

## Codes Requiring Prior Authorization for BadgerCarePlus

Code	Description
<b>01999</b>	Unlisted anesthesia procedure(s)
<b>10040</b>	Acne surgery (e.g., marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)
<b>11200</b>	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions
<b>11201</b>	Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof (List separately in addition to code for primary procedure)
<b>11920</b>	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less
<b>11921</b>	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm
<b>11922</b>	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (List separately in addition to code for primary procedure)
<b>11950</b>	Subcutaneous injection of filling material (e.g., collagen); 1 cc or less

Code	Description
<b>11951</b>	Subcutaneous injection of filling material (e.g., collagen); 1.1 to 5.0 cc
<b>11952</b>	Subcutaneous injection of filling material (e.g., collagen); 5.1 to 10.0 cc
<b>11954</b>	Subcutaneous injection of filling material (e.g., collagen); over 10.0 cc
<b>11960</b>	Insertion of tissue expander(s) for other than breast, including subsequent expansion
<b>11970</b>	Replacement of tissue expander with permanent implant
<b>11971</b>	Removal of tissue expander without insertion of implant
<b>14000</b>	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less
<b>14001</b>	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm
<b>14020</b>	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less
<b>14021</b>	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm
<b>14040</b>	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less

Code	Description
<b>14041</b>	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm
<b>14060</b>	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less
<b>14061</b>	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm
<b>14301</b>	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm
<b>14302</b>	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)
<b>15771</b>	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate
<b>15772</b>	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)
<b>15773</b>	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate
<b>15774</b>	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure)
<b>15780</b>	Dermabrasion; total face (e.g., for acne scarring, fine wrinkling, rhytids, general keratosis)

Code	Description
15781	Dermabrasion; segmental, face
15782	Dermabrasion; regional, other than face
15783	Dermabrasion; superficial, any site (e.g., tattoo removal)
15786	Abrasion; single lesion (e.g., keratosis, scar)
15787	Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)
15788	Chemical peel, facial; epidermal
15789	Chemical peel, facial; dermal
15792	Chemical peel, nonfacial; epidermal
15793	Chemical peel, nonfacial; dermal
15820	Blepharoplasty, lower eyelid
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad
15822	Blepharoplasty, upper eyelid

Code	Description
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid
15824	Rhytidectomy; forehead
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)
15826	Rhytidectomy; glabellar frown lines
15828	Rhytidectomy; cheek, chin, and neck
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm

Code	Description
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (e.g., abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)
15876	Suction assisted lipectomy; head and neck
15877	Suction assisted lipectomy; trunk
15878	Suction assisted lipectomy; upper extremity
15879	Suction assisted lipectomy; lower extremity
15999	Unlisted procedure, excision pressure ulcer
17106	Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); less than 10 sq cm
17107	Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); 10.0 to 50.0 sq cm

Code	Description
17108	Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); over 50.0 sq cm
17340	Cryotherapy (CO2 slush, liquid N2) for acne
17360	Chemical exfoliation for acne (e.g., acne paste, acid)
17380	Electrolysis epilation, each 30 minutes
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue
19300	Mastectomy for gynecomastia
19316	Mastopexy
19318	Breast reduction
19325	Breast augmentation with implant
19328	Removal of intact breast implant
19340	Insertion of breast implant on same day of mastectomy (i.e., immediate)
19342	Insertion or replacement of breast implant on separate day from mastectomy

Code	Description
<b>19350</b>	Nipple/areola reconstruction
<b>19355</b>	Correction of inverted nipples
<b>19357</b>	Tissue expander placement in breast reconstruction, including subsequent expansion(s)
<b>19361</b>	Breast reconstruction; with latissimus dorsi flap
<b>19367</b>	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap
<b>19368</b>	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging)
<b>19369</b>	Breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous (TRAM) flap
<b>19380</b>	Revision of reconstructed breast (e.g., significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)
<b>19396</b>	Preparation of moulage for custom breast implant
<b>19499</b>	Unlisted procedure, breast
<b>20999</b>	Unlisted procedure, musculoskeletal system, general



Code	Description
<b>21010</b>	Arthrotomy, temporomandibular joint
<b>21050</b>	Condylectomy, temporomandibular joint (separate procedure)
<b>21060</b>	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)
<b>21070</b>	Coronoidectomy (separate procedure)
<b>21073</b>	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (i.e., general or monitored anesthesia care)
<b>21077</b>	Impression and custom preparation; orbital prosthesis
<b>21079</b>	Impression and custom preparation; interim obturator prosthesis
<b>21080</b>	Impression and custom preparation; definitive obturator prosthesis
<b>21081</b>	Impression and custom preparation; mandibular resection prosthesis
<b>21082</b>	Impression and custom preparation; palatal augmentation prosthesis
<b>21083</b>	Impression and custom preparation; palatal lift prosthesis

Code	Description
<b>21084</b>	Impression and custom preparation; speech aid prosthesis
<b>21085</b>	Impression and custom preparation; oral surgical splint
<b>21086</b>	Impression and custom preparation; auricular prosthesis
<b>21087</b>	Impression and custom preparation; nasal prosthesis
<b>21088</b>	Impression and custom preparation; facial prosthesis
<b>21089</b>	Unlisted maxillofacial prosthetic procedure
<b>21110</b>	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal
<b>21120</b>	Genioplasty; augmentation (autograft, allograft, prosthetic material)
<b>21121</b>	Genioplasty; sliding osteotomy, single piece
<b>21122</b>	Genioplasty; sliding osteotomies, 2 or more osteotomies (e.g., wedge excision or bone wedge reversal for asymmetrical chin)
<b>21123</b>	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
<b>21125</b>	Augmentation, mandibular body or angle; prosthetic material

Code	Description
<b>21127</b>	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)
<b>21137</b>	Reduction forehead; contouring only
<b>21138</b>	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)
<b>21139</b>	Reduction forehead; contouring and setback of anterior frontal sinus wall
<b>21141</b>	Reconstruction midface, LeFort I; single piece, segment movement in any direction (e.g., for Long Face Syndrome), without bone graft
<b>21142</b>	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft
<b>21143</b>	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft
<b>21145</b>	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)
<b>21146</b>	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted unilateral alveolar cleft)
<b>21147</b>	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted bilateral alveolar cleft or multiple osteotomies)

Code	Description
<b>21150</b>	Reconstruction midface, LeFort II; anterior intrusion (e.g., Treacher-Collins Syndrome)
<b>21151</b>	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)
<b>21154</b>	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I
<b>21155</b>	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I
<b>21159</b>	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (e.g., mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I
<b>21160</b>	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (e.g., mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I
<b>21172</b>	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)
<b>21175</b>	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (e.g., plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)
<b>21179</b>	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)
<b>21180</b>	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)

Code	Description
<b>21181</b>	Reconstruction by contouring of benign tumor of cranial bones (e.g., fibrous dysplasia), extracranial
<b>21182</b>	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (e.g., fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm
<b>21183</b>	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (e.g., fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm
<b>21184</b>	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (e.g., fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm
<b>21188</b>	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)
<b>21193</b>	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft
<b>21194</b>	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)
<b>21195</b>	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation
<b>21196</b>	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation

Code	Description
<b>21198</b>	Osteotomy, mandible, segmental
<b>21199</b>	Osteotomy, mandible, segmental; with genioglossus advancement
<b>21206</b>	Osteotomy, maxilla, segmental (e.g., Wassmund or Schuchard)
<b>21208</b>	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
<b>21209</b>	Osteoplasty, facial bones; reduction
<b>21210</b>	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
<b>21215</b>	Graft, bone; mandible (includes obtaining graft)
<b>21230</b>	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)
<b>21235</b>	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)
<b>21240</b>	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)
<b>21242</b>	Arthroplasty, temporomandibular joint, with allograft
<b>21243</b>	Arthroplasty, temporomandibular joint, with prosthetic joint replacement

Code	Description
<b>21244</b>	Reconstruction of mandible, extraoral, with transosteal bone plate (e.g., mandibular staple bone plate)
<b>21245</b>	Reconstruction of mandible or maxilla, subperiosteal implant; partial
<b>21246</b>	Reconstruction of mandible or maxilla, subperiosteal implant; complete
<b>21247</b>	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (e.g., for hemifacial microsomia)
<b>21248</b>	Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); partial
<b>21249</b>	Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); complete
<b>21255</b>	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
<b>21256</b>	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (e.g., microphthalmia)
<b>21260</b>	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach
<b>21261</b>	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach
<b>21263</b>	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement

Code	Description
<b>21267</b>	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach
<b>21268</b>	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach
<b>21270</b>	Malar augmentation, prosthetic material
<b>21275</b>	Secondary revision of orbitocraniofacial reconstruction
<b>21280</b>	Medial canthopexy (separate procedure)
<b>21282</b>	Lateral canthopexy
<b>21295</b>	Reduction of masseter muscle and bone (e.g., for treatment of benign masseteric hypertrophy); extraoral approach
<b>21296</b>	Reduction of masseter muscle and bone (e.g., for treatment of benign masseteric hypertrophy); intraoral approach
<b>21299</b>	Unlisted craniofacial and maxillofacial procedure
<b>21499</b>	Unlisted musculoskeletal procedure, head
<b>21740</b>	Reconstructive repair of pectus excavatum or carinatum; open
<b>21742</b>	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy



Code	Description
<b>21743</b>	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy
<b>21899</b>	Unlisted procedure, neck or thorax
<b>22526</b>	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level
<b>22527</b>	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (List separately in addition to code for primary procedure)
<b>22899</b>	Unlisted procedure, spine
<b>22999</b>	Unlisted procedure, abdomen, musculoskeletal system
<b>23929</b>	Unlisted procedure, shoulder
<b>24999</b>	Unlisted procedure, humerus or elbow
<b>25999</b>	Unlisted procedure, forearm or wrist
<b>26989</b>	Unlisted procedure, hands or fingers
<b>27299</b>	Unlisted procedure, pelvis or hip joint

Code	Description
<b>27599</b>	Unlisted procedure, femur or knee
<b>27899</b>	Unlisted procedure, leg or ankle
<b>28899</b>	Unlisted procedure, foot or toes
<b>29799</b>	Unlisted procedure, casting or strapping
<b>29999</b>	Unlisted procedure, arthroscopy
<b>30120</b>	Excision or surgical planing of skin of nose for rhinophyma
<b>30400</b>	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
<b>30410</b>	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
<b>30420</b>	Rhinoplasty, primary; including major septal repair
<b>30430</b>	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
<b>30435</b>	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)
<b>30450</b>	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)

Code	Description
<b>30999</b>	Unlisted procedure, nose
<b>31299</b>	Unlisted procedure, accessory sinuses
<b>31599</b>	Unlisted procedure, larynx
<b>31899</b>	Unlisted procedure, trachea, bronchi
<b>32999</b>	Unlisted procedure, lungs and pleura
<b>33276</b>	Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial analysis with diagnostic mode activation, when performed
<b>33277</b>	Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure)
<b>33927</b>	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy
<b>33928</b>	Removal and replacement of total replacement heart system (artificial heart)
<b>33999</b>	Unlisted procedure, cardiac surgery
<b>36299</b>	Unlisted procedure, vascular injection

Code	Description
<b>37501</b>	Unlisted vascular endoscopy procedure
<b>37799</b>	Unlisted procedure, vascular surgery
<b>38129</b>	Unlisted laparoscopy procedure, spleen
<b>38225</b>	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day
<b>38226</b>	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (e.g., cryopreservation, storage)
<b>38227</b>	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration
<b>38228</b>	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous
<b>38589</b>	Unlisted laparoscopy procedure, lymphatic system
<b>38999</b>	Unlisted procedure, hemic or lymphatic system
<b>39499</b>	Unlisted procedure, mediastinum
<b>39599</b>	Unlisted procedure, diaphragm

Code	Description
<b>40799</b>	Unlisted procedure, lips
<b>40899</b>	Unlisted procedure, vestibule of mouth
<b>41599</b>	Unlisted procedure, tongue, floor of mouth
<b>42299</b>	Unlisted procedure, palate, uvula
<b>42699</b>	Unlisted procedure, salivary glands or ducts
<b>42950</b>	Pharyngoplasty (plastic or reconstructive operation on pharynx)
<b>42999</b>	Unlisted procedure, pharynx, adenoids, or tonsils
<b>43289</b>	Unlisted laparoscopy procedure, esophagus
<b>43499</b>	Unlisted procedure, esophagus
<b>43621</b>	Gastrectomy, total; with Roux-en-Y reconstruction
<b>43644</b>	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)
<b>43645</b>	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption

Code	Description
<b>43647</b>	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum
<b>43659</b>	Unlisted laparoscopy procedure, stomach
<b>43770</b>	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (e.g., gastric band and subcutaneous port components)
<b>43771</b>	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only
<b>43772</b>	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only
<b>43773</b>	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only
<b>43774</b>	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components
<b>43775</b>	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (i.e., sleeve gastrectomy)
<b>43842</b>	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty
<b>43843</b>	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty
<b>43845</b>	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)

Code	Description
<b>43846</b>	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy
<b>43847</b>	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption
<b>43848</b>	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)
<b>43881</b>	Implantation or replacement of gastric neurostimulator electrodes, antrum, open
<b>43882</b>	Revision or removal of gastric neurostimulator electrodes, antrum, open
<b>43886</b>	Gastric restrictive procedure, open; revision of subcutaneous port component only
<b>43887</b>	Gastric restrictive procedure, open; removal of subcutaneous port component only
<b>43888</b>	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only
<b>43999</b>	Unlisted procedure, stomach
<b>44135</b>	Intestinal allotransplantation; from cadaver donor

Code	Description
<b>44136</b>	Intestinal allotransplantation; from living donor
<b>44137</b>	Removal of transplanted intestinal allograft, complete
<b>44238</b>	Unlisted laparoscopy procedure, intestine (except rectum)
<b>44715</b>	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobilization and fashioning of the superior mesenteric artery and vein
<b>44720</b>	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each
<b>44721</b>	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each
<b>44799</b>	Unlisted procedure, small intestine
<b>44899</b>	Unlisted procedure, Meckel's diverticulum and the mesentery
<b>44979</b>	Unlisted laparoscopy procedure, appendix
<b>45399</b>	Unlisted procedure, colon
<b>45499</b>	Unlisted laparoscopy procedure, rectum



