CHORUS COMMUNITY HEALTH PLANS

Individual and Family Plan
No Prior Authorization List

Type of Code	Code	Description
CPT-I	00100	Anesthesia for procedures on salivary glands, including biopsy
CPT-I	00102	Anesthesia for procedures involving plastic repair of cleft lip
CPT-I	00103	Anesthesia for reconstructive procedures of eyelid (eg, blepharoplasty, ptosis surgery)
CPT-I	00104	Anesthesia for electroconvulsive therapy
CPT-I	00120	Anesthesia for procedures on external, middle, and inner ear including biopsy; not otherwise specified
CPT-I	00124	Anesthesia for procedures on external, middle, and inner ear including biopsy; otoscopy
CPT-I	00126	Anesthesia for procedures on external, middle, and inner ear including biopsy; tympanotomy
CPT-I	00140	Anesthesia for procedures on eye; not otherwise specified
CPT-I	00142	Anesthesia for procedures on eye; lens surgery
CPT-I	00144	Anesthesia for procedures on eye; corneal transplant
CPT-I	00145	Anesthesia for procedures on eye; vitreoretinal surgery
CPT-I	00147	Anesthesia for procedures on eye; iridectomy
CPT-I	00148	Anesthesia for procedures on eye; ophthalmoscopy
CPT-I	00160	Anesthesia for procedures on nose and accessory sinuses; not otherwise specified
CPT-I	00162	Anesthesia for procedures on nose and accessory sinuses; radical surgery
CPT-I	00164	Anesthesia for procedures on nose and accessory sinuses; biopsy, soft tissue
CPT-I	00172	Anesthesia for intraoral procedures, including biopsy; repair of cleft palate

Type of Code	Code	Description
CPT-I	00174	Anesthesia for intraoral procedures, including biopsy; excision of retropharyngeal tumor
CPT-I	00176	Anesthesia for intraoral procedures, including biopsy; radical surgery
CPT-I	00190	Anesthesia for procedures on facial bones or skull; not otherwise specified
CPT-I	00192	Anesthesia for procedures on facial bones or skull; radical surgery (including prognathism)
CPT-I	00210	Anesthesia for intracranial procedures; not otherwise specified
CPT-I	00211	Anesthesia for intracranial procedures; craniotomy or craniectomy for evacuation of hematoma
CPT-I	00212	Anesthesia for intracranial procedures; subdural taps
CPT-I	00214	Anesthesia for intracranial procedures; burr holes, including ventriculography
CPT-I	00215	Anesthesia for intracranial procedures; cranioplasty or elevation of depressed skull fracture, extradural (simple or compound)
CPT-I	00216	Anesthesia for intracranial procedures; vascular procedures
CPT-I	00218	Anesthesia for intracranial procedures; procedures in sitting position
CPT-I	00220	Anesthesia for intracranial procedures; cerebrospinal fluid shunting procedures
CPT-I	00222	Anesthesia for intracranial procedures; electrocoagulation of intracranial nerve

Type of Code	Code	Description
CPT-I	00300	Anesthesia for all procedures on the integumentary system, muscles and nerves of head, neck, and posterior trunk, not otherwise specified
CPT-I	00320	Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; not otherwise specified, age 1 year or older
CPT-I	00322	Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; needle biopsy of thyroid
CPT-I	00326	Anesthesia for all procedures on the larynx and trachea in children younger than 1 year of age
CPT-I	00350	Anesthesia for procedures on major vessels of neck; not otherwise specified
CPT-I	00352	Anesthesia for procedures on major vessels of neck; simple ligation
CPT-I	00400	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; not otherwise specified
CPT-I	00402	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; reconstructive procedures on breast (eg, reduction or augmentation mammoplasty, muscle flaps)
CPT-I	00404	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; radical or modified radical procedures on breast

Type of Code	Code	Description
CPT-I	00406	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; radical or modified radical procedures on breast with internal mammary node dissection
CPT-I	00410	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; electrical conversion of arrhythmias
CPT-I	00450	Anesthesia for procedures on clavicle and scapula; not otherwise specified
CPT-I	00454	Anesthesia for procedures on clavicle and scapula; biopsy of clavicle
CPT-I	00470	Anesthesia for partial rib resection; not otherwise specified
CPT-I	00472	Anesthesia for partial rib resection; thoracoplasty (any type)
CPT-I	00474	Anesthesia for partial rib resection; radical procedures (eg, pectus excavatum)
CPT-I	00500	Anesthesia for all procedures on esophagus
CPT-I	00520	Anesthesia for closed chest procedures; (including bronchoscopy) not otherwise specified
CPT-I	00522	Anesthesia for closed chest procedures; needle biopsy of pleura
CPT-I	00524	Anesthesia for closed chest procedures; pneumocentesis
CPT-I	00528	Anesthesia for closed chest procedures; mediastinoscopy and diagnostic thoracoscopy not utilizing 1 lung ventilation

Type of Code	Code	Description
CPT-I	00529	Anesthesia for closed chest procedures; mediastinoscopy and diagnostic thoracoscopy utilizing 1 lung ventilation
CPT-I	00530	Anesthesia for permanent transvenous pacemaker insertion
CPT-I	00532	Anesthesia for access to central venous circulation
CPT-I	00534	Anesthesia for transvenous insertion or replacement of pacing cardioverter-defibrillator
CPT-I	00537	Anesthesia for cardiac electrophysiologic procedures including radiofrequency ablation
CPT-I	00539	Anesthesia for tracheobronchial reconstruction
CPT-I	00540	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); not otherwise specified
CPT-I	00541	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); utilizing 1 lung ventilation
CPT-I	00542	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); decortication
CPT-I	00546	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); pulmonary resection with thoracoplasty
CPT-I	00548	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); intrathoracic procedures on the trachea and bronchi
CPT-I	00550	Anesthesia for sternal debridement

Type of Code	Code	Description
CPT-I	00560	Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; without pump oxygenator
CPT-I	00561	Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator, younger than 1 year of age
CPT-I	00562	Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator, age 1 year or older, for all noncoronary bypass procedures (eg, valve procedures) or for re-operation for coronary bypass more than 1 month after original operation
CPT-I	00563	Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator with hypothermic circulatory arrest
CPT-I	00566	Anesthesia for direct coronary artery bypass grafting; without pump oxygenator
CPT-I	00567	Anesthesia for direct coronary artery bypass grafting; with pump oxygenator
CPT-I	00580	Anesthesia for heart transplant or heart/lung transplant
CPT-I	00600	Anesthesia for procedures on cervical spine and cord; not otherwise specified
CPT-I	00604	Anesthesia for procedures on cervical spine and cord; procedures with patient in the sitting position
CPT-I	00620	Anesthesia for procedures on thoracic spine and cord, not otherwise specified
CPT-I	00625	Anesthesia for procedures on the thoracic spine and cord, via an anterior transthoracic approach; not utilizing 1 lung ventilation

Type of Code	Code	Description
CPT-I	00626	Anesthesia for procedures on the thoracic spine and cord, via an anterior transthoracic approach; utilizing 1 lung ventilation
CPT-I	00630	Anesthesia for procedures in lumbar region; not otherwise specified
CPT-I	00632	Anesthesia for procedures in lumbar region; lumbar sympathectomy
CPT-I	00635	Anesthesia for procedures in lumbar region; diagnostic or therapeutic lumbar puncture
CPT-I	00640	Anesthesia for manipulation of the spine or for closed procedures on the cervical, thoracic or lumbar spine
CPT-I	00670	Anesthesia for extensive spine and spinal cord procedures (eg, spinal instrumentation or vascular procedures)
CPT-I	00700	Anesthesia for procedures on upper anterior abdominal wall; not otherwise specified
CPT-I	00702	Anesthesia for procedures on upper anterior abdominal wall; percutaneous liver biopsy
CPT-I	00730	Anesthesia for procedures on upper posterior abdominal wall
CPT-I	00731	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified
CPT-I	00732	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)

Type of Code	Code	Description
CPT-I	00750	Anesthesia for hernia repairs in upper abdomen; not otherwise specified
CPT-I	00752	Anesthesia for hernia repairs in upper abdomen; lumbar and ventral (incisional) hernias and/or wound dehiscence
CPT-I	00754	Anesthesia for hernia repairs in upper abdomen; omphalocele
CPT-I	00756	Anesthesia for hernia repairs in upper abdomen; transabdominal repair of diaphragmatic hernia
CPT-I	00770	Anesthesia for all procedures on major abdominal blood vessels
CPT-I	00790	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; not otherwise specified
CPT-I	00792	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; partial hepatectomy or management of liver hemorrhage (excluding liver biopsy)
CPT-I	00794	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; pancreatectomy, partial or total (eg, Whipple procedure)
CPT-I	00796	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; liver transplant (recipient)
CPT-I	00797	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; gastric restrictive procedure for morbid obesity
CPT-I	00800	Anesthesia for procedures on lower anterior abdominal wall; not otherwise specified

Type of Code	Code	Description
CPT-I	00802	Anesthesia for procedures on lower anterior abdominal wall; panniculectomy
CPT-I	00811	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified
CPT-I	00812	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy
CPT-I	00813	Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum
CPT-I	00820	Anesthesia for procedures on lower posterior abdominal wall
CPT-I	00830	Anesthesia for hernia repairs in lower abdomen; not otherwise specified
CPT-I	00832	Anesthesia for hernia repairs in lower abdomen; ventral and incisional hernias
CPT-I	00834	Anesthesia for hernia repairs in the lower abdomen not otherwise specified, younger than 1 year of age
CPT-I	00836	Anesthesia for hernia repairs in the lower abdomen not otherwise specified, infants younger than 37 weeks gestational age at birth and younger than 50 weeks gestational age at time of surgery
CPT-I	00840	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; not otherwise specified
CPT-I	00842	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; amniocentesis

Type of Code	Code	Description
CPT-I	00844	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; abdominoperineal resection
CPT-I	00846	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; radical hysterectomy
CPT-I	00848	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; pelvic exenteration
CPT-I	00851	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; tubal ligation/transection
CPT-I	00860	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; not otherwise specified
CPT-I	00862	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; renal procedures, including upper one-third of ureter, or donor nephrectomy
CPT-I	00864	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; total cystectomy
CPT-I	00865	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; radical prostatectomy (suprapubic, retropubic)
CPT-I	00866	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; adrenalectomy
CPT-I	00868	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; renal transplant (recipient)
CPT-I	00870	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; cystolithotomy

Type of Code	Code	Description
CPT-I	00872	Anesthesia for lithotripsy, extracorporeal shock wave; with water bath
CPT-I	00873	Anesthesia for lithotripsy, extracorporeal shock wave; without water bath
CPT-I	00880	Anesthesia for procedures on major lower abdominal vessels; not otherwise specified
CPT-I	00882	Anesthesia for procedures on major lower abdominal vessels; inferior vena cava ligation
CPT-I	00902	Anesthesia for; anorectal procedure
CPT-I	00904	Anesthesia for; radical perineal procedure
CPT-I	00906	Anesthesia for; vulvectomy
CPT-I	00908	Anesthesia for; perineal prostatectomy
CPT-I	00910	Anesthesia for transurethral procedures (including urethrocystoscopy); not otherwise specified
CPT-I	00912	Anesthesia for transurethral procedures (including urethrocystoscopy); transurethral resection of bladder tumor(s)
CPT-I	00914	Anesthesia for transurethral procedures (including urethrocystoscopy); transurethral resection of prostate
CPT-I	00916	Anesthesia for transurethral procedures (including urethrocystoscopy); post-transurethral resection bleeding
CPT-I	00918	Anesthesia for transurethral procedures (including urethrocystoscopy); with fragmentation, manipulation and/or removal of ureteral calculus
CPT-I	00920	Anesthesia for procedures on male genitalia (including open urethral procedures); not otherwise specified

Type of Code	Code	Description
CPT-I	00921	Anesthesia for procedures on male genitalia (including open urethral procedures); vasectomy, unilateral or bilateral
CPT-I	00922	Anesthesia for procedures on male genitalia (including open urethral procedures); seminal vesicles
CPT-I	00924	Anesthesia for procedures on male genitalia (including open urethral procedures); undescended testis, unilateral or bilateral
CPT-I	00926	Anesthesia for procedures on male genitalia (including open urethral procedures); radical orchiectomy, inguinal
CPT-I	00928	Anesthesia for procedures on male genitalia (including open urethral procedures); radical orchiectomy, abdominal
CPT-I	00930	Anesthesia for procedures on male genitalia (including open urethral procedures); orchiopexy, unilateral or bilateral
CPT-I	00932	Anesthesia for procedures on male genitalia (including open urethral procedures); complete amputation of penis
CPT-I	00934	Anesthesia for procedures on male genitalia (including open urethral procedures); radical amputation of penis with bilateral inguinal lymphadenectomy
CPT-I	00936	Anesthesia for procedures on male genitalia (including open urethral procedures); radical amputation of penis with bilateral inguinal and iliac lymphadenectomy
CPT-I	00938	Anesthesia for procedures on male genitalia (including open urethral procedures); insertion of penile prosthesis (perineal approach)

Type of Code	Code	Description
CPT-I	00940	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified
CPT-I	00942	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); colpotomy, vaginectomy, colporrhaphy, and open urethral procedures
CPT-I	00944	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); vaginal hysterectomy
CPT-I	00948	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); cervical cerclage
CPT-I	00950	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); culdoscopy
CPT-I	00952	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); hysteroscopy and/or hysterosalpingography
CPT-I	01112	Anesthesia for bone marrow aspiration and/or biopsy, anterior or posterior iliac crest
CPT-I	01120	Anesthesia for procedures on bony pelvis
CPT-I	01130	Anesthesia for body cast application or revision
CPT-I	01140	Anesthesia for interpelviabdominal (hindquarter) amputation
CPT-I	01150	Anesthesia for radical procedures for tumor of pelvis, except hindquarter amputation
CPT-I	01160	Anesthesia for closed procedures involving symphysis pubis or sacroiliac joint

Type of Code	Code	Description
CPT-I	01170	Anesthesia for open procedures involving symphysis pubis or sacroiliac joint
CPT-I	01173	Anesthesia for open repair of fracture disruption of pelvis or column fracture involving acetabulum
CPT-I	01200	Anesthesia for all closed procedures involving hip joint
CPT-I	01202	Anesthesia for arthroscopic procedures of hip joint
CPT-I	01210	Anesthesia for open procedures involving hip joint; not otherwise specified
CPT-I	01212	Anesthesia for open procedures involving hip joint; hip disarticulation
CPT-I	01214	Anesthesia for open procedures involving hip joint; total hip arthroplasty
CPT-I	01215	Anesthesia for open procedures involving hip joint; revision of total hip arthroplasty
CPT-I	01220	Anesthesia for all closed procedures involving upper two-thirds of femur
CPT-I	01230	Anesthesia for open procedures involving upper two-thirds of femur; not otherwise specified
CPT-I	01232	Anesthesia for open procedures involving upper two-thirds of femur; amputation
CPT-I	01234	Anesthesia for open procedures involving upper two-thirds of femur; radical resection
CPT-I	01250	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of upper leg
CPT-I	01260	Anesthesia for all procedures involving veins of upper leg, including exploration
CPT-I	01270	Anesthesia for procedures involving arteries of upper leg, including bypass graft; not otherwise specified

Type of Code	Code	Description
CPT-I	01272	Anesthesia for procedures involving arteries of upper leg, including bypass graft; femoral artery ligation
CPT-I	01274	Anesthesia for procedures involving arteries of upper leg, including bypass graft; femoral artery embolectomy
CPT-I	01320	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of knee and/or popliteal area
CPT-I	01340	Anesthesia for all closed procedures on lower one-third of femur
CPT-I	01360	Anesthesia for all open procedures on lower one-third of femur
CPT-I	01380	Anesthesia for all closed procedures on knee joint
CPT-I	01382	Anesthesia for diagnostic arthroscopic procedures of knee joint
CPT-I	01390	Anesthesia for all closed procedures on upper ends of tibia, fibula, and/or patella
CPT-I	01392	Anesthesia for all open procedures on upper ends of tibia, fibula, and/or patella
CPT-I	01400	Anesthesia for open or surgical arthroscopic procedures on knee joint; not otherwise specified
CPT-I	01402	Anesthesia for open or surgical arthroscopic procedures on knee joint; total knee arthroplasty
CPT-I	01404	Anesthesia for open or surgical arthroscopic procedures on knee joint; disarticulation at knee
CPT-I	01420	Anesthesia for all cast applications, removal, or repair involving knee joint
CPT-I	01430	Anesthesia for procedures on veins of knee and popliteal area; not otherwise specified

Type of Code	Code	Description
CPT-I	01432	Anesthesia for procedures on veins of knee and popliteal area; arteriovenous fistula
CPT-I	01440	Anesthesia for procedures on arteries of knee and popliteal area; not otherwise specified
CPT-I	01442	Anesthesia for procedures on arteries of knee and popliteal area; popliteal thromboendarterectomy, with or without patch graft
CPT-I	01444	Anesthesia for procedures on arteries of knee and popliteal area; popliteal excision and graft or repair for occlusion or aneurysm
CPT-I	01462	Anesthesia for all closed procedures on lower leg, ankle, and foot
CPT-I	01464	Anesthesia for arthroscopic procedures of ankle and/or foot
CPT-I	01470	Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; not otherwise specified
CPT-I	01472	Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; repair of ruptured Achilles tendon, with or without graft
CPT-I	01474	Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; gastrocnemius recession (eg, Strayer procedure)
CPT-I	01480	Anesthesia for open procedures on bones of lower leg, ankle, and foot; not otherwise specified
CPT-I	01482	Anesthesia for open procedures on bones of lower leg, ankle, and foot; radical resection (including below knee amputation)

Type of Code	Code	Description
CPT-I	01484	Anesthesia for open procedures on bones of lower leg, ankle, and foot; osteotomy or osteoplasty of tibia and/or fibula
CPT-I	01486	Anesthesia for open procedures on bones of lower leg, ankle, and foot; total ankle replacement
CPT-I	01490	Anesthesia for lower leg cast application, removal, or repair
CPT-I	01500	Anesthesia for procedures on arteries of lower leg, including bypass graft; not otherwise specified
CPT-I	01502	Anesthesia for procedures on arteries of lower leg, including bypass graft; embolectomy, direct or with catheter
CPT-I	01520	Anesthesia for procedures on veins of lower leg; not otherwise specified
CPT-I	01522	Anesthesia for procedures on veins of lower leg; venous thrombectomy, direct or with catheter
CPT-I	01610	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of shoulder and axilla
CPT-I	01620	Anesthesia for all closed procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint
CPT-I	01622	Anesthesia for diagnostic arthroscopic procedures of shoulder joint
CPT-I	01630	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; not otherwise specified

Type of Code	Code	Description
CPT-I	01634	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; shoulder disarticulation
CPT-I	01636	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; interthoracoscapular (forequarter) amputation
CPT-I	01638	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; total shoulder replacement
CPT-I	01650	Anesthesia for procedures on arteries of shoulder and axilla; not otherwise specified
CPT-I	01652	Anesthesia for procedures on arteries of shoulder and axilla; axillary-brachial aneurysm
CPT-I	01654	Anesthesia for procedures on arteries of shoulder and axilla; bypass graft
CPT-I	01656	Anesthesia for procedures on arteries of shoulder and axilla; axillary-femoral bypass graft
CPT-I	01670	Anesthesia for all procedures on veins of shoulder and axilla
CPT-I	01680	Anesthesia for shoulder cast application, removal or repair, not otherwise specified
CPT-I	01710	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; not otherwise specified

Type of Code	Code	Description
CPT-I	01712	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenotomy, elbow to shoulder, open
CPT-I	01714	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenoplasty, elbow to shoulder
CPT-I	01716	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenodesis, rupture of long tendon of biceps
CPT-I	01730	Anesthesia for all closed procedures on humerus and elbow
CPT-I	01732	Anesthesia for diagnostic arthroscopic procedures of elbow joint
CPT-I	01740	Anesthesia for open or surgical arthroscopic procedures of the elbow; not otherwise specified
CPT-I	01742	Anesthesia for open or surgical arthroscopic procedures of the elbow; osteotomy of humerus
CPT-I	01744	Anesthesia for open or surgical arthroscopic procedures of the elbow; repair of nonunion or malunion of humerus
CPT-I	01756	Anesthesia for open or surgical arthroscopic procedures of the elbow; radical procedures
CPT-I	01758	Anesthesia for open or surgical arthroscopic procedures of the elbow; excision of cyst or tumor of humerus
CPT-I	01760	Anesthesia for open or surgical arthroscopic procedures of the elbow; total elbow replacement
CPT-I	01770	Anesthesia for procedures on arteries of upper arm and elbow; not otherwise specified

Type of Code	Code	Description
CPT-I	01772	Anesthesia for procedures on arteries of upper arm and elbow; embolectomy
CPT-I	01780	Anesthesia for procedures on veins of upper arm and elbow; not otherwise specified
CPT-I	01782	Anesthesia for procedures on veins of upper arm and elbow; phleborrhaphy
CPT-I	01810	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of forearm, wrist, and hand
CPT-I	01820	Anesthesia for all closed procedures on radius, ulna, wrist, or hand bones
CPT-I	01829	Anesthesia for diagnostic arthroscopic procedures on the wrist
CPT-I	01830	Anesthesia for open or surgical arthroscopic/endoscopic procedures on distal radius, distal ulna, wrist, or hand joints; not otherwise specified
CPT-I	01832	Anesthesia for open or surgical arthroscopic/endoscopic procedures on distal radius, distal ulna, wrist, or hand joints; total wrist replacement
CPT-I	01840	Anesthesia for procedures on arteries of forearm, wrist, and hand; not otherwise specified
CPT-I	01842	Anesthesia for procedures on arteries of forearm, wrist, and hand; embolectomy
CPT-I	01844	Anesthesia for vascular shunt, or shunt revision, any type (eg, dialysis)
CPT-I	01850	Anesthesia for procedures on veins of forearm, wrist, and hand; not otherwise specified
CPT-I	01852	Anesthesia for procedures on veins of forearm, wrist, and hand; phleborrhaphy

