including documentation of the presence or absence of macular thickening or geographic atrophy or hemorrhage and the level of macular degeneration severity |
| HCPCS | G9975 | Documentation of medical reason(s) for not performing a dilated macular examination |
| HCPCS | G9988 | Palliative care services provided to patient any time during the measurement period |
| HCPCS | G9989 | Documentation of medical reason(s) for not administering pneumococcal vaccine (e.g., adverse reaction to vaccine) |
| HCPCS | G9990 | Pneumococcal vaccine was not administered on or after patient's 60th birthday and before the end of the measurement period, reason not otherwise specified |
| HCPCS | G9991 | Pneumococcal vaccine administered on or after patient's 60th birthday and before the end of the measurement period |
| HCPCS | G9992 | Palliative care services used by patient any time during the measurement period |
| HCPCS | G9993 | Patient was provided palliative care services any time during the measurement period |
| HCPCS | G9994 | Patient is using palliative care services any time during the measurement period |

Individual and Family Plan Non-Covered List

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | G9995 | Patients who use palliative care services any time during the measurement period |
| HCPCS | G9996 | Documentation stating the patient has received or is currently receiving palliative or hospice care |
| HCPCS | G9997 | Documentation of patient pregnancy anytime during the measurement period prior to and including the current encounter |
| HCPCS | G9998 | Documentation of medical reason(s) for an interval of less than 3 years since the last colonoscopy (e.g., last colonoscopy incomplete, last colonoscopy had inadequate prep, piecemeal removal of adenomas, last colonoscopy found greater than 10 adenomas, or patient at high risk for colon cancer [Crohn's disease, ulcerative colitis, lower gastrointestinal bleeding, personal or family history of colon cancer, hereditary colorectal cancer syndromes]) |
| HCPCS | G9999 | Documentation of system reason(s) for an interval of less than 3 years since the last colonoscopy (e.g., unable to locate previous colonoscopy report, previous colonoscopy report was incomplete) |
| HCPCS | H0004 | Behavioral health counseling and therapy, per 15 minutes |
| HCPCS | H0006 | Alcohol and/or drug services; case management |
| HCPCS | H0016 | Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting) |
| HCPCS | H0021 | Alcohol and/or drug training service (for staff and personnel not employed by providers) |
| HCPCS | H0022 | Alcohol and/or drug intervention service (planned facilitation) |
| HCPCS | H0023 | Behavioral health outreach service (planned approach to reach a targeted population) |
| HCPCS | H0024 | Behavioral health prevention information dissemination service (one-way direct or non-direct contact with service audiences to affect knowledge and attitude) |
| HCPCS | H0025 | Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior) |
| HCPCS | H0026 | Alcohol and/or drug prevention process service, community-based (delivery of services to develop skills of impactors) |
| HCPCS | H0027 | Alcohol and/or drug prevention environmental service (broad range of external activities geared toward modifying systems in order to mainstream prevention through policy and law) |
| HCPCS | H0028 | Alcohol and/or drug prevention problem identification and referral service (e.g., student assistance and employee assistance programs), does not include assessment |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | H0029 | Alcohol and/or drug prevention alternatives service (services for populations that exclude alcohol and other drug use e.g., alcohol free social events) |
| HCPCS | H0030 | Behavioral health hotline service |
| HCPCS | H0031 | Mental health assessment, by non-physician |
| HCPCS | H0032 | Mental health service plan development by non-physician |
| HCPCS | H0033 | Oral medication administration, direct observation |
| HCPCS | H0034 | Medication training and support, per 15 minutes |
| HCPCS | H0036 | Community psychiatric supportive treatment, face-to-face, per 15 minutes |
| HCPCS | H0037 | Community psychiatric supportive treatment program, per diem |
| HCPCS | H0038 | Self-help/peer services, per 15 minutes |
| HCPCS | H0039 | Assertive community treatment, face-to-face, per 15 minutes |
| HCPCS | H0040 | Assertive community treatment program, per diem |
| HCPCS | H0041 | Foster care, child, non-therapeutic, per diem |
| HCPCS | H0042 | Foster care, child, non-therapeutic, per month |
| HCPCS | H0043 | Supported housing, per diem |
| HCPCS | H0044 | Supported housing, per month |
| HCPCS | H0045 | Respite care services, not in the home, per diem |
| HCPCS | H0046 | Mental health services, not otherwise specified |
| HCPCS | H0047 | Alcohol and/or other drug abuse services, not otherwise specified |
| HCPCS | H0048 | Alcohol and/or other drug testing: collection and handling only, specimens other than blood |
| HCPCS | H1000 | Prenatal care, at-risk assessment |
| HCPCS | H1001 | Prenatal care, at-risk enhanced service; antepartum management |
| HCPCS | H1002 | Prenatal care, at risk enhanced service; care coordination |
| HCPCS | H1003 | Prenatal care, at-risk enhanced service; education |
| HCPCS | H1004 | Prenatal care, at-risk enhanced service; follow-up home visit |
| HCPCS | H1005 | Prenatal care, at-risk enhanced service package (includes H1001-H1004) |
| HCPCS | H1010 | Non-medical family planning education, per session |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | H1011 | Family assessment by licensed behavioral health professional for state defined purposes |
| HCPCS | H2010 | Comprehensive medication services, per 15 minutes |
| HCPCS | H2014 | Skills training and development, per 15 minutes |
| HCPCS | H2015 | Comprehensive community support services, per 15 minutes |
| HCPCS | H2016 | Comprehensive community support services, per diem |
| HCPCS | H2017 | Psychosocial rehabilitation services, per 15 minutes |
| HCPCS | H2018 | Psychosocial rehabilitation services, per diem |
| HCPCS | H2019 | Therapeutic behavioral services, per 15 minutes |
| HCPCS | H2020 | Therapeutic behavioral services, per diem |
| HCPCS | H2021 | Community-based wrap-around services, per 15 minutes |
| HCPCS | H2022 | Community-based wrap-around services, per diem |
| HCPCS | H2023 | Supported employment, per 15 minutes |
| HCPCS | H2024 | Supported employment, per diem |
| HCPCS | H2025 | Ongoing support to maintain employment, per 15 minutes |
| HCPCS | H2026 | Ongoing support to maintain employment, per diem |
| HCPCS | H2027 | Psychoeducational service, per 15 minutes |
| HCPCS | H2028 | Sexual offender treatment service, per 15 minutes |
| HCPCS | H2029 | Sexual offender treatment service, per diem |
| HCPCS | H2030 | Mental health clubhouse services, per 15 minutes |
| HCPCS | H2031 | Mental health clubhouse services, per diem |
| HCPCS | H2032 | Activity therapy, per 15 minutes |
| HCPCS | H2033 | Multisystemic therapy for juveniles, per 15 minutes |
| HCPCS | H2034 | Alcohol and/or drug abuse halfway house services, per diem |
| HCPCS | H2037 | Developmental delay prevention activities, dependent child of client, per 15 minutes |
| HCPCS | H2038 | Skills training and development, per diem |
| HCPCS | J3591 | Unclassified drug or biological used for ESRD on dialysis |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | J7318 | Hyaluronan or derivative, durolane, for intra-articular injection, 1 mg |
| HCPCS | J7320 | Hyaluronan or derivative, GenVisc 850, for intra-articular injection, 1 mg |
| HCPCS | J7321 | Hyaluronan or derivative, Hyalgan, Supartz or Visco-3, for intra-articular injection, per dose |
| HCPCS | J7322 | Hyaluronan or derivative, Hymovis, for intra-articular injection, 1 mg |
| HCPCS | J7323 | Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose |
| HCPCS | J7324 | Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose |
| HCPCS | J7325 | Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg |
| HCPCS | J7326 | Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose |
| HCPCS | J7327 | Hyaluronan or derivative, Monovisc, for intra-articular injection, per dose |
| HCPCS | J7328 | Hyaluronan or derivative, Gelsyn-3, for intra-articular injection, 0.1 mg |
| HCPCS | J7329 | Hyaluronan or derivative, Trivisc, for intra-articular injection, 1 mg |
| HCPCS | J7331 | Hyaluronan or derivative, Synjoynt, for intra-articular injection, 1 mg |
| HCPCS | J7332 | Hyaluronan or derivative, Triluron, for intra-articular injection, 1 mg |
| HCPCS | K0005 | Ultralightweight wheelchair |
| HCPCS | K0105 | IV hanger, each |
| HCPCS | K0462 | Temporary replacement for patient owned equipment being repaired, any type |
| HCPCS | K0601 | Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each |
| HCPCS | K0602 | Replacement battery for external infusion pump owned by patient, silver oxide, 3 volt, each |
| HCPCS | K0603 | Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each |
| HCPCS | K0604 | Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt, each |
| HCPCS | K0605 | Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt, each |
| HCPCS | K0608 | Replacement garment for use with automated external defibrillator, each |
| HCPCS | K0609 | Replacement electrodes for use with automated external defibrillator, garment type only, each |
| HCPCS | K0669 | Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from DME PDAC |
| HCPCS | K0672 | Addition to lower extremity orthosis, removable soft interface, all components, replacement only, each |
| HCPCS | K0800 | Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | K0801 | Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds |
| HCPCS | K0802 | Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds |
| HCPCS | K0806 | Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds |
| HCPCS | K0807 | Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds |
| HCPCS | K0808 | Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds |
| HCPCS | K0812 | Power operated vehicle, not otherwise classified |
| HCPCS | K0898 | Power wheelchair, not otherwise classified |
| HCPCS | K0899 | Power mobility device, not coded by DME PDAC or does not meet criteria |
| HCPCS | K0900 | Customized durable medical equipment, other than wheelchair |
| HCPCS | K1001 | Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type |
| HCPCS | K1002 | Cranial electrotherapy stimulation (CES) system, any type |
| HCPCS | K1003 | Whirlpool tub, walk-in, portable |
| HCPCS | K1004 | Low frequency ultrasonic diathermy treatment device for home use, includes all components and accessories |
| HCPCS | K1005 | Disposable collection and storage bag for breast milk, any size, any type, each |
| HCPCS | K1006 | Suction pump, home model, portable or stationary, electric, any type, for use with external urine management system |
| HCPCS | K1007 | Bilateral hip, knee, ankle, foot device, powered, includes pelvic component, single or double upright(s), knee joints any type, with or without ankle joints any type, includes all components and accessories, motors, microprocessors, sensors |
| HCPCS | K1009 | Speech volume modulation system, any type, including all components and accessories |
| HCPCS | K1013 | Enema tube, with or without adapter, any type, replacement only, each |
| HCPCS | K1015 | Foot, adductus positioning device, adjustable |