Code	Description
<b>45999</b>	Unlisted procedure, rectum
<b>46999</b>	Unlisted procedure, anus
<b>47140</b>	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)
<b>47141</b>	Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)
<b>47142</b>	Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)
<b>47143</b>	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; without trisegment or lobe split
<b>47144</b>	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with trisegment split of whole liver graft into 2 partial liver grafts (i.e., left lateral segment [segments II and III] and right trisegment [segments I and IV through VIII])
<b>47145</b>	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with lobe split of whole liver graft into 2 partial liver grafts (i.e., left lobe [segments II, III, and IV] and right lobe [segments I and V through VIII])
<b>47146</b>	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each

Code	Description
<b>47147</b>	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each
<b>47379</b>	Unlisted laparoscopic procedure, liver
<b>47399</b>	Unlisted procedure, liver
<b>47579</b>	Unlisted laparoscopy procedure, biliary tract
<b>47999</b>	Unlisted procedure, biliary tract
<b>48552</b>	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each
<b>48552</b>	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each
<b>48554</b>	Transplantation of pancreatic allograft
<b>48556</b>	Removal of transplanted pancreatic allograft
<b>48999</b>	Unlisted procedure, pancreas
<b>49329</b>	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum
<b>49659</b>	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy

Code	Description
<b>49999</b>	Unlisted procedure, abdomen, peritoneum and omentum
<b>50300</b>	Donor nephrectomy (including cold preservation); from cadaver donor, unilateral or bilateral
<b>50320</b>	Donor nephrectomy (including cold preservation); open, from living donor
<b>50323</b>	Backbench standard preparation of cadaver donor renal allograft prior to transplantation, including dissection and removal of perinephric fat, diaphragmatic and retroperitoneal attachments, excision of adrenal gland, and preparation of ureter(s), renal vein(s), and renal artery(s), ligating
<b>50327</b>	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each
<b>50328</b>	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each
<b>50329</b>	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each
<b>50340</b>	Recipient nephrectomy (separate procedure)
<b>50360</b>	Renal allotransplantation, implantation of graft; without recipient nephrectomy
<b>50365</b>	Renal allotransplantation, implantation of graft; with recipient nephrectomy
<b>50370</b>	Removal of transplanted renal allograft

Code	Description
<b>50380</b>	Renal autotransplantation, reimplantation of kidney
<b>50549</b>	Unlisted laparoscopy, procedure, renal
<b>50949</b>	Unlisted laparoscopy procedure, ureter
<b>51999</b>	Unlisted laparoscopy procedure, bladder
<b>53899</b>	Unlisted procedure, urinary system
<b>54699</b>	Unlisted laparoscopy procedure, testis
<b>55175</b>	Scrotoplasty; simple
<b>55180</b>	Scrotoplasty; complicated
<b>55559</b>	Unlisted laparoscopy procedure, spermatic cord
<b>55899</b>	Unlisted procedure, male genital system
<b>55970</b>	Intersex surgery; male to female
<b>55980</b>	Intersex surgery; female to male

Code	Description
<b>56805</b>	Clitoroplasty for intersex state
<b>57291</b>	Construction of artificial vagina; without graft
<b>57292</b>	Construction of artificial vagina; with graft
<b>57335</b>	Vaginoplasty for intersex state
<b>58578</b>	Unlisted laparoscopy procedure, uterus
<b>58579</b>	Unlisted hysteroscopy procedure, uterus
<b>58679</b>	Unlisted laparoscopy procedure, oviduct, ovary
<b>58999</b>	Unlisted procedure, female genital system (nonobstetrical)
<b>59897</b>	Unlisted fetal invasive procedure, including ultrasound guidance, when performed
<b>59898</b>	Unlisted laparoscopy procedure, maternity care and delivery
<b>59899</b>	Unlisted procedure, maternity care and delivery
<b>60659</b>	Unlisted laparoscopy procedure, endocrine system

Code	Description
<b>60660</b>	Ablation of 1 or more thyroid nodule(s), one lobe or the isthmus, percutaneous, including imaging guidance, radiofrequency
<b>60661</b>	Ablation of 1 or more thyroid nodule(s), additional lobe, percutaneous, including imaging guidance, radiofrequency (List separately in addition to code for primary procedure)
<b>60699</b>	Unlisted procedure, endocrine system
<b>61736</b>	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
<b>61737</b>	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 resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)
<b>61885</b>	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array
<b>61886</b>	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays
<b>62292</b>	Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar
<b>62320</b>	Injection(s), of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance

Code	Description
<b>62321</b>	Injection(s), of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (i.e., fluoroscopy or CT)
<b>62322</b>	Injection(s), of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance
<b>62323</b>	Injection(s), of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (i.e., fluoroscopy or CT)
<b>62360</b>	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir
<b>62361</b>	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump
<b>62362</b>	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming
<b>63650</b>	Percutaneous implantation of neurostimulator electrode array, epidural
<b>63655</b>	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural
<b>63685</b>	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling

Code	Description
<b>64454</b>	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed
<b>64479</b>	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, single level
<b>64480</b>	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level (List separately in addition to code for primary procedure)
<b>64483</b>	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level
<b>64484</b>	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, each additional level (List separately in addition to code for primary procedure)
<b>64505</b>	Injection, anesthetic agent; sphenopalatine ganglion
<b>64510</b>	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)
<b>64517</b>	Injection, anesthetic agent; superior hypogastric plexus
<b>64520</b>	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)
<b>64530</b>	Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring



Code	Description
<b>64553</b>	Percutaneous implantation of neurostimulator electrode array; cranial nerve
<b>64555</b>	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
<b>64561</b>	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed
<b>64568</b>	Open implantation of cranial nerve (e.g., vagus nerve) neurostimulator electrode array and pulse generator
<b>64581</b>	Open implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)
<b>64582</b>	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array
<b>64590</b>	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling
<b>64595</b>	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver
<b>64624</b>	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed
<b>64633</b>	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint

Code	Description
<b>64634</b>	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)
<b>64635</b>	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint
<b>64636</b>	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)
<b>64999</b>	Unlisted procedure, nervous system
<b>66999</b>	Unlisted procedure, anterior segment of eye
<b>67299</b>	Unlisted procedure, posterior segment
<b>67399</b>	Unlisted procedure, extraocular, muscle
<b>67599</b>	Unlisted procedure, orbit
<b>67900</b>	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
<b>67901</b>	Repair of blepharoptosis; frontalis muscle technique with suture or other material (e.g., banked fascia)
<b>67902</b>	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)

Code	Description
<b>67903</b>	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach
<b>67904</b>	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach
<b>67906</b>	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)
<b>67908</b>	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (e.g., Fasanella-Servat type)
<b>67909</b>	Reduction of overcorrection of ptosis
<b>67911</b>	Correction of lid retraction
<b>67912</b>	Correction of lagophthalmos, with implantation of upper eyelid lid load (e.g., gold weight)
<b>67914</b>	Repair of ectropion; suture
<b>67915</b>	Repair of ectropion; thermocauterization
<b>67916</b>	Repair of ectropion; excision tarsal wedge
<b>67917</b>	Repair of ectropion; extensive (e.g., tarsal strip operations)
<b>67921</b>	Repair of entropion; suture

Code	Description
<b>67922</b>	Repair of entropion; thermocauterization
<b>67923</b>	Repair of entropion; excision tarsal wedge
<b>67924</b>	Repair of entropion; extensive (e.g., tarsal strip or capsulopalpebral fascia repairs operation)
<b>67950</b>	Canthoplasty (reconstruction of canthus)
<b>67961</b>	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin
<b>67966</b>	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; over one-fourth of lid margin
<b>67971</b>	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, 1 stage or first stage
<b>67973</b>	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, lower, 1 stage or first stage
<b>67974</b>	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, upper, 1 stage or first stage
<b>67975</b>	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; second stage

Code	Description
<b>67999</b>	Unlisted procedure, eyelids
<b>68399</b>	Unlisted procedure, conjunctiva
<b>68899</b>	Unlisted procedure, lacrimal system
<b>69300</b>	Otoplasty, protruding ear, with or without size reduction
<b>69399</b>	Unlisted procedure, external ear
<b>69728</b>	Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex
<b>69729</b>	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside of the mastoid and resulting in removal of greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex
<b>69730</b>	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex
<b>69799</b>	Unlisted procedure, middle ear
<b>69949</b>	Unlisted procedure, inner ear

Code	Description
<b>69979</b>	Unlisted procedure, temporal bone, middle fossa approach
<b>76391</b>	Magnetic resonance (e.g., vibration) elastography
<b>76496</b>	Unlisted fluoroscopic procedure (e.g., diagnostic, interventional)
<b>77299</b>	Unlisted procedure, therapeutic radiology clinical treatment planning
<b>77399</b>	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services
<b>77499</b>	Unlisted procedure, therapeutic radiology treatment management
<b>77799</b>	Unlisted procedure, clinical brachytherapy
<b>78099</b>	Unlisted endocrine procedure, diagnostic nuclear medicine
<b>78199</b>	Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine
<b>78299</b>	Unlisted gastrointestinal procedure, diagnostic nuclear medicine
<b>78399</b>	Unlisted musculoskeletal procedure, diagnostic nuclear medicine
<b>78429</b>	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan

Code	Description
<b>78430</b>	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan
<b>78431</b>	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan
<b>78432</b>	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (e.g., myocardial viability)
<b>78433</b>	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (e.g., myocardial viability); with concurrently acquired computed tomography transmission scan
<b>78459</b>	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study
<b>78491</b>	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)
<b>78492</b>	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic)

Code	Description
<b>78499</b>	Unlisted cardiovascular procedure, diagnostic nuclear medicine
<b>78599</b>	Unlisted respiratory procedure, diagnostic nuclear medicine
<b>78608</b>	Brain imaging, positron emission tomography (PET); metabolic evaluation
<b>78609</b>	Brain imaging, positron emission tomography (PET); perfusion evaluation
<b>78699</b>	Unlisted nervous system procedure, diagnostic nuclear medicine
<b>78799</b>	Unlisted genitourinary procedure, diagnostic nuclear medicine
<b>78811</b>	Positron emission tomography (PET) imaging; limited area (e.g., chest, head/neck)
<b>78812</b>	Positron emission tomography (PET) imaging; skull base to mid-thigh
<b>78813</b>	Positron emission tomography (PET) imaging; whole body
<b>78814</b>	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (e.g., chest, head/neck)
<b>78815</b>	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh



Code	Description
<b>78816</b>	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body
<b>78830</b>	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (e.g., head, neck, chest, pelvis), single day imaging
<b>78832</b>	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (e.g., pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days
<b>78999</b>	Unlisted miscellaneous procedure, diagnostic nuclear medicine
<b>79101</b>	Radiopharmaceutical therapy, by intravenous administration
<b>79999</b>	Radiopharmaceutical therapy, unlisted procedure
<b>81099</b>	Unlisted urinalysis procedure
<b>81105</b>	Human Platelet Antigen 1 genotyping (HPA-1), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (e.g., neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-1 a/b (L33P)
<b>81106</b>	Human Platelet Antigen 2 genotyping (HPA-2), GP1BA (glycoprotein Ib [platelet], alpha polypeptide [GPIba]) (e.g., neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-2a/b (T145M)

Code	Description
<b>81107</b>	Human Platelet Antigen 3 genotyping (HPA-3), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex], antigen CD41 [GPIIb]) (e.g., neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-3a/b (I843S)
<b>81108</b>	Human Platelet Antigen 4 genotyping (HPA-4), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (e.g., neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-4a/b (R143Q)
<b>81109</b>	Human Platelet Antigen 5 genotyping (HPA-5), ITGA2 (integrin, alpha 2 [CD49B, alpha 2 subunit of VLA-2 receptor] [GPIa]) (e.g., neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant (e.g., HPA-5a/b [K505E])
<b>81110</b>	Human Platelet Antigen 6 genotyping (HPA-6w), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa, antigen CD61] [GPIIIa]) (e.g., neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-6a/b (R489Q)
<b>81111</b>	Human Platelet Antigen 9 genotyping (HPA-9w), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex, antigen CD41] [GPIIb]) (e.g., neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-9a/b (V837M)
<b>81112</b>	Human Platelet Antigen 15 genotyping (HPA-15), CD109 (CD109 molecule) (e.g., neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-15a/b (S682Y)
<b>81120</b>	IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (e.g., glioma), common variants (e.g., R132H, R132C)

Code	Description
<b>81121</b>	IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (e.g., glioma), common variants (e.g., R140W, R172M)
<b>81162</b>	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (e.g., hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (i.e., detection of large gene rearrangements)
<b>81163</b>	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (e.g., hereditary breast and ovarian cancer) gene analysis; full sequence analysis
<b>81164</b>	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (e.g., hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (i.e., detection of large gene rearrangements)
<b>81165</b>	BRCA1 (BRCA1, DNA repair associated) (e.g., hereditary breast and ovarian cancer) gene analysis; full sequence analysis
<b>81166</b>	BRCA1 (BRCA1, DNA repair associated) (e.g., hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (i.e., detection of large gene rearrangements)
<b>81167</b>	BRCA2 (BRCA2, DNA repair associated) (e.g., hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (i.e., detection of large gene rearrangements)
<b>81168</b>	CCND1/IGH (t(11;14)) (e.g., mantle cell lymphoma) translocation analysis, major breakpoint, qualitative and quantitative, if performed
<b>81170</b>	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (e.g., acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain

Code	Description
<b>81173</b>	AR (androgen receptor) (e.g., spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence
<b>81174</b>	AR (androgen receptor) (e.g., spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant
<b>81175</b>	ASXL1 (additional sex combs like 1, transcriptional regulator) (e.g., myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence
<b>81176</b>	ASXL1 (additional sex combs like 1, transcriptional regulator) (e.g., myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted sequence analysis (e.g., exon 12)
<b>81177</b>	ATN1 (atrophin 1) (e.g., dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (e.g., expanded) alleles
<b>81178</b>	ATXN1 (ataxin 1) (e.g., spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (e.g., expanded) alleles
<b>81179</b>	ATXN2 (ataxin 2) (e.g., spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (e.g., expanded) alleles
<b>81180</b>	ATXN3 (ataxin 3) (e.g., spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to detect abnormal (e.g., expanded) alleles
<b>81181</b>	ATXN7 (ataxin 7) (e.g., spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (e.g., expanded) alleles
<b>81182</b>	ATXN8OS (ATXN8 opposite strand [non-protein coding]) (e.g., spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (e.g., expanded) alleles