Type of Code	Code	Description
CPT-I	01860	Anesthesia for forearm, wrist, or hand cast application, removal, or repair
CPT-I	01916	Anesthesia for diagnostic arteriography/venography
CPT-I	01920	Anesthesia for cardiac catheterization including coronary angiography and ventriculography (not to include Swan-Ganz catheter)
CPT-I	01922	Anesthesia for non-invasive imaging or radiation therapy
CPT-I	01924	Anesthesia for therapeutic interventional radiological procedures involving the arterial system; not otherwise specified
CPT-I	01925	Anesthesia for therapeutic interventional radiological procedures involving the arterial system; carotid or coronary
CPT-I	01926	Anesthesia for therapeutic interventional radiological procedures involving the arterial system; intracranial, intracardiac, or aortic
CPT-I	01930	Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); not otherwise specified
CPT-I	01931	Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); intrahepatic or portal circulation (eg, transvenous intrahepatic portosystemic shunt[s] [TIPS])

Type of Code	Code	Description
CPT-I	01932	Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); intrathoracic or jugular
CPT-I	01933	Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); intracranial
CPT-I	01937	Anesthesia for percutaneous image-guided injection, drainage or aspiration procedures on the spine or spinal cord; cervical or thoracic
CPT-I	01938	Anesthesia for percutaneous image-guided injection, drainage or aspiration procedures on the spine or spinal cord; lumbar or sacral
CPT-I	01939	Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; cervical or thoracic
CPT-I	01940	Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; lumbar or sacral
CPT-I	01941	Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (eg, kyphoplasty, vertebroplasty) on the spine or spinal cord; cervical or thoracic
CPT-I	01942	Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (eg, kyphoplasty, vertebroplasty) on the spine or spinal cord; lumbar or sacral

Type of Code	Code	Description
CPT-I	01951	Anesthesia for second- and third-degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; less than 4% total body surface area
CPT-I	01952	Anesthesia for second- and third-degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; between 4% and 9% of total body surface area
CPT-I	01953	Anesthesia for second- and third-degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; each additional 9% total body surface area or part thereof (List separately in addition to code for primary procedure)
CPT-I	01958	Anesthesia for external cephalic version procedure
CPT-I	01960	Anesthesia for vaginal delivery only
CPT-I	01961	Anesthesia for cesarean delivery only
CPT-I	01962	Anesthesia for urgent hysterectomy following delivery
CPT-I	01963	Anesthesia for cesarean hysterectomy without any labor analgesia/anesthesia care
CPT-I	01965	Anesthesia for incomplete or missed abortion procedures
CPT-I	01966	Anesthesia for induced abortion procedures

Type of Code	Code	Description
CPT-I	01967	Neuraxial labor analgesia/anesthesia for planned vaginal delivery (this includes any repeat subarachnoid needle placement and drug injection and/or any necessary replacement of an epidural catheter during labor)
CPT-I	01968	Anesthesia for cesarean delivery following neuraxial labor analgesia/anesthesia (List separately in addition to code for primary procedure performed)
CPT-I	01969	Anesthesia for cesarean hysterectomy following neuraxial labor analgesia/anesthesia (List separately in addition to code for primary procedure performed)
CPT-I	01990	Physiological support for harvesting of organ(s) from brain-dead patient
CPT-I	01991	Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different physician or other qualified health care professional); other than the prone position
CPT-I	01992	Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different physician or other qualified health care professional); prone position
CPT-I	01996	Daily hospital management of epidural or subarachnoid continuous drug administration
CPT-I	10004	Fine needle aspiration biopsy, without imaging guidance; each additional lesion (List separately in addition to code for primary procedure)
CPT-I	10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion

Type of Code	Code	Description
CPT-I	10006	Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure)
CPT-I	10007	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion
CPT-I	10008	Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion (List separately in addition to code for primary procedure)
CPT-I	10009	Fine needle aspiration biopsy, including CT guidance; first lesion
CPT-I	10010	Fine needle aspiration biopsy, including CT guidance; each additional lesion (List separately in addition to code for primary procedure)
CPT-I	10011	Fine needle aspiration biopsy, including MR guidance; first lesion
CPT-I	10012	Fine needle aspiration biopsy, including MR guidance; each additional lesion (List separately in addition to code for primary procedure)
CPT-I	10021	Fine needle aspiration biopsy, without imaging guidance; first lesion
CPT-I	10030	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous
CPT-I	10035	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; first lesion

Type of Code	Code	Description
CPT-I	10036	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each additional lesion (List separately in addition to code for primary procedure)
CPT-I	10040	Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)
CPT-I	10060	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single
CPT-I	10061	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple
CPT-I	10080	Incision and drainage of pilonidal cyst; simple
CPT-I	10081	Incision and drainage of pilonidal cyst; complicated
CPT-I	10120	Incision and removal of foreign body, subcutaneous tissues; simple
CPT-I	10121	Incision and removal of foreign body, subcutaneous tissues; complicated
CPT-I	10140	Incision and drainage of hematoma, seroma or fluid collection
CPT-I	10160	Puncture aspiration of abscess, hematoma, bulla, or cyst
CPT-I	10180	Incision and drainage, complex, postoperative wound infection
CPT-I	11000	Debridement of extensive eczematous or infected skin; up to 10% of body surface

Type of Code	Code	Description
CPT-I	11001	Debridement of extensive eczematous or infected skin; each additional 10% of the body surface, or part thereof (List separately in addition to code for primary procedure)
CPT-I	11004	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum
CPT-I	11005	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; abdominal wall, with or without fascial closure
CPT-I	11006	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia, perineum and abdominal wall, with or without fascial closure
CPT-I	11008	Removal of prosthetic material or mesh, abdominal wall for infection (eg, for chronic or recurrent mesh infection or necrotizing soft tissue infection) (List separately in addition to code for primary procedure)
CPT-I	11010	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin and subcutaneous tissues
CPT-I	11011	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, and muscle

Type of Code	Code	Description
CPT-I	11012	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, muscle, and bone
CPT-I	11042	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less
CPT-I	11043	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less
CPT-I	11044	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less
CPT-I	11045	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
CPT-I	11046	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
CPT-I	11047	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
CPT-I	11055	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion
CPT-I	11056	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions

Type of Code	Code	Description
CPT-I	11057	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than 4 lesions
CPT-I	11102	Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); single lesion
CPT-I	11103	Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); each separate/additional lesion (List separately in addition to code for primary procedure)
CPT-I	11104	Punch biopsy of skin (including simple closure, when performed); single lesion
CPT-I	11105	Punch biopsy of skin (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)
CPT-I	11106	Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); single lesion
CPT-I	11107	Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)
CPT-I	11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions
CPT-I	11201	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)
CPT-I	11300	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less
CPT-I	11301	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm

Type of Code	Code	Description
CPT-I	11302	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm
CPT-I	11303	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm
CPT-I	11305	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less
CPT-I	11306	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm
CPT-I	11307	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm
CPT-I	11308	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm
CPT-I	11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
CPT-I	11311	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm
CPT-I	11312	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm
CPT-I	11313	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm
CPT-I	11400	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less

Type of Code	Code	Description
CPT-I	11401	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm
CPT-I	11402	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm
CPT-I	11403	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm
CPT-I	11404	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm
CPT-I	11406	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm
CPT-I	11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less
CPT-I	11421	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm
CPT-I	11422	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm
CPT-I	11423	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm

Type of Code	Code	Description
CPT-I	11424	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm
CPT-I	11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm
CPT-I	11440	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less
CPT-I	11441	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm
CPT-I	11442	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm
CPT-I	11443	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm
CPT-I	11444	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm

Type of Code	Code	Description
CPT-I	11446	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm
CPT-I	11600	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less
CPT-I	11601	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm
CPT-I	11602	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm
CPT-I	11603	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm
CPT-I	11604	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm
CPT-I	11606	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm
CPT-I	11620	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less
CPT-I	11621	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm
CPT-I	11622	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm
CPT-I	11623	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm
CPT-I	11624	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm
CPT-I	11626	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm

Type of Code	Code	Description
CPT-I	11640	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less
CPT-I	11641	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm
CPT-I	11642	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm
CPT-I	11643	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm
CPT-I	11644	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm
CPT-I	11646	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm
CPT-I	11719	Trimming of nondystrophic nails, any number
CPT-I	11720	Debridement of nail(s) by any method(s); 1 to 5
CPT-I	11721	Debridement of nail(s) by any method(s); 6 or more
CPT-I	11730	Avulsion of nail plate, partial or complete, simple; single
CPT-I	11732	Avulsion of nail plate, partial or complete, simple; each additional nail plate (List separately in addition to code for primary procedure)
CPT-I	11740	Evacuation of subungual hematoma
CPT-I	11750	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal
CPT-I	11755	Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)
CPT-I	11760	Repair of nail bed
CPT-I	11762	Reconstruction of nail bed with graft
CPT-I	11765	Wedge excision of skin of nail fold (eg, for ingrown toenail)

Type of Code	Code	Description
CPT-I	11770	Excision of pilonidal cyst or sinus; simple
CPT-I	11771	Excision of pilonidal cyst or sinus; extensive
CPT-I	11772	Excision of pilonidal cyst or sinus; complicated
CPT-I	11900	Injection, intralesional; up to and including 7 lesions
CPT-I	11901	Injection, intralesional; more than 7 lesions
CPT-I	11971	Removal of tissue expander without insertion of implant
CPT-I	11976	Removal, implantable contraceptive capsules
CPT-I	11980	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)
CPT-I	11981	Insertion, drug-delivery implant (ie, bioresorbable, biodegradable, non-biodegradable)
CPT-I	11982	Removal, non-biodegradable drug delivery implant
CPT-I	11983	Removal with reinsertion, non-biodegradable drug delivery implant
CPT-I	12001	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less
CPT-I	12002	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm
CPT-I	12004	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm
CPT-I	12005	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm

Type of Code	Code	Description
CPT-I	12006	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm
CPT-I	12007	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm
CPT-I	12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
CPT-I	12013	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm
CPT-I	12014	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm
CPT-I	12015	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm
CPT-I	12016	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm
CPT-I	12017	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm
CPT-I	12018	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm
CPT-I	12020	Treatment of superficial wound dehiscence; simple closure
CPT-I	12021	Treatment of superficial wound dehiscence; with packing
CPT-I	12031	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less

Type of Code	Code	Description
CPT-I	12032	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm
CPT-I	12034	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm
CPT-I	12035	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm
CPT-I	12036	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm
CPT-I	12037	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm
CPT-I	12041	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less
CPT-I	12042	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm
CPT-I	12044	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm
CPT-I	12045	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm
CPT-I	12046	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm
CPT-I	12047	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; over 30.0 cm

Type of Code	Code	Description
CPT-I	12051	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
CPT-I	12052	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm
CPT-I	12053	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm
CPT-I	12054	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm
CPT-I	12055	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm
CPT-I	12056	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm
CPT-I	12057	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm
CPT-I	13100	Repair, complex, trunk; 1.1 cm to 2.5 cm
CPT-I	13101	Repair, complex, trunk; 2.6 cm to 7.5 cm
CPT-I	13102	Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure)
CPT-I	13120	Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm
CPT-I	13121	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm
CPT-I	13122	Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)
CPT-I	13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm

Type of Code	Code	Description
CPT-I	13132	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm
CPT-I	13133	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (List separately in addition to code for primary procedure)
CPT-I	13151	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm
CPT-I	13152	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm
CPT-I	13153	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)
CPT-I	13160	Secondary closure of surgical wound or dehiscence, extensive or complicated
CPT-I	14350	Filleted finger or toe flap, including preparation of recipient site
CPT-I	15002	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children

Type of Code	Code	Description
CPT-I	15003	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)
CPT-I	15004	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children
CPT-I	15005	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)
CPT-I	15040	Harvest of skin for tissue cultured skin autograft, 100 sq cm or less
CPT-I	15050	Pinch graft, single or multiple, to cover small ulcer, tip of digit, or other minimal open area (except on face), up to defect size 2 cm diameter

Type of Code	Code	Description
CPT-I	15100	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)
CPT-I	15101	Split-thickness autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
CPT-I	15110	Epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children
CPT-I	15111	Epidermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
CPT-I	15115	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children
CPT-I	15116	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
CPT-I	15120	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)

Type of Code	Code	Description
CPT-I	15121	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
CPT-I	15130	Dermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children
CPT-I	15131	Dermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
CPT-I	15135	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children
CPT-I	15136	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
CPT-I	15150	Tissue cultured skin autograft, trunk, arms, legs; first 25 sq cm or less
CPT-I	15151	Tissue cultured skin autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)

Type of Code	Code	Description
CPT-I	15152	Tissue cultured skin autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
CPT-I	15155	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less
CPT-I	15156	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)
CPT-I	15157	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
CPT-I	15200	Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less
CPT-I	15201	Full thickness graft, free, including direct closure of donor site, trunk; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
CPT-I	15220	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less
CPT-I	15221	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)

Type of Code	Code	Description
CPT-I	15240	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less
CPT-I	15241	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
CPT-I	15260	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less
CPT-I	15261	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
CPT-I	15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
CPT-I	15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)
CPT-I	15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children

Type of Code	Code	Description
CPT-I	15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
CPT-I	15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
CPT-I	15276	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)
CPT-I	15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
CPT-I	15278	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)

Type of Code	Code	Description
CPT-I	15570	Formation of direct or tubed pedicle, with or without transfer; trunk
CPT-I	15572	Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs
CPT-I	15574	Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet
CPT-I	15576	Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral
CPT-I	15600	Delay of flap or sectioning of flap (division and inset); at trunk
CPT-I	15610	Delay of flap or sectioning of flap (division and inset); at scalp, arms, or legs
CPT-I	15620	Delay of flap or sectioning of flap (division and inset); at forehead, cheeks, chin, neck, axillae, genitalia, hands, or feet
CPT-I	15630	Delay of flap or sectioning of flap (division and inset); at eyelids, nose, ears, or lips
CPT-I	15650	Transfer, intermediate, of any pedicle flap (eg, abdomen to wrist, Walking tube), any location
CPT-I	15730	Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)
CPT-I	15731	Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)
CPT-I	15733	Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)

Type of Code	Code	Description
CPT-I	15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk
CPT-I	15736	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity
CPT-I	15738	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity
CPT-I	15740	Flap; island pedicle requiring identification and dissection of an anatomically named axial vessel
CPT-I	15750	Flap; neurovascular pedicle
CPT-I	15756	Free muscle or myocutaneous flap with microvascular anastomosis
CPT-I	15757	Free skin flap with microvascular anastomosis
CPT-I	15758	Free fascial flap with microvascular anastomosis
CPT-I	15760	Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area
CPT-I	15770	Graft; derma-fat-fascia
CPT-I	15778	Implantation of absorbable mesh or other prosthesis for delayed closure of defect(s) (ie, external genitalia, perineum, abdominal wall) due to soft tissue infection or trauma
CPT-I	15850	Removal of sutures under anesthesia (other than local), same surgeon
CPT-I	15851	Removal of sutures under anesthesia (other than local), other surgeon
CPT-I	15852	Dressing change (for other than burns) under anesthesia (other than local)
CPT-I	15853	Removal of sutures or staples not requiring anesthesia (List separately in addition to E/M code)

Type of Code	Code	Description
CPT-I	15854	Removal of sutures and staples not requiring anesthesia (List separately in addition to E/M code)
CPT-I	15860	Intravenous injection of agent (eg, fluorescein) to test vascular flow in flap or graft
CPT-I	15920	Excision, coccygeal pressure ulcer, with coccygectomy; with primary suture
CPT-I	15922	Excision, coccygeal pressure ulcer, with coccygectomy; with flap closure
CPT-I	15931	Excision, sacral pressure ulcer, with primary suture
CPT-I	15933	Excision, sacral pressure ulcer, with primary suture; with ostectomy
CPT-I	15934	Excision, sacral pressure ulcer, with skin flap closure
CPT-I	15935	Excision, sacral pressure ulcer, with skin flap closure; with ostectomy
CPT-I	15936	Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure
CPT-I	15937	Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy
CPT-I	15940	Excision, ischial pressure ulcer, with primary suture
CPT-I	15941	Excision, ischial pressure ulcer, with primary suture; with ostectomy (ischiectomy)
CPT-I	15944	Excision, ischial pressure ulcer, with skin flap closure
CPT-I	15945	Excision, ischial pressure ulcer, with skin flap closure; with ostectomy
CPT-I	15946	Excision, ischial pressure ulcer, with ostectomy, in preparation for muscle or myocutaneous flap or skin graft closure

Type of Code	Code	Description
CPT-I	15950	Excision, trochanteric pressure ulcer, with primary suture
CPT-I	15951	Excision, trochanteric pressure ulcer, with primary suture; with ostectomy
CPT-I	15952	Excision, trochanteric pressure ulcer, with skin flap closure
CPT-I	15953	Excision, trochanteric pressure ulcer, with skin flap closure; with ostectomy
CPT-I	15956	Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure
CPT-I	15958	Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy
CPT-I	16000	Initial treatment, first degree burn, when no more than local treatment is required
CPT-I	16020	Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)
CPT-I	16025	Dressings and/or debridement of partial-thickness burns, initial or subsequent; medium (eg, whole face or whole extremity, or 5% to 10% total body surface area)
CPT-I	16030	Dressings and/or debridement of partial-thickness burns, initial or subsequent; large (eg, more than 1 extremity, or greater than 10% total body surface area)
CPT-I	16035	Escharotomy; initial incision
CPT-I	16036	Escharotomy; each additional incision (List separately in addition to code for primary procedure)
CPT-I	17000	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion

Type of Code	Code	Description
CPT-I	17003	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)
CPT-I	17004	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions
CPT-I	17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions
CPT-I	17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions
CPT-I	17250	Chemical cauterization of granulation tissue (ie, proud flesh)
CPT-I	17260	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.5 cm or less
CPT-I	17261	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm

Type of Code	Code	Description
CPT-I	17262	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm
CPT-I	17263	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 2.1 to 3.0 cm
CPT-I	17264	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 3.1 to 4.0 cm
CPT-I	17266	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter over 4.0 cm
CPT-I	17270	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less
CPT-I	17271	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm
CPT-I	17272	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm

Type of Code	Code	Description
CPT-I	17273	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 2.1 to 3.0 cm
CPT-I	17274	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 3.1 to 4.0 cm
CPT-I	17276	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter over 4.0 cm
CPT-I	17280	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
CPT-I	17281	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm
CPT-I	17282	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm
CPT-I	17283	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 2.1 to 3.0 cm

Type of Code	Code	Description
CPT-I	17284	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 3.1 to 4.0 cm
CPT-I	17286	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 4.0 cm
CPT-I	17311	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks
CPT-I	17312	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)

Type of Code	Code	Description
CPT-I	17313	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; first stage, up to 5 tissue blocks
CPT-I	17314	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)
CPT-I	17315	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), each additional block after the first 5 tissue blocks, any stage (List separately in addition to code for primary procedure)
CPT-I	19000	Puncture aspiration of cyst of breast

Type of Code	Code	Description
CPT-I	19001	Puncture aspiration of cyst of breast; each additional cyst (List separately in addition to code for primary procedure)
CPT-I	19020	Mastotomy with exploration or drainage of abscess, deep
CPT-I	19030	Injection procedure only for mammary ductogram or galactogram
CPT-I	19081	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance
CPT-I	19082	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)
CPT-I	19083	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance
CPT-I	19084	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)

Type of Code	Code	Description
CPT-I	19085	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance
CPT-I	19086	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)
CPT-I	19100	Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure)
CPT-I	19101	Biopsy of breast; open, incisional
CPT-I	19110	Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct
CPT-I	19112	Excision of lactiferous duct fistula
CPT-I	19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19300), open, male or female, 1 or more lesions
CPT-I	19125	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion
CPT-I	19126	Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker (List separately in addition to code for primary procedure)

Type of Code	Code	Description
CPT-I	19281	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance
CPT-I	19282	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including mammographic guidance (List separately in addition to code for primary procedure)
CPT-I	19283	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance
CPT-I	19284	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)
CPT-I	19285	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance
CPT-I	19286	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)

Type of Code	Code	Description
CPT-I	19287	Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance
CPT-I	19288	Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)
CPT-I	19294	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy (List separately in addition to code for primary procedure)
CPT-I	19296	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy
CPT-I	19297	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (List separately in addition to code for primary procedure)

Type of Code	Code	Description
CPT-I	19298	Placement of radiotherapy after loading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance
CPT-I	19301	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy)
CPT-I	19302	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy
CPT-I	19303	Mastectomy, simple, complete
CPT-I	19305	Mastectomy, radical, including pectoral muscles, axillary lymph nodes
CPT-I	19306	Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation)
CPT-I	19307	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle
CPT-I	19328	Removal of intact breast implant
CPT-I	19330	Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)
CPT-I	19340	Insertion of breast implant on same day of mastectomy (ie, immediate)
CPT-I	19342	Insertion or replacement of breast implant on separate day from mastectomy
CPT-I	19350	Nipple/areola reconstruction
CPT-I	19355	Correction of inverted nipples

Type of Code	Code	Description
CPT-I	19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)
CPT-I	19361	Breast reconstruction; with latissimus dorsi flap
CPT-I	19364	Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)
CPT-I	19367	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap
CPT-I	19368	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging)
CPT-I	19369	Breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous (TRAM) flap
CPT-I	20100	Exploration of penetrating wound (separate procedure); neck
CPT-I	20101	Exploration of penetrating wound (separate procedure); chest
CPT-I	20102	Exploration of penetrating wound (separate procedure); abdomen/flank/back
CPT-I	20103	Exploration of penetrating wound (separate procedure); extremity
CPT-I	20150	Excision of epiphyseal bar, with or without autogenous soft tissue graft obtained through same fascial incision
CPT-I	20200	Biopsy, muscle; superficial
CPT-I	20205	Biopsy, muscle; deep
CPT-I	20206	Biopsy, muscle, percutaneous needle
CPT-I	20220	Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)

Type of Code	Code	Description
CPT-I	20225	Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)
CPT-I	20240	Biopsy, bone, open; superficial (eg, sternum, spinous process, rib, patella, olecranon process, calcaneus, tarsal, metatarsal, carpal, metacarpal, phalanx)
CPT-I	20245	Biopsy, bone, open; deep (eg, humeral shaft, ischium, femoral shaft)
CPT-I	20250	Biopsy, vertebral body, open; thoracic
CPT-I	20251	Biopsy, vertebral body, open; lumbar or cervical
CPT-I	20500	Injection of sinus tract; therapeutic (separate procedure)
CPT-I	20501	Injection of sinus tract; diagnostic (sinogram)
CPT-I	20520	Removal of foreign body in muscle or tendon sheath; simple
CPT-I	20525	Removal of foreign body in muscle or tendon sheath; deep or complicated
CPT-I	20526	Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel
CPT-I	20527	Injection, enzyme (eg, collagenase), palmar fascial cord (ie, Dupuytren's contracture)
CPT-I	20550	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")
CPT-I	20551	Injection(s); single tendon origin/insertion
CPT-I	20552	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)
CPT-I	20553	Injection(s); single or multiple trigger point(s), 3 or more muscles