| HCPCS | K1016 | Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve |
| HCPCS | K1017 | Monthly supplies for use of device coded at K1016 |
| HCPCS | K1018 | External upper limb tremor stimulator of the peripheral nerves of the wrist |

Individual and Family Plan Non-Covered List

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | K1019 | Replacement supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist |
| HCPCS | K1020 | Non-invasive vagus nerve stimulator |
| HCPCS | K1021 | Exsufflation belt, includes all supplies and accessories |
| HCPCS | K1023 | Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm |
| HCPCS | K1026 | Mechanical allergen particle barrier/inhalation filter, cream, nasal, topical |
| HCPCS | K1027 | Oral device/appliance used to reduce upper airway collapsibility, without fixed mechanical hinge, custom fabricated, includes fitting and adjustment |
| HCPCS | K1028 | Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle for the reduction of snoring and obstructive sleep apnea, controlled by phone application |
| HCPCS | K1029 | Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply |
| HCPCS | K1030 | External recharging system for battery (internal) for use with implanted cardiac contractility modulation generator, replacement only |
| HCPCS | K1031 | Non-pneumatic compression controller without calibrated gradient pressure |
| HCPCS | K1032 | Non-pneumatic sequential compression garment, full leg |
| HCPCS | K1033 | Non-pneumatic sequential compression garment, half leg |
| HCPCS | L0120 | Cervical, flexible, non-adjustable, prefabricated, off-the-shelf (foam collar) |
| HCPCS | L0160 | Cervical, semi-rigid, wire frame occipital/mandibular support, prefabricated, off-the-shelf |
| HCPCS | L0172 | Cervical, collar, semi-rigid thermoplastic foam, two-piece, prefabricated, off-the-shelf |
| HCPCS | L0174 | Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension, prefabricated, off-the-shelf |
| HCPCS | L0621 | Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, off-the-shelf |
| HCPCS | L0625 | Lumbar orthosis, flexible, provides lumbar support, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pendulous abdomen design, shoulder straps, stays, prefabricated, off-the-shelf |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | L0626 | Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise |
| HCPCS | L0627 | Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise |
| HCPCS | L0628 | Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf |
| HCPCS | L0630 | Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise |
| HCPCS | L0980 | Peroneal straps, prefabricated, off-the-shelf, pair |
| HCPCS | L0982 | Stocking supporter grips, prefabricated, off-the-shelf, set of four (4) |
| HCPCS | L1812 | Knee orthosis, elastic with joints, prefabricated, off-the-shelf |
| HCPCS | L1836 | Knee orthosis, rigid, without joint(s), includes soft interface material, prefabricated, off-the-shelf |
| HCPCS | L1851 | Knee orthosis (KO), 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, prefabricated, off-the-shelf |
| HCPCS | L1852 | Knee orthosis (KO), 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, prefabricated, off-the-shelf |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | L2750 | Addition to lower extremity orthosis, plating chrome or nickel, per bar |
| HCPCS | L2755 | Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthosis only |
| HCPCS | L2780 | Addition to lower extremity orthosis, non-corrosive finish, per bar |
| HCPCS | L3000 | Foot, insert, removable, molded to patient model, 'UCB' type, Berkeley shell, each |
| HCPCS | L3001 | Foot, insert, removable, molded to patient model, Spenco, each |
| HCPCS | L3002 | Foot, insert, removable, molded to patient model, Plastazote or equal, each |
| HCPCS | L3003 | Foot, insert, removable, molded to patient model, silicone gel, each |
| HCPCS | L3010 | Foot, insert, removable, molded to patient model, longitudinal arch support, each |
| HCPCS | L3020 | Foot, insert, removable, molded to patient model, longitudinal/metatarsal support, each |
| HCPCS | L3030 | Foot, insert, removable, formed to patient foot, each |
| HCPCS | L3031 | Foot, insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, each |
| HCPCS | L3040 | Foot, arch support, removable, premolded, longitudinal, each |
| HCPCS | L3050 | Foot, arch support, removable, premolded, metatarsal, each |
| HCPCS | L3060 | Foot, arch support, removable, premolded, longitudinal/metatarsal, each |
| HCPCS | L3070 | Foot, arch support, non-removable attached to shoe, longitudinal, each |
| HCPCS | L3080 | Foot, arch support, non-removable attached to shoe, metatarsal, each |
| HCPCS | L3090 | Foot, arch support, non-removable attached to shoe, longitudinal/metatarsal, each |
| HCPCS | L3100 | Hallus-valgus night dynamic splint, prefabricated, off-the-shelf |
| HCPCS | L3140 | Foot, abduction rotation bar, including shoes |
| HCPCS | L3150 | Foot, abduction rotation bar, without shoes |
| HCPCS | L3160 | Foot, adjustable shoe-styled positioning device |
| HCPCS | L3170 | Foot, plastic, silicone or equal, heel stabilizer, prefabricated, off-the-shelf, each |
| HCPCS | L3201 | Orthopedic shoe, Oxford with supinator or pronator, infant |
| HCPCS | L3202 | Orthopedic shoe, Oxford with supinator or pronator, child |
| HCPCS | L3203 | Orthopedic shoe, Oxford with supinator or pronator, junior |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | L3204 | Orthopedic shoe, hightop with supinator or pronator, infant |
| HCPCS | L3206 | Orthopedic shoe, hightop with supinator or pronator, child |
| HCPCS | L3207 | Orthopedic shoe, hightop with supinator or pronator, junior |
| HCPCS | L3208 | Surgical boot, each, infant |
| HCPCS | L3209 | Surgical boot, each, child |
| HCPCS | L3211 | Surgical boot, each, junior |
| HCPCS | L3212 | Benesch boot, pair, infant |
| HCPCS | L3213 | Benesch boot, pair, child |
| HCPCS | L3214 | Benesch boot, pair, junior |
| HCPCS | L3217 | Orthopedic footwear, ladies shoe, hightop, depth inlay, each |
| HCPCS | L3222 | Orthopedic footwear, mens shoe, hightop, depth inlay, each |
| HCPCS | L3257 | Orthopedic footwear, additional charge for split size |
| HCPCS | L3260 | Surgical boot/shoe, each |
| HCPCS | L3265 | Plastazote sandal, each |
| HCPCS | L3300 | Lift, elevation, heel, tapered to metatarsals, per inch |
| HCPCS | L3310 | Lift, elevation, heel and sole, neoprene, per inch |
| HCPCS | L3320 | Lift, elevation, heel and sole, cork, per inch |
| HCPCS | L3330 | Lift, elevation, metal extension (skate) |
| HCPCS | L3332 | Lift, elevation, inside shoe, tapered, up to one-half inch |
| HCPCS | L3334 | Lift, elevation, heel, per inch |
| HCPCS | L3340 | Heel wedge, SACH |
| HCPCS | L3350 | Heel wedge |
| HCPCS | L3360 | Sole wedge, outside sole |
| HCPCS | L3370 | Sole wedge, between sole |
| HCPCS | L3380 | Clubfoot wedge |
| HCPCS | L3390 | Outflare wedge |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | L3400 | Metatarsal bar wedge, rocker |
| HCPCS | L3410 | Metatarsal bar wedge, between sole |
| HCPCS | L3420 | Full sole and heel wedge, between sole |
| HCPCS | L3430 | Heel, counter, plastic reinforced |
| HCPCS | L3440 | Heel, counter, leather reinforced |
| HCPCS | L3450 | Heel, SACH cushion type |
| HCPCS | L3455 | Heel, new leather, standard |
| HCPCS | L3460 | Heel, new rubber, standard |
| HCPCS | L3465 | Heel, Thomas with wedge |
| HCPCS | L3470 | Heel, thomas extended to ball |
| HCPCS | L3480 | Heel, pad and depression for spur |
| HCPCS | L3485 | Heel, pad, removable for spur |
| HCPCS | L3500 | Orthopedic shoe addition, insole, leather |
| HCPCS | L3510 | Orthopedic shoe addition, insole, rubber |
| HCPCS | L3520 | Orthopedic shoe addition, insole, felt covered with leather |
| HCPCS | L3530 | Orthopedic shoe addition, sole, half |
| HCPCS | L3540 | Orthopedic shoe addition, sole, full |
| HCPCS | L3550 | Orthopedic shoe addition, toe tap standard |
| HCPCS | L3560 | Orthopedic shoe addition, toe tap, horseshoe |
| HCPCS | L3570 | Orthopedic shoe addition, special extension to instep (leather with eyelets) |
| HCPCS | L3580 | Orthopedic shoe addition, convert instep to velcro closure |
| HCPCS | L3590 | Orthopedic shoe addition, convert firm shoe counter to soft counter |
| HCPCS | L3595 | Orthopedic shoe addition, March bar |
| HCPCS | L3600 | Transfer of an orthosis from one shoe to another, caliper plate, existing |
| HCPCS | L3610 | Transfer of an orthosis from one shoe to another, caliper plate, new |
| HCPCS | L3620 | Transfer of an orthosis from one shoe to another, solid stirrup, existing |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | L3630 | Transfer of an orthosis from one shoe to another, solid stirrup, new |
| HCPCS | L3640 | Transfer of an orthosis from one shoe to another, Dennis Browne splint (Riveton), both shoes |
| HCPCS | L3649 | Orthopedic shoe, modification, addition or transfer, not otherwise specified |
| HCPCS | L3660 | Shoulder orthosis, figure of eight design abduction restrainer, canvas and webbing, prefabricated, off-the-shelf |
| HCPCS | L3675 | Shoulder orthosis, vest type abduction restrainer, canvas webbing type or equal, prefabricated, off-the-shelf |
| HCPCS | L3678 | Shoulder orthosis, shoulder joint design, without joints, may include soft interface, straps, prefabricated, off-the-shelf |
| HCPCS | L3761 | Elbow orthosis (EO), with adjustable position locking joint(s), prefabricated, off-the-shelf |
| HCPCS | L3762 | Elbow orthosis, rigid, without joints, includes soft interface material, prefabricated, off-the-shelf |
| HCPCS | L3809 | Wrist hand finger orthosis, without joint(s), prefabricated, off-the-shelf, any type |
| HCPCS | L3916 | Wrist hand orthosis, includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated, off-the-shelf |
| HCPCS | L3918 | Hand orthosis, metacarpal fracture orthosis, prefabricated, off-the-shelf |
| HCPCS | L3924 | Hand finger orthosis, without joints, may include soft interface, straps, prefabricated, off-the-shelf |
| HCPCS | L3925 | Finger orthosis, proximal interphalangeal (PIP)/distal interphalangeal (DIP), non torsion joint/spring, extension/flexion, may include soft interface material, prefabricated, off-the-shelf |
| HCPCS | L3927 | Finger orthosis, proximal interphalangeal (PIP)/distal interphalangeal (DIP), without joint/spring, extension/flexion (e.g., static or ring type), may include soft interface material, prefabricated, off-the-shelf |
| HCPCS | L3930 | Hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, off-the-shelf |
| HCPCS | L4397 | Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated, off-the-shelf |
| HCPCS | L5973 | Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source |
| HCPCS | L7900 | Male vacuum erection system |
| HCPCS | L7902 | Tension ring, for vacuum erection device, any type, replacement only, each |
| HCPCS | L8300 | Truss, single with standard pad |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | L8310 | Truss, double with standard pads |
| HCPCS | L8320 | Truss, addition to standard pad, water pad |
| HCPCS | L8330 | Truss, addition to standard pad, scrotal pad |
| HCPCS | L8505 | Artificial larynx replacement battery /accessory, any type |
| HCPCS | L8605 | Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, anal canal, 1 ml, includes shipping and necessary supplies |
| HCPCS | L8608 | Miscellaneous external component, supply or accessory for use with the Argus II retinal prosthesis system |