Code	Description
<b>81183</b>	ATXN10 (ataxin 10) (e.g., spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (e.g., expanded) alleles
<b>81184</b>	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (e.g., spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (e.g., expanded) alleles
<b>81185</b>	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (e.g., spinocerebellar ataxia) gene analysis; full gene sequence
<b>81186</b>	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (e.g., spinocerebellar ataxia) gene analysis; known familial variant
<b>81187</b>	CNBP (CCHC-type zinc finger nucleic acid binding protein) (e.g., myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (e.g., expanded) alleles
<b>81188</b>	CSTB (cystatin B) (e.g., Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (e.g., expanded) alleles
<b>81189</b>	CSTB (cystatin B) (e.g., Unverricht-Lundborg disease) gene analysis; full gene sequence
<b>81190</b>	CSTB (cystatin B) (e.g., Unverricht-Lundborg disease) gene analysis; known familial variant(s)
<b>81191</b>	NTRK1 (neurotrophic receptor tyrosine kinase 1) (e.g., solid tumors) translocation analysis
<b>81192</b>	NTRK2 (neurotrophic receptor tyrosine kinase 2) (e.g., solid tumors) translocation analysis

Code	Description
<b>81193</b>	NTRK3 (neurotrophic receptor tyrosine kinase 3) (e.g., solid tumors) translocation analysis
<b>81194</b>	NTRK (neurotrophic receptor tyrosine kinase 1, 2, and 3) (e.g., solid tumors) translocation analysis
<b>81195</b>	Cytogenomic (genome-wide) analysis, hematologic malignancy, structural variants and copy number variants, optical genome mapping (OGM)
<b>81200</b>	ASPA (aspartoacylase) (e.g., Canavan disease) gene analysis, common variants (e.g., E285A, Y231X)
<b>81201</b>	APC (adenomatous polyposis coli) (e.g., familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence
<b>81202</b>	APC (adenomatous polyposis coli) (e.g., familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants
<b>81203</b>	APC (adenomatous polyposis coli) (e.g., familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants
<b>81204</b>	AR (androgen receptor) (e.g., spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; characterization of alleles (e.g., expanded size or methylation status)
<b>81205</b>	BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (e.g., Maple syrup urine disease) gene analysis, common variants (e.g., R183P, G278S, E422X)
<b>81208</b>	BCR/ABL1 (t(9;22)) (e.g., chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative

Code	Description
<b>81209</b>	BLM (Bloom syndrome, RecQ helicase-like) (e.g., Bloom syndrome) gene analysis, 2281del6ins7 variant
<b>81210</b>	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (e.g., colon cancer, melanoma), gene analysis, V600 variant(s)
<b>81212</b>	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (e.g., hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants
<b>81215</b>	BRCA1 (BRCA1, DNA repair associated) (e.g., hereditary breast and ovarian cancer) gene analysis; known familial variant
<b>81216</b>	BRCA2 (BRCA2, DNA repair associated) (e.g., hereditary breast and ovarian cancer) gene analysis; full sequence analysis
<b>81222</b>	CFTR (cystic fibrosis transmembrane conductance regulator) (e.g., cystic fibrosis) gene analysis; duplication/deletion variants
<b>81223</b>	CFTR (cystic fibrosis transmembrane conductance regulator) (e.g., cystic fibrosis) gene analysis; full gene sequence
<b>81224</b>	CFTR (cystic fibrosis transmembrane conductance regulator) (e.g., cystic fibrosis) gene analysis; intron 8 poly-T analysis (e.g., male infertility)
<b>81228</b>	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number variants, comparative genomic hybridization [CGH] microarray analysis
<b>81229</b>	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants, comparative genomic hybridization (CGH) microarray analysis

Code	Description
<b>81233</b>	BTK (Bruton's tyrosine kinase) (e.g., chronic lymphocytic leukemia) gene analysis, common variants (e.g., C481S, C481R, C481F)
<b>81234</b>	DMPK (DM1 protein kinase) (e.g., myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles
<b>81235</b>	EGFR (epidermal growth factor receptor) (e.g., nonsmall cell lung cancer) gene analysis, common variants (e.g., exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)
<b>81238</b>	F9 (coagulation factor IX) (e.g., hemophilia B), full gene sequence
<b>81239</b>	DMPK (DM1 protein kinase) (e.g., myotonic dystrophy type 1) gene analysis; characterization of alleles (e.g., expanded size)
<b>81242</b>	FANCC (Fanconi anemia, complementation group C) (e.g., Fanconi anemia, type C) gene analysis, common variant (e.g., IVS4+4A>T)
<b>81243</b>	FMR1 (Fragile X mental retardation 1) (e.g., fragile X mental retardation) gene analysis; evaluation to detect abnormal (e.g., expanded) alleles
<b>81244</b>	FMR1 (fragile X mental retardation 1) (e.g., fragile X mental retardation) gene analysis; characterization of alleles (e.g., expanded size and promoter methylation status)
<b>81245</b>	FLT3 (fms-related tyrosine kinase 3) (e.g., acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (i.e., exons 14, 15)
<b>81246</b>	FLT3 (fms-related tyrosine kinase 3) (e.g., acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (e.g., D835, I836)



Code	Description
<b>81247</b>	G6PD (glucose-6-phosphate dehydrogenase) (e.g., hemolytic anemia, jaundice), gene analysis; common variant(s) (e.g., A, A-)
<b>81248</b>	G6PD (glucose-6-phosphate dehydrogenase) (e.g., hemolytic anemia, jaundice), gene analysis; known familial variant(s)
<b>81249</b>	G6PD (glucose-6-phosphate dehydrogenase) (e.g., hemolytic anemia, jaundice), gene analysis; full gene sequence
<b>81250</b>	G6PC (glucose-6-phosphatase, catalytic subunit) (e.g., Glycogen storage disease, Type 1a, von Gierke disease) gene analysis, common variants (e.g., R83C, Q347X)
<b>81251</b>	GBA (glucosidase, beta, acid) (e.g., Gaucher disease) gene analysis, common variants (e.g., N370S, 84GG, L444P, IVS2+1G>A)
<b>81252</b>	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (e.g., nonsyndromic hearing loss) gene analysis; full gene sequence
<b>81253</b>	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (e.g., nonsyndromic hearing loss) gene analysis; known familial variants
<b>81254</b>	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (e.g., nonsyndromic hearing loss) gene analysis, common variants (e.g., 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])
<b>81255</b>	HEXA (hexosaminidase A [alpha polypeptide]) (e.g., Tay-Sachs disease) gene analysis, common variants (e.g., 1278insTATC, 1421+1G>C, G269S)

Code	Description
<b>81256</b>	HFE (hemochromatosis) (e.g., hereditary hemochromatosis) gene analysis, common variants (e.g., C282Y, H63D)
<b>81257</b>	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (e.g., alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; common deletions or variant (e.g., Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, Constant Spring)
<b>81258</b>	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (e.g., alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; known familial variant
<b>81259</b>	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (e.g., alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; full gene sequence
<b>81260</b>	IKBKAP (inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase complex-associated protein) (e.g., familial dysautonomia) gene analysis, common variants (e.g., 2507+6T>C, R696P)
<b>81261</b>	IGH@ (Immunoglobulin heavy chain locus) (e.g., leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (e.g., polymerase chain reaction)
<b>81262</b>	IGH@ (Immunoglobulin heavy chain locus) (e.g., leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (e.g., Southern blot)
<b>81263</b>	IGH@ (Immunoglobulin heavy chain locus) (e.g., leukemia and lymphoma, B-cell), variable region somatic mutation analysis
<b>81264</b>	IGK@ (Immunoglobulin kappa light chain locus) (e.g., leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)

Code	Description
<b>81265</b>	Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (e.g., pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [e.g., buccal swab or other germline tissue sample] and donor testing, twin zygosity testing, or maternal cell contamination of fetal cells)
<b>81266</b>	Comparative analysis using Short Tandem Repeat (STR) markers; each additional specimen (e.g., additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (List separately in addition to code for primary procedure)
<b>81267</b>	Chimerism (engraftment) analysis, post transplantation specimen (e.g., hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection
<b>81268</b>	Chimerism (engraftment) analysis, post transplantation specimen (e.g., hematopoietic stem cell), includes comparison to previously performed baseline analyses; with cell selection (e.g., CD3, CD33), each cell type
<b>81269</b>	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (e.g., alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; duplication/deletion variants
<b>81271</b>	HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (e.g., expanded) alleles
<b>81272</b>	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (e.g., gastrointestinal stromal tumor [GIST], acute myeloid leukemia, melanoma), gene analysis, targeted sequence analysis (e.g., exons 8, 11, 13, 17, 18)
<b>81273</b>	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (e.g., mastocytosis), gene analysis, D816 variant(s)
<b>81274</b>	HTT (huntingtin) (eg, Huntington disease) gene analysis; characterization of alleles (e.g., expanded size)

Code	Description
<b>81275</b>	KRAS (Kirsten rat sarcoma viral oncogene homolog) (e.g., carcinoma) gene analysis; variants in exon 2 (e.g., codons 12 and 13)
<b>81276</b>	KRAS (Kirsten rat sarcoma viral oncogene homolog) (e.g., carcinoma) gene analysis; additional variant(s) (e.g., codon 61, codon 146)
<b>81277</b>	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities
<b>81278</b>	IGH@/BCL2 (t(14;18)) (e.g., follicular lymphoma) translocation analysis, major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative
<b>81284</b>	FXN (frataxin) (e.g., Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles
<b>81285</b>	FXN (frataxin) (e.g., Friedreich ataxia) gene analysis; characterization of alleles (e.g., expanded size)
<b>81286</b>	FXN (frataxin) (e.g., Friedreich ataxia) gene analysis; full gene sequence
<b>81287</b>	MGMT (O-6-methylguanine-DNA methyltransferase) (e.g., glioblastoma multiforme) promoter methylation analysis
<b>81288</b>	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (e.g., hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis
<b>81289</b>	FXN (frataxin) (e.g., Friedreich ataxia) gene analysis; known familial variant(s)

Code	Description
<b>81290</b>	MCOLN1 (mucolipin 1) (e.g., Mucopolipidosis, type IV) gene analysis, common variants (e.g., IVS3-2A>G, del6.4kb)
<b>81292</b>	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (e.g., hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis
<b>81293</b>	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (e.g., hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants
<b>81294</b>	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (e.g., hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants
<b>81295</b>	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (e.g., hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis
<b>81296</b>	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (e.g., hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants
<b>81297</b>	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (e.g., hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants
<b>81298</b>	MSH6 (mutS homolog 6 [E. coli]) (e.g., hereditary nonpolyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis
<b>81299</b>	MSH6 (mutS homolog 6 [E. coli]) (e.g., hereditary nonpolyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants

Code	Description
<b>81300</b>	MSH6 (mutS homolog 6 [E. coli]) (e.g., hereditary nonpolyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants
<b>81301</b>	Microsatellite instability analysis (e.g., hereditary nonpolyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (e.g., BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed
<b>81302</b>	MECP2 (methyl CpG binding protein 2) (e.g., Rett syndrome) gene analysis; full sequence analysis
<b>81303</b>	MECP2 (methyl CpG binding protein 2) (e.g., Rett syndrome) gene analysis; known familial variant
<b>81304</b>	MECP2 (methyl CpG binding protein 2) (e.g., Rett syndrome) gene analysis; duplication/deletion variants
<b>81305</b>	MYD88 (myeloid differentiation primary response 88) (e.g., Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant
<b>81307</b>	PALB2 (partner and localizer of BRCA2) (e.g., breast and pancreatic cancer) gene analysis; full gene sequence
<b>81308</b>	PALB2 (partner and localizer of BRCA2) (e.g., breast and pancreatic cancer) gene analysis; known familial variant
<b>81309</b>	PIK3CA (phosphatidylinositol-4, 5-biphosphate 3- kinase, catalytic subunit alpha) (e.g., colorectal and breast cancer) gene analysis, targeted sequence analysis (e.g., exons 7, 9, 20)
<b>81310</b>	NPM1 (nucleophosmin) (e.g., acute myeloid leukemia) gene analysis, exon 12 variants

Code	Description
<b>81311</b>	NRAS (neuroblastoma RAS viral [v-ras] oncogene homolog) (e.g., colorectal carcinoma), gene analysis, variants in exon 2 (e.g., codons 12 and 13) and exon 3 (e.g., codon 61)
<b>81312</b>	PABPN1 (poly[A] binding protein nuclear 1) (e.g., oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (e.g., expanded) alleles
<b>81314</b>	PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (e.g., gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (e.g., exons 12, 18)
<b>81315</b>	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (e.g., promyelocytic leukemia) translocation analysis; common breakpoints (e.g., intron 3 and intron 6), qualitative or quantitative
<b>81316</b>	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (e.g., promyelocytic leukemia) translocation analysis; single breakpoint (e.g., intron 3, intron 6 or exon 6), qualitative or quantitative
<b>81317</b>	PMS2 (postmeiotic segregation increased 2 [ <i>S. cerevisiae</i> ]) (e.g., hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis
<b>81318</b>	PMS2 (postmeiotic segregation increased 2 [ <i>S. cerevisiae</i> ]) (e.g., hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants
<b>81319</b>	PMS2 (postmeiotic segregation increased 2 [ <i>S. cerevisiae</i> ]) (e.g., hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants
<b>81321</b>	PTEN (phosphatase and tensin homolog) (e.g., Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis

Code	Description
<b>81322</b>	PTEN (phosphatase and tensin homolog) (e.g., Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant
<b>81323</b>	PTEN (phosphatase and tensin homolog) (e.g., Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant
<b>81324</b>	PMP22 (peripheral myelin protein 22) (e.g., CharcotMarie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis
<b>81325</b>	PMP22 (peripheral myelin protein 22) (e.g., CharcotMarie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis
<b>81326</b>	PMP22 (peripheral myelin protein 22) (e.g., CharcotMarie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant
<b>81330</b>	SMPD1 (sphingomyelin phosphodiesterase 1, acid lysosomal) (e.g., Niemann-Pick disease, Type A) gene analysis, common variants (e.g., R496L, L302P, fsP330)
<b>81331</b>	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (e.g., Prader-Willi syndrome and/or Angelman syndrome), methylation analysis
<b>81334</b>	RUNX1 (runt related transcription factor 1) (e.g., acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy) gene analysis, targeted sequence analysis (e.g., exons 3-8)
<b>81335</b>	TPMT (thiopurine S-methyltransferase) (e.g., drug metabolism), gene analysis, common variants (e.g., *2, *3)