Type of Code	Code	Description
CPT-I	20555	Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (at the time of or subsequent to the procedure)
CPT-I	20600	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance
CPT-I	20604	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance, with permanent recording and reporting
CPT-I	20605	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance
CPT-I	20606	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting
CPT-I	20610	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance
CPT-I	20611	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting
CPT-I	20612	Aspiration and/or injection of ganglion cyst(s) any location
CPT-I	20615	Aspiration and injection for treatment of bone cyst

Type of Code	Code	Description
CPT-I	20650	Insertion of wire or pin with application of skeletal traction, including removal (separate procedure)
CPT-I	20660	Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)
CPT-I	20661	Application of halo, including removal; cranial
CPT-I	20662	Application of halo, including removal; pelvic
CPT-I	20663	Application of halo, including removal; femoral
CPT-I	20664	Application of halo, including removal, cranial, 6 or more pins placed, for thin skull osteology (eg, pediatric patients, hydrocephalus, osteogenesis imperfecta)
CPT-I	20665	Removal of tongs or halo applied by another individual
CPT-I	20670	Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)
CPT-I	20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)
CPT-I	20690	Application of a uniplane (pins or wires in 1 plane), unilateral, external fixation system
CPT-I	20692	Application of a multiplane (pins or wires in more than 1 plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type)
CPT-I	20693	Adjustment or revision of external fixation system requiring anesthesia (eg, new pin[s] or wire[s] and/or new ring[s] or bar[s])
CPT-I	20694	Removal, under anesthesia, of external fixation system

Type of Code	Code	Description
CPT-I	20696	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; initial and subsequent alignment(s), assessment(s), and computation(s) of adjustment schedule(s)
CPT-I	20697	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; exchange (ie, removal and replacement) of strut, each
CPT-I	20802	Replantation, arm (includes surgical neck of humerus through elbow joint), complete amputation
CPT-I	20805	Replantation, forearm (includes radius and ulna to radial carpal joint), complete amputation
CPT-I	20808	Replantation, hand (includes hand through metacarpophalangeal joints), complete amputation
CPT-I	20816	Replantation, digit, excluding thumb (includes metacarpophalangeal joint to insertion of flexor sublimis tendon), complete amputation
CPT-I	20822	Replantation, digit, excluding thumb (includes distal tip to sublimis tendon insertion), complete amputation
CPT-I	20824	Replantation, thumb (includes carpometacarpal joint to MP joint), complete amputation
CPT-I	20827	Replantation, thumb (includes distal tip to MP joint), complete amputation
CPT-I	20838	Replantation, foot, complete amputation

Type of Code	Code	Description
CPT-I	20900	Bone graft, any donor area; minor or small (eg, dowel or button)
CPT-I	20902	Bone graft, any donor area; major or large
CPT-I	20910	Cartilage graft; costochondral
CPT-I	20912	Cartilage graft; nasal septum
CPT-I	20920	Fascia lata graft; by stripper
CPT-I	20922	Fascia lata graft; by incision and area exposure, complex or sheet
CPT-I	20924	Tendon graft, from a distance (eg, palmaris, toe extensor, plantaris)
CPT-I	20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)
CPT-I	20931	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)
CPT-I	20936	Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision (List separately in addition to code for primary procedure)
CPT-I	20937	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure)
CPT-I	20938	Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision) (List separately in addition to code for primary procedure)

Type of Code	Code	Description
CPT-I	20939	Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (List separately in addition to code for primary procedure)
CPT-I	20950	Monitoring of interstitial fluid pressure (includes insertion of device, eg, wick catheter technique, needle manometer technique) in detection of muscle compartment syndrome
CPT-I	20955	Bone graft with microvascular anastomosis; fibula
CPT-I	20956	Bone graft with microvascular anastomosis; iliac crest
CPT-I	20957	Bone graft with microvascular anastomosis; metatarsal
CPT-I	20962	Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal
CPT-I	20969	Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe
CPT-I	20970	Free osteocutaneous flap with microvascular anastomosis; iliac crest
CPT-I	20972	Free osteocutaneous flap with microvascular anastomosis; metatarsal
CPT-I	20973	Free osteocutaneous flap with microvascular anastomosis; great toe with web space
CPT-I	20974	Electrical stimulation to aid bone healing; noninvasive (nonoperative)
CPT-I	20975	Electrical stimulation to aid bone healing; invasive (operative)
CPT-I	20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)

Type of Code	Code	Description
CPT-I	20982	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; radiofrequency
CPT-I	20983	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation
CPT-I	20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)
CPT-I	21013	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); less than 2 cm
CPT-I	21014	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); 2 cm or greater
CPT-I	21015	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm
CPT-I	21016	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; 2 cm or greater
CPT-I	21025	Excision of bone (eg, for osteomyelitis or bone abscess); mandible
CPT-I	21026	Excision of bone (eg, for osteomyelitis or bone abscess); facial bone(s)
CPT-I	21029	Removal by contouring of benign tumor of facial bone (eg, fibrous dysplasia)

Type of Code	Code	Description
CPT-I	21030	Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage
CPT-I	21031	Excision of torus mandibularis
CPT-I	21032	Excision of maxillary torus palatinus
CPT-I	21034	Excision of malignant tumor of maxilla or zygoma
CPT-I	21040	Excision of benign tumor or cyst of mandible, by enucleation and/or curettage
CPT-I	21044	Excision of malignant tumor of mandible
CPT-I	21045	Excision of malignant tumor of mandible; radical resection
CPT-I	21046	Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion[s])
CPT-I	21047	Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy and partial mandibulectomy (eg, locally aggressive or destructive lesion[s])
CPT-I	21048	Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion[s])
CPT-I	21049	Excision of benign tumor or cyst of maxilla; requiring extra-oral osteotomy and partial maxillectomy (eg, locally aggressive or destructive lesion[s])
CPT-I	21100	Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure)
CPT-I	21116	Injection procedure for temporomandibular joint arthrography
CPT-I	21315	Closed treatment of nasal bone fracture with manipulation; without stabilization

Type of Code	Code	Description
CPT-I	21320	Closed treatment of nasal bone fracture with manipulation; with stabilization
CPT-I	21325	Open treatment of nasal fracture; uncomplicated
CPT-I	21330	Open treatment of nasal fracture; complicated, with internal and/or external skeletal fixation
CPT-I	21335	Open treatment of nasal fracture; with concomitant open treatment of fractured septum
CPT-I	21336	Open treatment of nasal septal fracture, with or without stabilization
CPT-I	21337	Closed treatment of nasal septal fracture, with or without stabilization
CPT-I	21338	Open treatment of nasoethmoid fracture; without external fixation
CPT-I	21339	Open treatment of nasoethmoid fracture; with external fixation
CPT-I	21340	Percutaneous treatment of nasoethmoid complex fracture, with splint, wire or headcap fixation, including repair of canthal ligaments and/or the nasolacrimal apparatus
CPT-I	21343	Open treatment of depressed frontal sinus fracture
CPT-I	21344	Open treatment of complicated (eg, comminuted or involving posterior wall) frontal sinus fracture, via coronal or multiple approaches
CPT-I	21345	Closed treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint
CPT-I	21346	Open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation

Type of Code	Code	Description
CPT-I	21347	Open treatment of nasomaxillary complex fracture (LeFort II type); requiring multiple open approaches
CPT-I	21348	Open treatment of nasomaxillary complex fracture (LeFort II type); with bone grafting (includes obtaining graft)
CPT-I	21355	Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, with manipulation
CPT-I	21356	Open treatment of depressed zygomatic arch fracture (eg, Gillies approach)
CPT-I	21360	Open treatment of depressed malar fracture, including zygomatic arch and malar tripod
CPT-I	21365	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with internal fixation and multiple surgical approaches
CPT-I	21366	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with bone grafting (includes obtaining graft)
CPT-I	21385	Open treatment of orbital floor blowout fracture; transantral approach (Caldwell-Luc type operation)
CPT-I	21386	Open treatment of orbital floor blowout fracture; periorbital approach
CPT-I	21387	Open treatment of orbital floor blowout fracture; combined approach
CPT-I	21390	Open treatment of orbital floor blowout fracture; periorbital approach, with alloplastic or other implant

Type of Code	Code	Description
CPT-I	21395	Open treatment of orbital floor blowout fracture; periorbital approach with bone graft (includes obtaining graft)
CPT-I	21400	Closed treatment of fracture of orbit, except blowout; without manipulation
CPT-I	21401	Closed treatment of fracture of orbit, except blowout; with manipulation
CPT-I	21406	Open treatment of fracture of orbit, except blowout; without implant
CPT-I	21407	Open treatment of fracture of orbit, except blowout; with implant
CPT-I	21408	Open treatment of fracture of orbit, except blowout; with bone grafting (includes obtaining graft)
CPT-I	21421	Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint
CPT-I	21422	Open treatment of palatal or maxillary fracture (LeFort I type)
CPT-I	21423	Open treatment of palatal or maxillary fracture (LeFort I type); complicated (comminuted or involving cranial nerve foramina), multiple approaches
CPT-I	21431	Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint
CPT-I	21432	Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation
CPT-I	21433	Open treatment of craniofacial separation (LeFort III type); complicated (eg, comminuted or involving cranial nerve foramina), multiple surgical approaches

Type of Code	Code	Description
CPT-I	21435	Open treatment of craniofacial separation (LeFort III type); complicated, utilizing internal and/or external fixation techniques (eg, head cap, halo device, and/or intermaxillary fixation)
CPT-I	21436	Open treatment of craniofacial separation (LeFort III type); complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft)
CPT-I	21440	Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
CPT-I	21445	Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
CPT-I	21450	Closed treatment of mandibular fracture; without manipulation
CPT-I	21451	Closed treatment of mandibular fracture; with manipulation
CPT-I	21452	Percutaneous treatment of mandibular fracture, with external fixation
CPT-I	21453	Closed treatment of mandibular fracture with interdental fixation
CPT-I	21454	Open treatment of mandibular fracture with external fixation
CPT-I	21461	Open treatment of mandibular fracture; without interdental fixation
CPT-I	21462	Open treatment of mandibular fracture; with interdental fixation
CPT-I	21465	Open treatment of mandibular condylar fracture

Type of Code	Code	Description
CPT-I	21470	Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints
CPT-I	21480	Closed treatment of temporomandibular dislocation; initial or subsequent
CPT-I	21485	Closed treatment of temporomandibular dislocation; complicated (eg, recurrent requiring intermaxillary fixation or splinting), initial or subsequent
CPT-I	21490	Open treatment of temporomandibular dislocation
CPT-I	21497	Interdental wiring, for condition other than fracture
CPT-I	21501	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax
CPT-I	21502	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax; with partial rib ostectomy
CPT-I	21510	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), thorax
CPT-I	21550	Biopsy, soft tissue of neck or thorax
CPT-I	21554	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater
CPT-I	21556	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm
CPT-I	21557	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm
CPT-I	21558	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; 5 cm or greater
CPT-I	21600	Excision of rib, partial
CPT-I	21601	Excision of chest wall tumor including rib(s)

Type of Code	Code	Description
CPT-I	21602	Excision of chest wall tumor involving rib(s), with plastic reconstruction; without mediastinal lymphadenectomy
CPT-I	21603	Excision of chest wall tumor involving rib(s), with plastic reconstruction; with mediastinal lymphadenectomy
CPT-I	21610	Costotransversectomy (separate procedure)
CPT-I	21615	Excision first and/or cervical rib
CPT-I	21616	Excision first and/or cervical rib; with sympathectomy
CPT-I	21620	Ostectomy of sternum, partial
CPT-I	21627	Sternal debridement
CPT-I	21630	Radical resection of sternum
CPT-I	21632	Radical resection of sternum; with mediastinal lymphadenectomy
CPT-I	21685	Hyoid myotomy and suspension
CPT-I	21700	Division of scalenus anticus; without resection of cervical rib
CPT-I	21705	Division of scalenus anticus; with resection of cervical rib
CPT-I	21720	Division of sternocleidomastoid for torticollis, open operation; without cast application
CPT-I	21725	Division of sternocleidomastoid for torticollis, open operation; with cast application
CPT-I	21750	Closure of median sternotomy separation with or without debridement (separate procedure)
CPT-I	21811	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs
CPT-I	21812	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs

Type of Code	Code	Description
CPT-I	21813	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs
CPT-I	21820	Closed treatment of sternum fracture
CPT-I	21825	Open treatment of sternum fracture with or without skeletal fixation
CPT-I	21920	Biopsy, soft tissue of back or flank; superficial
CPT-I	21925	Biopsy, soft tissue of back or flank; deep
CPT-I	21930	Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm
CPT-I	21932	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); less than 5 cm
CPT-I	21933	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); 5 cm or greater
CPT-I	21935	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm
CPT-I	21936	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; 5 cm or greater
CPT-I	22010	Incision and drainage, open, of deep abscess (subfascial), posterior spine; cervical, thoracic, or cervicothoracic
CPT-I	22015	Incision and drainage, open, of deep abscess (subfascial), posterior spine; lumbar, sacral, or lumbosacral
CPT-I	22100	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical

Type of Code	Code	Description
CPT-I	22101	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic
CPT-I	22102	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar
CPT-I	22103	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; each additional segment (List separately in addition to code for primary procedure)
CPT-I	22110	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical
CPT-I	22112	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; thoracic
CPT-I	22114	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; lumbar
CPT-I	22116	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)
CPT-I	22310	Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing

Type of Code	Code	Description
CPT-I	22315	Closed treatment of vertebral fracture(s) and/or dislocation(s) requiring casting or bracing, with and including casting and/or bracing by manipulation or traction
CPT-I	22318	Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; without grafting
CPT-I	22319	Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; with grafting
CPT-I	22325	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; lumbar
CPT-I	22326	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; cervical
CPT-I	22327	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; thoracic
CPT-I	22328	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; each additional fractured vertebra or dislocated segment (List separately in addition to code for primary procedure)
CPT-I	22505	Manipulation of spine requiring anesthesia, any region

Type of Code	Code	Description
CPT-I	22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar
CPT-I	22818	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments
CPT-I	22819	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments
CPT-I	22830	Exploration of spinal fusion
CPT-I	22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)
CPT-I	22841	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)
CPT-I	22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)
CPT-I	22843	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)

Type of Code	Code	Description
CPT-I	22844	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)
CPT-I	22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)
CPT-I	22846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)
CPT-I	22847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)
CPT-I	22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)
CPT-I	22849	Reinsertion of spinal fixation device
CPT-I	22850	Removal of posterior nonsegmental instrumentation (eg, Harrington rod)
CPT-I	22852	Removal of posterior segmental instrumentation
CPT-I	22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)

Type of Code	Code	Description
CPT-I	22854	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)
CPT-I	22855	Removal of anterior instrumentation
CPT-I	22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical
CPT-I	22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar
CPT-I	22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)

Type of Code	Code	Description
CPT-I	22859	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)
CPT-I	22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical
CPT-I	22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar
CPT-I	22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical
CPT-I	22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar
CPT-I	22904	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; less than 5 cm
CPT-I	22905	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater
CPT-I	23000	Removal of subdeltoid calcareous deposits, open
CPT-I	23020	Capsular contracture release (eg, Sever type procedure)
CPT-I	23030	Incision and drainage, shoulder area; deep abscess or hematoma
CPT-I	23031	Incision and drainage, shoulder area; infected bursa
CPT-I	23035	Incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area

Type of Code	Code	Description
CPT-I	23040	Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body
CPT-I	23044	Arthrotomy, acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal of foreign body
CPT-I	23065	Biopsy, soft tissue of shoulder area; superficial
CPT-I	23066	Biopsy, soft tissue of shoulder area; deep
CPT-I	23077	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; less than 5 cm
CPT-I	23078	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; 5 cm or greater
CPT-I	23100	Arthrotomy, glenohumeral joint, including biopsy
CPT-I	23101	Arthrotomy, acromioclavicular joint or sternoclavicular joint, including biopsy and/or excision of torn cartilage
CPT-I	23105	Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy
CPT-I	23106	Arthrotomy; sternoclavicular joint, with synovectomy, with or without biopsy
CPT-I	23107	Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body
CPT-I	23120	Claviculectomy; partial
CPT-I	23125	Claviculectomy; total
CPT-I	23130	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release
CPT-I	23140	Excision or curettage of bone cyst or benign tumor of clavicle or scapula

Type of Code	Code	Description
CPT-I	23145	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with autograft (includes obtaining graft)
CPT-I	23146	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with allograft
CPT-I	23150	Excision or curettage of bone cyst or benign tumor of proximal humerus
CPT-I	23155	Excision or curettage of bone cyst or benign tumor of proximal humerus; with autograft (includes obtaining graft)
CPT-I	23156	Excision or curettage of bone cyst or benign tumor of proximal humerus; with allograft
CPT-I	23170	Sequestrectomy (eg, for osteomyelitis or bone abscess), clavicle
CPT-I	23172	Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula
CPT-I	23174	Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck
CPT-I	23180	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), clavicle
CPT-I	23182	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), scapula
CPT-I	23184	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), proximal humerus
CPT-I	23190	Ostectomy of scapula, partial (eg, superior medial angle)
CPT-I	23195	Resection, humeral head
CPT-I	23200	Radical resection of tumor; clavicle

Type of Code	Code	Description
CPT-I	23210	Radical resection of tumor; scapula
CPT-I	23220	Radical resection of tumor, proximal humerus
CPT-I	23330	Removal of foreign body, shoulder; subcutaneous
CPT-I	23333	Removal of foreign body, shoulder; deep (subfascial or intramuscular)
CPT-I	23334	Removal of prosthesis, includes debridement and synovectomy when performed; humeral or glenoid component
CPT-I	23335	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and glenoid components (eg, total shoulder)
CPT-I	23350	Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography
CPT-I	23395	Muscle transfer, any type, shoulder or upper arm; single
CPT-I	23397	Muscle transfer, any type, shoulder or upper arm; multiple
CPT-I	23400	Scapulopexy (eg, Sprengels deformity or for paralysis)
CPT-I	23405	Tenotomy, shoulder area; single tendon
CPT-I	23406	Tenotomy, shoulder area; multiple tendons through same incision
CPT-I	23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute
CPT-I	23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic
CPT-I	23415	Coracoacromial ligament release, with or without acromioplasty
CPT-I	23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)
CPT-I	23430	Tenodesis of long tendon of biceps

Type of Code	Code	Description
CPT-I	23440	Resection or transplantation of long tendon of biceps
CPT-I	23450	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation
CPT-I	23455	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)
CPT-I	23460	Capsulorrhaphy, anterior, any type; with bone block
CPT-I	23462	Capsulorrhaphy, anterior, any type; with coracoid process transfer
CPT-I	23465	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block
CPT-I	23466	Capsulorrhaphy, glenohumeral joint, any type multidirectional instability
CPT-I	23480	Osteotomy, clavicle, with or without internal fixation
CPT-I	23485	Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)
CPT-I	23490	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; clavicle
CPT-I	23491	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; proximal humerus
CPT-I	23500	Closed treatment of clavicular fracture; without manipulation
CPT-I	23505	Closed treatment of clavicular fracture; with manipulation
CPT-I	23515	Open treatment of clavicular fracture, includes internal fixation, when performed
CPT-I	23520	Closed treatment of sternoclavicular dislocation; without manipulation

Type of Code	Code	Description
CPT-I	23525	Closed treatment of sternoclavicular dislocation; with manipulation
CPT-I	23530	Open treatment of sternoclavicular dislocation, acute or chronic
CPT-I	23532	Open treatment of sternoclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)
CPT-I	23540	Closed treatment of acromioclavicular dislocation; without manipulation
CPT-I	23545	Closed treatment of acromioclavicular dislocation; with manipulation
CPT-I	23550	Open treatment of acromioclavicular dislocation, acute or chronic
CPT-I	23552	Open treatment of acromioclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)
CPT-I	23570	Closed treatment of scapular fracture; without manipulation
CPT-I	23575	Closed treatment of scapular fracture; with manipulation, with or without skeletal traction (with or without shoulder joint involvement)
CPT-I	23585	Open treatment of scapular fracture (body, glenoid or acromion) includes internal fixation, when performed
CPT-I	23600	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation
CPT-I	23605	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; with manipulation, with or without skeletal traction

Type of Code	Code	Description
CPT-I	23615	Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed
CPT-I	23616	Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed; with proximal humeral prosthetic replacement
CPT-I	23620	Closed treatment of greater humeral tuberosity fracture; without manipulation
CPT-I	23625	Closed treatment of greater humeral tuberosity fracture; with manipulation
CPT-I	23630	Open treatment of greater humeral tuberosity fracture, includes internal fixation, when performed
CPT-I	23650	Closed treatment of shoulder dislocation, with manipulation; without anesthesia
CPT-I	23655	Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia
CPT-I	23660	Open treatment of acute shoulder dislocation
CPT-I	23665	Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation
CPT-I	23670	Open treatment of shoulder dislocation, with fracture of greater humeral tuberosity, includes internal fixation, when performed
CPT-I	23675	Closed treatment of shoulder dislocation, with surgical or anatomical neck fracture, with manipulation

Type of Code	Code	Description
CPT-I	23680	Open treatment of shoulder dislocation, with surgical or anatomical neck fracture, includes internal fixation, when performed
CPT-I	23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)
CPT-I	23900	Interthoracoscapular amputation (forequarter)
CPT-I	23920	Disarticulation of shoulder
CPT-I	23921	Disarticulation of shoulder; secondary closure or scar revision
CPT-I	23930	Incision and drainage, upper arm or elbow area; deep abscess or hematoma
CPT-I	23931	Incision and drainage, upper arm or elbow area; bursa
CPT-I	23935	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), humerus or elbow
CPT-I	24000	Arthrotomy, elbow, including exploration, drainage, or removal of foreign body
CPT-I	24006	Arthrotomy of the elbow, with capsular excision for capsular release (separate procedure)
CPT-I	24065	Biopsy, soft tissue of upper arm or elbow area; superficial
CPT-I	24066	Biopsy, soft tissue of upper arm or elbow area; deep (subfascial or intramuscular)
CPT-I	24077	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; less than 5 cm
CPT-I	24079	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; 5 cm or greater
CPT-I	24100	Arthrotomy, elbow; with synovial biopsy only
CPT-I	24101	Arthrotomy, elbow; with joint exploration, with or without biopsy, with or without removal of loose or foreign body