| HCPCS | L8621 | Zinc air battery for use with cochlear implant device and auditory osseointegrated sound processors, replacement, each |
| HCPCS | L8622 | Alkaline battery for use with cochlear implant device, any size, replacement, each |
| HCPCS | L8623 | Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each |
| HCPCS | L8624 | Lithium ion battery for use with cochlear implant or auditory osseointegrated device speech processor, ear level, replacement, each |
| HCPCS | L8701 | Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated |
| HCPCS | L8702 | Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated |
| HCPCS | M0001 | Advancing cancer care MIPS value pathways |
| HCPCS | M0002 | Optimal care for kidney health MIPS value pathways |
| HCPCS | M0003 | Optimal care for patients with episodic neurological conditions MIPS value pathways |
| HCPCS | M0004 | Supportive care for neurodegenerative conditions MIPS value pathways |
| HCPCS | M0005 | Promoting wellness mips value pathways |
| HCPCS | M0075 | Cellular therapy |
| HCPCS | M0076 | Prolotherapy |
| HCPCS | M0100 | Intragastric hypothermia using gastric freezing |
| HCPCS | M0300 | IV chelation therapy (chemical endarterectomy) |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | M0301 | Fabric wrapping of abdominal aneurysm |
| HCPCS | M1003 | TB screening performed and results interpreted within twelve months prior to initiation of first-time biologic disease modifying anti-rheumatic drug therapy |
| HCPCS | M1004 | Documentation of medical reason for not screening for TB or interpreting results (i.e., patient positive for TB and documentation of past treatment; patient who has recently completed a course of anti-TB therapy) |
| HCPCS | M1005 | TB screening not performed or results not interpreted, reason not given |
| HCPCS | M1006 | Disease activity not assessed, reason not given |
| HCPCS | M1007 | >=50% of total number of a patient's outpatient RA encounters assessed |
| HCPCS | M1008 | <50% of total number of a patient's outpatient RA encounters assessed |
| HCPCS | M1009 | Discharge/discontinuation of the episode of care documented in the medical record |
| HCPCS | M1010 | Discharge/discontinuation of the episode of care documented in the medical record |
| HCPCS | M1011 | Discharge/discontinuation of the episode of care documented in the medical record |
| HCPCS | M1012 | Discharge/discontinuation of the episode of care documented in the medical record |
| HCPCS | M1013 | Discharge/discontinuation of the episode of care documented in the medical record |
| HCPCS | M1014 | Discharge/discontinuation of the episode of care documented in the medical record |
| HCPCS | M1016 | Female patients unable to bear children |
| HCPCS | M1017 | Patient admitted to palliative care services |
| HCPCS | M1018 | Patients with an active diagnosis or history of cancer (except basal cell and squamous cell skin carcinoma), patients who are heavy tobacco smokers, lung cancer screening patients |
| HCPCS | M1019 | Adolescent patients 12 to 17 years of age with major depression or dysthymia who reached remission at twelve months as demonstrated by a twelve month (+/-60 days) PHQ-9 or PHQ-9M score of less than 5 |
| HCPCS | M1020 | Adolescent patients 12 to 17 years of age with major depression or dysthymia who did not reach remission at twelve months as demonstrated by a twelve month (+/-60 days) PHQ-9 or PHQ-9M score of less than 5. either PHQ-9 or PHQ-9M score was not assessed or is greater than or equal to 5 |
| HCPCS | M1027 | Imaging of the head (CT or MRI) was obtained |
| HCPCS | M1028 | Documentation of patients with primary headache diagnosis and imaging other than CT or MRI obtained |
| HCPCS | M1029 | Imaging of the head (CT or MRI) was not obtained, reason not given |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | M1032 | Adults currently taking pharmacotherapy for OUD |
| HCPCS | M1034 | Adults who have at least 180 days of continuous pharmacotherapy with a medication prescribed for OUD without a gap of more than seven days |
| HCPCS | M1035 | Adults who are deliberately phased out of medication assisted treatment (MAT) prior to 180 days of continuous treatment |
| HCPCS | M1036 | Adults who have not had at least 180 days of continuous pharmacotherapy with a medication prescribed for OUD without a gap of more than seven days |
| HCPCS | M1037 | Patients with a diagnosis of lumbar spine region cancer at the time of the procedure |
| HCPCS | M1038 | Patients with a diagnosis of lumbar spine region fracture at the time of the procedure |
| HCPCS | M1039 | Patients with a diagnosis of lumbar spine region infection at the time of the procedure |
| HCPCS | M1040 | Patients with a diagnosis of lumbar idiopathic or congenital scoliosis |
| HCPCS | M1041 | Patient had cancer, acute fracture or infection related to the lumbar spine or patient had neuromuscular, idiopathic or congenital lumbar scoliosis |
| HCPCS | M1043 | Functional status was not measured by the Oswestry Disability Index (ODI version 2.1a) at one year (9 to 15 months) postoperatively |
| HCPCS | M1045 | Functional status measured by the Oxford Knee Score (OKS) at one year (9 to 15 months) postoperatively was greater than or equal to 37 or knee injury and osteoarthritis outcome score joint replacement (KOOS, JR.) was greater than or equal to 71 |
| HCPCS | M1046 | Functional status measured by the Oxford Knee Score (OKS) at one year (9 to 15 months) postoperatively was less than 37 or the knee injury and osteoarthritis outcome score joint replacement (KOOS, JR.) was less than 71 postoperatively |
| HCPCS | M1049 | Functional status was not measured by the Oswestry Disability Index (ODI version 2.1a) at three months (6 - 20 weeks) postoperatively |
| HCPCS | M1051 | Patient had cancer, acute fracture or infection related to the lumbar spine or patient had neuromuscular, idiopathic or congenital lumbar scoliosis |
| HCPCS | M1052 | Leg pain was not measured by the visual analog scale (VAS) at one year (9 to 15 months) postoperatively |
| HCPCS | M1054 | Patient had only urgent care visits during the performance period |
| HCPCS | M1055 | Aspirin or another antiplatelet therapy used |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | M1056 | Prescribed anticoagulant medication during the performance period, history of GI bleeding, history of intracranial bleeding, bleeding disorder and specific provider documented reasons: allergy to aspirin or anti-platelets, use of non-steroidal anti-inflammatory agents, drug-drug interaction, uncontrolled hypertension > 180/110 mm Hg or gastroesophageal reflux disease |
| HCPCS | M1057 | Aspirin or another antiplatelet therapy not used, reason not given |
| HCPCS | M1058 | Patient was a permanent nursing home resident at any time during the performance period |
| HCPCS | M1059 | Patient was in hospice or receiving palliative care at any time during the performance period |
| HCPCS | M1060 | Patient died prior to the end of the performance period |
| HCPCS | M1067 | Hospice services for patient provided any time during the measurement period |
| HCPCS | M1068 | Adults who are not ambulatory |
| HCPCS | M1069 | Patient screened for future fall risk |
| HCPCS | M1070 | Patient not screened for future fall risk, reason not given |
| HCPCS | M1071 | Patient had any additional spine procedures performed on the same date as the lumbar discectomy/laminotomy |
| HCPCS | M1080 | Radiation therapy for breast cancer under the radiation oncology model, 90 day episode, professional component |
| HCPCS | M1081 | Radiation therapy for breast cancer under the radiation oncology model, 90 day episode, technical component |
| HCPCS | M1082 | Radiation therapy for cervical cancer under the radiation oncology model, 90 day episode, professional component |
| HCPCS | M1083 | Radiation therapy for cervical cancer under the radiation oncology model, 90 day episode, technical component |
| HCPCS | M1084 | Radiation therapy for CNS tumors under the radiation oncology model, 90 day episode, professional component |
| HCPCS | M1085 | Radiation therapy for CNS tumors under the radiation oncology model, 90 day episode, technical component |
| HCPCS | M1086 | Radiation therapy for colorectal cancer under the radiation oncology model, 90 day episode, professional component |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | M1087 | Radiation therapy for colorectal cancer under the radiation oncology model, 90 day episode, technical component |
| HCPCS | M1088 | Radiation therapy for head and neck cancer under the radiation oncology model, 90 day episode, professional component |
| HCPCS | M1089 | Radiation therapy for head and neck cancer under the radiation oncology model, 90 day episode, technical component |
| HCPCS | M1150 | Left ventricular ejection fraction (LVEF) less than or equal to 40% or documentation of moderately or severely depressed left ventricular systolic function |
| HCPCS | M1151 | Patients with a history of heart transplant or with a left ventricular assist device (LVAD) |
| HCPCS | M1152 | Patients with a history of heart transplant or with a left ventricular assist device (LVAD) |
| HCPCS | M1153 | Patient with diagnosis of osteoporosis on date of encounter |
| HCPCS | M1154 | Hospice services provided to patient any time during the measurement period |
| HCPCS | M1155 | Patient had anaphylaxis due to the pneumococcal vaccine any time during or before the measurement period |
| HCPCS | M1156 | Patient received active chemotherapy any time during the measurement period |
| HCPCS | M1157 | Patient received bone marrow transplant any time during the measurement period |
| HCPCS | M1158 | Patient had history of immunocompromising conditions prior to or during the measurement period |
| HCPCS | M1159 | Hospice services provided to patient any time during the measurement period |
| HCPCS | M1160 | Patient had anaphylaxis due to the meningococcal vaccine any time on or before the patient's 13th birthday |
| HCPCS | M1161 | Patient had anaphylaxis due to the tetanus, diphtheria or pertussis vaccine any time on or before the patient's 13th birthday |
| HCPCS | M1162 | Patient had encephalitis due to the tetanus, diphtheria or pertussis vaccine any time on or before the patient's 13th birthday |
| HCPCS | M1163 | Patient had anaphylaxis due to the HPV vaccine any time on or before the patient's 13th birthday |
| HCPCS | M1164 | Patients with dementia any time during the patient's history through the end of the measurement period |
| HCPCS | M1165 | Patients who use hospice services any time during the measurement period |
| HCPCS | M1166 | Pathology report for tissue specimens produced from wide local excisions or re-excisions |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | M1167 | In hospice or using hospice services during the measurement period |
| HCPCS | M1168 | Patient received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period |
| HCPCS | M1169 | Documentation of medical reason(s) for not administering influenza vaccine (e.g., prior anaphylaxis due to the influenza vaccine) |
| HCPCS | M1170 | Patient did not receive an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period |
| HCPCS | M1171 | Patient received at least one td vaccine or one Tdap vaccine between nine years prior to the encounter and the end of the measurement period |