Code	Description
<b>81336</b>	SMN1 (survival of motor neuron 1, telomeric) (e.g., spinal muscular atrophy) gene analysis; full gene sequence
<b>81337</b>	SMN1 (survival of motor neuron 1, telomeric) (e.g., spinal muscular atrophy) gene analysis; known familial sequence variant(s)
<b>81338</b>	MPL (MPL proto-oncogene, thrombopoietin receptor) (e.g., myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)
<b>81339</b>	MPL (MPL proto-oncogene, thrombopoietin receptor) (e.g., myeloproliferative disorder) gene analysis; sequence analysis, exon 10
<b>81340</b>	TRB@ (T cell antigen receptor, beta) (e.g., leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (e.g., polymerase chain reaction)
<b>81341</b>	TRB@ (T cell antigen receptor, beta) (e.g., leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (e.g., Southern blot)
<b>81342</b>	TRG@ (T cell antigen receptor, gamma) (e.g., leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)
<b>81347</b>	SF3B1 (splicing factor [3b] subunit B1) (e.g., myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (e.g., A672T, E622D, L833F, R625C, R625L)
<b>81348</b>	SRSF2 (serine and arginine-rich splicing factor 2) (e.g., myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (e.g., P95H, P95L)

Code	Description
<b>81349</b>	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-of-heterozygosity variants, low-pass sequencing analysis
<b>81351</b>	TP53 (tumor protein 53) (e.g., Li-Fraumeni syndrome) gene analysis; full gene sequence
<b>81352</b>	TP53 (tumor protein 53) (e.g., Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (e.g., 4 oncology)
<b>81353</b>	TP53 (tumor protein 53) (e.g., Li-Fraumeni syndrome) gene analysis; known familial variant
<b>81357</b>	U2AF1 (U2 small nuclear RNA auxiliary factor 1) (e.g., myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (e.g., S34F, S34Y, Q157R, Q157P)
<b>81360</b>	ZRSR2 (zinc finger CCCH-type, RNA binding motif and serine/arginine-rich 2) (e.g., myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variant(s) (e.g., E65fs, E122fs, R448fs)
<b>81361</b>	HBB (hemoglobin, subunit beta) (e.g., sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (e.g., HbS, HbC, HbE)
<b>81362</b>	HBB (hemoglobin, subunit beta) (e.g., sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)
<b>81363</b>	HBB (hemoglobin, subunit beta) (e.g., sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)
<b>81364</b>	HBB (hemoglobin, subunit beta) (e.g., sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence

Code	Description
<b>81370</b>	HLA Class I and II typing, low resolution (e.g., antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1
<b>81371</b>	HLA Class I and II typing, low resolution (e.g., antigen equivalents); HLA-A, -B, and -DRB1 (e.g., verification typing)
<b>81372</b>	HLA Class I typing, low resolution (e.g., antigen equivalents); complete (i.e., HLA-A, -B, and -C)
<b>81373</b>	HLA Class I typing, low resolution (e.g., antigen equivalents); one locus (e.g., HLA-A, -B, or -C), each
<b>81375</b>	HLA Class II typing, low resolution (e.g., antigen equivalents); HLA-DRB1/3/4/5 and -DQB1
<b>81376</b>	HLA Class II typing, low resolution (e.g., antigen equivalents); one locus (e.g., HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each
<b>81377</b>	HLA Class II typing, low resolution (e.g., antigen equivalents); one antigen equivalent, each
<b>81378</b>	HLA Class I and II typing, high resolution (i.e., alleles or allele groups), HLA-A, -B, -C, and -DRB1
<b>81379</b>	HLA Class I typing, high resolution (i.e., alleles or allele groups); complete (i.e., HLA-A, -B, and -C)
<b>81380</b>	HLA Class I typing, high resolution (i.e., alleles or allele groups); one locus (e.g., HLA-A, -B, or -C), each
<b>81381</b>	HLA Class I typing, high resolution (i.e., alleles or allele groups); one allele or allele group (e.g., B*57:01P), each

Code	Description
<b>81382</b>	HLA Class II typing, high resolution (i.e., alleles or allele groups); one locus (e.g., HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each
<b>81383</b>	HLA Class II typing, high resolution (i.e., alleles or allele groups); one allele or allele group (e.g., HLADQB1*06:02P), each
<b>81400</b>	Molecular pathology procedure, Level 1 (e.g., identification of single germline variant [e.g., SNP] by techniques such as restriction enzyme digestion or melt curve analysis): ACADM, ACE, AGTR1, BCKDHA, CCR5, CLRN1, F2, F5, F7, F13B, FGB, FGFR1, FGFR3, FKTN, GNE, IVD, LCT, NEB, PCDH15, SERPINE1, SHOC2, SRY, TOR1A
<b>81401</b>	Molecular pathology procedure, Level 2 (e.g., 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat): ABCC8, ABL1, ACADM, ADRB2, APOB, APOE, CBFβ/MYH11, CBS, CFH/ARMS2, DEK/NUP214, E2A/PBX1, EML4/ALK, ETV6/RUNX1, EWSR1/ATF1, EWSR1/ERG, EWSR1/FLI1, EWSR/WT1, F11, FGFR3, FIP1L1/PDGFRα, FLG, FOXO1/PAX3, FOXO1/PAX7, PUS/DDIT3, GALC, GALT, H19, IGH@/BCL2, KCNQ1OT1, LINC00518, LRRK2, MED12, MEG3/DLK1, MLL/AFF1, MLL/MLLT3, MT-ATP6, MT-ND4, MT-ND6, MT-ND5, MT-RNR1, MT-TK, MT-TL1, MT-TL1, MT-TS1, MT-RNR1, MUTYH, NOD2, NPM1/ALK, PAX8/PPARG, PRAME, PRSS1, PYGM, RUNX1/RUNX1T1, SS18/SSX1, SS18/SSX2, VWF
<b>81402</b>	Molecular pathology procedure, Level 3 (e.g., >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants of 1 exon, loss of heterozygosity [LOH], uniparental disomy [UPD]): chromosome 1p-/19q-, chromosome 18q-, COL1A1/PDGFRβ, CYP21A2, ESR1/PGR, MEFV, TRD@, Uniparental disomy (UPD)
<b>81403</b>	Molecular pathology procedure, Level 4 (e.g., analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons): ANG, ARX, CEL, CTNNB1, DAZ/SRY, DNMT3A, EPCAM, F8, F12, FGFR3, GJB1, GNAQ, Human erythrocyte antigen gene analysis, BCAM, ICAM4, SLCFA1, AQP1, ERMAP, RHCE, KEL, DARC, GYPA, GYPB, GYPE, ART4, HRAS, KCNC3, KCNJ2, KCNJ11, Killer cell immunoglobulin-like receptor (KIR) gene family, Known familial variant not otherwise specified for gene listed in Tier 1 or Tier 2, , MC4R, MICA, MT-RNR1, MT-TS1, NDP, NHLRC1, PHOX2B, PLN, RHD, RHD performed on cell-free fetal DNA in maternal blood, , SH2D1A, TWIST1, UBA1, VHL, VWF targeted sequence analysis

Code	Description
<b>81404</b>	Molecular pathology procedure, Level 5 (e.g., analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis): ACADS, AQP2, ARX, AVPR2, BBS10, BTBD9, C10orf2, CAV3, CD40LG, CDKN2A, CLRN1, COX6B1, CPT2, CRX, CYP11B1, EGR2, EMD, EPM2A, FGF23, FGFR2, FGFR3, FHL1, FKBP, FOXG1, FSHMD1A evaluation to detect abnormal alleles, FSHMD1A characterization of haplotype, GH1, GP1BB, HNF1B, HRAS, HSD3B2, HSD11B2, HSPB1, INS, KCNJ1, KCNJ10, LITAF, MEFV, MEN1, MMACHC, MPV17, NDP, NDUFA1, NDUFAF2, NDUFS4, NIPA1, NLGN4X, NPC2, NR0B1, PDX1, PHOX2B, PLP1, PQBP1, PRNP, PROP1, PRPH2, PRSS1, RAF1, RET, RHO, RP1, SCN1B, SCO2, SDHD, SGCG, SH2D1A, SLC16A2, SLC25A20, SLC25A4, SOD1, SPINK1, STK11, TACO1, THAP1, TOR1A, TTPA, TTR, TWIST1, TYR, UGT1A1, USH1G, VHL, VWF, ZEB2, ZNF41
<b>81405</b>	Molecular pathology procedure, Level 6 (e.g., analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, regionally targeted cytogenomic array analysis): ABCD1, ACADS, ACTA2, ACTC1, ANKRD1, APTX, ARSA, BCKDHA, BCS1L, BMPR2, CASQ2, CASR, CDKL5, CHRNA4, CHRN2, COX10, COX15, CPOX, CTRC, CYP11B1, CYP17A1, CYP21A2, Cytogenomic constitutional targeted microarray analysis of chromosome 22q13 by interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP variants for chromosomal abnormalities, DBT, DCX, DES, DFN59, DGUOK, DHCR7, EIF2B2, EMD, ENG, EYA1, FGFR1, FH, FKTN, FTSJ1, GABRG2, GCH1, GDAO1M GFAP, GHR, GHRHR, GLA, HNF1A, HNF1B, HTRA1, IDS, IL2RG, ISPD, KRAS, LAMP2, LDLR, MEN1, MMAA, MMAB, MPI, MPV17, MPZ, MTM1, MYL2, MYL3, MYOT, NDUFS7, NDUFS8, NDUFV1, NEFL, NF2, NLGN3, NLGN4X, NPHP1, NPHS2, NSD1, OTC, PAFAH1B1, PARK2, PCCA, PCDH19, PDHA1, PDHB, PINK1, PKLR, PLP1, POU1F1, PRX, PQBP1, PSEN1, RAB7A, RAI1, REEP1, RET, RPS19, RRM2B, SCO1, SDHB, SDHC, SGCA, SGCB, SGCD, SGCE, SGCG, SHOC2, SHOX, SIL1, SLC2A1, SLC16A2, SLC22A5, SLC25A20, SMAD4, SPAST, SPG7, SPRED1, STAT3, STK11, SURF1, TARDBP, TBX5, TCF4, TGFB1, TGFB2, THRB, TK2, TNNC1, TNNT3, TPM1, TSC1, TYMP, VWF, WT1, ZEB2
<b>81406</b>	Molecular pathology procedure, Level 7 (e.g., analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons): ACADVL, ACTN4, AFG3L2, AIRE, ALDH7A1, ANO5, ANOS1, APP, ASS1, ATL1, ATP1A2, ATP7B, BBS1, BBS2, BCKDHB, BEST1, BMPR2, BRAF, BSCL2, BTK, CACNB2, CAPN3, CDH1, CDKL5, CLCN1, CLCNKB, CNTNAP2, COL6A2, CTP1A, CRB1, CREBBP, DBT, DLAT, DLD, DSC2, DSG2, DSP, EFHC1, EIF2B3, EIF2B4, EIF2B5, ENG, EYA1, F8, FAH, FASTKD2, FIG4, FTSJ1, FUS, GAA, GALT, GARS, GCDH, GCK, GLUD1, GNE, GRN, HADHA, HADHB, HEXA, HLCS, HMBS, HNF4A, IDUA, INF2, IVD, JAG1, JUP, KCNH2, KCNQ1, KCNQ2, LDB3, LDLR, LEPR, LHCGR, LMNA, LRP5, MAP2K1, MAP2K2, MAPT, MCCC1, MCCC2, MFN2, MTM1, MUT, MUTYH, NDUFS1, NF2, NOTCH3, NPC1, NSD1, OPA1, OPTN, PAFAH1B1, PAH, PARK2, PAX2, PC, PCCA, PCCB, PCDH15, PCSK9, PDHA1, PDHX, PHEX, PKD2, PNKD, POLG, POMGNT1, POMT1, POMT2, PPOX, PRKAG2, PRKCG, PSEN2, PTPN11, PYGM, RAF1, RET,

Code	Description
	RPE65, RYR1, SCN4A, SCNN1A, SCNN1G, SDHA, SETX, SGCE, SH3TC2, SLC9A6, SLC26A4, SLC37A4, SMAD4, SOS1, SPAST, SPG7, STXBP1, TAZ, TCF4, TH, TMEM43, TNNT2, TRPC6, TSC1, TSC2, UBE3A, UMOD, VWF, WAS
<b>81407</b>	Molecular pathology procedure, Level 8 (e.g., analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform): ABCC8, AGL, AHI1, APOB, ASPM, CHD7, COL4A4, COL4A5, COL6A1, COL6A2, COL6A3, CREBBP, F8, JAG1, KDM5C, LIAA0196, L1CAM, LAMB2, MYBPC3, MYH6, MYH7, MYO7A, NOTCH1, PCDH15, PKD1, PLCE1, SCN1A, SCN5A, SLC12A1, SLC12A3, SPG11, SPTBN2, TMEM67, TSC2, USH1C, VPS13B, WDR62
<b>81408</b>	Molecular pathology procedure, Level 9 (e.g., analysis of >50 exons in a single gene by DNA sequence analysis): ABCA4, ATM, CDH23, CEP290, COL1A1, COL1A2, COL4A1, COL4A3, COL4A5, DMD, DYSF, FBN1, ITPR1, LAMA2, LRRK2, MYH11, NEB, NF1, PKHD1, RYR1, RYR2, USH2A, VPS13B, VWF
<b>81410</b>	Aortic dysfunction or dilation (e.g., Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including FBN1, TGFB1, TGFB2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, and MYLK
<b>81411</b>	Aortic dysfunction or dilation (e.g., Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); duplication/deletion analysis panel, must include analyses for TGFB1, TGFB2, MYH11, and COL3A1
<b>81413</b>	Cardiac ion channelopathies (e.g., Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A
<b>81414</b>	Cardiac ion channelopathies (e.g., Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analysis panel, must include analysis of at least 2 genes, including KCNH2 and KCNQ1

Code	Description
<b>81415</b>	Exome (e.g., unexplained constitutional or heritable disorder or syndrome); sequence analysis
<b>81416</b>	Exome (e.g., unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (e.g., parents, siblings) (List separately in addition to code for primary procedure)
<b>81417</b>	Exome (e.g., unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (e.g., updated knowledge or unrelated condition/syndrome)
<b>81418</b>	Drug metabolism (e.g., pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including CYP2C19, CYP2D6, and CYP2D6 duplication/deletion analysis
<b>81419</b>	Epilepsy genomic sequence analysis panel, must include analyses for ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8A, SLC2A1, SLC9A6, STXBP1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, and ZEB2
<b>81430</b>	Hearing loss (e.g., 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
<b>81431</b>	Hearing loss (e.g., 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
<b>81434</b>	Hereditary retinal disorders (e.g., retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 15 genes, including ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RHO, RP1, RP2, RPE65, RPGR, and USH2A