Type of Code	Code	Description
CPT-I	24105	Excision, olecranon bursa
CPT-I	24110	Excision or curettage of bone cyst or benign tumor, humerus
CPT-I	24115	Excision or curettage of bone cyst or benign tumor, humerus; with autograft (includes obtaining graft)
CPT-I	24116	Excision or curettage of bone cyst or benign tumor, humerus; with allograft
CPT-I	24120	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process
CPT-I	24125	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with autograft (includes obtaining graft)
CPT-I	24126	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with allograft
CPT-I	24130	Excision, radial head
CPT-I	24134	Sequestrectomy (eg, for osteomyelitis or bone abscess), shaft or distal humerus
CPT-I	24136	Sequestrectomy (eg, for osteomyelitis or bone abscess), radial head or neck
CPT-I	24138	Sequestrectomy (eg, for osteomyelitis or bone abscess), olecranon process
CPT-I	24140	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), humerus
CPT-I	24145	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), radial head or neck

Type of Code	Code	Description
CPT-I	24147	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), olecranon process
CPT-I	24149	Radical resection of capsule, soft tissue, and heterotopic bone, elbow, with contracture release (separate procedure)
CPT-I	24150	Radical resection of tumor, shaft or distal humerus
CPT-I	24152	Radical resection of tumor, radial head or neck
CPT-I	24155	Resection of elbow joint (arthrectomy)
CPT-I	24200	Removal of foreign body, upper arm or elbow area; subcutaneous
CPT-I	24201	Removal of foreign body, upper arm or elbow area; deep (subfascial or intramuscular)
CPT-I	24220	Injection procedure for elbow arthrography
CPT-I	24300	Manipulation, elbow, under anesthesia
CPT-I	24301	Muscle or tendon transfer, any type, upper arm or elbow, single (excluding 24320-24331)
CPT-I	24305	Tendon lengthening, upper arm or elbow, each tendon
CPT-I	24310	Tenotomy, open, elbow to shoulder, each tendon
CPT-I	24332	Tenolysis, triceps
CPT-I	24340	Tenodesis of biceps tendon at elbow (separate procedure)
CPT-I	24341	Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)
CPT-I	24342	Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft
CPT-I	24343	Repair lateral collateral ligament, elbow, with local tissue

Type of Code	Code	Description
CPT-I	24344	Reconstruction lateral collateral ligament, elbow, with tendon graft (includes harvesting of graft)
CPT-I	24345	Repair medial collateral ligament, elbow, with local tissue
CPT-I	24346	Reconstruction medial collateral ligament, elbow, with tendon graft (includes harvesting of graft)
CPT-I	24357	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); percutaneous
CPT-I	24358	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open
CPT-I	24359	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open with tendon repair or reattachment
CPT-I	24400	Osteotomy, humerus, with or without internal fixation
CPT-I	24410	Multiple osteotomies with realignment on intramedullary rod, humeral shaft (Sofield type procedure)
CPT-I	24430	Repair of nonunion or malunion, humerus; without graft (eg, compression technique)
CPT-I	24435	Repair of nonunion or malunion, humerus; with iliac or other autograft (includes obtaining graft)
CPT-I	24470	Hemiepiphyseal arrest (eg, cubitus varus or valgus, distal humerus)
CPT-I	24495	Decompression fasciotomy, forearm, with brachial artery exploration
CPT-I	24500	Closed treatment of humeral shaft fracture; without manipulation
CPT-I	24505	Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction

Type of Code	Code	Description
CPT-I	24515	Open treatment of humeral shaft fracture with plate/screws, with or without cerclage
CPT-I	24516	Treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws
CPT-I	24530	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; without manipulation
CPT-I	24535	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; with manipulation, with or without skin or skeletal traction
CPT-I	24538	Percutaneous skeletal fixation of supracondylar or transcondylar humeral fracture, with or without intercondylar extension
CPT-I	24545	Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; without intercondylar extension
CPT-I	24546	Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; with intercondylar extension
CPT-I	24560	Closed treatment of humeral epicondylar fracture, medial or lateral; without manipulation
CPT-I	24565	Closed treatment of humeral epicondylar fracture, medial or lateral; with manipulation
CPT-I	24566	Percutaneous skeletal fixation of humeral epicondylar fracture, medial or lateral, with manipulation
CPT-I	24575	Open treatment of humeral epicondylar fracture, medial or lateral, includes internal fixation, when performed

Type of Code	Code	Description
CPT-I	24576	Closed treatment of humeral condylar fracture, medial or lateral; without manipulation
CPT-I	24577	Closed treatment of humeral condylar fracture, medial or lateral; with manipulation
CPT-I	24579	Open treatment of humeral condylar fracture, medial or lateral, includes internal fixation, when performed
CPT-I	24582	Percutaneous skeletal fixation of humeral condylar fracture, medial or lateral, with manipulation
CPT-I	24586	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius)
CPT-I	24587	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius); with implant arthroplasty
CPT-I	24600	Treatment of closed elbow dislocation; without anesthesia
CPT-I	24605	Treatment of closed elbow dislocation; requiring anesthesia
CPT-I	24615	Open treatment of acute or chronic elbow dislocation
CPT-I	24620	Closed treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with manipulation
CPT-I	24635	Open treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), includes internal fixation, when performed

Type of Code	Code	Description
CPT-I	24640	Closed treatment of radial head subluxation in child, nursemaid elbow, with manipulation
CPT-I	24650	Closed treatment of radial head or neck fracture; without manipulation
CPT-I	24655	Closed treatment of radial head or neck fracture; with manipulation
CPT-I	24665	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed
CPT-I	24666	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed; with radial head prosthetic replacement
CPT-I	24670	Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); without manipulation
CPT-I	24675	Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); with manipulation
CPT-I	24685	Open treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]), includes internal fixation, when performed
CPT-I	24800	Arthrodesis, elbow joint; local
CPT-I	24802	Arthrodesis, elbow joint; with autogenous graft (includes obtaining graft)
CPT-I	24900	Amputation, arm through humerus; with primary closure
CPT-I	24920	Amputation, arm through humerus; open, circular (guillotine)
CPT-I	24925	Amputation, arm through humerus; secondary closure or scar revision
CPT-I	24930	Amputation, arm through humerus; re-amputation

Type of Code	Code	Description
CPT-I	24931	Amputation, arm through humerus; with implant
CPT-I	24935	Stump elongation, upper extremity
CPT-I	25000	Incision, extensor tendon sheath, wrist (eg, de Quervains disease)
CPT-I	25001	Incision, flexor tendon sheath, wrist (eg, flexor carpi radialis)
CPT-I	25020	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; without debridement of nonviable muscle and/or nerve
CPT-I	25023	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; with debridement of nonviable muscle and/or nerve
CPT-I	25024	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; without debridement of nonviable muscle and/or nerve
CPT-I	25025	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; with debridement of nonviable muscle and/or nerve
CPT-I	25028	Incision and drainage, forearm and/or wrist; deep abscess or hematoma
CPT-I	25031	Incision and drainage, forearm and/or wrist; bursa
CPT-I	25035	Incision, deep, bone cortex, forearm and/or wrist (eg, osteomyelitis or bone abscess)
CPT-I	25040	Arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or removal of foreign body
CPT-I	25065	Biopsy, soft tissue of forearm and/or wrist; superficial
CPT-I	25066	Biopsy, soft tissue of forearm and/or wrist; deep (subfascial or intramuscular)

Type of Code	Code	Description
CPT-I	25071	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater
CPT-I	25073	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater
CPT-I	25075	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm
CPT-I	25076	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm
CPT-I	25077	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; less than 3 cm
CPT-I	25078	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; 3 cm or greater
CPT-I	25085	Capsulotomy, wrist (eg, contracture)
CPT-I	25100	Arthrotomy, wrist joint; with biopsy
CPT-I	25101	Arthrotomy, wrist joint; with joint exploration, with or without biopsy, with or without removal of loose or foreign body
CPT-I	25105	Arthrotomy, wrist joint; with synovectomy
CPT-I	25107	Arthrotomy, distal radioulnar joint including repair of triangular cartilage, complex
CPT-I	25109	Excision of tendon, forearm and/or wrist, flexor or extensor, each
CPT-I	25110	Excision, lesion of tendon sheath, forearm and/or wrist
CPT-I	25111	Excision of ganglion, wrist (dorsal or volar); primary
CPT-I	25112	Excision of ganglion, wrist (dorsal or volar); recurrent
CPT-I	25115	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); flexors

Type of Code	Code	Description
CPT-I	25116	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); extensors, with or without transposition of dorsal retinaculum
CPT-I	25118	Synovectomy, extensor tendon sheath, wrist, single compartment
CPT-I	25119	Synovectomy, extensor tendon sheath, wrist, single compartment; with resection of distal ulna
CPT-I	25120	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process)
CPT-I	25125	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with autograft (includes obtaining graft)
CPT-I	25126	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with allograft
CPT-I	25130	Excision or curettage of bone cyst or benign tumor of carpal bones
CPT-I	25135	Excision or curettage of bone cyst or benign tumor of carpal bones; with autograft (includes obtaining graft)
CPT-I	25136	Excision or curettage of bone cyst or benign tumor of carpal bones; with allograft
CPT-I	25145	Sequestrectomy (eg, for osteomyelitis or bone abscess), forearm and/or wrist
CPT-I	25150	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); ulna

Type of Code	Code	Description
CPT-I	25151	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); radius
CPT-I	25170	Radical resection of tumor, radius or ulna
CPT-I	25210	Carpectomy; 1 bone
CPT-I	25215	Carpectomy; all bones of proximal row
CPT-I	25230	Radial styloidectomy (separate procedure)
CPT-I	25240	Excision distal ulna partial or complete (eg, Darrach type or matched resection)
CPT-I	25246	Injection procedure for wrist arthrography
CPT-I	25248	Exploration with removal of deep foreign body, forearm or wrist
CPT-I	25250	Removal of wrist prosthesis; (separate procedure)
CPT-I	25251	Removal of wrist prosthesis; complicated, including total wrist
CPT-I	25259	Manipulation, wrist, under anesthesia
CPT-I	25260	Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle
CPT-I	25263	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, single, each tendon or muscle
CPT-I	25265	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle
CPT-I	25270	Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle
CPT-I	25272	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, single, each tendon or muscle

Type of Code	Code	Description
CPT-I	25274	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle
CPT-I	25275	Repair, tendon sheath, extensor, forearm and/or wrist, with free graft (includes obtaining graft) (eg, for extensor carpi ulnaris subluxation)
CPT-I	25280	Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon
CPT-I	25290	Tenotomy, open, flexor or extensor tendon, forearm and/or wrist, single, each tendon
CPT-I	25295	Tenolysis, flexor or extensor tendon, forearm and/or wrist, single, each tendon
CPT-I	25300	Tenodesis at wrist; flexors of fingers
CPT-I	25301	Tenodesis at wrist; extensors of fingers
CPT-I	25310	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon
CPT-I	25312	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; with tendon graft(s) (includes obtaining graft), each tendon
CPT-I	25315	Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist
CPT-I	25316	Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist; with tendon(s) transfer
CPT-I	25320	Capsulorrhaphy or reconstruction, wrist, open (eg, capsulodesis, ligament repair, tendon transfer or graft) (includes synovectomy, capsulotomy and open reduction) for carpal instability

Type of Code	Code	Description
CPT-I	25337	Reconstruction for stabilization of unstable distal ulna or distal radioulnar joint, secondary by soft tissue stabilization (eg, tendon transfer, tendon graft or weave, or tenodesis) with or without open reduction of distal radioulnar joint
CPT-I	25350	Osteotomy, radius; distal third
CPT-I	25355	Osteotomy, radius; middle or proximal third
CPT-I	25360	Osteotomy; ulna
CPT-I	25365	Osteotomy; radius AND ulna
CPT-I	25370	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius OR ulna
CPT-I	25375	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius AND ulna
CPT-I	25390	Osteoplasty, radius OR ulna; shortening
CPT-I	25391	Osteoplasty, radius OR ulna; lengthening with autograft
CPT-I	25392	Osteoplasty, radius AND ulna; shortening (excluding 64876)
CPT-I	25393	Osteoplasty, radius AND ulna; lengthening with autograft
CPT-I	25394	Osteoplasty, carpal bone, shortening
CPT-I	25400	Repair of nonunion or malunion, radius OR ulna; without graft (eg, compression technique)
CPT-I	25405	Repair of nonunion or malunion, radius OR ulna; with autograft (includes obtaining graft)
CPT-I	25415	Repair of nonunion or malunion, radius AND ulna; without graft (eg, compression technique)
CPT-I	25420	Repair of nonunion or malunion, radius AND ulna; with autograft (includes obtaining graft)
CPT-I	25425	Repair of defect with autograft; radius OR ulna

Type of Code	Code	Description
CPT-I	25426	Repair of defect with autograft; radius AND ulna
CPT-I	25430	Insertion of vascular pedicle into carpal bone (eg, Hori procedure)
CPT-I	25431	Repair of nonunion of carpal bone (excluding carpal scaphoid (navicular)) (includes obtaining graft and necessary fixation), each bone
CPT-I	25440	Repair of nonunion, scaphoid carpal (navicular) bone, with or without radial styloidectomy (includes obtaining graft and necessary fixation)
CPT-I	25450	Epiphyseal arrest by epiphysiodesis or stapling; distal radius OR ulna
CPT-I	25455	Epiphyseal arrest by epiphysiodesis or stapling; distal radius AND ulna
CPT-I	25490	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius
CPT-I	25491	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; ulna
CPT-I	25492	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius AND ulna
CPT-I	25500	Closed treatment of radial shaft fracture; without manipulation
CPT-I	25505	Closed treatment of radial shaft fracture; with manipulation
CPT-I	25515	Open treatment of radial shaft fracture, includes internal fixation, when performed
CPT-I	25520	Closed treatment of radial shaft fracture and closed treatment of dislocation of distal radioulnar joint (Galeazzi fracture/dislocation)

Type of Code	Code	Description
CPT-I	25525	Open treatment of radial shaft fracture, includes internal fixation, when performed, and closed treatment of distal radioulnar joint dislocation (Galeazzi fracture/ dislocation), includes percutaneous skeletal fixation, when performed
CPT-I	25526	Open treatment of radial shaft fracture, includes internal fixation, when performed, and open treatment of distal radioulnar joint dislocation (Galeazzi fracture/ dislocation), includes internal fixation, when performed, includes repair of triangular fibrocartilage complex
CPT-I	25530	Closed treatment of ulnar shaft fracture; without manipulation
CPT-I	25535	Closed treatment of ulnar shaft fracture; with manipulation
CPT-I	25545	Open treatment of ulnar shaft fracture, includes internal fixation, when performed
CPT-I	25560	Closed treatment of radial and ulnar shaft fractures; without manipulation
CPT-I	25565	Closed treatment of radial and ulnar shaft fractures; with manipulation
CPT-I	25574	Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius OR ulna
CPT-I	25575	Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius AND ulna
CPT-I	25600	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; without manipulation

Type of Code	Code	Description
CPT-I	25605	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; with manipulation
CPT-I	25606	Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation
CPT-I	25607	Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation
CPT-I	25608	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments
CPT-I	25609	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments
CPT-I	25622	Closed treatment of carpal scaphoid (navicular) fracture; without manipulation
CPT-I	25624	Closed treatment of carpal scaphoid (navicular) fracture; with manipulation
CPT-I	25628	Open treatment of carpal scaphoid (navicular) fracture, includes internal fixation, when performed
CPT-I	25630	Closed treatment of carpal bone fracture (excluding carpal scaphoid [navicular]); without manipulation, each bone
CPT-I	25635	Closed treatment of carpal bone fracture (excluding carpal scaphoid [navicular]); with manipulation, each bone
CPT-I	25645	Open treatment of carpal bone fracture (other than carpal scaphoid [navicular]), each bone

Type of Code	Code	Description
CPT-I	25650	Closed treatment of ulnar styloid fracture
CPT-I	25651	Percutaneous skeletal fixation of ulnar styloid fracture
CPT-I	25652	Open treatment of ulnar styloid fracture
CPT-I	25660	Closed treatment of radiocarpal or intercarpal dislocation, 1 or more bones, with manipulation
CPT-I	25670	Open treatment of radiocarpal or intercarpal dislocation, 1 or more bones
CPT-I	25671	Percutaneous skeletal fixation of distal radioulnar dislocation
CPT-I	25675	Closed treatment of distal radioulnar dislocation with manipulation
CPT-I	25676	Open treatment of distal radioulnar dislocation, acute or chronic
CPT-I	25680	Closed treatment of trans-scaphoperilunar type of fracture dislocation, with manipulation
CPT-I	25685	Open treatment of trans-scaphoperilunar type of fracture dislocation
CPT-I	25690	Closed treatment of lunate dislocation, with manipulation
CPT-I	25695	Open treatment of lunate dislocation
CPT-I	25900	Amputation, forearm, through radius and ulna
CPT-I	25905	Amputation, forearm, through radius and ulna; open, circular (guillotine)
CPT-I	25907	Amputation, forearm, through radius and ulna; secondary closure or scar revision
CPT-I	25909	Amputation, forearm, through radius and ulna; re-amputation
CPT-I	25920	Disarticulation through wrist

Type of Code	Code	Description
CPT-I	25922	Disarticulation through wrist; secondary closure or scar revision
CPT-I	25924	Disarticulation through wrist; re-amputation
CPT-I	25927	Transmetacarpal amputation
CPT-I	25929	Transmetacarpal amputation; secondary closure or scar revision
CPT-I	25931	Transmetacarpal amputation; re-amputation
CPT-I	26010	Drainage of finger abscess; simple
CPT-I	26011	Drainage of finger abscess; complicated (eg, felon)
CPT-I	26020	Drainage of tendon sheath, digit and/or palm, each
CPT-I	26025	Drainage of palmar bursa; single, bursa
CPT-I	26030	Drainage of palmar bursa; multiple bursa
CPT-I	26034	Incision, bone cortex, hand or finger (eg, osteomyelitis or bone abscess)
CPT-I	26035	Decompression fingers and/or hand, injection injury (eg, grease gun)
CPT-I	26037	Decompressive fasciotomy, hand (excludes 26035)
CPT-I	26040	Fasciotomy, palmar (eg, Dupuytren's contracture); percutaneous
CPT-I	26045	Fasciotomy, palmar (eg, Dupuytren's contracture); open, partial
CPT-I	26055	Tendon sheath incision (eg, for trigger finger)
CPT-I	26060	Tenotomy, percutaneous, single, each digit
CPT-I	26070	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; carpometacarpal joint
CPT-I	26075	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; metacarpophalangeal joint, each

Type of Code	Code	Description
CPT-I	26080	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each
CPT-I	26100	Arthrotomy with biopsy; carpometacarpal joint, each
CPT-I	26105	Arthrotomy with biopsy; metacarpophalangeal joint, each
CPT-I	26110	Arthrotomy with biopsy; interphalangeal joint, each
CPT-I	26111	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater
CPT-I	26113	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater
CPT-I	26115	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm
CPT-I	26116	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm
CPT-I	26117	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; less than 3 cm
CPT-I	26118	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; 3 cm or greater
CPT-I	26121	Fasciectomy, palm only, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)
CPT-I	26123	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)

Type of Code	Code	Description
CPT-I	26125	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft); each additional digit (List separately in addition to code for primary procedure)
CPT-I	26130	Synovectomy, carpometacarpal joint
CPT-I	26135	Synovectomy, metacarpophalangeal joint including intrinsic release and extensor hood reconstruction, each digit
CPT-I	26140	Synovectomy, proximal interphalangeal joint, including extensor reconstruction, each interphalangeal joint
CPT-I	26145	Synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon, palm and/or finger, each tendon
CPT-I	26160	Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger
CPT-I	26170	Excision of tendon, palm, flexor or extensor, single, each tendon
CPT-I	26180	Excision of tendon, finger, flexor or extensor, each tendon
CPT-I	26185	Sesamoidectomy, thumb or finger (separate procedure)
CPT-I	26200	Excision or curettage of bone cyst or benign tumor of metacarpal
CPT-I	26205	Excision or curettage of bone cyst or benign tumor of metacarpal; with autograft (includes obtaining graft)
CPT-I	26210	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger

Type of Code	Code	Description
CPT-I	26215	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger; with autograft (includes obtaining graft)
CPT-I	26230	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); metacarpal
CPT-I	26235	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); proximal or middle phalanx of finger
CPT-I	26236	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); distal phalanx of finger
CPT-I	26250	Radical resection of tumor, metacarpal
CPT-I	26260	Radical resection of tumor, proximal or middle phalanx of finger
CPT-I	26262	Radical resection of tumor, distal phalanx of finger
CPT-I	26320	Removal of implant from finger or hand
CPT-I	26340	Manipulation, finger joint, under anesthesia, each joint
CPT-I	26341	Manipulation, palmar fascial cord (ie, Dupuytren's cord), post enzyme injection (eg, collagenase), single cord
CPT-I	26350	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); primary or secondary without free graft, each tendon
CPT-I	26352	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); secondary with free graft (includes obtaining graft), each tendon

Type of Code	Code	Description
CPT-I	26356	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon
CPT-I	26357	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, without free graft, each tendon
CPT-I	26358	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, with free graft (includes obtaining graft), each tendon
CPT-I	26370	Repair or advancement of profundus tendon, with intact superficialis tendon; primary, each tendon
CPT-I	26372	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary with free graft (includes obtaining graft), each tendon
CPT-I	26373	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary without free graft, each tendon
CPT-I	26390	Excision flexor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod
CPT-I	26392	Removal of synthetic rod and insertion of flexor tendon graft, hand or finger (includes obtaining graft), each rod
CPT-I	26410	Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon
CPT-I	26412	Repair, extensor tendon, hand, primary or secondary; with free graft (includes obtaining graft), each tendon
CPT-I	26415	Excision of extensor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod

Type of Code	Code	Description
CPT-I	26416	Removal of synthetic rod and insertion of extensor tendon graft (includes obtaining graft), hand or finger, each rod
CPT-I	26418	Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon
CPT-I	26420	Repair, extensor tendon, finger, primary or secondary; with free graft (includes obtaining graft) each tendon
CPT-I	26426	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); using local tissue(s), including lateral band(s), each finger
CPT-I	26428	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); with free graft (includes obtaining graft), each finger
CPT-I	26432	Closed treatment of distal extensor tendon insertion, with or without percutaneous pinning (eg, mallet finger)
CPT-I	26433	Repair of extensor tendon, distal insertion, primary or secondary; without graft (eg, mallet finger)
CPT-I	26434	Repair of extensor tendon, distal insertion, primary or secondary; with free graft (includes obtaining graft)
CPT-I	26437	Realignment of extensor tendon, hand, each tendon
CPT-I	26440	Tenolysis, flexor tendon; palm OR finger, each tendon
CPT-I	26442	Tenolysis, flexor tendon; palm AND finger, each tendon
CPT-I	26445	Tenolysis, extensor tendon, hand OR finger, each tendon
CPT-I	26449	Tenolysis, complex, extensor tendon, finger, including forearm, each tendon
CPT-I	26450	Tenotomy, flexor, palm, open, each tendon
CPT-I	26455	Tenotomy, flexor, finger, open, each tendon
CPT-I	26460	Tenotomy, extensor, hand or finger, open, each tendon

Type of Code	Code	Description
CPT-I	26471	Tenodesis; of proximal interphalangeal joint, each joint
CPT-I	26474	Tenodesis; of distal joint, each joint
CPT-I	26476	Lengthening of tendon, extensor, hand or finger, each tendon
CPT-I	26477	Shortening of tendon, extensor, hand or finger, each tendon
CPT-I	26478	Lengthening of tendon, flexor, hand or finger, each tendon
CPT-I	26479	Shortening of tendon, flexor, hand or finger, each tendon
CPT-I	26480	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon
CPT-I	26483	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; with free tendon graft (includes obtaining graft), each tendon
CPT-I	26485	Transfer or transplant of tendon, palmar; without free tendon graft, each tendon
CPT-I	26489	Transfer or transplant of tendon, palmar; with free tendon graft (includes obtaining graft), each tendon
CPT-I	26490	Opponensplasty; superficialis tendon transfer type, each tendon
CPT-I	26492	Opponensplasty; tendon transfer with graft (includes obtaining graft), each tendon
CPT-I	26494	Opponensplasty; hypothenar muscle transfer
CPT-I	26496	Opponensplasty; other methods
CPT-I	26497	Transfer of tendon to restore intrinsic function; ring and small finger
CPT-I	26498	Transfer of tendon to restore intrinsic function; all 4 fingers
CPT-I	26499	Correction claw finger, other methods

Type of Code	Code	Description
CPT-I	26500	Reconstruction of tendon pulley, each tendon; with local tissues (separate procedure)
CPT-I	26502	Reconstruction of tendon pulley, each tendon; with tendon or fascial graft (includes obtaining graft) (separate procedure)
CPT-I	26508	Release of thenar muscle(s) (eg, thumb contracture)
CPT-I	26510	Cross intrinsic transfer, each tendon
CPT-I	26516	Capsulodesis, metacarpophalangeal joint; single digit
CPT-I	26517	Capsulodesis, metacarpophalangeal joint; 2 digits
CPT-I	26518	Capsulodesis, metacarpophalangeal joint; 3 or 4 digits
CPT-I	26520	Capsulectomy or capsulotomy; metacarpophalangeal joint, each joint
CPT-I	26525	Capsulectomy or capsulotomy; interphalangeal joint, each joint
CPT-I	26540	Repair of collateral ligament, metacarpophalangeal or interphalangeal joint
CPT-I	26541	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with tendon or fascial graft (includes obtaining graft)
CPT-I	26542	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with local tissue (eg, adductor advancement)
CPT-I	26545	Reconstruction, collateral ligament, interphalangeal joint, single, including graft, each joint
CPT-I	26546	Repair non-union, metacarpal or phalanx (includes obtaining bone graft with or without external or internal fixation)

Type of Code	Code	Description
CPT-I	26548	Repair and reconstruction, finger, volar plate, interphalangeal joint
CPT-I	26550	Pollicization of a digit
CPT-I	26560	Repair of syndactyly (web finger) each web space; with skin flaps
CPT-I	26561	Repair of syndactyly (web finger) each web space; with skin flaps and grafts
CPT-I	26562	Repair of syndactyly (web finger) each web space; complex (eg, involving bone, nails)
CPT-I	26565	Osteotomy; metacarpal, each
CPT-I	26567	Osteotomy; phalanx of finger, each
CPT-I	26591	Repair, intrinsic muscles of hand, each muscle
CPT-I	26593	Release, intrinsic muscles of hand, each muscle
CPT-I	26596	Excision of constricting ring of finger, with multiple Z-plasties
CPT-I	26600	Closed treatment of metacarpal fracture, single; without manipulation, each bone
CPT-I	26605	Closed treatment of metacarpal fracture, single; with manipulation, each bone
CPT-I	26607	Closed treatment of metacarpal fracture, with manipulation, with external fixation, each bone
CPT-I	26608	Percutaneous skeletal fixation of metacarpal fracture, each bone
CPT-I	26615	Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone
CPT-I	26641	Closed treatment of carpometacarpal dislocation, thumb, with manipulation

Type of Code	Code	Description
CPT-I	26645	Closed treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation
CPT-I	26650	Percutaneous skeletal fixation of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation
CPT-I	26665	Open treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), includes internal fixation, when performed
CPT-I	26670	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; without anesthesia
CPT-I	26675	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; requiring anesthesia
CPT-I	26676	Percutaneous skeletal fixation of carpometacarpal dislocation, other than thumb, with manipulation, each joint
CPT-I	26685	Open treatment of carpometacarpal dislocation, other than thumb; includes internal fixation, when performed, each joint
CPT-I	26686	Open treatment of carpometacarpal dislocation, other than thumb; complex, multiple, or delayed reduction
CPT-I	26700	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia
CPT-I	26705	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; requiring anesthesia
CPT-I	26706	Percutaneous skeletal fixation of metacarpophalangeal dislocation, single, with manipulation

Type of Code	Code	Description
CPT-I	26715	Open treatment of metacarpophalangeal dislocation, single, includes internal fixation, when performed
CPT-I	26720	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each
CPT-I	26725	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with manipulation, with or without skin or skeletal traction, each
CPT-I	26727	Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each
CPT-I	26735	Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes internal fixation, when performed, each
CPT-I	26740	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; without manipulation, each
CPT-I	26742	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; with manipulation, each
CPT-I	26746	Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, includes internal fixation, when performed, each
CPT-I	26750	Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each
CPT-I	26755	Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each

Type of Code	Code	Description
CPT-I	26756	Percutaneous skeletal fixation of distal phalangeal fracture, finger or thumb, each
CPT-I	26765	Open treatment of distal phalangeal fracture, finger or thumb, includes internal fixation, when performed, each
CPT-I	26770	Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia
CPT-I	26775	Closed treatment of interphalangeal joint dislocation, single, with manipulation; requiring anesthesia
CPT-I	26776	Percutaneous skeletal fixation of interphalangeal joint dislocation, single, with manipulation
CPT-I	26785	Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed, single
CPT-I	26820	Fusion in opposition, thumb, with autogenous graft (includes obtaining graft)
CPT-I	26841	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation
CPT-I	26842	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation; with autograft (includes obtaining graft)
CPT-I	26843	Arthrodesis, carpometacarpal joint, digit, other than thumb, each
CPT-I	26844	Arthrodesis, carpometacarpal joint, digit, other than thumb, each; with autograft (includes obtaining graft)
CPT-I	26850	Arthrodesis, metacarpophalangeal joint, with or without internal fixation
CPT-I	26852	Arthrodesis, metacarpophalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)

Type of Code	Code	Description
CPT-I	26860	Arthrodesis, interphalangeal joint, with or without internal fixation
CPT-I	26861	Arthrodesis, interphalangeal joint, with or without internal fixation; each additional interphalangeal joint (List separately in addition to code for primary procedure)
CPT-I	26862	Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)
CPT-I	26863	Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft), each additional joint (List separately in addition to code for primary procedure)
CPT-I	26910	Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous transfer
CPT-I	26951	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure
CPT-I	26952	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with local advancement flaps (V-Y, hood)
CPT-I	26990	Incision and drainage, pelvis or hip joint area; deep abscess or hematoma
CPT-I	26991	Incision and drainage, pelvis or hip joint area; infected bursa
CPT-I	26992	Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone abscess)
CPT-I	27000	Tenotomy, adductor of hip, percutaneous (separate procedure)
CPT-I	27001	Tenotomy, adductor of hip, open

Type of Code	Code	Description
CPT-I	27003	Tenotomy, adductor, subcutaneous, open, with obturator neurectomy
CPT-I	27005	Tenotomy, hip flexor(s), open (separate procedure)
CPT-I	27006	Tenotomy, abductors and/or extensor(s) of hip, open (separate procedure)
CPT-I	27025	Fasciotomy, hip or thigh, any type
CPT-I	27027	Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle), unilateral
CPT-I	27030	Arthrotomy, hip, with drainage (eg, infection)
CPT-I	27033	Arthrotomy, hip, including exploration or removal of loose or foreign body
CPT-I	27035	Denervation, hip joint, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral, or obturator nerves
CPT-I	27036	Capsulectomy or capsulotomy, hip, with or without excision of heterotopic bone, with release of hip flexor muscles (ie, gluteus medius, gluteus minimus, tensor fascia latae, rectus femoris, sartorius, iliopsoas)
CPT-I	27040	Biopsy, soft tissue of pelvis and hip area; superficial
CPT-I	27041	Biopsy, soft tissue of pelvis and hip area; deep, subfascial or intramuscular
CPT-I	27043	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater
CPT-I	27049	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; less than 5 cm
CPT-I	27050	Arthrotomy, with biopsy; sacroiliac joint
CPT-I	27052	Arthrotomy, with biopsy; hip joint

Type of Code	Code	Description
CPT-I	27054	Arthrotomy with synovectomy, hip joint
CPT-I	27057	Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle) with debridement of nonviable muscle, unilateral
CPT-I	27059	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater
CPT-I	27060	Excision; ischial bursa
CPT-I	27062	Excision; trochanteric bursa or calcification
CPT-I	27065	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; superficial, includes autograft, when performed
CPT-I	27066	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; deep (subfascial), includes autograft, when performed
CPT-I	27067	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; with autograft requiring separate incision
CPT-I	27070	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); superficial
CPT-I	27071	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); deep (subfascial or intramuscular)
CPT-I	27075	Radical resection of tumor; wing of ilium, 1 pubic or ischial ramus or symphysis pubis

Type of Code	Code	Description
CPT-I	27076	Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum
CPT-I	27077	Radical resection of tumor; innominate bone, total
CPT-I	27078	Radical resection of tumor; ischial tuberosity and greater trochanter of femur
CPT-I	27080	Coccygectomy, primary
CPT-I	27086	Removal of foreign body, pelvis or hip; subcutaneous tissue
CPT-I	27087	Removal of foreign body, pelvis or hip; deep (subfascial or intramuscular)
CPT-I	27090	Removal of hip prosthesis; (separate procedure)
CPT-I	27091	Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer
CPT-I	27093	Injection procedure for hip arthrography; without anesthesia
CPT-I	27095	Injection procedure for hip arthrography; with anesthesia
CPT-I	27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed
CPT-I	27097	Release or recession, hamstring, proximal
CPT-I	27098	Transfer, adductor to ischium
CPT-I	27100	Transfer external oblique muscle to greater trochanter including fascial or tendon extension (graft)
CPT-I	27105	Transfer paraspinal muscle to hip (includes fascial or tendon extension graft)
CPT-I	27110	Transfer iliopsoas; to greater trochanter of femur
CPT-I	27111	Transfer iliopsoas; to femoral neck

Type of Code	Code	Description
CPT-I	27140	Osteotomy and transfer of greater trochanter of femur (separate procedure)
CPT-I	27146	Osteotomy, iliac, acetabular or innominate bone
CPT-I	27147	Osteotomy, iliac, acetabular or innominate bone; with open reduction of hip
CPT-I	27151	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy
CPT-I	27156	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy and with open reduction of hip
CPT-I	27158	Osteotomy, pelvis, bilateral (eg, congenital malformation)
CPT-I	27161	Osteotomy, femoral neck (separate procedure)
CPT-I	27165	Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast
CPT-I	27170	Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft)
CPT-I	27175	Treatment of slipped femoral epiphysis; by traction, without reduction
CPT-I	27176	Treatment of slipped femoral epiphysis; by single or multiple pinning, in situ
CPT-I	27177	Open treatment of slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtaining graft)
CPT-I	27178	Open treatment of slipped femoral epiphysis; closed manipulation with single or multiple pinning
CPT-I	27179	Open treatment of slipped femoral epiphysis; osteoplasty of femoral neck (Heyman type procedure)
CPT-I	27181	Open treatment of slipped femoral epiphysis; osteotomy and internal fixation

Type of Code	Code	Description
CPT-I	27185	Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter of femur
CPT-I	27187	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoral neck and proximal femur
CPT-I	27197	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; without manipulation
CPT-I	27198	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural)
CPT-I	27200	Closed treatment of coccygeal fracture
CPT-I	27202	Open treatment of coccygeal fracture
CPT-I	27215	Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s), unilateral, for pelvic bone fracture patterns that do not disrupt the pelvic ring, includes internal fixation, when performed

Type of Code	Code	Description
CPT-I	27216	Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral (includes ipsilateral ilium, sacroiliac joint and/or sacrum)
CPT-I	27217	Open treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns that disrupt the pelvic ring, unilateral, includes internal fixation, when performed (includes pubic symphysis and/or ipsilateral superior/inferior rami)
CPT-I	27218	Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral, includes internal fixation, when performed (includes ipsilateral ilium, sacroiliac joint and/or sacrum)
CPT-I	27220	Closed treatment of acetabulum (hip socket) fracture(s); without manipulation
CPT-I	27222	Closed treatment of acetabulum (hip socket) fracture(s); with manipulation, with or without skeletal traction
CPT-I	27226	Open treatment of posterior or anterior acetabular wall fracture, with internal fixation
CPT-I	27227	Open treatment of acetabular fracture(s) involving anterior or posterior (one) column, or a fracture running transversely across the acetabulum, with internal fixation
CPT-I	27228	Open treatment of acetabular fracture(s) involving anterior and posterior (two) columns, includes T-fracture and both column fracture with complete articular detachment, or single column or transverse fracture with associated acetabular wall fracture, with internal fixation

Type of Code	Code	Description
CPT-I	27230	Closed treatment of femoral fracture, proximal end, neck; without manipulation
CPT-I	27232	Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal traction
CPT-I	27235	Percutaneous skeletal fixation of femoral fracture, proximal end, neck
CPT-I	27236	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement
CPT-I	27238	Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; without manipulation
CPT-I	27240	Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction
CPT-I	27244	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage
CPT-I	27245	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage
CPT-I	27246	Closed treatment of greater trochanteric fracture, without manipulation
CPT-I	27248	Open treatment of greater trochanteric fracture, includes internal fixation, when performed
CPT-I	27250	Closed treatment of hip dislocation, traumatic; without anesthesia

Type of Code	Code	Description
CPT-I	27252	Closed treatment of hip dislocation, traumatic; requiring anesthesia
CPT-I	27253	Open treatment of hip dislocation, traumatic, without internal fixation
CPT-I	27254	Open treatment of hip dislocation, traumatic, with acetabular wall and femoral head fracture, with or without internal or external fixation
CPT-I	27256	Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; without anesthesia, without manipulation
CPT-I	27257	Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; with manipulation, requiring anesthesia
CPT-I	27258	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc)
CPT-I	27259	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc); with femoral shaft shortening
CPT-I	27265	Closed treatment of post hip arthroplasty dislocation; without anesthesia
CPT-I	27266	Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia

Type of Code	Code	Description
CPT-I	27267	Closed treatment of femoral fracture, proximal end, head; without manipulation
CPT-I	27268	Closed treatment of femoral fracture, proximal end, head; with manipulation
CPT-I	27269	Open treatment of femoral fracture, proximal end, head, includes internal fixation, when performed
CPT-I	27275	Manipulation, hip joint, requiring general anesthesia
CPT-I	27280	Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed
CPT-I	27282	Arthrodesis, symphysis pubis (including obtaining graft)
CPT-I	27284	Arthrodesis, hip joint (including obtaining graft)
CPT-I	27286	Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy
CPT-I	27290	Interpelviabdominal amputation (hindquarter amputation)
CPT-I	27295	Disarticulation of hip
CPT-I	27301	Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region
CPT-I	27303	Incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis or bone abscess)
CPT-I	27305	Fasciotomy, iliotibial (tenotomy), open
CPT-I	27306	Tenotomy, percutaneous, adductor or hamstring; single tendon (separate procedure)
CPT-I	27307	Tenotomy, percutaneous, adductor or hamstring; multiple tendons
CPT-I	27310	Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)
CPT-I	27323	Biopsy, soft tissue of thigh or knee area; superficial

Type of Code	Code	Description
CPT-I	27324	Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)
CPT-I	27325	Neurectomy, hamstring muscle
CPT-I	27326	Neurectomy, popliteal (gastrocnemius)
CPT-I	27329	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; less than 5 cm
CPT-I	27330	Arthrotomy, knee; with synovial biopsy only
CPT-I	27331	Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies
CPT-I	27332	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral
CPT-I	27333	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral
CPT-I	27334	Arthrotomy, with synovectomy, knee; anterior OR posterior
CPT-I	27335	Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area
CPT-I	27340	Excision, prepatellar bursa
CPT-I	27345	Excision of synovial cyst of popliteal space (eg, Baker's cyst)
CPT-I	27347	Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee
CPT-I	27350	Patellectomy or hemipatellectomy
CPT-I	27355	Excision or curettage of bone cyst or benign tumor of femur
CPT-I	27356	Excision or curettage of bone cyst or benign tumor of femur; with allograft

Type of Code	Code	Description
CPT-I	27357	Excision or curettage of bone cyst or benign tumor of femur; with autograft (includes obtaining graft)
CPT-I	27358	Excision or curettage of bone cyst or benign tumor of femur; with internal fixation (List in addition to code for primary procedure)
CPT-I	27360	Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)
CPT-I	27364	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater
CPT-I	27365	Radical resection of tumor, femur or knee
CPT-I	27369	Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography
CPT-I	27372	Removal of foreign body, deep, thigh region or knee area
CPT-I	27380	Suture of infrapatellar tendon; primary
CPT-I	27381	Suture of infrapatellar tendon; secondary reconstruction, including fascial or tendon graft
CPT-I	27385	Suture of quadriceps or hamstring muscle rupture; primary
CPT-I	27386	Suture of quadriceps or hamstring muscle rupture; secondary reconstruction, including fascial or tendon graft
CPT-I	27390	Tenotomy, open, hamstring, knee to hip; single tendon
CPT-I	27391	Tenotomy, open, hamstring, knee to hip; multiple tendons, 1 leg
CPT-I	27392	Tenotomy, open, hamstring, knee to hip; multiple tendons, bilateral
CPT-I	27393	Lengthening of hamstring tendon; single tendon

Type of Code	Code	Description
CPT-I	27394	Lengthening of hamstring tendon; multiple tendons, 1 leg
CPT-I	27395	Lengthening of hamstring tendon; multiple tendons, bilateral
CPT-I	27396	Transplant or transfer (with muscle redirection or rerouting), thigh (eg, extensor to flexor); single tendon
CPT-I	27397	Transplant or transfer (with muscle redirection or rerouting), thigh (eg, extensor to flexor); multiple tendons
CPT-I	27400	Transfer, tendon or muscle, hamstrings to femur (eg, Egger's type procedure)
CPT-I	27403	Arthrotomy with meniscus repair, knee
CPT-I	27405	Repair, primary, torn ligament and/or capsule, knee; collateral
CPT-I	27407	Repair, primary, torn ligament and/or capsule, knee; cruciate
CPT-I	27409	Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments
CPT-I	27412	Autologous chondrocyte implantation, knee
CPT-I	27415	Osteochondral allograft, knee, open
CPT-I	27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])
CPT-I	27418	Anterior tibial tubercleplasty (eg, Maquet type procedure)
CPT-I	27420	Reconstruction of dislocating patella; (eg, Hauser type procedure)
CPT-I	27422	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)
CPT-I	27424	Reconstruction of dislocating patella; with patellectomy

Type of Code	Code	Description
CPT-I	27425	Lateral retinacular release, open
CPT-I	27427	Ligamentous reconstruction (augmentation), knee; extra-articular
CPT-I	27428	Ligamentous reconstruction (augmentation), knee; intra-articular (open)
CPT-I	27429	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular
CPT-I	27430	Quadricepsplasty (eg, Bennett or Thompson type)
CPT-I	27435	Capsulotomy, posterior capsular release, knee
CPT-I	27448	Osteotomy, femur, shaft or supracondylar; without fixation
CPT-I	27450	Osteotomy, femur, shaft or supracondylar; with fixation
CPT-I	27454	Osteotomy, multiple, with realignment on intramedullary rod, femoral shaft (eg, Sofield type procedure)
CPT-I	27465	Osteoplasty, femur; shortening (excluding 64876)
CPT-I	27466	Osteoplasty, femur; lengthening
CPT-I	27468	Osteoplasty, femur; combined, lengthening and shortening with femoral segment transfer
CPT-I	27470	Repair, nonunion or malunion, femur, distal to head and neck; without graft (eg, compression technique)
CPT-I	27472	Repair, nonunion or malunion, femur, distal to head and neck; with iliac or other autogenous bone graft (includes obtaining graft)
CPT-I	27475	Arrest, epiphyseal, any method (eg, epiphysiodesis); distal femur
CPT-I	27477	Arrest, epiphyseal, any method (eg, epiphysiodesis); tibia and fibula, proximal

Type of Code	Code	Description
CPT-I	27479	Arrest, epiphyseal, any method (eg, epiphysiodesis); combined distal femur, proximal tibia and fibula
CPT-I	27485	Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, genu varus or valgus)
CPT-I	27496	Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor)
CPT-I	27497	Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor); with debridement of nonviable muscle and/or nerve
CPT-I	27498	Decompression fasciotomy, thigh and/or knee, multiple compartments
CPT-I	27499	Decompression fasciotomy, thigh and/or knee, multiple compartments; with debridement of nonviable muscle and/or nerve
CPT-I	27500	Closed treatment of femoral shaft fracture, without manipulation
CPT-I	27501	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, without manipulation
CPT-I	27502	Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction
CPT-I	27503	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, with manipulation, with or without skin or skeletal traction
CPT-I	27506	Open treatment of femoral shaft fracture, with or without external fixation, with insertion of intramedullary implant, with or without cerclage and/or locking screws