| HCPCS | M1172 | Documentation of medical reason(s) for not administering td or tdap vaccine (e.g., prior anaphylaxis due to the td or tdap vaccine or history of encephalopathy within seven days after a previous dose of a TD-containing vaccine) |
| HCPCS | M1173 | Patient did not receive at least one TD vaccine or one tdap vaccine between nine years prior to the encounter and the end of the measurement period |
| HCPCS | M1174 | Patient received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine (at least 28 days apart) anytime on or after the patient's 50th birthday before or during the measurement period |
| HCPCS | M1175 | Documentation of medical reason(s) for not administering zoster vaccine (e.g., prior anaphylaxis due to the zoster vaccine) |
| HCPCS | M1176 | Patient did not receive at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine (at least 28 days apart) anytime on or after the patient's 50th birthday before or during the measurement period |
| HCPCS | M1177 | Patient received any pneumococcal conjugate or polysaccharide vaccine on or after their 60th birthday and before the end of the measurement period |
| HCPCS | M1178 | Documentation of medical reason(s) for not administering pneumococcal vaccine (e.g., prior anaphylaxis due to the pneumococcal vaccine) |
| HCPCS | M1179 | Patient did not receive any pneumococcal conjugate or polysaccharide vaccine, on or after their 60th birthday and before or during measurement period |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | M1180 | Patients on immune checkpoint inhibitor therapy |
| HCPCS | M1181 | Grade 2 or above diarrhea and/or grade 2 or above colitis |
| HCPCS | M1182 | Patients not eligible due to pre-existing inflammatory bowel disease (IBD) (e.g., ulcerative colitis, Crohn's disease) |
| HCPCS | M1183 | Documentation of immune checkpoint inhibitor therapy held and corticosteroids or immunosuppressants prescribed or administered |
| HCPCS | M1184 | Documentation of medical reason(s) for not prescribing or administering corticosteroid or immunosuppressant treatment (e.g., allergy, intolerance, infectious etiology, pancreatic insufficiency, hyperthyroidism, prior bowel surgical interventions, celiac disease, receiving other medication, awaiting diagnostic workup results for alternative etiologies, other medical reasons/contraindication) |
| HCPCS | M1185 | Documentation of immune checkpoint inhibitor therapy not held and/or corticosteroids or immunosuppressants prescribed or administered was not performed, reason not given |
| HCPCS | M1186 | Patients who have an order for or are receiving hospice or palliative care |
| HCPCS | M1187 | Patients with a diagnosis of end stage renal disease (ESRD) |
| HCPCS | M1188 | Patients with a diagnosis of chronic kidney disease (CKD) stage 5 |
| HCPCS | M1189 | Documentation of a kidney health evaluation defined by an estimated glomerular filtration rate (EGFR) and urine albumin-creatinine ratio (UACR) performed |
| HCPCS | M1190 | Documentation of a kidney health evaluation was not performed or defined by an estimated glomerular filtration rate (EGFR) and urine albumin-creatinine ratio (UACR) |
| HCPCS | M1191 | Hospice services provided to patient any time during the measurement period |
| HCPCS | M1192 | Patients with an existing diagnosis of squamous cell carcinoma of the esophagus |
| HCPCS | M1193 | Surgical pathology reports that contain impression or conclusion of or recommendation for testing of MMR by immunohistochemistry, MSI by DNA-based testing status, or both |
| HCPCS | M1194 | Documentation of medical reason(s) surgical pathology reports did not contain impression or conclusion of or recommendation for testing of MMR by immunohistochemistry, MSI by dna-based testing status, or both tests were not included (e.g., patient will not be treated with checkpoint inhibitor therapy, no residual carcinoma is present in the sample [tissue exhausted or status post neoadjuvant treatment], insufficient tumor for testing) |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | M1195 | Surgical pathology reports that do not contain impression or conclusion of or recommendation for testing of MMR by immunohistochemistry, MSI by DNA-based testing status, or both, reason not given |
| HCPCS | M1196 | Initial (index visit) numeric rating scale (NRS), visual rating scale (VRS), or ItchyQuant assessment score of greater than or equal to 4 |
| HCPCS | M1197 | Itch severity assessment score is reduced by 2 or more points from the initial (index) assessment score to the follow-up visit score |
| HCPCS | M1198 | Itch severity assessment score was not reduced by at least 2 points from initial (index) score to the follow-up visit score or assessment was not completed during the follow-up encounter |
| HCPCS | M1199 | Patients receiving rit |
| HCPCS | M1200 | Ace inhibitor (ACE-I) or arb therapy prescribed during the measurement period |
| HCPCS | M1201 | Documentation of medical reason(s) for not prescribing ace inhibitor (ace-i) or arb therapy during the measurement period (e.g., pregnancy, history of angioedema to ace-i, other allergy to ace-i and arb, hyperkalemia or history of hyperkalemia while on ace-i or arb therapy, acute kidney injury due to ace-i or arb therapy), other medical reasons) |
| HCPCS | M1202 | Documentation of patient reason(s) for not prescribing ace inhibitor or arb therapy during the measurement period, (e.g., patient declined, other patient reasons) |
| HCPCS | M1203 | Ace inhibitor or arb therapy not prescribed during the measurement period, reason not given |
| HCPCS | M1204 | Initial (index visit) numeric rating scale (NRS), visual rating scale (VRS), or itchyquant assessment score of greater than or equal to 4 |
| HCPCS | M1205 | Itch severity assessment score is reduced by 2 or more points from the initial (index) assessment score to the follow-up visit score |
| HCPCS | M1206 | Itch severity assessment score was not reduced by at least 2 points from initial (index) score to the follow-up visit score or assessment was not completed during the follow-up encounter |
| HCPCS | M1207 | Number of patients screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety |
| HCPCS | M1208 | Number of patients not screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety |
| HCPCS | M1209 | At least two orders for high-risk medications from the same drug class, (table 4), not ordered |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | M1210 | At least two orders for high-risk medications from the same drug class, (table 4), not ordered |
| HCPCS | P2028 | Cephalin flocculation, blood |
| HCPCS | P2029 | Congo red, blood |
| HCPCS | P2031 | Hair analysis (excluding arsenic) |
| HCPCS | P2033 | Thymol turbidity, blood |
| HCPCS | P2038 | Mucoprotein, blood (seromucoid) (medical necessity procedure) |
| HCPCS | P9603 | Travel allowance one way in connection with medically necessary laboratory specimen collection drawn from home bound or nursing home bound patient; prorated miles actually travelled |
| HCPCS | P9604 | Travel allowance one way in connection with medically necessary laboratory specimen collection drawn from home bound or nursing home bound patient; prorated trip charge |
| HCPCS | P9612 | Catheterization for collection of specimen, single patient, all places of service |
| HCPCS | Q0035 | Cardiokymography |
| HCPCS | Q0092 | Set-up portable x-ray equipment |
| HCPCS | Q0111 | Wet mounts, including preparations of vaginal, cervical or skin specimens |
| HCPCS | Q0112 | All potassium hydroxide (KOH) preparations |
| HCPCS | Q0113 | Pinworm examinations |
| HCPCS | Q0114 | Fern test |
| HCPCS | Q0115 | Post-coital direct, qualitative examinations of vaginal or cervical mucous |
| HCPCS | Q0144 | Azithromycin dihydrate, oral, capsules/powder, 1 gram |
| HCPCS | Q0161 | Chlorpromazine hydrochloride, 5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen |
| HCPCS | Q0162 | Ondansetron 1 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen |
| HCPCS | Q0163 | Diphenhydramine hydrochloride, 50 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at time of chemotherapy treatment not to exceed a 48 hour dosage regimen |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | Q0478 | Power adapter for use with electric or electric/pneumatic ventricular assist device, vehicle type |
| HCPCS | Q0479 | Power module for use with electric or electric/pneumatic ventricular assist device, replacement only |
| HCPCS | Q0480 | Driver for use with pneumatic ventricular assist device, replacement only |
| HCPCS | Q0481 | Microprocessor control unit for use with electric ventricular assist device, replacement only |
| HCPCS | Q0482 | Microprocessor control unit for use with electric/pneumatic combination ventricular assist device, replacement only |
| HCPCS | Q0483 | Monitor/display module for use with electric ventricular assist device, replacement only |
| HCPCS | Q0484 | Monitor/display module for use with electric or electric/pneumatic ventricular assist device, replacement only |
| HCPCS | Q0485 | Monitor control cable for use with electric ventricular assist device, replacement only |
| HCPCS | Q0486 | Monitor control cable for use with electric/pneumatic ventricular assist device, replacement only |
| HCPCS | Q0487 | Leads (pneumatic/electrical) for use with any type electric/pneumatic ventricular assist device, replacement only |
| HCPCS | Q0488 | Power pack base for use with electric ventricular assist device, replacement only |
| HCPCS | Q0489 | Power pack base for use with electric/pneumatic ventricular assist device, replacement only |
| HCPCS | Q0490 | Emergency power source for use with electric ventricular assist device, replacement only |
| HCPCS | Q0491 | Emergency power source for use with electric/pneumatic ventricular assist device, replacement only |
| HCPCS | Q0492 | Emergency power supply cable for use with electric ventricular assist device, replacement only |
| HCPCS | Q0493 | Emergency power supply cable for use with electric/pneumatic ventricular assist device, replacement only |
| HCPCS | Q0494 | Emergency hand pump for use with electric or electric/pneumatic ventricular assist device, replacement only |
| HCPCS | Q0495 | Battery/power pack charger for use with electric or electric/pneumatic ventricular assist device, replacement only |
| HCPCS | Q0496 | Battery, other than lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only |
| HCPCS | Q0497 | Battery clips for use with electric or electric/pneumatic ventricular assist device, replacement only |
| HCPCS | Q0498 | Holster for use with electric or electric/pneumatic ventricular assist device, replacement only |
| HCPCS | Q0499 | Belt/vest/bag for use to carry external peripheral components of any type ventricular assist device, replacement only |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | Q0500 | Filters for use with electric or electric/pneumatic ventricular assist device, replacement only |
| HCPCS | Q0501 | Shower cover for use with electric or electric/pneumatic ventricular assist device, replacement only |
| HCPCS | Q0502 | Mobility cart for pneumatic ventricular assist device, replacement only |
| HCPCS | Q0503 | Battery for pneumatic ventricular assist device, replacement only, each |
| HCPCS | Q0504 | Power adapter for pneumatic ventricular assist device, replacement only, vehicle type |
| HCPCS | Q0506 | Battery, lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only |