Code	Description
<b>81435</b>	Hereditary colon cancer disorders (e.g., Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); genomic sequence analysis panel, must include sequencing of at least 10 genes, including APC, BMPR1A, CDH1, MLH1, MSH2, MSH6, MUTYH, PTEN, SMAD4, and STK11
<b>81436</b>	Hereditary colon cancer disorders (e.g., Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); duplication/deletion analysis panel, must include analysis of at least 5 genes, including MLH1, MSH2, EPCAM, SMAD4, and STK11
<b>81437</b>	Hereditary neuroendocrine tumor disorders (e.g., medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); genomic sequence analysis panel, must include sequencing of at least 6 genes, including MAX, SDHB, SDHC, SDHD, TMEM127, and VHL
<b>81438</b>	Hereditary neuroendocrine tumor disorders (e.g., medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); duplication/deletion analysis panel, must include analyses for SDHB, SDHC, SDHD, and VHL
<b>81439</b>	Hereditary cardiomyopathy (e.g., hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy), genomic sequence analysis panel, must include sequencing of at least 5 cardiomyopathy-related genes (e.g., DSG2, MYBPC3, MYH7, PKP2, TTN)
<b>81440</b>	Nuclear encoded mitochondrial genes (e.g., neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, COQ2, COX10, DGUOK, MPV17, OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, SUCLA2, SUCLG1, TAZ, TK2, and TYMP
<b>81441</b>	Inherited bone marrow failure syndromes (IBMFS) (e.g., Fanconi anemia, dyskeratosis congenita, Diamond-Blackfan anemia, Shwachman-Diamond syndrome, GATA2 deficiency syndrome, congenital amegakaryocytic thrombocytopenia) sequence analysis panel, must include sequencing of at least 30 genes, including BRCA2, BRIP1, DKC1, FANCA, FANCB, FANCC, FANCD2,



Code	Description
	FANCE, FANCF, FANCG, FANCI, FANCL, GATA1, GATA2, MPL, NHP2, NOP10, PALB2, RAD51C, RPL11, RPL35A, RPL5, RPS10, RPS19, RPS24, RPS26, RPS7, SBDS, TERT, and TINF2
<b>81443</b>	Genetic testing for severe inherited conditions (e.g., cystic fibrosis, Ashkenazi Jewish-associated disorders [e.g., Bloom syndrome, Canavan disease, Fanconi anemia type C, mucopolidosis type VI, Gaucher disease, Tay-Sachs disease], beta hemoglobinopathies, phenylketonuria, galactosemia), genomic sequence analysis panel, must include sequencing of at least 15 genes (e.g., ACADM, ARSA, ASPA, ATP7B, BCKDHA, BCKDHB, BLM, CFTR, DHCR7, FANCC, G6PC, GAA, GALT, GBA, GBE1, HBB, HEXA, IKBKAP, MCOLN1, PAH)
<b>81445</b>	Solid organ neoplasm, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants and copy number variants or rearrangements, if performed; DNA analysis or combined DNA and RNA analysis
<b>81450</b>	Hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis
<b>81455</b>	Solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes, genomic sequence analysis panel, interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis
<b>81460</b>	Whole mitochondrial genome (e.g., Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [MERFF], neuropathy, ataxia, and retinitis pigmentosa [NARP], Leber hereditary optic neuropathy [LHON]), genomic sequence, must include sequence analysis of entire mitochondrial genome with heteroplasmy detection
<b>81465</b>	Whole mitochondrial genome large deletion analysis panel (e.g., Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed

Code	Description
<b>81479</b>	Unlisted molecular pathology procedure
<b>81500</b>	Oncology (ovarian), biochemical assays of two proteins (CA-125 and HE4), utilizing serum, with menopausal status, algorithm reported as a risk score
<b>81503</b>	Oncology (ovarian), biochemical assays of five proteins (CA-125, apolipoprotein A1, beta-2 microglobulin, transferrin, and pre-albumin), utilizing serum, algorithm reported as a risk score
<b>81504</b>	Oncology (tissue of origin), microarray gene expression profiling of > 2000 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as tissue similarity scores
<b>81506</b>	Endocrinology (type 2 diabetes), biochemical assays of seven analytes (glucose, HbA1c, insulin, hs-CRP, adiponectin, ferritin, interleukin 2-receptor alpha), utilizing serum or plasma, algorithm reporting a risk score
<b>81507</b>	Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy
<b>81522</b>	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
<b>81523</b>	Oncology (breast), mRNA, next-generation sequencing gene expression profiling of 70 content genes and 31 housekeeping genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk to distant metastasis
<b>81529</b>	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

Code	Description
<b>81541</b>	Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a disease specific mortality risk score
<b>81542</b>	Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score
<b>81546</b>	Oncology (thyroid), mRNA, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (e.g., benign or suspicious)
<b>81552</b>	Oncology (uveal melanoma), mRNA, gene expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm reported as risk of metastasis
<b>81554</b>	Pulmonary disease (idiopathic pulmonary fibrosis [IPF]), mRNA, gene expression analysis of 190 genes, utilizing transbronchial biopsies, diagnostic algorithm reported as categorical result (e.g., positive or negative for high probability of usual interstitial pneumonia [UIP])
<b>81558</b>	Transplantation medicine (allograft rejection, kidney), mRNA, gene expression profiling by quantitative polymerase chain reaction (qPCR) of 139 genes, utilizing whole blood, algorithm reported as a binary categorization as transplant excellence, which indicates immune quiescence, or not transplant excellence, indicating subclinical rejection
<b>81560</b>	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
<b>81595</b>	Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score

Code	Description
<b>81599</b>	Unlisted multianalyte assay with algorithmic analysis
<b>84999</b>	Unlisted chemistry procedure
<b>85999</b>	Unlisted hematology and coagulation procedure
<b>86849</b>	Unlisted immunology procedure
<b>86999</b>	Unlisted transfusion medicine procedure
<b>87999</b>	Unlisted microbiology procedure
<b>88099</b>	Unlisted necropsy (autopsy) procedure
<b>88199</b>	Unlisted cytopathology procedure
<b>88299</b>	Unlisted cytogenetic study
<b>88399</b>	Unlisted surgical pathology procedure
<b>88749</b>	Unlisted in vivo (e.g., transcutaneous) laboratory service
<b>89240</b>	Unlisted miscellaneous pathology test

Code	Description
<b>89398</b>	Unlisted reproductive medicine laboratory procedure
<b>90399</b>	Unlisted immune globulin
<b>90749</b>	Unlisted vaccine/Toxoid
<b>90899</b>	Unlisted psychiatric service or procedure
<b>91299</b>	Unlisted diagnostic gastroenterology procedure
<b>92310</b>	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia
<b>92499</b>	Unlisted ophthalmological service or procedure
<b>92700</b>	Unlisted otorhinolaryngological service or procedure
<b>93799</b>	Unlisted cardiovascular service or procedure
<b>93998</b>	Unlisted noninvasive vascular diagnostic study
<b>94799</b>	Unlisted pulmonary service procedure

Code	Description
<b>95199</b>	Unlisted allergy/clinical immunologic service or procedure
<b>95999</b>	Unlisted neurological or neuromuscular diagnostic procedure
<b>96379</b>	Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion
<b>96549</b>	Unlisted chemotherapy procedure
<b>96999</b>	Unlisted special dermatological service or procedure
<b>97039</b>	Unlisted modality (specify type and time if constant attendance)
<b>97139</b>	Unlisted therapeutic procedure (specify)
<b>97799</b>	Unlisted physical medicine/rehabilitation service or procedure
<b>99082</b>	Unusual travel (e.g., transportation and escort of patient)
<b>99183</b>	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session
<b>99199</b>	Unlisted special service, procedure or report
<b>99429</b>	Unlisted preventive medicine service

Code	Description
<b>99499</b>	Unlisted evaluation and management service
<b>99504</b>	Home visit for mechanical ventilation care
<b>99509</b>	Home visit for assistance with activities of daily living and personal care
<b>99600</b>	Unlisted home visit service or procedure
<b>0373T</b>	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
<b>A0999</b>	Unlisted ambulance service
<b>A4239</b>	Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service
<b>A4649</b>	Surgical supply; miscellaneous
<b>A4931</b>	Oral thermometer, reusable, any type, each
<b>A6501</b>	Compression burn garment, bodysuit (head to foot), custom fabricated

Code	Description
<b>A6502</b>	Compression burn garment, chin strap, custom fabricated
<b>A6512</b>	Compression burn garment, not otherwise classified
<b>A6523</b>	Gradient compression garment, arm, padded, for nighttime use, custom, each
<b>A6525</b>	Gradient compression garment, lower leg and foot, padded, for nighttime use, custom, each
<b>A6526</b>	Gradient compression garment, full leg and foot, padded, for nighttime use, each
<b>A6527</b>	Gradient compression garment, full leg and foot, padded, for nighttime use, custom, each
<b>A6528</b>	Gradient compression garment, bra, for nighttime use, each
<b>A6529</b>	Gradient compression garment, bra, for nighttime use, custom, each
<b>A6562</b>	Gradient compression stocking, waist length, 18-30 mmhg, custom, each
<b>A6563</b>	Gradient compression stocking, waist length, 30-40 mmhg, custom, each
<b>A6564</b>	Gradient compression stocking, waist length, 40 mmhg or greater, custom, each
<b>A6567</b>	Gradient compression garment, neck/head, custom, each



Code	Description
<b>A6569</b>	Gradient compression garment, torso/shoulder, custom, each
<b>A6571</b>	Gradient compression garment, genital region, custom, each
<b>A9274</b>	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories
<b>A9276</b>	Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, one unit = 1 day supply
<b>A9277</b>	Transmitter; external, for use with interstitial continuous glucose monitoring system
<b>A9278</b>	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system
<b>A9587</b>	Gallium Ga-68, dotatate, diagnostic, 0.1 millicurie
<b>A9588</b>	Fluciclovine F-18, diagnostic, 1 millicurie
<b>A9698</b>	Non-radioactive contrast imaging material, not otherwise classified, per study
<b>A9699</b>	Radiopharmaceutical, therapeutic, not otherwise classified
<b>B4100</b>	Food thickener, administered orally, per ounce

Code	Description
<b>B4102</b>	Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit
<b>B4103</b>	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit
<b>B4105</b>	In-line cartridge containing digestive enzyme(s) for enteral feeding, each
<b>B4149</b>	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
<b>B4150</b>	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
<b>B4152</b>	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
<b>B4153</b>	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
<b>B4154</b>	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
<b>B4155</b>	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

Code	Description
<b>B4157</b>	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
<b>B4158</b>	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
<b>B4159</b>	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
<b>B4160</b>	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
<b>B4161</b>	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
<b>B4162</b>	Enteral formula, for pediatrics, 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
<b>B9002</b>	Enteral nutrition infusion pump, any type
<b>B9004</b>	Parenteral nutrition infusion pump, portable
<b>B9006</b>	Parenteral nutrition infusion pump, stationary

Code	Description
<b>B9998</b>	NOC for enteral supplies
<b>E0147</b>	Walker, heavy duty, multiple braking system, variable wheel resistance
<b>E0240</b>	Bath/shower chair, with or without wheels, any size
<b>E0250</b>	Hospital bed, fixed height, with any type side rails, with mattress
<b>E0251</b>	Hospital bed, fixed height, with any type side rails, without mattress
<b>E0255</b>	Hospital bed, variable height, hi-lo, with any type side rails, with mattress
<b>E0256</b>	Hospital bed, variable height, hi-lo, with any type side rails, without mattress
<b>E0260</b>	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress
<b>E0261</b>	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress
<b>E0265</b>	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress
<b>E0266</b>	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress
<b>E0277</b>	Powered pressure-reducing air mattress

Code	Description
<b>E0290</b>	Hospital bed, fixed height, without side rails, with mattress
<b>E0291</b>	Hospital bed, fixed height, without side rails, without mattress
<b>E0292</b>	Hospital bed, variable height, hi-lo, without side rails, with mattress
<b>E0293</b>	Hospital bed, variable height, hi-lo, without side rails, without mattress
<b>E0294</b>	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress
<b>E0295</b>	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress
<b>E0296</b>	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress
<b>E0297</b>	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress
<b>E0301</b>	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress
<b>E0302</b>	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress
<b>E0303</b>	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress

Code	Description
<b>E0304</b>	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress
<b>E0316</b>	Safety enclosure frame/canopy for use with hospital bed, any type
<b>E0328</b>	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress
<b>E0329</b>	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
<b>E0372</b>	Powered air overlay for mattress, standard mattress length and width
<b>E0435</b>	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adaptor
<b>E0445</b>	Oximeter device for measuring blood oxygen levels non-invasively
<b>E0462</b>	Rocking bed with or without side rails
<b>E0465</b>	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)
<b>E0466</b>	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)

Code	Description
<b>E0467</b>	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions
<b>E0468</b>	Home ventilator, dual-function respiratory device, also performs additional function of cough stimulation, includes all accessories, components and supplies for all functions
<b>E0469</b>	Lung expansion airway clearance, continuous high frequency oscillation, and nebulization device
<b>E0470</b>	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)
<b>E0471</b>	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)
<b>E0472</b>	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)
<b>E0481</b>	Intrapulmonary percussive ventilation system and related accessories
<b>E0482</b>	Cough stimulating device, alternating positive and negative airway pressure
<b>E0483</b>	High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and supplies, each

Code	Description
<b>E0486</b>	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment
<b>E0500</b>	IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source
<b>E0550</b>	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery
<b>E0575</b>	Nebulizer, ultrasonic, large volume
<b>E0600</b>	Respiratory suction pump, home model, portable or stationary, electric
<b>E0601</b>	Continuous positive airway pressure (CPAP) device
<b>E0617</b>	External defibrillator with integrated electrocardiogram analysis
<b>E0619</b>	Apnea monitor, with recording feature
<b>E0630</b>	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s)
<b>E0635</b>	Patient lift, electric with seat or sling
<b>E0637</b>	Combination sit to stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels



Code	Description
<b>E0638</b>	Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels
<b>E0641</b>	Standing frame/table system, multi-position (e.g., three-way stander), any size including pediatric, with or without wheels
<b>E0650</b>	Pneumatic compressor, non-segmental home model
<b>E0651</b>	Pneumatic compressor, segmental home model without calibrated gradient pressure
<b>E0652</b>	Pneumatic compressor, segmental home model with calibrated gradient pressure
<b>E0680</b>	Non-pneumatic compression controller with sequential calibrated gradient pressure
<b>E0681</b>	Non-pneumatic compression controller without calibrated gradient pressure
<b>E0694</b>	Ultraviolet multidirectional light therapy system in 6 foot cabinet, includes bulbs/lamps, timer and eye protection
<b>E0740</b>	Non-implanted pelvic floor electrical stimulator, complete system
<b>E0743</b>	External lower extremity nerve stimulator for restless legs syndrome, each
<b>E0744</b>	Neuromuscular stimulator for scoliosis