Type of Code	Code	Description
CPT-I	27507	Open treatment of femoral shaft fracture with plate/screws, with or without cerclage
CPT-I	27508	Closed treatment of femoral fracture, distal end, medial or lateral condyle, without manipulation
CPT-I	27509	Percutaneous skeletal fixation of femoral fracture, distal end, medial or lateral condyle, or supracondylar or transcondylar, with or without intercondylar extension, or distal femoral epiphyseal separation
CPT-I	27510	Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation
CPT-I	27511	Open treatment of femoral supracondylar or transcondylar fracture without intercondylar extension, includes internal fixation, when performed
CPT-I	27513	Open treatment of femoral supracondylar or transcondylar fracture with intercondylar extension, includes internal fixation, when performed
CPT-I	27514	Open treatment of femoral fracture, distal end, medial or lateral condyle, includes internal fixation, when performed
CPT-I	27516	Closed treatment of distal femoral epiphyseal separation; without manipulation
CPT-I	27517	Closed treatment of distal femoral epiphyseal separation; with manipulation, with or without skin or skeletal traction
CPT-I	27519	Open treatment of distal femoral epiphyseal separation, includes internal fixation, when performed
CPT-I	27520	Closed treatment of patellar fracture, without manipulation

Type of Code	Code	Description
CPT-I	27524	Open treatment of patellar fracture, with internal fixation and/or partial or complete patellectomy and soft tissue repair
CPT-I	27530	Closed treatment of tibial fracture, proximal (plateau); without manipulation
CPT-I	27532	Closed treatment of tibial fracture, proximal (plateau); with or without manipulation, with skeletal traction
CPT-I	27535	Open treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed
CPT-I	27536	Open treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal fixation
CPT-I	27538	Closed treatment of intercondylar spine(s) and/or tuberosity fracture(s) of knee, with or without manipulation
CPT-I	27540	Open treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, includes internal fixation, when performed
CPT-I	27550	Closed treatment of knee dislocation; without anesthesia
CPT-I	27552	Closed treatment of knee dislocation; requiring anesthesia
CPT-I	27556	Open treatment of knee dislocation, includes internal fixation, when performed; without primary ligamentous repair or augmentation/reconstruction
CPT-I	27557	Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair

Type of Code	Code	Description
CPT-I	27558	Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair, with augmentation/reconstruction
CPT-I	27560	Closed treatment of patellar dislocation; without anesthesia
CPT-I	27562	Closed treatment of patellar dislocation; requiring anesthesia
CPT-I	27566	Open treatment of patellar dislocation, with or without partial or total patellectomy
CPT-I	27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)
CPT-I	27580	Arthrodesis, knee, any technique
CPT-I	27590	Amputation, thigh, through femur, any level
CPT-I	27591	Amputation, thigh, through femur, any level; immediate fitting technique including first cast
CPT-I	27592	Amputation, thigh, through femur, any level; open, circular (guillotine)
CPT-I	27594	Amputation, thigh, through femur, any level; secondary closure or scar revision
CPT-I	27596	Amputation, thigh, through femur, any level; re-amputation
CPT-I	27598	Disarticulation at knee
CPT-I	27600	Decompression fasciotomy, leg; anterior and/or lateral compartments only
CPT-I	27601	Decompression fasciotomy, leg; posterior compartment(s) only

Type of Code	Code	Description
CPT-I	27602	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s)
CPT-I	27603	Incision and drainage, leg or ankle; deep abscess or hematoma
CPT-I	27604	Incision and drainage, leg or ankle; infected bursa
CPT-I	27605	Tenotomy, percutaneous, Achilles tendon (separate procedure); local anesthesia
CPT-I	27606	Tenotomy, percutaneous, Achilles tendon (separate procedure); general anesthesia
CPT-I	27607	Incision (eg, osteomyelitis or bone abscess), leg or ankle
CPT-I	27610	Arthrotomy, ankle, including exploration, drainage, or removal of foreign body
CPT-I	27612	Arthrotomy, posterior capsular release, ankle, with or without Achilles tendon lengthening
CPT-I	27613	Biopsy, soft tissue of leg or ankle area; superficial
CPT-I	27614	Biopsy, soft tissue of leg or ankle area; deep (subfascial or intramuscular)
CPT-I	27615	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm
CPT-I	27616	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; 5 cm or greater
CPT-I	27620	Arthrotomy, ankle, with joint exploration, with or without biopsy, with or without removal of loose or foreign body
CPT-I	27625	Arthrotomy, with synovectomy, ankle
CPT-I	27626	Arthrotomy, with synovectomy, ankle; including tenosynovectomy
CPT-I	27630	Excision of lesion of tendon sheath or capsule (eg, cyst or ganglion), leg and/or ankle

Type of Code	Code	Description
CPT-I	27635	Excision or curettage of bone cyst or benign tumor, tibia or fibula
CPT-I	27637	Excision or curettage of bone cyst or benign tumor, tibia or fibula; with autograft (includes obtaining graft)
CPT-I	27638	Excision or curettage of bone cyst or benign tumor, tibia or fibula; with allograft
CPT-I	27640	Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); tibia
CPT-I	27641	Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); fibula
CPT-I	27645	Radical resection of tumor; tibia
CPT-I	27646	Radical resection of tumor; fibula
CPT-I	27647	Radical resection of tumor; talus or calcaneus
CPT-I	27648	Injection procedure for ankle arthrography
CPT-I	27650	Repair, primary, open or percutaneous, ruptured Achilles tendon
CPT-I	27652	Repair, primary, open or percutaneous, ruptured Achilles tendon; with graft (includes obtaining graft)
CPT-I	27654	Repair, secondary, Achilles tendon, with or without graft
CPT-I	27656	Repair, fascial defect of leg
CPT-I	27658	Repair, flexor tendon, leg; primary, without graft, each tendon
CPT-I	27659	Repair, flexor tendon, leg; secondary, with or without graft, each tendon
CPT-I	27664	Repair, extensor tendon, leg; primary, without graft, each tendon
CPT-I	27665	Repair, extensor tendon, leg; secondary, with or without graft, each tendon

Type of Code	Code	Description
CPT-I	27675	Repair, dislocating peroneal tendons; without fibular osteotomy
CPT-I	27676	Repair, dislocating peroneal tendons; with fibular osteotomy
CPT-I	27680	Tenolysis, flexor or extensor tendon, leg and/or ankle; single, each tendon
CPT-I	27681	Tenolysis, flexor or extensor tendon, leg and/or ankle; multiple tendons (through separate incision[s])
CPT-I	27685	Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)
CPT-I	27686	Lengthening or shortening of tendon, leg or ankle; multiple tendons (through same incision), each
CPT-I	27687	Gastrocnemius recession (eg, Strayer procedure)
CPT-I	27690	Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)
CPT-I	27691	Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot)
CPT-I	27692	Transfer or transplant of single tendon (with muscle redirection or rerouting); each additional tendon (List separately in addition to code for primary procedure)
CPT-I	27695	Repair, primary, disrupted ligament, ankle; collateral
CPT-I	27696	Repair, primary, disrupted ligament, ankle; both collateral ligaments

Type of Code	Code	Description
CPT-I	27698	Repair, secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure)
CPT-I	27704	Removal of ankle implant
CPT-I	27705	Osteotomy; tibia
CPT-I	27707	Osteotomy; fibula
CPT-I	27709	Osteotomy; tibia and fibula
CPT-I	27712	Osteotomy; multiple, with realignment on intramedullary rod (eg, Sofield type procedure)
CPT-I	27720	Repair of nonunion or malunion, tibia; without graft, (eg, compression technique)
CPT-I	27722	Repair of nonunion or malunion, tibia; with sliding graft
CPT-I	27724	Repair of nonunion or malunion, tibia; with iliac or other autograft (includes obtaining graft)
CPT-I	27725	Repair of nonunion or malunion, tibia; by synostosis, with fibula, any method
CPT-I	27726	Repair of fibula nonunion and/or malunion with internal fixation
CPT-I	27730	Arrest, epiphyseal (epiphysiodesis), open; distal tibia
CPT-I	27732	Arrest, epiphyseal (epiphysiodesis), open; distal fibula
CPT-I	27734	Arrest, epiphyseal (epiphysiodesis), open; distal tibia and fibula
CPT-I	27740	Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula
CPT-I	27742	Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula; and distal femur
CPT-I	27745	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, tibia

Type of Code	Code	Description
CPT-I	27750	Closed treatment of tibial shaft fracture (with or without fibular fracture); without manipulation
CPT-I	27752	Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction
CPT-I	27756	Percutaneous skeletal fixation of tibial shaft fracture (with or without fibular fracture) (eg, pins or screws)
CPT-I	27758	Open treatment of tibial shaft fracture (with or without fibular fracture), with plate/screws, with or without cerclage
CPT-I	27759	Treatment of tibial shaft fracture (with or without fibular fracture) by intramedullary implant, with or without interlocking screws and/or cerclage
CPT-I	27760	Closed treatment of medial malleolus fracture; without manipulation
CPT-I	27762	Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction
CPT-I	27766	Open treatment of medial malleolus fracture, includes internal fixation, when performed
CPT-I	27767	Closed treatment of posterior malleolus fracture; without manipulation
CPT-I	27768	Closed treatment of posterior malleolus fracture; with manipulation
CPT-I	27769	Open treatment of posterior malleolus fracture, includes internal fixation, when performed
CPT-I	27780	Closed treatment of proximal fibula or shaft fracture; without manipulation

Type of Code	Code	Description
CPT-I	27781	Closed treatment of proximal fibula or shaft fracture; with manipulation
CPT-I	27784	Open treatment of proximal fibula or shaft fracture, includes internal fixation, when performed
CPT-I	27786	Closed treatment of distal fibular fracture (lateral malleolus); without manipulation
CPT-I	27788	Closed treatment of distal fibular fracture (lateral malleolus); with manipulation
CPT-I	27792	Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed
CPT-I	27808	Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); without manipulation
CPT-I	27810	Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation
CPT-I	27814	Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed
CPT-I	27816	Closed treatment of trimalleolar ankle fracture; without manipulation
CPT-I	27818	Closed treatment of trimalleolar ankle fracture; with manipulation

Type of Code	Code	Description
CPT-I	27822	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; without fixation of posterior lip
CPT-I	27823	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; with fixation of posterior lip
CPT-I	27824	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; without manipulation
CPT-I	27825	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; with skeletal traction and/or requiring manipulation
CPT-I	27826	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of fibula only
CPT-I	27827	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of tibia only
CPT-I	27828	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of both tibia and fibula
CPT-I	27829	Open treatment of distal tibiofibular joint (syndesmosis) disruption, includes internal fixation, when performed
CPT-I	27830	Closed treatment of proximal tibiofibular joint dislocation; without anesthesia

Type of Code	Code	Description
CPT-I	27831	Closed treatment of proximal tibiofibular joint dislocation; requiring anesthesia
CPT-I	27832	Open treatment of proximal tibiofibular joint dislocation, includes internal fixation, when performed, or with excision of proximal fibula
CPT-I	27840	Closed treatment of ankle dislocation; without anesthesia
CPT-I	27842	Closed treatment of ankle dislocation; requiring anesthesia, with or without percutaneous skeletal fixation
CPT-I	27846	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; without repair or internal fixation
CPT-I	27848	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; with repair or internal or external fixation
CPT-I	27860	Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)
CPT-I	27870	Arthrodesis, ankle, open
CPT-I	27871	Arthrodesis, tibiofibular joint, proximal or distal
CPT-I	27880	Amputation, leg, through tibia and fibula
CPT-I	27881	Amputation, leg, through tibia and fibula; with immediate fitting technique including application of first cast
CPT-I	27882	Amputation, leg, through tibia and fibula; open, circular (guillotine)

Type of Code	Code	Description
CPT-I	27884	Amputation, leg, through tibia and fibula; secondary closure or scar revision
CPT-I	27886	Amputation, leg, through tibia and fibula; re-amputation
CPT-I	27888	Amputation, ankle, through malleoli of tibia and fibula (eg, Syme, Pirogoff type procedures), with plastic closure and resection of nerves
CPT-I	27889	Ankle disarticulation
CPT-I	27892	Decompression fasciotomy, leg; anterior and/or lateral compartments only, with debridement of nonviable muscle and/or nerve
CPT-I	27893	Decompression fasciotomy, leg; posterior compartment(s) only, with debridement of nonviable muscle and/or nerve
CPT-I	27894	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s), with debridement of nonviable muscle and/or nerve
CPT-I	28001	Incision and drainage, bursa, foot
CPT-I	28002	Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space
CPT-I	28003	Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas
CPT-I	28005	Incision, bone cortex (eg, osteomyelitis or bone abscess), foot
CPT-I	28008	Fasciotomy, foot and/or toe
CPT-I	28010	Tenotomy, percutaneous, toe; single tendon
CPT-I	28011	Tenotomy, percutaneous, toe; multiple tendons

Type of Code	Code	Description
CPT-I	28020	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint
CPT-I	28022	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint
CPT-I	28024	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal joint
CPT-I	28035	Release, tarsal tunnel (posterior tibial nerve decompression)
CPT-I	28046	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; less than 3 cm
CPT-I	28047	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; 3 cm or greater
CPT-I	28050	Arthrotomy with biopsy; intertarsal or tarsometatarsal joint
CPT-I	28052	Arthrotomy with biopsy; metatarsophalangeal joint
CPT-I	28054	Arthrotomy with biopsy; interphalangeal joint
CPT-I	28055	Neurectomy, intrinsic musculature of foot
CPT-I	28062	Fasciectomy, plantar fascia; radical (separate procedure)
CPT-I	28070	Synovectomy; intertarsal or tarsometatarsal joint, each
CPT-I	28072	Synovectomy; metatarsophalangeal joint, each
CPT-I	28086	Synovectomy, tendon sheath, foot; flexor
CPT-I	28088	Synovectomy, tendon sheath, foot; extensor
CPT-I	28090	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); foot

Type of Code	Code	Description
CPT-I	28092	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); toe(s), each
CPT-I	28100	Excision or curettage of bone cyst or benign tumor, talus or calcaneus
CPT-I	28102	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with iliac or other autograft (includes obtaining graft)
CPT-I	28103	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with allograft
CPT-I	28104	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus
CPT-I	28106	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with iliac or other autograft (includes obtaining graft)
CPT-I	28107	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with allograft
CPT-I	28108	Excision or curettage of bone cyst or benign tumor, phalanges of foot
CPT-I	28110	Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)
CPT-I	28111	Ostectomy, complete excision; first metatarsal head
CPT-I	28112	Ostectomy, complete excision; other metatarsal head (second, third or fourth)
CPT-I	28113	Ostectomy, complete excision; fifth metatarsal head
CPT-I	28114	Ostectomy, complete excision; all metatarsal heads, with partial proximal phalangectomy, excluding first metatarsal (eg, Clayton type procedure)

Type of Code	Code	Description
CPT-I	28116	Ostectomy, excision of tarsal coalition
CPT-I	28118	Ostectomy, calcaneus
CPT-I	28119	Ostectomy, calcaneus; for spur, with or without plantar fascial release
CPT-I	28120	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus
CPT-I	28122	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus
CPT-I	28124	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe
CPT-I	28126	Resection, partial or complete, phalangeal base, each toe
CPT-I	28130	Talectomy (astragalectomy)
CPT-I	28140	Metatarsectomy
CPT-I	28150	Phalangectomy, toe, each toe
CPT-I	28153	Resection, condyle(s), distal end of phalanx, each toe
CPT-I	28160	Hemiphalangectomy or interphalangeal joint excision, toe, proximal end of phalanx, each
CPT-I	28171	Radical resection of tumor; tarsal (except talus or calcaneus)
CPT-I	28173	Radical resection of tumor; metatarsal
CPT-I	28175	Radical resection of tumor; phalanx of toe
CPT-I	28190	Removal of foreign body, foot; subcutaneous
CPT-I	28192	Removal of foreign body, foot; deep

Type of Code	Code	Description
CPT-I	28193	Removal of foreign body, foot; complicated
CPT-I	28200	Repair, tendon, flexor, foot; primary or secondary, without free graft, each tendon
CPT-I	28202	Repair, tendon, flexor, foot; secondary with free graft, each tendon (includes obtaining graft)
CPT-I	28208	Repair, tendon, extensor, foot; primary or secondary, each tendon
CPT-I	28210	Repair, tendon, extensor, foot; secondary with free graft, each tendon (includes obtaining graft)
CPT-I	28220	Tenolysis, flexor, foot; single tendon
CPT-I	28222	Tenolysis, flexor, foot; multiple tendons
CPT-I	28225	Tenolysis, extensor, foot; single tendon
CPT-I	28226	Tenolysis, extensor, foot; multiple tendons
CPT-I	28230	Tenotomy, open, tendon flexor; foot, single or multiple tendon(s) (separate procedure)
CPT-I	28232	Tenotomy, open, tendon flexor; toe, single tendon (separate procedure)
CPT-I	28234	Tenotomy, open, extensor, foot or toe, each tendon
CPT-I	28238	Reconstruction (advancement), posterior tibial tendon with excision of accessory tarsal navicular bone (eg, Kidner type procedure)
CPT-I	28240	Tenotomy, lengthening, or release, abductor hallucis muscle
CPT-I	28250	Division of plantar fascia and muscle (eg, Steindler stripping) (separate procedure)
CPT-I	28260	Capsulotomy, midfoot; medial release only (separate procedure)
CPT-I	28261	Capsulotomy, midfoot; with tendon lengthening

Type of Code	Code	Description
CPT-I	28262	Capsulotomy, midfoot; extensive, including posterior talotibial capsulotomy and tendon(s) lengthening (eg, resistant clubfoot deformity)
CPT-I	28264	Capsulotomy, midtarsal (eg, Heyman type procedure)
CPT-I	28270	Capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint (separate procedure)
CPT-I	28272	Capsulotomy; interphalangeal joint, each joint (separate procedure)
CPT-I	28280	Syndactylization, toes (eg, webbing or Kelikian type procedure)
CPT-I	28288	Ostectomy, partial, exostectomy or condylectomy, metatarsal head, each metatarsal head
CPT-I	28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant
CPT-I	28291	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant
CPT-I	28295	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method
CPT-I	28300	Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation
CPT-I	28302	Osteotomy; talus
CPT-I	28304	Osteotomy, tarsal bones, other than calcaneus or talus
CPT-I	28305	Osteotomy, tarsal bones, other than calcaneus or talus; with autograft (includes obtaining graft) (eg, Fowler type)

Type of Code	Code	Description
CPT-I	28306	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal
CPT-I	28307	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal with autograft (other than first toe)
CPT-I	28308	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each
CPT-I	28309	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; multiple (eg, Swanson type cavus foot procedure)
CPT-I	28310	Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)
CPT-I	28312	Osteotomy, shortening, angular or rotational correction; other phalanges, any toe
CPT-I	28320	Repair, nonunion or malunion; tarsal bones
CPT-I	28322	Repair, nonunion or malunion; metatarsal, with or without bone graft (includes obtaining graft)
CPT-I	28341	Reconstruction, toe, macrodactyly; requiring bone resection
CPT-I	28344	Reconstruction, toe(s); polydactyly
CPT-I	28360	Reconstruction, cleft foot
CPT-I	28400	Closed treatment of calcaneal fracture; without manipulation
CPT-I	28405	Closed treatment of calcaneal fracture; with manipulation
CPT-I	28406	Percutaneous skeletal fixation of calcaneal fracture, with manipulation

Type of Code	Code	Description
CPT-I	28415	Open treatment of calcaneal fracture, includes internal fixation, when performed
CPT-I	28420	Open treatment of calcaneal fracture, includes internal fixation, when performed; with primary iliac or other autogenous bone graft (includes obtaining graft)
CPT-I	28430	Closed treatment of talus fracture; without manipulation
CPT-I	28435	Closed treatment of talus fracture; with manipulation
CPT-I	28436	Percutaneous skeletal fixation of talus fracture, with manipulation
CPT-I	28445	Open treatment of talus fracture, includes internal fixation, when performed
CPT-I	28450	Treatment of tarsal bone fracture (except talus and calcaneus); without manipulation, each
CPT-I	28455	Treatment of tarsal bone fracture (except talus and calcaneus); with manipulation, each
CPT-I	28456	Percutaneous skeletal fixation of tarsal bone fracture (except talus and calcaneus), with manipulation, each
CPT-I	28465	Open treatment of tarsal bone fracture (except talus and calcaneus), includes internal fixation, when performed, each
CPT-I	28470	Closed treatment of metatarsal fracture; without manipulation, each
CPT-I	28475	Closed treatment of metatarsal fracture; with manipulation, each
CPT-I	28476	Percutaneous skeletal fixation of metatarsal fracture, with manipulation, each
CPT-I	28485	Open treatment of metatarsal fracture, includes internal fixation, when performed, each

Type of Code	Code	Description
CPT-I	28490	Closed treatment of fracture great toe, phalanx or phalanges; without manipulation
CPT-I	28495	Closed treatment of fracture great toe, phalanx or phalanges; with manipulation
CPT-I	28496	Percutaneous skeletal fixation of fracture great toe, phalanx or phalanges, with manipulation
CPT-I	28505	Open treatment of fracture, great toe, phalanx or phalanges, includes internal fixation, when performed
CPT-I	28510	Closed treatment of fracture, phalanx or phalanges, other than great toe; without manipulation, each
CPT-I	28515	Closed treatment of fracture, phalanx or phalanges, other than great toe; with manipulation, each
CPT-I	28525	Open treatment of fracture, phalanx or phalanges, other than great toe, includes internal fixation, when performed, each
CPT-I	28530	Closed treatment of sesamoid fracture
CPT-I	28531	Open treatment of sesamoid fracture, with or without internal fixation
CPT-I	28540	Closed treatment of tarsal bone dislocation, other than talotarsal; without anesthesia
CPT-I	28545	Closed treatment of tarsal bone dislocation, other than talotarsal; requiring anesthesia
CPT-I	28546	Percutaneous skeletal fixation of tarsal bone dislocation, other than talotarsal, with manipulation
CPT-I	28555	Open treatment of tarsal bone dislocation, includes internal fixation, when performed
CPT-I	28570	Closed treatment of talotarsal joint dislocation; without anesthesia