| HCPCS | Q0507 | Miscellaneous supply or accessory for use with an external ventricular assist device |
| HCPCS | Q0508 | Miscellaneous supply or accessory for use with an implanted ventricular assist device |
| HCPCS | Q0509 | Miscellaneous supply or accessory for use with any implanted ventricular assist device for which payment was not made under Medicare Part A |
| HCPCS | Q0510 | Pharmacy supply fee for initial immunosuppressive drug(s), first month following transplant |
| HCPCS | Q0511 | Pharmacy supply fee for oral anti-cancer, oral anti-emetic or immunosuppressive drug(s); for the first prescription in a 30-day period |
| HCPCS | Q0512 | Pharmacy supply fee for oral anti-cancer, oral anti-emetic or immunosuppressive drug(s); for a subsequent prescription in a 30-day period |
| HCPCS | Q0513 | Pharmacy dispensing fee for inhalation drug(s); per 30 days |
| HCPCS | Q0514 | Pharmacy dispensing fee for inhalation drug(s); per 90 days |
| HCPCS | Q0515 | Injection, sermorelin acetate, 1 microgram |
| HCPCS | Q1004 | New technology intraocular lens category 4 as defined in Federal Register notice |
| HCPCS | Q1005 | New technology intraocular lens category 5 as defined in Federal Register notice |
| HCPCS | Q2004 | Irrigation solution for treatment of bladder calculi, for example renacidin, per 500 ml |
| HCPCS | Q2009 | Injection, fosphenytoin, 50 mg phenytoin equivalent |
| HCPCS | Q2017 | Injection, teniposide, 50 mg |
| HCPCS | Q2026 | Injection, Radiesse, 0.1 ml |
| HCPCS | Q2043 | Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion |
| HCPCS | Q2049 | Injection, doxorubicin hydrochloride, liposomal, imported Lipodox, 10 mg |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | Q3014 | Telehealth originating site facility fee |
| HCPCS | Q3031 | Collagen skin test |
| HCPCS | Q4049 | Finger splint, static |
| HCPCS | Q4050 | Cast supplies, for unlisted types and materials of casts |
| HCPCS | Q4051 | Splint supplies, miscellaneous (includes thermoplastics, strapping, fasteners, padding and other supplies) |
| HCPCS | Q4074 | Iloprost, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, up to 20 micrograms |
| HCPCS | Q4082 | Drug or biological, not otherwise classified, Part B Drug Competitive Acquisition Program (CAP) |
| HCPCS | Q4100 | Skin substitute, not otherwise specified |
| HCPCS | Q4103 | Oasis burn matrix, per square centimeter |
| HCPCS | Q4107 | Graftjacket, per square centimeter |
| HCPCS | Q4111 | Gammagraft, per square centimeter |
| HCPCS | Q4112 | Cymetra, injectable, 1 cc |
| HCPCS | Q4113 | Graftjacket Xpress, injectable, 1 cc |
| HCPCS | Q4115 | Alloskin, per square centimeter |
| HCPCS | Q4117 | Hyalomatrix, per square centimeter |
| HCPCS | Q4118 | Matristem MicroMatrix, 1 mg |
| HCPCS | Q4122 | DermACELL, DermACELL AWM or DermACELL AWM porous, per square centimeter |
| HCPCS | Q4123 | Alloskin RT, per square centimeter |
| HCPCS | Q4124 | OASIS Ultra Tri-Layer wound matrix, per square centimeter |
| HCPCS | Q4125 | Arthroflex, per square centimeter |
| HCPCS | Q4126 | MemoDerm, DermaSpan, TranZgraft or InteguPly, per square centimeter |
| HCPCS | Q4127 | Talymed, per square centimeter |
| HCPCS | Q4128 | Flex HD, or AlloPatch HD, per square centimeter |
| HCPCS | Q4130 | Strattice TM, per square centimeter |
| HCPCS | Q4132 | Grafix Core and GrafixPL Core, per square centimeter |
| HCPCS | Q4133 | Grafix Prime, GrafixPL Prime, Stravix and StravixPL, per square centimeter |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | Q4134 | HMatrix, per square centimeter |
| HCPCS | Q4135 | Mediskin, per square centimeter |
| HCPCS | Q4136 | EZ-Derm, per square centimeter |
| HCPCS | Q4137 | AmnioExcel, AmnioExcel Plus or BioDExcel, per square centimeter |
| HCPCS | Q4138 | BioDFence DryFlex, per square centimeter |
| HCPCS | Q4139 | AmnioMatrix or BioDMatrix, injectable, 1 cc |
| HCPCS | Q4140 | BioDFence, per square centimeter |
| HCPCS | Q4141 | AlloSkin ac, per square centimeter |
| HCPCS | Q4142 | XCM biologic tissue matrix, per square centimeter |
| HCPCS | Q4143 | Repriza, per square centimeter |
| HCPCS | Q4145 | Epifix, injectable, 1 mg |
| HCPCS | Q4146 | Tensix, per square centimeter |
| HCPCS | Q4147 | Architect, Architect PX, or Architect FX, extracellular matrix, per square centimeter |
| HCPCS | Q4148 | Neox Cord 1K, Neox Cord RT, or Clarix Cord 1K, per square centimeter |
| HCPCS | Q4149 | Excellagen, 0.1 cc |
| HCPCS | Q4150 | Allowrap DS or dry, per square centimeter |
| HCPCS | Q4151 | AmnioBand or Guardian, per square centimeter |
| HCPCS | Q4152 | DermaPure, per square centimeter |
| HCPCS | Q4153 | Dermavest and plurivest, per square centimeter |
| HCPCS | Q4154 | Biovance, per square centimeter |
| HCPCS | Q4155 | Neox Flo or Clarix Flo, 1 mg |
| HCPCS | Q4156 | Neox 100 or Clarix 100, per square centimeter |
| HCPCS | Q4157 | Revitalon, per square centimeter |
| HCPCS | Q4158 | Kerecis Omega3, per square centimeter |
| HCPCS | Q4159 | Affinity, per square centimeter |
| HCPCS | Q4160 | Nushield, per square centimeter |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | Q4166 | Cytal, per square centimeter |
| HCPCS | Q4167 | Truskin, per square centimeter |
| HCPCS | Q4168 | AmnioBand, 1 mg |
| HCPCS | Q4169 | Artacent wound, per square centimeter |
| HCPCS | Q4170 | Cygnus, per square centimeter |
| HCPCS | Q4171 | Interfyl, 1 mg |
| HCPCS | Q4173 | PalinGen or PalinGen XPlus, per square centimeter |
| HCPCS | Q4174 | PalinGen or ProMatrX, 0.36 mg per 0.25 cc |
| HCPCS | Q4175 | Miroderm, per square centimeter |
| HCPCS | Q4176 | Neopatch or Therion, per square centimeter |
| HCPCS | Q4177 | FlowerAmnioFlo, 0.1 cc |
| HCPCS | Q4178 | FlowerAmnioPatch, per square centimeter |
| HCPCS | Q4179 | FlowerDerm, per square centimeter |
| HCPCS | Q4180 | Revita, per square centimeter |
| HCPCS | Q4181 | Amnio Wound, per square centimeter |
| HCPCS | Q4182 | Transcyte, per square centimeter |
| HCPCS | Q4205 | Membrane graft or membrane wrap, per square centimeter |
| HCPCS | Q4206 | Fluid Flow or Fluid GF, 1 cc |
| HCPCS | Q4208 | Novafix, per square centimeter |
| HCPCS | Q4209 | SurGraft, per square centimeter |
| HCPCS | Q4210 | Axolotl Graft or Axolotl DualGraft, per square centimeter |
| HCPCS | Q4211 | Amnion bio or AxBioMembrane, per square centimeter |
| HCPCS | Q4212 | Allogen, per cc |
| HCPCS | Q4213 | Ascent, 0.5 mg |
| HCPCS | Q4214 | Cellesta cord, per square centimeter |
| HCPCS | Q4215 | Axolotl Ambient or Axolotl Cryo, 0.1 mg |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | Q4216 | Artacent cord, per square centimeter |
| HCPCS | Q4217 | WoundFix, BioWound, WoundFix Plus, BioWound Plus, WoundFix Xplus or BioWound Xplus, per square centimeter |
| HCPCS | Q4218 | surgiCORD, per square centimeter |
| HCPCS | Q4219 | surgiGRAFT-Dual, per square centimeter |
| HCPCS | Q4220 | BellaCell HD or SureDerm, per square centimeter |
| HCPCS | Q4221 | AmnioWrap2, per square centimeter |
| HCPCS | Q4222 | ProgenaMatrix, per square centimeter |
| HCPCS | Q4224 | Human health factor 10 amniotic patch (hhf10-p), per square centimeter |
| HCPCS | Q4225 | Amniobind, per square centimeter |
| HCPCS | Q4226 | MyOwn Skin, includes harvesting and preparation procedures, per square centimeter |
| HCPCS | Q4227 | AmnioCore, per square centimeter |
| HCPCS | Q4229 | Cogenex Amniotic Membrane, per square centimeter |
| HCPCS | Q4230 | Cogenex Flowable Amnion, per 0.5 cc |
| HCPCS | Q4231 | Corplex P, per cc |
| HCPCS | Q4232 | Corplex, per square centimeter |
| HCPCS | Q4233 | Surfactor or Nudyn, per 0.5 cc |
| HCPCS | Q4234 | XCellerate, per square centimeter |
| HCPCS | Q4235 | AmnioRepair or AltiPly, per square centimeter |
| HCPCS | Q4237 | Cryo-Cord, per square centimeter |
| HCPCS | Q4238 | Derm-Maxx, per square centimeter |
| HCPCS | Q4239 | Amnio-Maxx or Amnio-Maxx Lite, per square centimeter |
| HCPCS | Q4240 | CoreCyte, for topical use only, per 0.5 cc |
| HCPCS | Q4241 | PolyCyte, for topical use only, per 0.5 cc |
| HCPCS | Q4242 | AmnioCyte Plus, per 0.5 cc |
| HCPCS | Q4244 | Procenta, per 200 mg |
| HCPCS | Q4245 | Amniotext, per cc |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | Q4246 | Coretext or protext, per cc |
| HCPCS | Q4247 | Amniotext patch, per square centimeter |
| HCPCS | Q4248 | Dermacyte amniotic membrane allograft, per square centimeter |
| HCPCS | Q4249 | Amnipliy, for topical use only, per square centimeter |
| HCPCS | Q4250 | AmnioAMP-MP, per square centimeter |
| HCPCS | Q4251 | Vim, per square centimeter |
| HCPCS | Q4252 | Vendaje, per square centimeter |
| HCPCS | Q4253 | Zenith amniotic membrane, per square centimeter |
| HCPCS | Q4254 | Novafix DL, per square centimeter |
| HCPCS | Q4255 | Reguard, for topical use only, per square centimeter |
| HCPCS | Q4256 | Mlg-complete, per square centimeter |
| HCPCS | Q4257 | Relese, per square centimeter |
| HCPCS | Q4258 | Enverse, per square centimeter |
| HCPCS | Q4259 | celera Dual Layer or celera Dual Membrane, per square centimeter |
| HCPCS | Q4260 | Signature APatch, per square centimeter |
| HCPCS | Q4261 | TAG, per square centimeter |
| HCPCS | Q9001 | Assessment by chaplain services |
| HCPCS | Q9002 | Counseling, individual, by chaplain services |
| HCPCS | Q9003 | Counseling, group, by chaplain services |
| HCPCS | Q9004 | Department of veterans affairs whole health partner services |
| HCPCS | R0070 | Transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, one patient seen |
| HCPCS | R0075 | Transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, more than one patient seen |
| HCPCS | R0076 | Transportation of portable EKG to facility or location, per patient |
| HCPCS | S0209 | Wheelchair van, mileage, per mile |
| HCPCS | S0215 | Non-emergency transportation; mileage, per mile |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | S0220 | Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient is present); approximately 30 minutes |
| HCPCS | S0221 | Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient is present); approximately 60 minutes |
| HCPCS | S0250 | Comprehensive geriatric assessment and treatment planning performed by assessment team |
| HCPCS | S0257 | Counseling and discussion regarding advance directives or end of life care planning and decisions, with patient and/or surrogate (List separately in addition to code for appropriate evaluation and management service) |
| HCPCS | S0260 | History and physical (outpatient or office) related to surgical procedure (List separately in addition to code for appropriate evaluation and management service) |
| HCPCS | S0265 | Genetic counseling, under physician supervision, each 15 minutes |
| HCPCS | S0270 | Physician management of patient home care, standard monthly case rate (per 30 days) |
| HCPCS | S0271 | Physician management of patient home care, hospice monthly case rate (per 30 days) |
| HCPCS | S0272 | Physician management of patient home care, episodic care monthly case rate (per 30 days) |
| HCPCS | S0273 | Physician visit at member's home, outside of a capitation arrangement |
| HCPCS | S0274 | Nurse practitioner visit at member's home, outside of a capitation arrangement |
| HCPCS | S0280 | Medical home program, comprehensive care coordination and planning, initial plan |
| HCPCS | S0281 | Medical home program, comprehensive care coordination and planning, maintenance of plan |