Code	Description
<b>E0746</b>	Electromyography (EMG), biofeedback device
<b>E0747</b>	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications
<b>E0748</b>	Osteogenesis stimulator, electrical, non-invasive, spinal applications
<b>E0760</b>	Osteogenesis stimulator, low intensity ultrasound, non-invasive
<b>E0766</b>	Electrical stimulation device used for cancer treatment, includes all accessories, any type
<b>E0770</b>	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified
<b>E0781</b>	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient
<b>E0783</b>	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)
<b>E0784</b>	External ambulatory infusion pump, insulin
<b>E0791</b>	Parenteral infusion pump, stationary, single or multichannel
<b>E0912</b>	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar

Code	Description
<b>E0920</b>	Fracture frame, attached to bed, includes weights
<b>E0930</b>	Fracture frame, free standing, includes weights
<b>E0935</b>	Continuous passive motion exercise device for use on knee only
<b>E0936</b>	Continuous passive motion exercise device for use other than knee
<b>E0941</b>	Gravity assisted traction device, any type
<b>E0946</b>	Fracture, frame, dual with cross bars, attached to bed, (e.g., Balken, 4 Poster)
<b>E0947</b>	Fracture frame, attachments for complex pelvic traction
<b>E0948</b>	Fracture frame, attachments for complex cervical traction
<b>E0950</b>	Wheelchair accessory, tray, each
<b>E0951</b>	Heel loop/holder, any type, with or without ankle strap, each
<b>E0952</b>	Toe loop/holder, any type, each
<b>E0953</b>	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each

Code	Description
<b>E0954</b>	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot
<b>E0955</b>	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each
<b>E0956</b>	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each
<b>E0958</b>	Manual wheelchair accessory, one-arm drive attachment, each
<b>E0959</b>	Manual wheelchair accessory, adapter for amputee, each
<b>E0960</b>	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware
<b>E0961</b>	Manual wheelchair accessory, wheel lock brake extension (handle), each
<b>E0966</b>	Manual wheelchair accessory, headrest extension, each
<b>E0967</b>	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each
<b>E0969</b>	Narrowing device, wheelchair
<b>E0971</b>	Manual wheelchair accessory, anti-tipping device, each
<b>E0973</b>	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each

Code	Description
<b>E0974</b>	Manual wheelchair accessory, anti-rollback device, each
<b>E0978</b>	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each
<b>E0981</b>	Wheelchair accessory, seat upholstery, replacement only, each
<b>E0982</b>	Wheelchair accessory, back upholstery, replacement only, each
<b>E0983</b>	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control
<b>E0984</b>	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control
<b>E0986</b>	Manual wheelchair accessory, push-rim activated power assist system
<b>E0988</b>	Manual wheelchair accessory, lever-activated, wheel drive, pair
<b>E0990</b>	Wheelchair accessory, elevating leg rest, complete assembly, each
<b>E0992</b>	Manual wheelchair accessory, solid seat insert
<b>E0995</b>	Wheelchair accessory, calf rest/pad, replacement only, each
<b>E1002</b>	Wheelchair accessory, power seating system, tilt only

Code	Description
<b>E1003</b>	Wheelchair accessory, power seating system, recline only, without shear reduction
<b>E1004</b>	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction
<b>E1005</b>	Wheelchair accessory, power seating system, recline only, with power shear reduction
<b>E1007</b>	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction
<b>E1008</b>	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction
<b>E1009</b>	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and leg rest, each
<b>E1010</b>	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair
<b>E1011</b>	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)
<b>E1012</b>	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each
<b>E1014</b>	Reclining back, addition to pediatric size wheelchair
<b>E1020</b>	Residual limb support system for wheelchair, any type

Code	Description
<b>E1028</b>	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory
<b>E1029</b>	Wheelchair accessory, ventilator tray, fixed
<b>E1030</b>	Wheelchair accessory, ventilator tray, gimbaled
<b>E1035</b>	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs
<b>E1161</b>	Manual adult size wheelchair, includes tilt in space
<b>E1225</b>	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each
<b>E1226</b>	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each
<b>E1231</b>	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system
<b>E1232</b>	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system
<b>E1233</b>	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system
<b>E1234</b>	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system

Code	Description
<b>E1235</b>	Wheelchair, pediatric size, rigid, adjustable, with seating system
<b>E1236</b>	Wheelchair, pediatric size, folding, adjustable, with seating system
<b>E1237</b>	Wheelchair, pediatric size, rigid, adjustable, without seating system
<b>E1238</b>	Wheelchair, pediatric size, folding, adjustable, without seating system
<b>E1239</b>	Power wheelchair, pediatric size, not otherwise specified
<b>E1399</b>	Durable medical equipment, miscellaneous
<b>E1570</b>	Adjustable chair, for ESRD patients
<b>E1592</b>	Automatic intermittent peritoneal dialysis system
<b>E1594</b>	Cycler dialysis machine for peritoneal dialysis
<b>E1630</b>	Reciprocating peritoneal dialysis system
<b>E1699</b>	Dialysis equipment, not otherwise specified
<b>E1800</b>	Dynamic adjustable elbow extension/flexion device, includes soft interface material



Code	Description
<b>E1803</b>	Dynamic adjustable elbow extension only device, includes soft interface material
<b>E1804</b>	Dynamic adjustable elbow flexion only device, includes soft interface material
<b>E1805</b>	Dynamic adjustable wrist extension /flexion device, includes soft interface material
<b>E1807</b>	Dynamic adjustable wrist extension only device, includes soft interface material
<b>E1808</b>	Dynamic adjustable wrist flexion only device, includes soft interface material
<b>E1810</b>	Dynamic adjustable knee extension /flexion device, includes soft interface material
<b>E1813</b>	Dynamic adjustable knee extension only device, includes soft interface material
<b>E1814</b>	Dynamic adjustable knee flexion only device, includes soft interface material
<b>E1815</b>	Dynamic adjustable ankle extension/flexion device, includes soft interface material
<b>E1822</b>	Dynamic adjustable ankle extension only device, includes soft interface material
<b>E1823</b>	Dynamic adjustable ankle flexion only device, includes soft interface material
<b>E1826</b>	Dynamic adjustable finger extension only device, includes soft interface material

Code	Description
<b>E1827</b>	Dynamic adjustable finger flexion only device, includes soft interface material
<b>E2000</b>	Gastric suction pump, home model, portable or stationary, electric
<b>E2103</b>	Non-adjunctive, non-implanted continuous glucose monitor or receiver
<b>E2204</b>	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches
<b>E2227</b>	Manual wheelchair accessory, gear reduction drive wheel, each
<b>E2228</b>	Manual wheelchair accessory, wheel braking system and lock, complete, each
<b>E2230</b>	Manual wheelchair accessory, manual standing system
<b>E2291</b>	Back, planar, for pediatric size wheelchair including fixed attaching hardware
<b>E2292</b>	Seat, planar, for pediatric size wheelchair including fixed attaching hardware
<b>E2293</b>	Back, contoured, for pediatric size wheelchair including fixed attaching hardware
<b>E2294</b>	Seat, contoured, for pediatric size wheelchair including fixed attaching hardware
<b>E2295</b>	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features

Code	Description
<b>E2298</b>	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type
<b>E2301</b>	Wheelchair accessory, power standing system, any type
<b>E2310</b>	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
<b>E2311</b>	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware
<b>E2312</b>	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware
<b>E2313</b>	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each
<b>E2321</b>	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware
<b>E2322</b>	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware

Code	Description
<b>E2323</b>	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated
<b>E2324</b>	Power wheelchair accessory, chin cup for chin control interface
<b>E2325</b>	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware
<b>E2326</b>	Power wheelchair accessory, breath tube kit for sip and puff interface
<b>E2327</b>	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware
<b>E2328</b>	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware
<b>E2329</b>	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
<b>E2330</b>	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
<b>E2331</b>	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware
<b>E2340</b>	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches

Code	Description
<b>E2341</b>	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches
<b>E2342</b>	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches
<b>E2343</b>	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches
<b>E2351</b>	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface
<b>E2358</b>	Power wheelchair accessory, group 34 non-sealed lead acid battery, each
<b>E2359</b>	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)
<b>E2360</b>	Power wheelchair accessory, 22 NF non-sealed lead acid battery, each
<b>E2361</b>	Power wheelchair accessory, 22 NF sealed lead acid battery, each, (e.g., gel cell, absorbed glassmat)
<b>E2362</b>	Power wheelchair accessory, group 24 non-sealed lead acid battery, each
<b>E2364</b>	Power wheelchair accessory, U-1 non-sealed lead acid battery, each
<b>E2365</b>	Power wheelchair accessory, U-1 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)
<b>E2366</b>	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each

Code	Description
<b>E2367</b>	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or nonsealed, each
<b>E2368</b>	Power wheelchair component, drive wheel motor, replacement only
<b>E2369</b>	Power wheelchair component, drive wheel gear box, replacement only
<b>E2370</b>	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only
<b>E2371</b>	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each
<b>E2372</b>	Power wheelchair accessory, group 27 non-sealed lead acid battery, each
<b>E2373</b>	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware
<b>E2374</b>	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
<b>E2375</b>	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only
<b>E2376</b>	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only

Code	Description
<b>E2377</b>	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue
<b>E2378</b>	Power wheelchair component, actuator, replacement only
<b>E2381</b>	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each
<b>E2382</b>	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each
<b>E2383</b>	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each
<b>E2384</b>	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each
<b>E2385</b>	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each
<b>E2386</b>	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each
<b>E2387</b>	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each
<b>E2388</b>	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each
<b>E2389</b>	Power wheelchair accessory, foam caster tire, any size, replacement only, each

Code	Description
<b>E2390</b>	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each
<b>E2391</b>	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each
<b>E2392</b>	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each
<b>E2394</b>	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each
<b>E2395</b>	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each
<b>E2396</b>	Power wheelchair accessory, caster fork, any size, replacement only, each
<b>E2397</b>	Power wheelchair accessory, lithium-based battery, each
<b>E2398</b>	Wheelchair accessory, dynamic positioning hardware for back
<b>E2502</b>	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time
<b>E2504</b>	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time
<b>E2506</b>	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time



Code	Description
<b>E2508</b>	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device
<b>E2510</b>	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access
<b>E2511</b>	Speech generating software program, for personal computer or personal digital assistant
<b>E2512</b>	Accessory for speech generating device, mounting system
<b>E2599</b>	Accessory for speech generating device, not otherwise classified
<b>E2609</b>	Custom fabricated wheelchair seat cushion, any size
<b>E2610</b>	Wheelchair seat cushion, powered
<b>E2611</b>	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware
<b>E2612</b>	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware
<b>E2613</b>	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware
<b>E2614</b>	Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware

Code	Description
<b>E2615</b>	Positioning wheelchair back cushion, posteriorlateral, width less than 22 inches, any height, including any type mounting hardware
<b>E2616</b>	Positioning wheelchair back cushion, posteriorlateral, width 22 inches or greater, any height, including any type mounting hardware
<b>E2617</b>	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware
<b>E2620</b>	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware
<b>E2621</b>	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware
<b>E2622</b>	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth
<b>E2623</b>	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth
<b>E2624</b>	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth
<b>E2625</b>	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth
<b>E2628</b>	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining
<b>E2629</b>	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)

Code	Description
<b>E2632</b>	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control
<b>E2633</b>	Wheelchair accessory, addition to mobile arm support, supinator
<b>E8000</b>	Gait trainer, pediatric size, posterior support, includes all accessories and components
<b>E8001</b>	Gait trainer, pediatric size, upright support, includes all accessories and components
<b>E8002</b>	Gait trainer, pediatric size, anterior support, includes all accessories and components
<b>G0219</b>	PET imaging whole body; melanoma for noncovered indications
<b>G0252</b>	PET imaging, full and partial-ring PET scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g., initial staging of axillary lymph nodes)
<b>H0004</b>	Behavioral health counseling and therapy, per 15 minutes
<b>H2000</b>	Comprehensive multidisciplinary evaluation
<b>H2012</b>	Behavioral health day treatment, per hour

Code	Description
<b>H2019</b>	Therapeutic behavioral services, per 15 minutes
<b>J0585</b>	Injection, onabotulinumtoxinA, 1 unit
<b>J0879</b>	Injection, difelikefalin, 0.1 microgram, (for ESRD on dialysis)
<b>J0901</b>	Vadadustat, oral, 1 mg (for ESRD on dialysis)
<b>J1302</b>	Injection, sutimlimab-jome, 10 mg
<b>J1932</b>	Injection, lanreotide, (ciplā), 1 mg
<b>J7316</b>	Injection, ocriplasmin, 0.125 mg
<b>J7318</b>	Hyaluronan or derivative, durolane, for intra-articular injection, 1 mg
<b>J7320</b>	Hyaluronan or derivative, GenVisc 850, for intraarticular injection, 1 mg
<b>J7321</b>	Hyaluronan or derivative, Hyalgan, Supartz or Visco3, for intra-articular injection, per dose
<b>J7322</b>	Hyaluronan or derivative, Hymovis, for intra-articular injection, 1 mg
<b>J7323</b>	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose

Code	Description
<b>J7324</b>	Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose
<b>J7325</b>	Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg
<b>J7326</b>	Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose
<b>J7327</b>	Hyaluronan or derivative, Monovisc, for intra-articular injection, per dose
<b>J7328</b>	Hyaluronan or derivative, Gelsyn-3, for intra-articular injection, 0.1 mg
<b>J7329</b>	Hyaluronan or derivative, Trivisc, for intra-articular injection, 1 mg
<b>J7331</b>	Hyaluronan or derivative, Synjoynt, for intra-articular injection, 1 mg
<b>J7332</b>	Hyaluronan or derivative, Triluron, for intra-articular injection, 1 mg
<b>J9274</b>	Injection, tebentafusp-tebn, 1 microgram
<b>K0001</b>	Standard wheelchair
<b>K0002</b>	Standard hemi (low seat) wheelchair
<b>K0003</b>	Lightweight wheelchair

Code	Description
<b>K0004</b>	High strength, lightweight wheelchair
<b>K0005</b>	Ultralightweight wheelchair
<b>K0006</b>	Heavy duty wheelchair
<b>K0007</b>	Extra heavy duty wheelchair
<b>K0008</b>	Custom manual wheelchair/base
<b>K0009</b>	Other manual wheelchair/base
<b>K0010</b>	Standard - weight frame motorized/power wheelchair
<b>K0011</b>	Standard - weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking
<b>K0012</b>	Lightweight portable motorized/power wheelchair
<b>K0014</b>	Other motorized/power wheelchair base
<b>K0015</b>	Detachable, non-adjustable height armrest, replacement only, each