Type of Code	Code	Description
CPT-I	28575	Closed treatment of talotarsal joint dislocation; requiring anesthesia
CPT-I	28576	Percutaneous skeletal fixation of talotarsal joint dislocation, with manipulation
CPT-I	28585	Open treatment of talotarsal joint dislocation, includes internal fixation, when performed
CPT-I	28600	Closed treatment of tarsometatarsal joint dislocation; without anesthesia
CPT-I	28605	Closed treatment of tarsometatarsal joint dislocation; requiring anesthesia
CPT-I	28606	Percutaneous skeletal fixation of tarsometatarsal joint dislocation, with manipulation
CPT-I	28615	Open treatment of tarsometatarsal joint dislocation, includes internal fixation, when performed
CPT-I	28630	Closed treatment of metatarsophalangeal joint dislocation; without anesthesia
CPT-I	28635	Closed treatment of metatarsophalangeal joint dislocation; requiring anesthesia
CPT-I	28636	Percutaneous skeletal fixation of metatarsophalangeal joint dislocation, with manipulation
CPT-I	28645	Open treatment of metatarsophalangeal joint dislocation, includes internal fixation, when performed
CPT-I	28660	Closed treatment of interphalangeal joint dislocation; without anesthesia
CPT-I	28665	Closed treatment of interphalangeal joint dislocation; requiring anesthesia
CPT-I	28666	Percutaneous skeletal fixation of interphalangeal joint dislocation, with manipulation

Type of Code	Code	Description
CPT-I	28675	Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed
CPT-I	28800	Amputation, foot; midtarsal (eg, Chopart type procedure)
CPT-I	28805	Amputation, foot; transmetatarsal
CPT-I	28810	Amputation, metatarsal, with toe, single
CPT-I	28820	Amputation, toe; metatarsophalangeal joint
CPT-I	28825	Amputation, toe; interphalangeal joint
CPT-I	29000	Application of halo type body cast (see 20661-20663 for insertion)
CPT-I	29010	Application of Risser jacket, localizer, body; only
CPT-I	29015	Application of Risser jacket, localizer, body; including head
CPT-I	29035	Application of body cast, shoulder to hips
CPT-I	29040	Application of body cast, shoulder to hips; including head, Minerva type
CPT-I	29044	Application of body cast, shoulder to hips; including 1 thigh
CPT-I	29046	Application of body cast, shoulder to hips; including both thighs
CPT-I	29049	Application, cast; figure-of-eight
CPT-I	29055	Application, cast; shoulder spica
CPT-I	29058	Application, cast; plaster Velpeau
CPT-I	29065	Application, cast; shoulder to hand (long arm)
CPT-I	29075	Application, cast; elbow to finger (short arm)
CPT-I	29085	Application, cast; hand and lower forearm (gauntlet)
CPT-I	29086	Application, cast; finger (eg, contracture)

Type of Code	Code	Description
CPT-I	29105	Application of long arm splint (shoulder to hand)
CPT-I	29125	Application of short arm splint (forearm to hand); static
CPT-I	29126	Application of short arm splint (forearm to hand); dynamic
CPT-I	29130	Application of finger splint; static
CPT-I	29131	Application of finger splint; dynamic
CPT-I	29200	Strapping; thorax
CPT-I	29240	Strapping; shoulder (eg, Velpeau)
CPT-I	29260	Strapping; elbow or wrist
CPT-I	29280	Strapping; hand or finger
CPT-I	29305	Application of hip spica cast; 1 leg
CPT-I	29325	Application of hip spica cast; 1 and one-half spica or both legs
CPT-I	29345	Application of long leg cast (thigh to toes)
CPT-I	29355	Application of long leg cast (thigh to toes); walker or ambulatory type
CPT-I	29358	Application of long leg cast brace
CPT-I	29365	Application of cylinder cast (thigh to ankle)
CPT-I	29405	Application of short leg cast (below knee to toes)
CPT-I	29425	Application of short leg cast (below knee to toes); walking or ambulatory type
CPT-I	29435	Application of patellar tendon bearing (PTB) cast
CPT-I	29440	Adding walker to previously applied cast
CPT-I	29445	Application of rigid total contact leg cast
CPT-I	29450	Application of clubfoot cast with molding or manipulation, long or short leg
CPT-I	29505	Application of long leg splint (thigh to ankle or toes)

Type of Code	Code	Description
CPT-I	29515	Application of short leg splint (calf to foot)
CPT-I	29520	Strapping; hip
CPT-I	29530	Strapping; knee
CPT-I	29540	Strapping; ankle and/or foot
CPT-I	29550	Strapping; toes
CPT-I	29580	Strapping; Unna boot
CPT-I	29581	Application of multi-layer compression system; leg (below knee), including ankle and foot
CPT-I	29584	Application of multi-layer compression system; upper arm, forearm, hand, and fingers
CPT-I	29700	Removal or bivalving; gauntlet, boot or body cast
CPT-I	29705	Removal or bivalving; full arm or full leg cast
CPT-I	29710	Removal or bivalving; shoulder or hip spica, Minerva, or Risser jacket, etc.
CPT-I	29720	Repair of spica, body cast or jacket
CPT-I	29730	Windowing of cast
CPT-I	29740	Wedging of cast (except clubfoot casts)
CPT-I	29750	Wedging of clubfoot cast
CPT-I	29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)
CPT-I	29806	Arthroscopy, shoulder, surgical; capsulorrhaphy
CPT-I	29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion
CPT-I	29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body
CPT-I	29820	Arthroscopy, shoulder, surgical; synovectomy, partial
CPT-I	29821	Arthroscopy, shoulder, surgical; synovectomy, complete

Type of Code	Code	Description
CPT-I	29822	Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])
CPT-I	29823	Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])
CPT-I	29824	Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)
CPT-I	29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation
CPT-I	29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)
CPT-I	29827	Arthroscopy, shoulder, surgical; with rotator cuff repair
CPT-I	29828	Arthroscopy, shoulder, surgical; biceps tenodesis
CPT-I	29830	Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)
CPT-I	29834	Arthroscopy, elbow, surgical; with removal of loose body or foreign body

Type of Code	Code	Description
CPT-I	29835	Arthroscopy, elbow, surgical; synovectomy, partial
CPT-I	29836	Arthroscopy, elbow, surgical; synovectomy, complete
CPT-I	29837	Arthroscopy, elbow, surgical; debridement, limited
CPT-I	29838	Arthroscopy, elbow, surgical; debridement, extensive
CPT-I	29840	Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)
CPT-I	29843	Arthroscopy, wrist, surgical; for infection, lavage and drainage
CPT-I	29844	Arthroscopy, wrist, surgical; synovectomy, partial
CPT-I	29845	Arthroscopy, wrist, surgical; synovectomy, complete
CPT-I	29846	Arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement
CPT-I	29847	Arthroscopy, wrist, surgical; internal fixation for fracture or instability
CPT-I	29850	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; without internal or external fixation (includes arthroscopy)
CPT-I	29851	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; with internal or external fixation (includes arthroscopy)
CPT-I	29855	Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed (includes arthroscopy)
CPT-I	29856	Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, includes internal fixation, when performed (includes arthroscopy)

Type of Code	Code	Description
CPT-I	29860	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)
CPT-I	29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body
CPT-I	29862	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum
CPT-I	29863	Arthroscopy, hip, surgical; with synovectomy
CPT-I	29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])
CPT-I	29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)
CPT-I	29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral
CPT-I	29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)
CPT-I	29871	Arthroscopy, knee, surgical; for infection, lavage and drainage
CPT-I	29873	Arthroscopy, knee, surgical; with lateral release
CPT-I	29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)
CPT-I	29875	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)
CPT-I	29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)

Type of Code	Code	Description
CPT-I	29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)
CPT-I	29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture
CPT-I	29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
CPT-I	29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
CPT-I	29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)
CPT-I	29883	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)
CPT-I	29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)
CPT-I	29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)
CPT-I	29886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion
CPT-I	29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation

Type of Code	Code	Description
CPT-I	29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction
CPT-I	29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction
CPT-I	29891	Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of the defect
CPT-I	29892	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)
CPT-I	29894	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign body
CPT-I	29895	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial
CPT-I	29897	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, limited
CPT-I	29898	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, extensive
CPT-I	29899	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with ankle arthrodesis
CPT-I	29900	Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy
CPT-I	29901	Arthroscopy, metacarpophalangeal joint, surgical; with debridement
CPT-I	29902	Arthroscopy, metacarpophalangeal joint, surgical; with reduction of displaced ulnar collateral ligament (eg, Stener lesion)

Type of Code	Code	Description
CPT-I	29904	Arthroscopy, subtalar joint, surgical; with removal of loose body or foreign body
CPT-I	29905	Arthroscopy, subtalar joint, surgical; with synovectomy
CPT-I	29906	Arthroscopy, subtalar joint, surgical; with debridement
CPT-I	29907	Arthroscopy, subtalar joint, surgical; with subtalar arthrodesis
CPT-I	30000	Drainage abscess or hematoma, nasal, internal approach
CPT-I	30020	Drainage abscess or hematoma, nasal septum
CPT-I	30100	Biopsy, intranasal
CPT-I	30110	Excision, nasal polyp(s), simple
CPT-I	30115	Excision, nasal polyp(s), extensive
CPT-I	30117	Excision or destruction (eg, laser), intranasal lesion; internal approach
CPT-I	30118	Excision or destruction (eg, laser), intranasal lesion; external approach (lateral rhinotomy)
CPT-I	30120	Excision or surgical planing of skin of nose for rhinophyma
CPT-I	30124	Excision dermoid cyst, nose; simple, skin, subcutaneous
CPT-I	30125	Excision dermoid cyst, nose; complex, under bone or cartilage
CPT-I	30150	Rhinectomy; partial
CPT-I	30160	Rhinectomy; total
CPT-I	30200	Injection into turbinate(s), therapeutic
CPT-I	30210	Displacement therapy (Proetz type)
CPT-I	30220	Insertion, nasal septal prosthesis (button)
CPT-I	30300	Removal foreign body, intranasal; office type procedure

Type of Code	Code	Description
CPT-I	30310	Removal foreign body, intranasal; requiring general anesthesia
CPT-I	30320	Removal foreign body, intranasal; by lateral rhinotomy
CPT-I	30540	Repair choanal atresia; intranasal
CPT-I	30545	Repair choanal atresia; transpalatine
CPT-I	30560	Lysis intranasal synechia
CPT-I	30580	Repair fistula; oromaxillary (combine with 31030 if antrotomy is included)
CPT-I	30600	Repair fistula; oronasal
CPT-I	30630	Repair nasal septal perforations
CPT-I	30901	Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method
CPT-I	30903	Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method
CPT-I	30905	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial
CPT-I	30906	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent
CPT-I	30915	Ligation arteries; ethmoidal
CPT-I	30920	Ligation arteries; internal maxillary artery, transantral
CPT-I	31000	Lavage by cannulation; maxillary sinus (antrum puncture or natural ostium)
CPT-I	31040	Pterygomaxillary fossa surgery, any approach
CPT-I	31225	Maxillectomy; without orbital exenteration
CPT-I	31231	Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)

Type of Code	Code	Description
CPT-I	31238	Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage
CPT-I	31239	Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy
CPT-I	31240	Nasal/sinus endoscopy, surgical; with concha bullosa resection
CPT-I	31241	Nasal/sinus endoscopy, surgical; with ligation of sphenopalatine artery
CPT-I	31253	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed
CPT-I	31257	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy
CPT-I	31259	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus
CPT-I	31290	Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; ethmoid region
CPT-I	31291	Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; sphenoid region
CPT-I	31292	Nasal/sinus endoscopy, surgical, with orbital decompression; medial or inferior wall
CPT-I	31293	Nasal/sinus endoscopy, surgical, with orbital decompression; medial and inferior wall
CPT-I	31294	Nasal/sinus endoscopy, surgical, with optic nerve decompression

Type of Code	Code	Description
CPT-I	31298	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal and sphenoid sinus ostia
CPT-I	31300	Laryngotomy (thyrotomy, laryngofissure), with removal of tumor or laryngocele, cordectomy
CPT-I	31360	Laryngectomy; total, without radical neck dissection
CPT-I	31365	Laryngectomy; total, with radical neck dissection
CPT-I	31367	Laryngectomy; subtotal supraglottic, without radical neck dissection
CPT-I	31368	Laryngectomy; subtotal supraglottic, with radical neck dissection
CPT-I	31370	Partial laryngectomy (hemilaryngectomy); horizontal
CPT-I	31375	Partial laryngectomy (hemilaryngectomy); laterovertical
CPT-I	31380	Partial laryngectomy (hemilaryngectomy); anterovertical
CPT-I	31382	Partial laryngectomy (hemilaryngectomy); antero-latero-vertical
CPT-I	31390	Pharyngolaryngectomy, with radical neck dissection; without reconstruction
CPT-I	31395	Pharyngolaryngectomy, with radical neck dissection; with reconstruction
CPT-I	31400	Arytenoidectomy or arytenoidopexy, external approach
CPT-I	31420	Epiglottidectomy
CPT-I	31500	Intubation, endotracheal, emergency procedure
CPT-I	31502	Tracheotomy tube change prior to establishment of fistula tract
CPT-I	31505	Laryngoscopy, indirect; diagnostic (separate procedure)
CPT-I	31510	Laryngoscopy, indirect; with biopsy
CPT-I	31511	Laryngoscopy, indirect; with removal of foreign body

Type of Code	Code	Description
CPT-I	31512	Laryngoscopy, indirect; with removal of lesion
CPT-I	31513	Laryngoscopy, indirect; with vocal cord injection
CPT-I	31515	Laryngoscopy direct, with or without tracheoscopy; for aspiration
CPT-I	31520	Laryngoscopy direct, with or without tracheoscopy; diagnostic, newborn
CPT-I	31525	Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn
CPT-I	31526	Laryngoscopy direct, with or without tracheoscopy; diagnostic, with operating microscope or telescope
CPT-I	31527	Laryngoscopy direct, with or without tracheoscopy; with insertion of obturator
CPT-I	31528	Laryngoscopy direct, with or without tracheoscopy; with dilation, initial
CPT-I	31529	Laryngoscopy direct, with or without tracheoscopy; with dilation, subsequent
CPT-I	31530	Laryngoscopy, direct, operative, with foreign body removal
CPT-I	31531	Laryngoscopy, direct, operative, with foreign body removal; with operating microscope or telescope
CPT-I	31535	Laryngoscopy, direct, operative, with biopsy
CPT-I	31536	Laryngoscopy, direct, operative, with biopsy; with operating microscope or telescope
CPT-I	31540	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis
CPT-I	31541	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; with operating microscope or telescope

Type of Code	Code	Description
CPT-I	31545	Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with local tissue flap(s)
CPT-I	31546	Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with graft(s) (includes obtaining autograft)
CPT-I	31551	Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, younger than 12 years of age
CPT-I	31552	Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, age 12 years or older
CPT-I	31553	Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, younger than 12 years of age
CPT-I	31554	Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, age 12 years or older
CPT-I	31560	Laryngoscopy, direct, operative, with arytenoidectomy
CPT-I	31561	Laryngoscopy, direct, operative, with arytenoidectomy; with operating microscope or telescope
CPT-I	31570	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic
CPT-I	31571	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope
CPT-I	31572	Laryngoscopy, flexible; with ablation or destruction of lesion(s) with laser, unilateral

Type of Code	Code	Description
CPT-I	31573	Laryngoscopy, flexible; with therapeutic injection(s) (eg, chemodenervation agent or corticosteroid, injected percutaneous, transoral, or via endoscope channel), unilateral
CPT-I	31574	Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral
CPT-I	31575	Laryngoscopy, flexible; diagnostic
CPT-I	31576	Laryngoscopy, flexible; with biopsy(ies)
CPT-I	31577	Laryngoscopy, flexible; with removal of foreign body(s)
CPT-I	31578	Laryngoscopy, flexible; with removal of lesion(s), non-laser
CPT-I	31579	Laryngoscopy, flexible or rigid telescopic, with stroboscopy
CPT-I	31580	Laryngoplasty; for laryngeal web, with indwelling keel or stent insertion
CPT-I	31584	Laryngoplasty; with open reduction and fixation of (eg, plating) fracture, includes tracheostomy, if performed
CPT-I	31587	Laryngoplasty, cricoid split, without graft placement
CPT-I	31590	Laryngeal reinnervation by neuromuscular pedicle
CPT-I	31591	Laryngoplasty, medialization, unilateral
CPT-I	31592	Cricotracheal resection
CPT-I	31600	Tracheostomy, planned (separate procedure)
CPT-I	31601	Tracheostomy, planned (separate procedure); younger than 2 years
CPT-I	31603	Tracheostomy, emergency procedure; transtracheal
CPT-I	31605	Tracheostomy, emergency procedure; cricothyroid membrane
CPT-I	31610	Tracheostomy, fenestration procedure with skin flaps

Type of Code	Code	Description
CPT-I	31611	Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis)
CPT-I	31612	Tracheal puncture, percutaneous with transtracheal aspiration and/or injection
CPT-I	31613	Tracheostoma revision; simple, without flap rotation
CPT-I	31614	Tracheostoma revision; complex, with flap rotation
CPT-I	31615	Tracheobronchoscopy through established tracheostomy incision
CPT-I	31622	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)
CPT-I	31623	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings
CPT-I	31624	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage
CPT-I	31625	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites
CPT-I	31626	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple
CPT-I	31627	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure[s])

Type of Code	Code	Description
CPT-I	31628	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe
CPT-I	31629	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)
CPT-I	31630	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with tracheal/bronchial dilation or closed reduction of fracture
CPT-I	31631	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)
CPT-I	31632	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure)
CPT-I	31633	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure)
CPT-I	31634	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, with assessment of air leak, with administration of occlusive substance (eg, fibrin glue), if performed
CPT-I	31635	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of foreign body

Type of Code	Code	Description
CPT-I	31636	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of bronchial stent(s) (includes tracheal/bronchial dilation as required), initial bronchus
CPT-I	31637	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; each additional major bronchus stented (List separately in addition to code for primary procedure)
CPT-I	31638	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required)
CPT-I	31640	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with excision of tumor
CPT-I	31641	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with destruction of tumor or relief of stenosis by any method other than excision (eg, laser therapy, cryotherapy)
CPT-I	31643	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application
CPT-I	31645	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial
CPT-I	31646	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, subsequent, same hospital stay

Type of Code	Code	Description
CPT-I	31647	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe
CPT-I	31648	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), initial lobe
CPT-I	31649	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure)
CPT-I	31651	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure[s])
CPT-I	31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures
CPT-I	31653	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures

Type of Code	Code	Description
CPT-I	31654	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (List separately in addition to code for primary procedure[s])
CPT-I	31717	Catheterization with bronchial brush biopsy
CPT-I	31720	Catheter aspiration (separate procedure); nasotracheal
CPT-I	31725	Catheter aspiration (separate procedure); tracheobronchial with fiberscope, bedside
CPT-I	31730	Transtracheal (percutaneous) introduction of needle wire dilator/stent or indwelling tube for oxygen therapy
CPT-I	31750	Tracheoplasty; cervical
CPT-I	31755	Tracheoplasty; tracheopharyngeal fistulization, each stage
CPT-I	31760	Tracheoplasty; intrathoracic
CPT-I	31766	Carinal reconstruction
CPT-I	31770	Bronchoplasty; graft repair
CPT-I	31775	Bronchoplasty; excision stenosis and anastomosis
CPT-I	31780	Excision tracheal stenosis and anastomosis; cervical
CPT-I	31781	Excision tracheal stenosis and anastomosis; cervicothoracic
CPT-I	31785	Excision of tracheal tumor or carcinoma; cervical
CPT-I	31786	Excision of tracheal tumor or carcinoma; thoracic
CPT-I	31800	Suture of tracheal wound or injury; cervical
CPT-I	31805	Suture of tracheal wound or injury; intrathoracic

Type of Code	Code	Description
CPT-I	31820	Surgical closure tracheostomy or fistula; without plastic repair
CPT-I	31825	Surgical closure tracheostomy or fistula; with plastic repair
CPT-I	31830	Revision of tracheostomy scar
CPT-I	32035	Thoracostomy; with rib resection for empyema
CPT-I	32036	Thoracostomy; with open flap drainage for empyema
CPT-I	32096	Thoracotomy, with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral
CPT-I	32097	Thoracotomy, with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral
CPT-I	32098	Thoracotomy, with biopsy(ies) of pleura
CPT-I	32100	Thoracotomy; with exploration
CPT-I	32110	Thoracotomy; with control of traumatic hemorrhage and/or repair of lung tear
CPT-I	32120	Thoracotomy; for postoperative complications
CPT-I	32124	Thoracotomy; with open intrapleural pneumonolysis
CPT-I	32140	Thoracotomy; with cyst(s) removal, includes pleural procedure when performed
CPT-I	32141	Thoracotomy; with resection-plication of bullae, includes any pleural procedure when performed
CPT-I	32150	Thoracotomy; with removal of intrapleural foreign body or fibrin deposit
CPT-I	32151	Thoracotomy; with removal of intrapulmonary foreign body
CPT-I	32160	Thoracotomy; with cardiac massage
CPT-I	32200	Pneumonostomy, with open drainage of abscess or cyst

Type of Code	Code	Description
CPT-I	32215	Pleural scarification for repeat pneumothorax
CPT-I	32220	Decortication, pulmonary (separate procedure); total
CPT-I	32225	Decortication, pulmonary (separate procedure); partial
CPT-I	32310	Pleurectomy, parietal (separate procedure)
CPT-I	32320	Decortication and parietal pleurectomy
CPT-I	32400	Biopsy, pleura, percutaneous needle
CPT-I	32408	Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed
CPT-I	32440	Removal of lung, pneumonectomy
CPT-I	32442	Removal of lung, pneumonectomy; with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy)
CPT-I	32445	Removal of lung, pneumonectomy; extrapleural
CPT-I	32480	Removal of lung, other than pneumonectomy; single lobe (lobectomy)
CPT-I	32482	Removal of lung, other than pneumonectomy; 2 lobes (bilobectomy)
CPT-I	32484	Removal of lung, other than pneumonectomy; single segment (segmentectomy)
CPT-I	32486	Removal of lung, other than pneumonectomy; with circumferential resection of segment of bronchus followed by broncho-bronchial anastomosis (sleeve lobectomy)
CPT-I	32488	Removal of lung, other than pneumonectomy; with all remaining lung following previous removal of a portion of lung (completion pneumonectomy)