| HCPCS | S0315 | Disease management program; initial assessment and initiation of the program |
| HCPCS | S0316 | Disease management program, follow-up/reassessment |
| HCPCS | S0317 | Disease management program; per diem |
| HCPCS | S0320 | Telephone calls by a registered nurse to a disease management program member for monitoring purposes; per month |
| HCPCS | S0340 | Lifestyle modification program for management of coronary artery disease, including all supportive services; first quarter/stage |
| HCPCS | S0341 | Lifestyle modification program for management of coronary artery disease, including all supportive services; second or third quarter/stage |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | S0342 | Lifestyle modification program for management of coronary artery disease, including all supportive services; fourth quarter/stage |
| HCPCS | S0353 | Treatment planning and care coordination management for cancer, initial treatment |
| HCPCS | S0354 | Treatment planning and care coordination management for cancer, established patient with a change of regimen |
| HCPCS | S0500 | Disposable contact lens, per lens |
| HCPCS | S0504 | Single vision prescription lens (safety, athletic, or sunglass), per lens |
| HCPCS | S0506 | Bifocal vision prescription lens (safety, athletic, or sunglass), per lens |
| HCPCS | S0508 | Trifocal vision prescription lens (safety, athletic, or sunglass), per lens |
| HCPCS | S0510 | Non-prescription lens (safety, athletic, or sunglass), per lens |
| HCPCS | S0512 | Daily wear specialty contact lens, per lens |
| HCPCS | S0514 | Color contact lens, per lens |
| HCPCS | S0515 | Scleral lens, liquid bandage device, per lens |
| HCPCS | S0516 | Safety eyeglass frames |
| HCPCS | S0518 | Sunglasses frames |
| HCPCS | S0580 | Polycarbonate lens (list this code in addition to the basic code for the lens) |
| HCPCS | S0581 | Nonstandard lens (list this code in addition to the basic code for the lens) |
| HCPCS | S0590 | Integral lens service, miscellaneous services reported separately |
| HCPCS | S0592 | Comprehensive contact lens evaluation |
| HCPCS | S0595 | Dispensing new spectacle lenses for patient supplied frame |
| HCPCS | S0596 | Phakic intraocular lens for correction of refractive error |
| HCPCS | S0622 | Physical exam for college, new or established patient (List separately in addition to appropriate evaluation and management code) |
| HCPCS | S0800 | Laser in situ keratomileusis (LASIK) |
| HCPCS | S0810 | Photorefractive keratectomy (PRK) |
| HCPCS | S0812 | Phototherapeutic keratectomy (PTK) |
| HCPCS | S1001 | Deluxe item, patient aware (list in addition to code for basic item) |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | S1002 | Customized item (list in addition to code for basic item) |
| HCPCS | S1015 | IV tubing extension set |
| HCPCS | S1016 | Non-PVC (polyvinyl chloride) intravenous administration set, for use with drugs that are not stable in PVC e.g., paclitaxel |
| HCPCS | S1030 | Continuous noninvasive glucose monitoring device, purchase (for physician interpretation of data, use CPT code) |
| HCPCS | S1031 | Continuous noninvasive glucose monitoring device, rental, including sensor, sensor replacement, and download to monitor (for physician interpretation of data, use CPT code) |
| HCPCS | S1034 | Artificial pancreas device system (e.g., low glucose suspend (LGS) feature) including continuous glucose monitor, blood glucose device, insulin pump and computer algorithm that communicates with all of the devices |
| HCPCS | S1035 | Sensor; invasive (e.g., subcutaneous), disposable, for use with artificial pancreas device system |
| HCPCS | S1036 | Transmitter; external, for use with artificial pancreas device system |
| HCPCS | S1037 | Receiver (monitor); external, for use with artificial pancreas device system |
| HCPCS | S1091 | Stent, non-coronary, temporary, with delivery system (propel) |
| HCPCS | S2079 | Laparoscopic esophagomyotomy (Heller type) |
| HCPCS | S2083 | Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline |
| HCPCS | S2095 | Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres |
| HCPCS | S2102 | Islet cell tissue transplant from pancreas; allogeneic |
| HCPCS | S2118 | Metal-on-metal total hip resurfacing, including acetabular and femoral components |
| HCPCS | S2140 | Cord blood harvesting for transplantation, allogeneic |
| HCPCS | S2142 | Cord blood-derived stem-cell transplantation, allogeneic |
| HCPCS | S2202 | Echosclerotherapy |
| HCPCS | S2260 | Induced abortion, 17 to 24 weeks |
| HCPCS | S2265 | Induced abortion, 25 to 28 weeks |
| HCPCS | S2266 | Induced abortion, 29 to 31 weeks |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | S2267 | Induced abortion, 32 weeks or greater |
| HCPCS | S2348 | Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar |
| HCPCS | S2400 | Repair, congenital diaphragmatic hernia in the fetus using temporary tracheal occlusion, procedure performed in utero |
| HCPCS | S2401 | Repair, urinary tract obstruction in the fetus, procedure performed in utero |
| HCPCS | S2402 | Repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero |
| HCPCS | S2403 | Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero |
| HCPCS | S2404 | Repair, myelomeningocele in the fetus, procedure performed in utero |
| HCPCS | S2405 | Repair of sacrococcygeal teratoma in the fetus, procedure performed in utero |
| HCPCS | S2409 | Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified |
| HCPCS | S2411 | Fetoscopic laser therapy for treatment of twin-to-twin transfusion syndrome |
| HCPCS | S2900 | Surgical techniques requiring use of robotic surgical system (List separately in addition to code for primary procedure) |
| HCPCS | S3000 | Diabetic indicator; retinal eye exam, dilated, bilateral |
| HCPCS | S3005 | Performance measurement, evaluation of patient self assessment, depression |
| HCPCS | S3600 | STAT laboratory request (situations other than S3601) |
| HCPCS | S3601 | Emergency STAT laboratory charge for patient who is homebound or residing in a nursing facility |
| HCPCS | S3630 | Eosinophil count, blood, direct |
| HCPCS | S3645 | HIV-1 antibody testing of oral mucosal transudate |
| HCPCS | S3650 | Saliva test, hormone level; during menopause |
| HCPCS | S3652 | Saliva test, hormone level; to assess preterm labor risk |
| HCPCS | S3655 | Antisperm antibodies test (Immunobead) |
| HCPCS | S3708 | Gastrointestinal fat absorption study |
| HCPCS | S3722 | Dose optimization by area under the curve (AUC) analysis, for infusional 5-fluorouracil |
| HCPCS | S3800 | Genetic testing for amyotrophic lateral sclerosis (ALS) |
| HCPCS | S3852 | DNA analysis for APOE epsilon 4 allele for susceptibility to alzheimer's disease |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | S3902 | Ballistocardiogram |
| HCPCS | S3904 | Masters two step |
| HCPCS | S4011 | In vitro fertilization; including but not limited to identification and incubation of mature oocytes, fertilization with sperm, incubation of embryo(s), and subsequent visualization for determination of development |
| HCPCS | S4013 | Complete cycle, gamete intrafallopian transfer (GIFT), case rate |
| HCPCS | S4014 | Complete cycle, zygote intrafallopian transfer (ZIFT), case rate |
| HCPCS | S4015 | Complete in vitro fertilization cycle, not otherwise specified, case rate |
| HCPCS | S4016 | Frozen in vitro fertilization cycle, case rate |
| HCPCS | S4017 | Incomplete cycle, treatment cancelled prior to stimulation, case rate |
| HCPCS | S4018 | Frozen embryo transfer procedure cancelled before transfer, case rate |
| HCPCS | S4020 | In vitro fertilization procedure cancelled before aspiration, case rate |
| HCPCS | S4021 | In vitro fertilization procedure cancelled after aspiration, case rate |
| HCPCS | S4022 | Assisted oocyte fertilization, case rate |
| HCPCS | S4023 | Donor egg cycle, incomplete, case rate |
| HCPCS | S4025 | Donor services for in vitro fertilization (sperm or embryo), case rate |
| HCPCS | S4026 | Procurement of donor sperm from sperm bank |
| HCPCS | S4027 | Storage of previously frozen embryos |
| HCPCS | S4028 | Microsurgical epididymal sperm aspiration (MESA) |
| HCPCS | S4030 | Sperm procurement and cryopreservation services; initial visit |
| HCPCS | S4031 | Sperm procurement and cryopreservation services; subsequent visit |
| HCPCS | S4035 | Stimulated intrauterine insemination (IUI), case rate |
| HCPCS | S4037 | Cryopreserved embryo transfer, case rate |
| HCPCS | S4040 | Monitoring and storage of cryopreserved embryos, per 30 days |
| HCPCS | S4042 | Management of ovulation induction (interpretation of diagnostic tests and studies, non-face-to-face medical management of the patient), per cycle |
| HCPCS | S4981 | Insertion of levonorgestrel-releasing intrauterine system |
| HCPCS | S4990 | Nicotine patches, legend |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | S4991 | Nicotine patches, non-legend |
| HCPCS | S4995 | Smoking cessation gum |
| HCPCS | S5000 | Prescription drug, generic |
| HCPCS | S5001 | Prescription drug, brand name |
| HCPCS | S5010 | 5% dextrose and 0.45% normal saline, 1000 ml |
| HCPCS | S5012 | 5% dextrose with potassium chloride, 1000 ml |
| HCPCS | S5013 | 5% dextrose/0.45% normal saline with potassium chloride and magnesium sulfate, 1000 ml |
| HCPCS | S5014 | 5% dextrose/0.45% normal saline with potassium chloride and magnesium sulfate, 1500 ml |
| HCPCS | S5100 | Day care services, adult; per 15 minutes |
| HCPCS | S5101 | Day care services, adult; per half day |
| HCPCS | S5102 | Day care services, adult; per diem |
| HCPCS | S5105 | Day care services, center-based; services not included in program fee, per diem |
| HCPCS | S5108 | Home care training to home care client, per 15 minutes |
| HCPCS | S5109 | Home care training to home care client, per session |
| HCPCS | S5110 | Home care training, family; per 15 minutes |
| HCPCS | S5111 | Home care training, family; per session |
| HCPCS | S5115 | Home care training, non-family; per 15 minutes |
| HCPCS | S5116 | Home care training, non-family; per session |
| HCPCS | S5120 | Chore services; per 15 minutes |
| HCPCS | S5121 | Chore services; per diem |
| HCPCS | S5125 | Attendant care services; per 15 minutes |
| HCPCS | S5126 | Attendant care services; per diem |
| HCPCS | S5130 | Homemaker service, nos; per 15 minutes |
| HCPCS | S5131 | Homemaker service, nos; per diem |
| HCPCS | S5135 | Companion care, adult (e.g., IADL/ADL); per 15 minutes |
| HCPCS | S5136 | Companion care, adult (e.g., IADL/ADL); per diem |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | S5140 | Foster care, adult; per diem |
| HCPCS | S5141 | Foster care, adult; per month |
| HCPCS | S5145 | Foster care, therapeutic, child; per diem |
| HCPCS | S5146 | Foster care, therapeutic, child; per month |
| HCPCS | S5150 | Unskilled respite care, not hospice; per 15 minutes |
| HCPCS | S5151 | Unskilled respite care, not hospice; per diem |
| HCPCS | S5160 | Emergency response system; installation and testing |
| HCPCS | S5161 | Emergency response system; service fee, per month (excludes installation and testing) |
| HCPCS | S5162 | Emergency response system; purchase only |
| HCPCS | S5165 | Home modifications; per service |
| HCPCS | S5170 | Home delivered meals, including preparation; per meal |
| HCPCS | S5175 | Laundry service, external, professional; per order |
| HCPCS | S5180 | Home health respiratory therapy, initial evaluation |