Code	Description
<b>K0019</b>	Arm pad, replacement only, each
<b>K0020</b>	Fixed, adjustable height armrest, pair
<b>K0037</b>	High mount flip-up footrest, each
<b>K0038</b>	Leg strap, each
<b>K0039</b>	Leg strap, H style, each
<b>K0040</b>	Adjustable angle footplate, each
<b>K0043</b>	Footrest, lower extension tube, replacement only, each
<b>K0044</b>	Footrest, upper hanger bracket, replacement only, each
<b>K0045</b>	Footrest, complete assembly, replacement only, each
<b>K0046</b>	Elevating legrest, lower extension tube, replacement only, each
<b>K0047</b>	Elevating legrest, upper hanger bracket, replacement only, each
<b>K0050</b>	Ratchet assembly, replacement only

Code	Description
<b>K0051</b>	Cam release assembly, footrest or legrest, replacement only, each
<b>K0052</b>	Swingaway, detachable footrests, replacement only, each
<b>K0053</b>	Elevating footrests, articulating (telescoping), each
<b>K0056</b>	Seat height less than 17" or equal to or greater than 21" for a high strength, lightweight, or ultralightweight wheelchair
<b>K0065</b>	Spoke protectors, each
<b>K0069</b>	Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each
<b>K0070</b>	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each
<b>K0071</b>	Front caster assembly, complete, with pneumatic tire, replacement only, each
<b>K0072</b>	Front caster assembly, complete, with semipneumatic tire, replacement only, each
<b>K0073</b>	Caster pin lock, each
<b>K0077</b>	Front caster assembly, complete, with solid tire, replacement only, each
<b>K0098</b>	Drive belt for power wheelchair, replacement only



Code	Description
<b>K0108</b>	Wheelchair component or accessory, not otherwise specified
<b>K0800</b>	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds
<b>K0801</b>	Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds
<b>K0802</b>	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds
<b>K0806</b>	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds
<b>K0807</b>	Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds
<b>K0808</b>	Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds
<b>K0812</b>	Power operated vehicle, not otherwise classified
<b>K0813</b>	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds
<b>K0814</b>	Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds
<b>K0815</b>	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds
<b>K0816</b>	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds

Code	Description
<b>K0820</b>	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds
<b>K0821</b>	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds
<b>K0822</b>	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
<b>K0823</b>	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds
<b>K0824</b>	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
<b>K0825</b>	Power wheelchair, group 2 heavy duty, captain's chair, patient weight capacity 301 to 450 pounds
<b>K0826</b>	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
<b>K0827</b>	Power wheelchair, group 2 very heavy duty, captain's chair, patient weight capacity 451 to 600 pounds
<b>K0828</b>	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more
<b>K0829</b>	Power wheelchair, group 2 extra heavy duty, captain's chair, patient weight 601 pounds or more
<b>K0830</b>	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds
<b>K0831</b>	Power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds

Code	Description
<b>K0835</b>	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
<b>K0836</b>	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds
<b>K0837</b>	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
<b>K0838</b>	Power wheelchair, group 2 heavy duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds
<b>K0839</b>	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds
<b>K0840</b>	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more
<b>K0841</b>	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
<b>K0842</b>	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds
<b>K0843</b>	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
<b>K0848</b>	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds

Code	Description
<b>K0849</b>	Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds
<b>K0850</b>	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
<b>K0851</b>	Power wheelchair, group 3 heavy duty, captain's chair, patient weight capacity 301 to 450 pounds
<b>K0852</b>	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
<b>K0853</b>	Power wheelchair, group 3 very heavy duty, captain's chair, patient weight capacity 451 to 600 pounds
<b>K0854</b>	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more
<b>K0855</b>	Power wheelchair, group 3 extra heavy duty, captain's chair, patient weight capacity 601 pounds or more
<b>K0856</b>	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
<b>K0857</b>	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds
<b>K0858</b>	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds
<b>K0859</b>	Power wheelchair, group 3 heavy duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds

Code	Description
<b>K0860</b>	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds
<b>K0861</b>	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
<b>K0862</b>	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
<b>K0863</b>	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds
<b>K0864</b>	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more
<b>K0868</b>	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
<b>K0869</b>	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds
<b>K0870</b>	Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
<b>K0871</b>	Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
<b>K0877</b>	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
<b>K0878</b>	Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds

Code	Description
<b>K0879</b>	Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
<b>K0880</b>	Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds
<b>K0884</b>	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
<b>K0885</b>	Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds
<b>K0886</b>	Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
<b>K0890</b>	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125] pounds
<b>K0891</b>	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds
<b>K0898</b>	Power wheelchair, not otherwise classified
<b>K0899</b>	Power mobility device, not coded by DME PDAC or does not meet criteria
<b>K1013</b>	Enema tube, with or without adapter, any type, replacement only, each

Code	Description
<b>K1022</b>	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type
<b>K1024</b>	Non-pneumatic compression controller with sequential calibrated gradient pressure
<b>K1025</b>	Non-pneumatic sequential compression garment, full arm
<b>K1031</b>	Non-pneumatic compression controller without calibrated gradient pressure
<b>K1032</b>	Non-pneumatic sequential compression garment, full leg
<b>K1033</b>	Non-pneumatic sequential compression garment, half leg
<b>L0112</b>	Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated
<b>L0458</b>	TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment
<b>L0460</b>	TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise

Code	Description
<b>L0462</b>	TLSO, triplanar control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment
<b>L0464</b>	TLSO, triplanar control, modular segmented spinal system, four rigid plastic shells, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustments
<b>L0470</b>	TLSO, triplanar control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction to scapula, lateral strength provided by pelvic, thoracic, and lateral frame pieces, rotational strength provided by subclavicular extensions, restricts gross trunk motion in sagittal, coronal, and transverse planes, provides intracavitary pressure to reduce load on the intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment
<b>L0480</b>	TLSO, triplanar control, one piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated
<b>L0482</b>	TLSO, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated
<b>L0484</b>	TLSO, triplanar control, two piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch,



Code	Description
	lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated
<b>L0486</b>	TLSO, triplanar control, two piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CADCAM model, custom fabricated
<b>L0488</b>	TLSO, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, prefabricated, includes fitting and adjustment
<b>L0490</b>	TLSO, sagittal-coronal control, one piece rigid plastic shell, with overlapping reinforced anterior, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates at or before the T-9 vertebra, anterior extends from symphysis pubis to xiphoid, anterior opening, restricts gross trunk motion in sagittal and coronal planes, prefabricated, includes fitting and adjustment
<b>L0622</b>	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated
<b>L0624</b>	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels placed over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated
<b>L0629</b>	Lumbar-sacral orthosis, flexible, provides lumbosacral 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, custom fabricated

Code	Description
<b>L0631</b>	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, 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, 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
<b>L0632</b>	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, 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, shoulder straps, pendulous abdomen design, custom fabricated
<b>L0634</b>	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated
<b>L0635</b>	Lumbar-sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panel(s), lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment
<b>L0636</b>	Lumbar sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated
<b>L0637</b>	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on 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

Code	Description
<b>L0638</b>	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated
<b>L0640</b>	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated
<b>L0700</b>	Cervical-thoracic-lumbar-sacral-orthoses (CTLSSO), anterior-posterior-lateral control, molded to patient model, (Minerva type)
<b>L0710</b>	CTLSSO, anterior-posterior-lateral-control, molded to patient model, with interface material, (Minerva type)
<b>L0810</b>	Halo procedure, cervical halo incorporated into jacket vest
<b>L0820</b>	Halo procedure, cervical halo incorporated into plaster body jacket
<b>L0830</b>	Halo procedure, cervical halo incorporated into milwaukee type orthosis
<b>L0859</b>	Addition to halo procedure, magnetic resonance image compatible systems, rings and pins, any material

Code	Description
<b>L0999</b>	Addition to spinal orthosis, not otherwise specified
<b>L1001</b>	Cervical thoracic lumbar sacral orthosis, immobilizer, infant size, prefabricated, includes fitting and adjustment
<b>L1310</b>	Other scoliosis procedure, post-operative body jacket
<b>L1320</b>	Thoracic, pectus carinatum orthosis, sternal compression, rigid circumferential frame with anterior and posterior rigid pads, custom fabricated
<b>L1499</b>	Spinal orthosis, not otherwise specified
<b>L1685</b>	Hip orthosis, abduction control of hip joint, postoperative hip abduction type, custom fabricated
<b>L1686</b>	Hip orthosis, abduction control of hip joint, postoperative hip abduction type, prefabricated, includes fitting and adjustment
<b>L1690</b>	Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment
<b>L1700</b>	Legg Perthes orthosis, (Toronto type), custom fabricated
<b>L1710</b>	Legg Perthes orthosis, (Newington type), custom fabricated
<b>L1720</b>	Legg Perthes orthosis, trilateral, (Tachdijan type), custom fabricated

Code	Description
<b>L1730</b>	Legg Perthes orthosis, (Scottish Rite type), custom fabricated
<b>L1755</b>	Legg Perthes orthosis, (Patten bottom type), custom fabricated
<b>L1945</b>	Ankle foot orthosis, plastic, rigid anterior tibial section (floor reaction), custom fabricated
<b>L1950</b>	Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic, custom fabricated
<b>L2000</b>	Knee ankle foot orthosis, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthosis), custom fabricated
<b>L2005</b>	Knee ankle foot orthosis, any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated
<b>L2010</b>	Knee ankle foot orthosis, single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthosis), without knee joint, custom fabricated
<b>L2020</b>	Knee ankle foot orthosis, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar 'AK' orthosis), custom fabricated
<b>L2030</b>	Knee ankle foot orthosis, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar 'AK' orthosis), without knee joint, custom fabricated
<b>L2034</b>	Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, medial lateral rotation control, with or without free motion ankle, custom fabricated

Code	Description
<b>L2036</b>	Knee ankle foot orthosis, full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated
<b>L2108</b>	Ankle foot orthosis, fracture orthosis, tibial fracture cast orthosis, custom fabricated
<b>L2112</b>	Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment
<b>L2114</b>	Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment
<b>L2116</b>	Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment
<b>L2126</b>	Knee ankle foot orthosis, fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated
<b>L2128</b>	Knee ankle foot orthosis, fracture orthosis, femoral fracture cast orthosis, custom fabricated
<b>L2134</b>	KAFO, fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment
<b>L2136</b>	KAFO, fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment
<b>L2232</b>	Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only
<b>L2525</b>	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model

Code	Description
<b>L2526</b>	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted
<b>L2627</b>	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables
<b>L2628</b>	Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables
<b>L2999</b>	Lower extremity orthoses, not otherwise specified
<b>L3040</b>	Foot, arch support, removable, premolded, longitudinal, each
<b>L3050</b>	Foot, arch support, removable, premolded, metatarsal, each
<b>L3060</b>	Foot, arch support, removable, premolded, longitudinal/metatarsal, each
<b>L3649</b>	Orthopedic shoe, modification, addition or transfer, not otherwise specified
<b>L3671</b>	Shoulder orthosis, shoulder joint design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
<b>L3674</b>	Shoulder orthosis, abduction positioning (airplane design), thoracic component and support bar, with or without nontorsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment
<b>L3766</b>	Elbow wrist hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment

Code	Description
<b>L3900</b>	Wrist hand finger orthosis, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, wrist or finger driven, custom fabricated
<b>L3901</b>	Wrist hand finger orthosis, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, cable driven, custom fabricated
<b>L3904</b>	Wrist hand finger orthosis, external powered, electric, custom fabricated
<b>L3905</b>	Wrist hand orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
<b>L3961</b>	Shoulder elbow wrist hand orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
<b>L3967</b>	Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
<b>L3971</b>	Shoulder elbow wrist hand orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
<b>L3973</b>	Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment



Code	Description
<b>L3975</b>	Shoulder elbow wrist hand finger orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
<b>L3976</b>	Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
<b>L3977</b>	Shoulder elbow wrist hand finger orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
<b>L3978</b>	Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
<b>L3999</b>	Upper limb orthosis, not otherwise specified
<b>L4000</b>	Replace girdle for spinal orthosis (CTL SO or SO)
<b>L4010</b>	Replace trilateral socket brim
<b>L4020</b>	Replace quadrilateral socket brim, molded to patient model
<b>L4210</b>	Repair of orthotic device, repair or replace minor parts
<b>L4631</b>	Ankle foot orthosis, walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated

Code	Description
<b>Q0478</b>	Power adapter for use with electric or electric/pneumatic ventricular assist device, vehicle type
<b>Q0479</b>	Power module for use with electric or electric/pneumatic ventricular assist device, replacement only
<b>Q0480</b>	Driver for use with pneumatic ventricular assist device, replacement only
<b>Q0481</b>	Microprocessor control unit for use with electric ventricular assist device, replacement only
<b>Q0482</b>	Microprocessor control unit for use with electric/pneumatic combination ventricular assist device, replacement only
<b>Q0483</b>	Monitor/display module for use with electric ventricular assist device, replacement only
<b>Q0484</b>	Monitor/display module for use with electric or electric/pneumatic ventricular assist device, replacement only
<b>Q0485</b>	Monitor control cable for use with electric ventricular assist device, replacement only
<b>Q0486</b>	Monitor control cable for use with electric/pneumatic ventricular assist device, replacement only
<b>Q0487</b>	Leads (pneumatic/electrical) for use with any type electric/pneumatic ventricular assist device, replacement only
<b>Q0488</b>	Power pack base for use with electric ventricular assist device, replacement only
<b>Q0489</b>	Power pack base for use with electric/pneumatic ventricular assist device, replacement only

Code	Description
<b>Q0490</b>	Emergency power source for use with electric ventricular assist device, replacement only
<b>Q0491</b>	Emergency power source for use with electric/pneumatic ventricular assist device, replacement only
<b>Q0492</b>	Emergency power supply cable for use with electric ventricular assist device, replacement only
<b>Q0493</b>	Emergency power supply cable for use with electric/pneumatic ventricular assist device, replacement only
<b>Q0494</b>	Emergency hand pump for use with electric or electric/pneumatic ventricular assist device, replacement only
<b>Q0495</b>	Battery/power pack charger for use with electric or electric/pneumatic ventricular assist device, replacement only
<b>Q0496</b>	Battery, other than lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only
<b>Q0497</b>	Battery clips for use with electric or electric/pneumatic ventricular assist device, replacement only
<b>Q0498</b>	Holster for use with electric or electric/pneumatic ventricular assist device, replacement only
<b>Q0499</b>	Belt/vest/bag for use to carry external peripheral components of any type ventricular assist device, replacement only
<b>Q0500</b>	Filters for use with electric or electric/pneumatic ventricular assist device, replacement only
<b>Q0503</b>	Battery for pneumatic ventricular assist device, replacement only, each

Code	Description
<b>Q0504</b>	Power adapter for pneumatic ventricular assist device, replacement only, vehicle type
<b>Q0506</b>	Battery, lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only
<b>Q0507</b>	Miscellaneous supply or accessory for use with an external ventricular assist device
<b>Q0508</b>	Miscellaneous supply or accessory for use with an implanted ventricular assist device
<b>Q9997</b>	Injection, ustekinumab-ttwe (pyzchiva), intravenous, 1 mg
<b>Q9998</b>	Injection, ustekinumab-aekn (selarsdi), 1 mg
<b>S1040</b>	Cranial remolding orthosis, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)
<b>S2053</b>	Transplantation of small intestine and liver allografts
<b>S2054</b>	Transplantation of multivisceral organs
<b>S2055</b>	Harvesting of donor multivisceral organs, with preparation and maintenance of allografts; from cadaver donor
<b>S2065</b>	Simultaneous pancreas kidney transplantation
<b>S5199</b>	Personal care item, NOS, each

Code	Description
<b>S8420</b>	Gradient pressure aid (sleeve and glove combination), custom made
<b>S8421</b>	Gradient pressure aid (sleeve and glove combination), ready made
<b>S8422</b>	Gradient pressure aid (sleeve), custom made, medium weight
<b>S8423</b>	Gradient pressure aid (sleeve), custom made, heavy weight
<b>S8424</b>	Gradient pressure aid (sleeve), ready made
<b>S8425</b>	Gradient pressure aid (glove), custom made, medium weight
<b>S8426</b>	Gradient pressure aid (glove), custom made, heavy weight
<b>S8427</b>	Gradient pressure aid (glove), ready made
<b>S8428</b>	Gradient pressure aid (gauntlet), ready made
<b>S8429</b>	Gradient pressure exterior wrap
<b>S9123</b>	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)

Code	Description
<b>S9124</b>	Nursing care, in the home; by licensed practical nurse, per hour
<b>T1001</b>	Nursing assessment/evaluation
<b>T1002</b>	RN services, up to 15 minutes
<b>T1006</b>	Alcohol and/or substance abuse services, family/couple counseling
<b>T1019</b>	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)
<b>T1020</b>	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)
<b>T1021</b>	Home health aide or certified nurse assistant, per visit
<b>T1026</b>	Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, medical and psychosocial impairments, per hour
<b>T2003</b>	Non-emergency transportation; encounter/trip
<b>T2029</b>	Specialized medical equipment, not otherwise specified, waiver

Code	Description
<b>T2042</b>	Hospice routine home care; per diem
<b>T2043</b>	Hospice continuous home care; per hour
<b>T2044</b>	Hospice inpatient respite care; per diem
<b>T2045</b>	Hospice general inpatient care; per diem
<b>T2046</b>	Hospice long term care, room and board only; per diem
<b>T5001</b>	Positioning seat for persons with special orthopedic needs
<b>V5030</b>	Hearing aid, monaural, body worn, air conduction
<b>V5040</b>	Hearing aid, monaural, body worn, bone conduction
<b>V5050</b>	Hearing aid, monaural, in the ear
<b>V5060</b>	Hearing aid, monaural, behind the ear
<b>V5070</b>	Glasses, air conduction
<b>V5080</b>	Glasses, bone conduction

Code	Description
<b>V5100</b>	Hearing aid, bilateral, body worn
<b>V5120</b>	Binaural, body
<b>V5130</b>	Binaural, in the ear
<b>V5140</b>	Binaural, behind the ear
<b>V5150</b>	Binaural, glasses
<b>V5171</b>	Hearing aid, contralateral routing device, monaural, in the ear (ITE)
<b>V5181</b>	Hearing aid, contralateral routing device, monaural, behind the ear (BTE)
<b>V5190</b>	Hearing aid, contralateral routing, monaural, glasses
<b>V5211</b>	Hearing aid, contralateral routing system, binaural, ITE/ITE
<b>V5221</b>	Hearing aid, contralateral routing system, binaural, BTE/BTE
<b>V5230</b>	Hearing aid, contralateral routing system, binaural, glasses
<b>V5242</b>	Hearing aid, analog, monaural, CIC (completely in the ear canal)



Code	Description
<b>V5243</b>	Hearing aid, analog, monaural, ITC (in the canal)
<b>V5244</b>	Hearing aid, digitally programmable analog, monaural, CIC
<b>V5245</b>	Hearing aid, digitally programmable, analog, monaural, ITC
<b>V5246</b>	Hearing aid, digitally programmable analog, monaural, ITE (in the ear)
<b>V5247</b>	Hearing aid, digitally programmable analog, monaural, BTE (behind the ear)
<b>V5248</b>	Hearing aid, analog, binaural, CIC
<b>V5249</b>	Hearing aid, analog, binaural, ITC
<b>V5250</b>	Hearing aid, digitally programmable analog, binaural, CIC
<b>V5251</b>	Hearing aid, digitally programmable analog, binaural, ITC
<b>V5252</b>	Hearing aid, digitally programmable, binaural, ITE
<b>V5253</b>	Hearing aid, digitally programmable, binaural, BTE
<b>V5254</b>	Hearing aid, digital, monaural, CIC

Code	Description
<b>V5255</b>	Hearing aid, digital, monaural, ITC
<b>V5256</b>	Hearing aid, digital, monaural, ITE
<b>V5257</b>	Hearing aid, digital, monaural, BTE
<b>V5258</b>	Hearing aid, digital, binaural, CIC
<b>V5259</b>	Hearing aid, digital, binaural, ITC
<b>V5260</b>	Hearing aid, digital, binaural, ITE
<b>V5261</b>	Hearing aid, digital, binaural, BTE
<b>V5267</b>	Hearing aid or assistive listening device/supplies/accessories, not otherwise specified
<b>V5273</b>	Assistive listening device, for use with cochlear implant
<b>V5274</b>	Assistive listening device, not otherwise specified
<b>V5275</b>	Ear impression, each
<b>V5298</b>	Hearing aid, not otherwise classified

Code	Description
<b>V5299</b>	Hearing service, miscellaneous
<b>V5336</b>	Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid)

# Revision Log

Reflects changes made within the last 2 calendar years

Implementation Date	PA to NPA	PA to NC	NPA to PA	NPA to NC	NC to NPA	NC to PA
1/9/2026	19364, E0720, E0745, L1000, L1005, L1006, L1200, L1300, L1844, L1845, L1846, L1851, L1852, L1860					
1/1/2026	L0170		64454, 64624	H0018		
12/1/2025			60660, 60661			
11/1/2025	81206, 81207					
10/1/2025	L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5301, L5312, L5321, L5331, L5341, L5400, L5410, L5420, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595, L5600, L5610, L5611, L5613, L5614, L5616, L5639, L5640, L5642, L5643, L5645, L5647,					

Implementation Date	PA to NPA	PA to NC	NPA to PA	NPA to NC	NC to NPA	NC to PA
	L5648,L5649, L5651, L5653, L5673, L5679, L5681, L5683, L5700, L5701, L5702, L5703, L5705, L5706, L5707, L5716, L5718, L5722, L5724, L5726, L5728, L5780, L5781, L5782, L5783, L5790, L5795, L5811, L5814, L5818, L5822, L5824, L5826, L5828, L5830, L5840, L5841, L5845, L5848, L5926, L5930, L5950, L5960, L5961, L5964, L5966, L5968, L5979, L5980,L5981, L5982, L5984, L5986, L5987, L5988, L5999, L6000, L6010, L6020, L6026, L6050, L6055, L6100, L6110, L6120, L6130, L6200, L6205, L6250, L6300, L6310, L6320, L6350, L6360, L6370, L6380, L6382, L6384, L6400, L6450, L6500, L6550, L6570, L6580, L6582, L6584, L6588, L6590, L6611, L6624, L6638, L6646, L6648, L6689, L6690, L6693, L6694, L6695, L6696, L6704, L6707, L6708, L6709, L6712, L6713, L6714, L6715, L6722, L6880, L6881, L6882, L6883, L6884, L6885, L6900, L6905, L6910, L6915, L6920, L6925, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L7007, L7008,					

Implementation Date	PA to NPA	PA to NC	NPA to PA	NPA to NC	NC to NPA	NC to PA
	L7009, L7040, L7045, L7170, L7180, L7185, L7186, L7190, L7191, L7259, L7403, L7404, L7405, L7499, L7510, L8039, L8040, L8041, L8042, L8043, L8044, L8045, L8046, L8047, L8048, L8499, L8500, L8606, L8610, L8612, L8613, L8614, L8619, L8627, L8628, L8630, L8641, L8642, L8658, L8670, L8680, L8685, L8686, L8687, L8688, L8690, L8691, L8692, L8693, L8694, L8698, L8699					
9/1/2025	81240, 81241, 81374					
7/1/2025	H0018		E0950, E0951, E0952, E0953, E0954, E0955, E0956, E0958, E0959, E0960, E0961, E0966, E0967, E0969, E0971, E0973, E0974, E0978, E0981, E0982, E0990, E0992, E0995, E1011, E1014, E1020, E1029, E1225, E1226, E2313, E2323, E2324, E2326, E2340, E2341, E2342, E2343, E2358, E2359, E2360, E2361, E2362, E2364, E2365, E2366, E2367, E2368, E2369, E2371, E2372, E2374, E2377, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388,			

Implementation Date	PA to NPA	PA to NC	NPA to PA	NPA to NC	NC to NPA	NC to PA
			E2389, E2390, E2391, E2392, E2394, E2395, E2396, E2611, E2612, E2613, E2614, E2615, E2616, E2620, E2621, E2622, E2623, E2624, E2625, E2628, E2629, E2632, E2633, J0585, K0001, K0002, K0004, K0015, K0019, K0020, K0037, K0038, K0039, K0040, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052, K0053, K0056, K0065, K0069, K0070, K0071, K0072, K0073, K0077, K0098			
6/1/2025			E0291			
4/1/2025	A0435		38225, 38226, 38227, 38228, 81195, 81558, E0469, E0743, E1803, E1804, E1807, E1808, E1813, E1814, E1822, E1823, E1826, E1827, L1006, Q9997, Q9998			
3/1/2025	93793					
2/1/2025			A4239, E2103, E2298			

Implementation Date	PA to NPA	PA to NC	NPA to PA	NPA to NC	NC to NPA	NC to PA
1/1/2025	81528, E1390, 62322 (NPA for ages 17 and younger)		L1320, L5783, L5841			
12/1/2024			64582, E0468, L1320, L5783, L5841			
11/1/2024	81508, 81509, 81510, 81511, 81512		A9276, A9277			
10/1/2024			B4149, B4150, B4152, B4153, B4154, B4155, B4157, B4158, B5159, B4160, B4161, B4162			
9/1/2024	76497, 76498, 76499, 76999					
8/1/2024	E0605, E0910, L3921		L8039, L8694			
6/1/2024	A0436, A4210, A4611, A4612, A4613, A6503, A6504, A6505, A6506, A6507, A6508, A6509, A6510, A6511, A6513, E0118, E0140, E0149, E0175, E0181, E0182, E0183, E0184, E0185, E0186, E0187, E0193, E0194, E0196, E0197, E0198, E0203, E0205, E0215, E0291,		E0467, E0650, E0740, E1570, E1592, E1594, E1630, E1699, L4000, L4010, L4020, L4210, L5683			



Implementation Date	PA to NPA	PA to NC	NPA to PA	NPA to NC	NC to NPA	NC to PA
	E0425, E0430, E0440, E0457, E0459, E0487, E0555, E0560, E0561, E0562, E0565, E0580, E0585, E0642, E0655, E0656, E0657, E0660, E0665, E0666, E0667, E0668, E0669, E0720, E0730, E0731, E0911, E0940, E0944, E0945, E0950, E0953, E0954, E0955, E0956, E0966, E0969, E0973, E1011, E1014, E1029, E1031, E1225, E1226, E1353, E1355, E1372, E1520 E2201, E2202, E2203, E2207, E2208, E2209, E2210, E2313, E2323, E2324, E2326, E2340, E2341, E2342, E2343, E2367, E2368, E2369, E2374, E2377, E2397, E2500, E2611, E2612, E2613, E2614, E2615, E2616, E2620, E2621, E2622, E2623, E2624, E2625, E2626, E2627, E2628, E2629, E2630, E2631, E2632, E2633, K0001, K0002, K0003, K0004, K0052, K0053, K0056, K0069, K0070, K0071, K0072, K0073, K0077, K0105, K0606, K0739, L0113, L0160, L0174, L0450, L0452, L0454, L0455, L0456, L0457, L0466, L0467, L0468, L0469, L0472, L0491, L0492, L0622, L0627, L0630, L0633, L0639, L0643, L0648, L0649, L0650, L0651,					

Implementation Date	PA to NPA	PA to NC	NPA to PA	NPA to NC	NC to NPA	NC to PA
	L1832, L1833, L1834, L1836, L1840, L1843, L1847, L1848, L1850, L2232, L2755, L2850, L2861, L3000, L3001, L3002, L3003, L3010, L3020, L3030, L3031, L3100, L3140, L3150, L3160, L3170, L3201, L3202, L3203, L3204, L3206, L3207, L3208, L3209, L3211, L3212, L3213, L3214, L3215, L3216, L3217, L3219, L3221, L3222, L3224, L3225, L3230, L3250, L3251, L3253, L3254, L3255, L3257, L3330, L3332, L3334, L3340, L3350, L3360, L3370, L3380, L3390, L3400, L3410, L3420, L3430, L3440, L3450, L3455, L3460, L3465, L3470, L3480, L3485, L3765, L3806, L3807, L3808, L3891, L3905, L3915, L3960, L5000, L5646, L5704, L5785, L5816, L5940, L5962, L5972, L5975, L5976, L5978, L6386, L6388, L6647, L6698, L6703, L6706, L6711, L6721, L7368, L7400, L8049, L8510, L8629					
4/1/2024	81270, 81279, T1999		E0601			

Implementation Date	PA to NPA	PA to NC	NPA to PA	NPA to NC	NC to NPA	NC to PA
2/1/2024	00170					
1/1/2024						81443