| HCPCS | S5181 | Home health respiratory therapy, NOS, per diem |
| HCPCS | S5185 | Medication reminder service, non-face-to-face; per month |
| HCPCS | S5190 | Wellness assessment, performed by non-physician |
| HCPCS | S5199 | Personal care item, NOS, each |
| HCPCS | S5565 | Insulin cartridge for use in insulin delivery device other than pump; 150 units |
| HCPCS | S5566 | Insulin cartridge for use in insulin delivery device other than pump; 300 units |
| HCPCS | S8055 | Ultrasound guidance for multifetal pregnancy reduction(s), technical component (only to be used when the physician doing the reduction procedure does not perform the ultrasound, guidance is included in the cpt code for multifetal pregnancy reduction - 59866) |
| HCPCS | S8080 | Scintimammography (radioimmunosintigraphy of the breast), unilateral, including supply of radiopharmaceutical |
| HCPCS | S8096 | Portable peak flow meter |
| HCPCS | S8097 | Asthma kit (including but not limited to portable peak expiratory flow meter, instructional video, brochure, and/or spacer) |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | S8110 | Peak expiratory flow rate (physician services) |
| HCPCS | S8120 | Oxygen contents, gaseous, 1 unit equals 1 cubic foot |
| HCPCS | S8121 | Oxygen contents, liquid, 1 unit equals 1 pound |
| HCPCS | S8130 | Interferential current stimulator, 2 channel |
| HCPCS | S8131 | Interferential current stimulator, 4 channel |
| HCPCS | S8185 | Flutter device |
| HCPCS | S8186 | Swivel adapter |
| HCPCS | S8189 | Tracheostomy supply, not otherwise classified |
| HCPCS | S8270 | Enuresis alarm, using auditory buzzer and/or vibration device |
| HCPCS | S8301 | Infection control supplies, not otherwise specified |
| HCPCS | S8415 | Supplies for home delivery of infant |
| HCPCS | S8420 | Gradient pressure aid (sleeve and glove combination), custom made |
| HCPCS | S8421 | Gradient pressure aid (sleeve and glove combination), ready made |
| HCPCS | S8422 | Gradient pressure aid (sleeve), custom made, medium weight |
| HCPCS | S8423 | Gradient pressure aid (sleeve), custom made, heavy weight |
| HCPCS | S8424 | Gradient pressure aid (sleeve), ready made |
| HCPCS | S8425 | Gradient pressure aid (glove), custom made, medium weight |
| HCPCS | S8426 | Gradient pressure aid (glove), custom made, heavy weight |
| HCPCS | S8427 | Gradient pressure aid (glove), ready made |
| HCPCS | S8428 | Gradient pressure aid (gauntlet), ready made |
| HCPCS | S8429 | Gradient pressure exterior wrap |
| HCPCS | S8430 | Padding for compression bandage, roll |
| HCPCS | S8431 | Compression bandage, roll |
| HCPCS | S8450 | Splint, prefabricated, digit (specify digit by use of modifier) |
| HCPCS | S8451 | Splint, prefabricated, wrist or ankle |
| HCPCS | S8452 | Splint, prefabricated, elbow |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | S8460 | Camisole, post-mastectomy |
| HCPCS | S8930 | Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with the patient |
| HCPCS | S8940 | Equestrian/hippotherapy, per session |
| HCPCS | S8948 | Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes |
| HCPCS | S8950 | Complex lymphedema therapy, each 15 minutes |
| HCPCS | S8990 | Physical or manipulative therapy performed for maintenance rather than restoration |
| HCPCS | S8999 | Resuscitation bag (for use by patient on artificial respiration during power failure or other catastrophic event) |
| HCPCS | S9001 | Home uterine monitor with or without associated nursing services |
| HCPCS | S9007 | Ultrafiltration monitor |
| HCPCS | S9024 | Paranasal sinus ultrasound |
| HCPCS | S9025 | Omniscardiogram/cardiointegram |
| HCPCS | S9034 | Extracorporeal shockwave lithotripsy for gallstones (if performed with ERCP, use 43265) |
| HCPCS | S9055 | Procuren or other growth factor preparation to promote wound healing |
| HCPCS | S9056 | Coma stimulation per diem |
| HCPCS | S9061 | Home administration of aerosolized drug therapy (e.g., Pentamidine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem |
| HCPCS | S9083 | Global fee urgent care centers |
| HCPCS | S9090 | Vertebral axial decompression, per session |
| HCPCS | S9110 | Telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and software; maintenance; patient education and support; per month |
| HCPCS | S9117 | Back school, per visit |
| HCPCS | S9125 | Respite care, in the home, per diem |
| HCPCS | S9145 | Insulin pump initiation, instruction in initial use of pump (pump not included) |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | S9326 | 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 |
| HCPCS | S9327 | 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 |
| HCPCS | S9330 | 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 |
| HCPCS | S9331 | 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 |
| HCPCS | S9335 | Home therapy, hemodialysis; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately), per diem |
| HCPCS | S9338 | 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 |
| HCPCS | S9364 | 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) |
| HCPCS | S9381 | Delivery or service to high risk areas requiring escort or extra protection, per visit |
| HCPCS | S9401 | Anticoagulation clinic, inclusive of all services except laboratory tests, per session |
| HCPCS | S9432 | Medical foods for non-inborn errors of metabolism |
| HCPCS | S9433 | Medical food nutritionally complete, administered orally, providing 100% of nutritional intake |
| HCPCS | S9434 | Modified solid food supplements for inborn errors of metabolism |
| HCPCS | S9435 | Medical foods for inborn errors of metabolism |
| HCPCS | S9436 | Childbirth preparation/Lamaze classes, non-physician provider, per session |
| HCPCS | S9437 | Childbirth refresher classes, non-physician provider, per session |

Individual and Family Plan Non-Covered List

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | S9438 | Cesarean birth classes, non-physician provider, per session |
| HCPCS | S9439 | VBAC (vaginal birth after cesarean) classes, non-physician provider, per session |
| HCPCS | S9441 | Asthma education, non-physician provider, per session |
| HCPCS | S9442 | Birthing classes, non-physician provider, per session |
| HCPCS | S9443 | Lactation classes, non-physician provider, per session |
| HCPCS | S9444 | Parenting classes, non-physician provider, per session |
| HCPCS | S9445 | Patient education, not otherwise classified, non-physician provider, individual, per session |
| HCPCS | S9446 | Patient education, not otherwise classified, non-physician provider, group, per session |
| HCPCS | S9447 | Infant safety (including CPR) classes, non-physician provider, per session |
| HCPCS | S9449 | Weight management classes, non-physician provider, per session |
| HCPCS | S9451 | Exercise classes, non-physician provider, per session |
| HCPCS | S9452 | Nutrition classes, non-physician provider, per session |
| HCPCS | S9453 | Smoking cessation classes, non-physician provider, per session |
| HCPCS | S9454 | Stress management classes, non-physician provider, per session |
| HCPCS | S9455 | Diabetic management program, group session |
| HCPCS | S9460 | Diabetic management program, nurse visit |
| HCPCS | S9474 | Enterostomal therapy by a registered nurse certified in enterostomal therapy, per diem |
| HCPCS | S9476 | Vestibular rehabilitation program, non-physician provider, per diem |
| HCPCS | S9482 | Family stabilization services, per 15 minutes |
| HCPCS | S9529 | Routine venipuncture for collection of specimen(s), single home bound, nursing home, or skilled nursing facility patient |
| HCPCS | S9542 | Home injectable therapy, not otherwise classified, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem |
| HCPCS | S9558 | Home injectable therapy; growth hormone, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem |

| Type of Code | Code | Description |
|--------------|------------|--|
| HCPCS | S9559 | Home injectable therapy, interferon, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem |
| HCPCS | S9560 | Home injectable therapy; hormonal therapy (e.g.; leuprolide, goserelin), including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem |
| HCPCS | S9562 | Home injectable therapy, palivizumab, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem |
| HCPCS | S9590 | Home therapy, irrigation therapy (e.g., sterile irrigation of an organ or anatomical cavity); including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem |
| HCPCS | S9810 | Home therapy; professional pharmacy services for provision of infusion, specialty drug administration, and/or disease state management, not otherwise classified, per hour (do not use this code with any per diem code) |
| HCPCS | S9900 | Services by a journal-listed christian science practitioner for the purpose of healing, per diem |
| HCPCS | S9901 | Services by a journal-listed christian science nurse, per hour |
| HCPCS | S9970 | Health club membership, annual |
| HCPCS | S9975 | Transplant related lodging, meals and transportation, per diem |
| HCPCS | S9976 | Lodging, per diem, not otherwise classified |
| HCPCS | S9977 | Meals, per diem, not otherwise specified |
| HCPCS | S9981 | Medical records copying fee, administrative |
| HCPCS | S9982 | Medical records copying fee, per page |
| HCPCS | S9986 | Not medically necessary service (patient is aware that service not medically necessary) |
| HCPCS | S9988 - Q0 | Services provided as part of a Phase I clinical trial |
| HCPCS | S9989 | Services provided outside of the United States of America (list in addition to code(s) for service(s)) |
| HCPCS | S9990 - Q0 | Services provided as part of a Phase II clinical trial |
| HCPCS | S9991 - Q0 | Services provided as part of a Phase III clinical trial |
| HCPCS | S9992 | Transportation costs to and from trial location and local transportation costs (e.g., fares for taxicab or bus) for clinical trial participant and one caregiver/companion |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | S9994 | Lodging costs (e.g., hotel charges) for clinical trial participant and one caregiver/companion |
| HCPCS | S9996 | Meals for clinical trial participant and one caregiver/companion |
| HCPCS | S9999 | Sales tax |
| HCPCS | T1000 | Private duty/independent nursing service(s), licensed, up to 15 minutes |
| HCPCS | T1001 | Nursing assessment/evaluation |
| HCPCS | T1002 | RN services, up to 15 minutes |
| HCPCS | T1003 | LPN/LVN services, up to 15 minutes |
| HCPCS | T1004 | Services of a qualified nursing aide, up to 15 minutes |
| HCPCS | T1005 | Respite care services, up to 15 minutes |
| HCPCS | T1006 | Alcohol and/or substance abuse services, family/couple counseling |
| HCPCS | T1007 | Alcohol and/or substance abuse services, treatment plan development and/or modification |
| HCPCS | T1009 | Child sitting services for children of the individual receiving alcohol and/or substance abuse services |
| HCPCS | T1010 | Meals for individuals receiving alcohol and/or substance abuse services (when meals not included in the program) |
| HCPCS | T1012 | Alcohol and/or substance abuse services, skills development |
| HCPCS | T1013 | Sign language or oral interpretive services, per 15 minutes |
| HCPCS | T1014 | Telehealth transmission, per minute, professional services bill separately |
| HCPCS | T1015 | Clinic visit/encounter, all-inclusive |
| HCPCS | T1016 | Case management, each 15 minutes |
| HCPCS | T1017 | Targeted case management, each 15 minutes |
| HCPCS | T1018 | School-based individualized education program (IEP) services, bundled |
| HCPCS | T1019 | Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant) |
| HCPCS | T1020 | Personal care services, per diem, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant) |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | T1021 | Home health aide or certified nurse assistant, per visit |
| HCPCS | T1022 | Contracted home health agency services, all services provided under contract, per day |
| HCPCS | T1023 | Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter |
| HCPCS | T1024 | Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter |
| HCPCS | T1025 | Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, mental and psychosocial impairments, per diem |
| HCPCS | T1026 | Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, medical and psychosocial impairments, per hour |
| HCPCS | T1027 | Family training and counseling for child development, per 15 minutes |
| HCPCS | T1028 | Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs |
| HCPCS | T1029 | Comprehensive environmental lead investigation, not including laboratory analysis, per dwelling |
| HCPCS | T1030 | Nursing care, in the home, by registered nurse, per diem |
| HCPCS | T1031 | Nursing care, in the home, by licensed practical nurse, per diem |
| HCPCS | T1032 | Services performed by a doula birth worker, per 15 minutes |
| HCPCS | T1033 | Services performed by a doula birth worker, per diem |
| HCPCS | T1040 | Medicaid certified community behavioral health clinic services, per diem |
| HCPCS | T1041 | Medicaid certified community behavioral health clinic services, per month |
| HCPCS | T1502 | Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit |
| HCPCS | T1503 | Administration of medication, other than oral and/or injectable, by a health care agency/professional, per visit |
| HCPCS | T1505 | Electronic medication compliance management device, includes all components and accessories, not otherwise classified |
| HCPCS | T1999 | Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks" |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | T2001 | Non-emergency transportation; patient attendant/escort |
| HCPCS | T2002 | Non-emergency transportation; per diem |
| HCPCS | T2003 | Non-emergency transportation; encounter/trip |
| HCPCS | T2004 | Non-emergency transport; commercial carrier, multi-pass |
| HCPCS | T2005 | Non-emergency transportation; stretcher van |
| HCPCS | T2007 | Transportation waiting time, air ambulance and non-emergency vehicle, one-half (1/2) hour increments |
| HCPCS | T2010 | Preadmission screening and resident review (PASRR) level I identification screening, per screen |
| HCPCS | T2011 | Preadmission screening and resident review (PASRR) level II evaluation, per evaluation |
| HCPCS | T2012 | Habilitation, educational; waiver, per diem |
| HCPCS | T2013 | Habilitation, educational, waiver; per hour |
| HCPCS | T2014 | Habilitation, prevocational, waiver; per diem |
| HCPCS | T2015 | Habilitation, prevocational, waiver; per hour |
| HCPCS | T2016 | Habilitation, residential, waiver; per diem |
| HCPCS | T2017 | Habilitation, residential, waiver; 15 minutes |
| HCPCS | T2018 | Habilitation, supported employment, waiver; per diem |
| HCPCS | T2019 | Habilitation, supported employment, waiver; per 15 minutes |
| HCPCS | T2020 | Day habilitation, waiver; per diem |
| HCPCS | T2021 | Day habilitation, waiver; per 15 minutes |
| HCPCS | T2022 | Case management, per month |
| HCPCS | T2023 | Targeted case management; per month |
| HCPCS | T2024 | Service assessment/plan of care development, waiver |
| HCPCS | T2025 | Waiver services; not otherwise specified (NOS) |
| HCPCS | T2026 | Specialized childcare, waiver; per diem |
| HCPCS | T2027 | Specialized childcare, waiver; per 15 minutes |
| HCPCS | T2028 | Specialized supply, not otherwise specified, waiver |
| HCPCS | T2029 | Specialized medical equipment, not otherwise specified, waiver |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | T2030 | Assisted living, waiver; per month |
| HCPCS | T2031 | Assisted living; waiver, per diem |
| HCPCS | T2032 | Residential care, not otherwise specified (NOS), waiver; per month |
| HCPCS | T2033 | Residential care, not otherwise specified (NOS), waiver; per diem |
| HCPCS | T2034 | Crisis intervention, waiver; per diem |
| HCPCS | T2035 | Utility services to support medical equipment and assistive technology/devices, waiver |
| HCPCS | T2036 | Therapeutic camping, overnight, waiver; each session |
| HCPCS | T2037 | Therapeutic camping, day, waiver; each session |
| HCPCS | T2038 | Community transition, waiver; per service |
| HCPCS | T2039 | Vehicle modifications, waiver; per service |
| HCPCS | T2040 | Financial management, self-directed, waiver; per 15 minutes |
| HCPCS | T2041 | Supports brokerage, self-directed, waiver; per 15 minutes |
| HCPCS | T2042 | Hospice routine home care; per diem |
| HCPCS | T2043 | Hospice continuous home care; per hour |
| HCPCS | T2044 | Hospice inpatient respite care; per diem |
| HCPCS | T2045 | Hospice general inpatient care; per diem |
| HCPCS | T2046 | Hospice long term care, room and board only; per diem |
| HCPCS | T2047 | Habilitation, prevocational, waiver; per 15 minutes |
| HCPCS | T2048 | Behavioral health; long-term care residential (non-acute care in a residential treatment program where stay is typically longer than 30 days), with room and board, per diem |
| HCPCS | T2049 | Non-emergency transportation; stretcher van, mileage; per mile |
| HCPCS | T2050 | Financial management, self-directed, waiver; per diem |
| HCPCS | T2051 | Supports brokerage, self-directed, waiver; per diem |
| HCPCS | T2101 | Human breast milk processing, storage and distribution only |
| HCPCS | T4521 | Adult sized disposable incontinence product, brief/diaper, small, each |
| HCPCS | T4522 | Adult sized disposable incontinence product, brief/diaper, medium, each |
| HCPCS | T4523 | Adult sized disposable incontinence product, brief/diaper, large, each |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | T4524 | Adult sized disposable incontinence product, brief/diaper, extra large, each |
| HCPCS | T4525 | Adult sized disposable incontinence product, protective underwear/pull-on, small size, each |
| HCPCS | T4526 | Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each |
| HCPCS | T4527 | Adult sized disposable incontinence product, protective underwear/pull-on, large size, each |
| HCPCS | T4528 | Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each |
| HCPCS | T4529 | Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each |
| HCPCS | T4530 | Pediatric sized disposable incontinence product, brief/diaper, large size, each |
| HCPCS | T4531 | Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each |
| HCPCS | T4532 | Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each |
| HCPCS | T4533 | Youth sized disposable incontinence product, brief/diaper, each |
| HCPCS | T4534 | Youth sized disposable incontinence product, protective underwear/pull-on, each |
| HCPCS | T4535 | Disposable liner/shield/guard/pad/undergarment, for incontinence, each |
| HCPCS | T4536 | Incontinence product, protective underwear/pull-on, reusable, any size, each |
| HCPCS | T4537 | Incontinence product, protective underpad, reusable, bed size, each |
| HCPCS | T4538 | Diaper service, reusable diaper, each diaper |
| HCPCS | T4539 | Incontinence product, diaper/brief, reusable, any size, each |
| HCPCS | T4540 | Incontinence product, protective underpad, reusable, chair size, each |
| HCPCS | T4541 | Incontinence product, disposable underpad, large, each |
| HCPCS | T4542 | Incontinence product, disposable underpad, small size, each |
| HCPCS | T4543 | Adult sized disposable incontinence product, protective brief/diaper, above extra large, each |
| HCPCS | T4544 | Adult sized disposable incontinence product, protective underwear/pull-on, above extra large, each |
| HCPCS | T4545 | Incontinence product, disposable, penile wrap, each |
| HCPCS | T5001 | Positioning seat for persons with special orthopedic needs |
| HCPCS | T5999 | Supply, not otherwise specified |
| HCPCS | V2524 | Contact lens, hydrophilic, spherical, photochromic additive, per lens |
| HCPCS | V2785 | Processing, preserving and transporting corneal tissue |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | V5020 | Conformity evaluation |
| HCPCS | V5070 | Glasses, air conduction |
| HCPCS | V5080 | Glasses, bone conduction |
| HCPCS | V5150 | Binaural, glasses |
| HCPCS | V5171 | Hearing aid, contralateral routing device, monaural, in the ear (ITE) |
| HCPCS | V5172 | Hearing aid, contralateral routing device, monaural, in the canal (ITC) |
| HCPCS | V5181 | Hearing aid, contralateral routing device, monaural, behind the ear (BTE) |
| HCPCS | V5190 | Hearing aid, contralateral routing, monaural, glasses |
| HCPCS | V5211 | Hearing aid, contralateral routing system, binaural, ITE/ITE |
| HCPCS | V5212 | Hearing aid, contralateral routing system, binaural, ITE/ITC |
| HCPCS | V5213 | Hearing aid, contralateral routing system, binaural, ITE/BTE |
| HCPCS | V5214 | Hearing aid, contralateral routing system, binaural, ITC/ITC |
| HCPCS | V5215 | Hearing aid, contralateral routing system, binaural, ITC/BTE |
| HCPCS | V5221 | Hearing aid, contralateral routing system, binaural, BTE/BTE |
| HCPCS | V5262 | Hearing aid, disposable, any type, monaural |
| HCPCS | V5263 | Hearing aid, disposable, any type, binaural |
| HCPCS | V5265 | Ear mold/insert, disposable, any type |
| HCPCS | V5266 | Battery for use in hearing device |
| HCPCS | V5267 | Hearing aid or assistive listening device/supplies/accessories, not otherwise specified |
| HCPCS | V5268 | Assistive listening device, telephone amplifier, any type |
| HCPCS | V5269 | Assistive listening device, alerting, any type |
| HCPCS | V5270 | Assistive listening device, television amplifier, any type |
| HCPCS | V5271 | Assistive listening device, television caption decoder |
| HCPCS | V5272 | Assistive listening device, TDD |
| HCPCS | V5273 | Assistive listening device, for use with cochlear implant |
| HCPCS | V5274 | Assistive listening device, not otherwise specified |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | V5275 | Ear impression, each |
| HCPCS | V5281 | Assistive listening device, personal FM/DM system, monaural, (1 receiver, transmitter, microphone), any type |
| HCPCS | V5282 | Assistive listening device, personal FM/DM system, binaural, (2 receivers, transmitter, microphone), any type |
| HCPCS | V5283 | Assistive listening device, personal FM/DM neck, loop induction receiver |
| HCPCS | V5284 | Assistive listening device, personal FM/DM, ear level receiver |
| HCPCS | V5285 | Assistive listening device, personal FM/DM, direct audio input receiver |
| HCPCS | V5286 | Assistive listening device, personal blue tooth FM/DM receiver |
| HCPCS | V5287 | Assistive listening device, personal FM/DM receiver, not otherwise specified |
| HCPCS | V5288 | Assistive listening device, personal FM/DM transmitter assistive listening device |
| HCPCS | V5289 | Assistive listening device, personal FM/DM adapter/boot coupling device for receiver, any type |
| HCPCS | V5290 | Assistive listening device, transmitter microphone, any type |
| HCPCS | V5298 | Hearing aid, not otherwise classified |
| HCPCS | V5299 | Hearing service, miscellaneous |