Type of Code	Code	Description
CPT-I	32491	Removal of lung, other than pneumonectomy; with resection-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, includes any pleural procedure, when performed
CPT-I	32501	Resection and repair of portion of bronchus (bronchoplasty) when performed at time of lobectomy or segmentectomy (List separately in addition to code for primary procedure)
CPT-I	32503	Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; without chest wall reconstruction(s)
CPT-I	32504	Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; with chest wall reconstruction
CPT-I	32505	Thoracotomy; with therapeutic wedge resection (eg, mass, nodule), initial
CPT-I	32506	Thoracotomy; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)
CPT-I	32507	Thoracotomy; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)
CPT-I	32540	Extrapleural enucleation of empyema (empyemectomy)
CPT-I	32550	Insertion of indwelling tunneled pleural catheter with cuff

Type of Code	Code	Description
CPT-I	32551	Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)
CPT-I	32552	Removal of indwelling tunneled pleural catheter with cuff
CPT-I	32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple
CPT-I	32554	Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance
CPT-I	32555	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance
CPT-I	32556	Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance
CPT-I	32557	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance
CPT-I	32560	Instillation, via chest tube/catheter, agent for pleurodesis (eg, talc for recurrent or persistent pneumothorax)
CPT-I	32561	Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break up of multiloculated effusion); initial day
CPT-I	32562	Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break up of multiloculated effusion); subsequent day
CPT-I	32601	Thoracoscopy, diagnostic (separate procedure); lungs, pericardial sac, mediastinal or pleural space, without biopsy

Type of Code	Code	Description
CPT-I	32604	Thoracoscopy, diagnostic (separate procedure); pericardial sac, with biopsy
CPT-I	32606	Thoracoscopy, diagnostic (separate procedure); mediastinal space, with biopsy
CPT-I	32607	Thoracoscopy; with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral
CPT-I	32608	Thoracoscopy; with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral
CPT-I	32609	Thoracoscopy; with biopsy(ies) of pleura
CPT-I	32650	Thoracoscopy, surgical; with pleurodesis (eg, mechanical or chemical)
CPT-I	32651	Thoracoscopy, surgical; with partial pulmonary decortication
CPT-I	32652	Thoracoscopy, surgical; with total pulmonary decortication, including intrapleural pneumonolysis
CPT-I	32653	Thoracoscopy, surgical; with removal of intrapleural foreign body or fibrin deposit
CPT-I	32654	Thoracoscopy, surgical; with control of traumatic hemorrhage
CPT-I	32655	Thoracoscopy, surgical; with resection-plication of bullae, includes any pleural procedure when performed
CPT-I	32656	Thoracoscopy, surgical; with parietal pleurectomy
CPT-I	32658	Thoracoscopy, surgical; with removal of clot or foreign body from pericardial sac
CPT-I	32659	Thoracoscopy, surgical; with creation of pericardial window or partial resection of pericardial sac for drainage

Type of Code	Code	Description
CPT-I	32661	Thoracoscopy, surgical; with excision of pericardial cyst, tumor, or mass
CPT-I	32662	Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, or mass
CPT-I	32663	Thoracoscopy, surgical; with lobectomy (single lobe)
CPT-I	32665	Thoracoscopy, surgical; with esophagomyotomy (Heller type)
CPT-I	32666	Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass, nodule), initial unilateral
CPT-I	32667	Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)
CPT-I	32668	Thoracoscopy, surgical; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)
CPT-I	32669	Thoracoscopy, surgical; with removal of a single lung segment (segmentectomy)
CPT-I	32670	Thoracoscopy, surgical; with removal of two lobes (bilobectomy)
CPT-I	32671	Thoracoscopy, surgical; with removal of lung (pneumonectomy)
CPT-I	32672	Thoracoscopy, surgical; with resection-plication for emphysematous lung (bullous or non-bullous) for lung volume reduction (LVRS), unilateral includes any pleural procedure, when performed
CPT-I	32673	Thoracoscopy, surgical; with resection of thymus, unilateral or bilateral

Type of Code	Code	Description
CPT-I	32674	Thoracoscopy, surgical; with mediastinal and regional lymphadenectomy (List separately in addition to code for primary procedure)
CPT-I	32800	Repair lung hernia through chest wall
CPT-I	32810	Closure of chest wall following open flap drainage for empyema (Clagett type procedure)
CPT-I	32815	Open closure of major bronchial fistula
CPT-I	32820	Major reconstruction, chest wall (posttraumatic)
CPT-I	32850	Donor pneumonectomy(s) (including cold preservation), from cadaver donor
CPT-I	32900	Resection of ribs, extrapleural, all stages
CPT-I	32905	Thoracoplasty, Schede type or extrapleural (all stages)
CPT-I	32906	Thoracoplasty, Schede type or extrapleural (all stages); with closure of bronchopleural fistula
CPT-I	32940	Pneumonolysis, extraperiosteal, including filling or packing procedures
CPT-I	32960	Pneumothorax, therapeutic, intrapleural injection of air
CPT-I	32994	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; cryoablation
CPT-I	32997	Total lung lavage (unilateral)
CPT-I	32998	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; radiofrequency

Type of Code	Code	Description
CPT-I	33016	Pericardiocentesis, including imaging guidance, when performed
CPT-I	33017	Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; 6 years and older without congenital cardiac anomaly
CPT-I	33018	Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; birth through 5 years of age or any age with congenital cardiac anomaly
CPT-I	33019	Pericardial drainage with insertion of indwelling catheter, percutaneous, including CT guidance
CPT-I	33020	Pericardiotomy for removal of clot or foreign body (primary procedure)
CPT-I	33025	Creation of pericardial window or partial resection for drainage
CPT-I	33030	Pericardiectomy, subtotal or complete; without cardiopulmonary bypass
CPT-I	33031	Pericardiectomy, subtotal or complete; with cardiopulmonary bypass
CPT-I	33050	Resection of pericardial cyst or tumor
CPT-I	33120	Excision of intracardiac tumor, resection with cardiopulmonary bypass
CPT-I	33130	Resection of external cardiac tumor
CPT-I	33140	Transmyocardial laser revascularization, by thoracotomy; (separate procedure)

Type of Code	Code	Description
CPT-I	33141	Transmyocardial laser revascularization, by thoracotomy; performed at the time of other open cardiac procedure(s) (List separately in addition to code for primary procedure)
CPT-I	33202	Insertion of epicardial electrode(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid approach)
CPT-I	33203	Insertion of epicardial electrode(s); endoscopic approach (eg, thoracoscopy, pericardioscopy)
CPT-I	33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial
CPT-I	33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular
CPT-I	33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular
CPT-I	33210	Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter (separate procedure)
CPT-I	33211	Insertion or replacement of temporary transvenous dual chamber pacing electrodes (separate procedure)
CPT-I	33212	Insertion of pacemaker pulse generator only; with existing single lead
CPT-I	33213	Insertion of pacemaker pulse generator only; with existing dual leads

Type of Code	Code	Description
CPT-I	33214	Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator)
CPT-I	33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode
CPT-I	33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator
CPT-I	33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator
CPT-I	33218	Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator
CPT-I	33220	Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator
CPT-I	33221	Insertion of pacemaker pulse generator only; with existing multiple leads
CPT-I	33222	Relocation of skin pocket for pacemaker
CPT-I	33223	Relocation of skin pocket for implantable defibrillator
CPT-I	33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator)

Type of Code	Code	Description
CPT-I	33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system) (List separately in addition to code for primary procedure)
CPT-I	33226	Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of existing generator)
CPT-I	33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system
CPT-I	33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system
CPT-I	33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system
CPT-I	33230	Insertion of implantable defibrillator pulse generator only; with existing dual leads
CPT-I	33231	Insertion of implantable defibrillator pulse generator only; with existing multiple leads
CPT-I	33233	Removal of permanent pacemaker pulse generator only
CPT-I	33234	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular
CPT-I	33235	Removal of transvenous pacemaker electrode(s); dual lead system

Type of Code	Code	Description
CPT-I	33236	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; single lead system, atrial or ventricular
CPT-I	33237	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; dual lead system
CPT-I	33238	Removal of permanent transvenous electrode(s) by thoracotomy
CPT-I	33241	Removal of implantable defibrillator pulse generator only
CPT-I	33243	Removal of single or dual chamber implantable defibrillator electrode(s); by thoracotomy
CPT-I	33244	Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction
CPT-I	33250	Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); without cardiopulmonary bypass
CPT-I	33251	Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); with cardiopulmonary bypass
CPT-I	33254	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)
CPT-I	33255	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass
CPT-I	33256	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass

Type of Code	Code	Description
CPT-I	33257	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (List separately in addition to code for primary procedure)
CPT-I	33258	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass (List separately in addition to code for primary procedure)
CPT-I	33259	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), with cardiopulmonary bypass (List separately in addition to code for primary procedure)
CPT-I	33261	Operative ablation of ventricular arrhythmogenic focus with cardiopulmonary bypass
CPT-I	33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system
CPT-I	33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system
CPT-I	33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system
CPT-I	33265	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass

Type of Code	Code	Description
CPT-I	33266	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass
CPT-I	33267	Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)
CPT-I	33268	Exclusion of left atrial appendage, open, performed at the time of other sternotomy or thoracotomy procedure(s), any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip) (List separately in addition to code for primary procedure)
CPT-I	33269	Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)
CPT-I	33271	Insertion of subcutaneous implantable defibrillator electrode
CPT-I	33272	Removal of subcutaneous implantable defibrillator electrode
CPT-I	33273	Repositioning of previously implanted subcutaneous implantable defibrillator electrode
CPT-I	33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed

Type of Code	Code	Description
CPT-I	33275	Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed
CPT-I	33285	Insertion, subcutaneous cardiac rhythm monitor, including programming
CPT-I	33286	Removal, subcutaneous cardiac rhythm monitor
CPT-I	33300	Repair of cardiac wound; without bypass
CPT-I	33305	Repair of cardiac wound; with cardiopulmonary bypass
CPT-I	33310	Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); without bypass
CPT-I	33315	Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); with cardiopulmonary bypass
CPT-I	33320	Suture repair of aorta or great vessels; without shunt or cardiopulmonary bypass
CPT-I	33321	Suture repair of aorta or great vessels; with shunt bypass
CPT-I	33322	Suture repair of aorta or great vessels; with cardiopulmonary bypass
CPT-I	33330	Insertion of graft, aorta or great vessels; without shunt, or cardiopulmonary bypass
CPT-I	33335	Insertion of graft, aorta or great vessels; with cardiopulmonary bypass

Type of Code	Code	Description
CPT-I	33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation
CPT-I	33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach
CPT-I	33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach
CPT-I	33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach
CPT-I	33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach
CPT-I	33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)
CPT-I	33366	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)
CPT-I	33367	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (List separately in addition to code for primary procedure)

Type of Code	Code	Description
CPT-I	33390	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; simple (ie, valvotomy, debridement, debulking, and/or simple commissural resuspension)
CPT-I	33391	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; complex (eg, leaflet extension, leaflet resection, leaflet reconstruction, or annuloplasty)
CPT-I	33404	Construction of apical-aortic conduit
CPT-I	33405	Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve
CPT-I	33406	Replacement, aortic valve, open, with cardiopulmonary bypass; with allograft valve (freehand)
CPT-I	33410	Replacement, aortic valve, open, with cardiopulmonary bypass; with stentless tissue valve
CPT-I	33411	Replacement, aortic valve; with aortic annulus enlargement, noncoronary sinus
CPT-I	33412	Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)
CPT-I	33413	Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)
CPT-I	33414	Repair of left ventricular outflow tract obstruction by patch enlargement of the outflow tract
CPT-I	33415	Resection or incision of subvalvular tissue for discrete subvalvular aortic stenosis
CPT-I	33416	Ventriculomyotomy (-myectomy) for idiopathic hypertrophic subaortic stenosis (eg, asymmetric septal hypertrophy)

Type of Code	Code	Description
CPT-I	33417	Aortoplasty (gusset) for supravalvular stenosis
CPT-I	33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis
CPT-I	33419	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; additional prosthesis(es) during same session (List separately in addition to code for primary procedure)
CPT-I	33420	Valvotomy, mitral valve; closed heart
CPT-I	33422	Valvotomy, mitral valve; open heart, with cardiopulmonary bypass
CPT-I	33425	Valvuloplasty, mitral valve, with cardiopulmonary bypass
CPT-I	33426	Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring
CPT-I	33427	Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring
CPT-I	33430	Replacement, mitral valve, with cardiopulmonary bypass
CPT-I	33440	Replacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus enlargement of the left ventricular outflow tract with valved conduit replacement of pulmonary valve (Ross-Konno procedure)
CPT-I	33460	Valvectomy, tricuspid valve, with cardiopulmonary bypass
CPT-I	33463	Valvuloplasty, tricuspid valve; without ring insertion
CPT-I	33464	Valvuloplasty, tricuspid valve; with ring insertion

Type of Code	Code	Description
CPT-I	33465	Replacement, tricuspid valve, with cardiopulmonary bypass
CPT-I	33468	Tricuspid valve repositioning and plication for Ebstein anomaly
CPT-I	33471	Valvotomy, pulmonary valve, closed heart, via pulmonary artery
CPT-I	33474	Valvotomy, pulmonary valve, open heart, with cardiopulmonary bypass
CPT-I	33475	Replacement, pulmonary valve
CPT-I	33476	Right ventricular resection for infundibular stenosis, with or without commissurotomy
CPT-I	33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed
CPT-I	33478	Outflow tract augmentation (gusset), with or without commissurotomy or infundibular resection
CPT-I	33496	Repair of non-structural prosthetic valve dysfunction with cardiopulmonary bypass (separate procedure)
CPT-I	33500	Repair of coronary arteriovenous or arteriocardiac chamber fistula; with cardiopulmonary bypass
CPT-I	33501	Repair of coronary arteriovenous or arteriocardiac chamber fistula; without cardiopulmonary bypass
CPT-I	33502	Repair of anomalous coronary artery from pulmonary artery origin; by ligation
CPT-I	33503	Repair of anomalous coronary artery from pulmonary artery origin; by graft, without cardiopulmonary bypass
CPT-I	33504	Repair of anomalous coronary artery from pulmonary artery origin; by graft, with cardiopulmonary bypass

Type of Code	Code	Description
CPT-I	33505	Repair of anomalous coronary artery from pulmonary artery origin; with construction of intrapulmonary artery tunnel (Takeuchi procedure)
CPT-I	33506	Repair of anomalous coronary artery from pulmonary artery origin; by translocation from pulmonary artery to aorta
CPT-I	33507	Repair of anomalous (eg, intramural) aortic origin of coronary artery by unroofing or translocation
CPT-I	33508	Endoscopy, surgical, including video-assisted harvest of vein(s) for coronary artery bypass procedure (List separately in addition to code for primary procedure)
CPT-I	33509	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure, endoscopic
CPT-I	33510	Coronary artery bypass, vein only; single coronary venous graft
CPT-I	33511	Coronary artery bypass, vein only; 2 coronary venous grafts
CPT-I	33512	Coronary artery bypass, vein only; 3 coronary venous grafts
CPT-I	33513	Coronary artery bypass, vein only; 4 coronary venous grafts
CPT-I	33514	Coronary artery bypass, vein only; 5 coronary venous grafts
CPT-I	33516	Coronary artery bypass, vein only; 6 or more coronary venous grafts
CPT-I	33517	Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (List separately in addition to code for primary procedure)

Type of Code	Code	Description
CPT-I	33518	Coronary artery bypass, using venous graft(s) and arterial graft(s); 2 venous grafts (List separately in addition to code for primary procedure)
CPT-I	33519	Coronary artery bypass, using venous graft(s) and arterial graft(s); 3 venous grafts (List separately in addition to code for primary procedure)
CPT-I	33521	Coronary artery bypass, using venous graft(s) and arterial graft(s); 4 venous grafts (List separately in addition to code for primary procedure)
CPT-I	33522	Coronary artery bypass, using venous graft(s) and arterial graft(s); 5 venous grafts (List separately in addition to code for primary procedure)
CPT-I	33523	Coronary artery bypass, using venous graft(s) and arterial graft(s); 6 or more venous grafts (List separately in addition to code for primary procedure)
CPT-I	33530	Reoperation, coronary artery bypass procedure or valve procedure, more than 1 month after original operation (List separately in addition to code for primary procedure)
CPT-I	33533	Coronary artery bypass, using arterial graft(s); single arterial graft
CPT-I	33534	Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts
CPT-I	33535	Coronary artery bypass, using arterial graft(s); 3 coronary arterial grafts
CPT-I	33536	Coronary artery bypass, using arterial graft(s); 4 or more coronary arterial grafts
CPT-I	33542	Myocardial resection (eg, ventricular aneurysmectomy)

Type of Code	Code	Description
CPT-I	33545	Repair of postinfarction ventricular septal defect, with or without myocardial resection
CPT-I	33572	Coronary endarterectomy, open, any method, of left anterior descending, circumflex, or right coronary artery performed in conjunction with coronary artery bypass graft procedure, each vessel (List separately in addition to primary procedure)
CPT-I	33600	Closure of atrioventricular valve (mitral or tricuspid) by suture or patch
CPT-I	33602	Closure of semilunar valve (aortic or pulmonary) by suture or patch
CPT-I	33606	Anastomosis of pulmonary artery to aorta (Damus-Kaye-Stansel procedure)
CPT-I	33608	Repair of complex cardiac anomaly other than pulmonary atresia with ventricular septal defect by construction or replacement of conduit from right or left ventricle to pulmonary artery
CPT-I	33610	Repair of complex cardiac anomalies (eg, single ventricle with subaortic obstruction) by surgical enlargement of ventricular septal defect
CPT-I	33611	Repair of double outlet right ventricle with intraventricular tunnel repair
CPT-I	33612	Repair of double outlet right ventricle with intraventricular tunnel repair; with repair of right ventricular outflow tract obstruction

Type of Code	Code	Description
CPT-I	33615	Repair of complex cardiac anomalies (eg, tricuspid atresia) by closure of atrial septal defect and anastomosis of atria or vena cava to pulmonary artery (simple Fontan procedure)
CPT-I	33617	Repair of complex cardiac anomalies (eg, single ventricle) by modified Fontan procedure
CPT-I	33619	Repair of single ventricle with aortic outflow obstruction and aortic arch hypoplasia (hypoplastic left heart syndrome) (eg, Norwood procedure)
CPT-I	33620	Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)
CPT-I	33621	Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)
CPT-I	33622	Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, Norwood, bidirectional Glenn, pulmonary artery debanding)
CPT-I	33641	Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch
CPT-I	33645	Direct or patch closure, sinus venosus, with or without anomalous pulmonary venous drainage
CPT-I	33647	Repair of atrial septal defect and ventricular septal defect, with direct or patch closure

Type of Code	Code	Description
CPT-I	33660	Repair of incomplete or partial atrioventricular canal (ostium primum atrial septal defect), with or without atrioventricular valve repair
CPT-I	33665	Repair of intermediate or transitional atrioventricular canal, with or without atrioventricular valve repair
CPT-I	33670	Repair of complete atrioventricular canal, with or without prosthetic valve
CPT-I	33675	Closure of multiple ventricular septal defects
CPT-I	33676	Closure of multiple ventricular septal defects; with pulmonary valvotomy or infundibular resection (acyanotic)
CPT-I	33677	Closure of multiple ventricular septal defects; with removal of pulmonary artery band, with or without gusset
CPT-I	33681	Closure of single ventricular septal defect, with or without patch
CPT-I	33684	Closure of single ventricular septal defect, with or without patch; with pulmonary valvotomy or infundibular resection (acyanotic)
CPT-I	33688	Closure of single ventricular septal defect, with or without patch; with removal of pulmonary artery band, with or without gusset
CPT-I	33690	Banding of pulmonary artery
CPT-I	33692	Complete repair tetralogy of Fallot without pulmonary atresia
CPT-I	33694	Complete repair tetralogy of Fallot without pulmonary atresia; with transannular patch

Type of Code	Code	Description
CPT-I	33697	Complete repair tetralogy of Fallot with pulmonary atresia including construction of conduit from right ventricle to pulmonary artery and closure of ventricular septal defect
CPT-I	33702	Repair sinus of Valsalva fistula, with cardiopulmonary bypass
CPT-I	33710	Repair sinus of Valsalva fistula, with cardiopulmonary bypass; with repair of ventricular septal defect
CPT-I	33720	Repair sinus of Valsalva aneurysm, with cardiopulmonary bypass
CPT-I	33724	Repair of isolated partial anomalous pulmonary venous return (eg, Scimitar Syndrome)
CPT-I	33726	Repair of pulmonary venous stenosis
CPT-I	33730	Complete repair of anomalous pulmonary venous return (supracardiac, intracardiac, or infracardiac types)
CPT-I	33732	Repair of cor triatriatum or supravalvular mitral ring by resection of left atrial membrane
CPT-I	33735	Atrial septectomy or septostomy; closed heart (Blalock-Hanlon type operation)
CPT-I	33736	Atrial septectomy or septostomy; open heart with cardiopulmonary bypass
CPT-I	33737	Atrial septectomy or septostomy; open heart, with inflow occlusion
CPT-I	33741	Transcatheter atrial septostomy (TAS) for congenital cardiac anomalies to create effective atrial flow, including all imaging guidance by the proceduralist, when performed, any method (eg, Rashkind, Sang-Park, balloon, cutting balloon, blade)

Type of Code	Code	Description
CPT-I	33745	Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); initial intracardiac shunt
CPT-I	33746	Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); each additional intracardiac shunt location (List separately in addition to code for primary procedure)
CPT-I	33750	Shunt; subclavian to pulmonary artery (Blalock-Taussig type operation)
CPT-I	33755	Shunt; ascending aorta to pulmonary artery (Waterston type operation)
CPT-I	33762	Shunt; descending aorta to pulmonary artery (Potts-Smith type operation)
CPT-I	33764	Shunt; central, with prosthetic graft

Type of Code	Code	Description
CPT-I	33766	Shunt; superior vena cava to pulmonary artery for flow to 1 lung (classical Glenn procedure)
CPT-I	33767	Shunt; superior vena cava to pulmonary artery for flow to both lungs (bidirectional Glenn procedure)
CPT-I	33768	Anastomosis, cavopulmonary, second superior vena cava (List separately in addition to primary procedure)
CPT-I	33770	Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; without surgical enlargement of ventricular septal defect
CPT-I	33771	Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; with surgical enlargement of ventricular septal defect
CPT-I	33774	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass
CPT-I	33775	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with removal of pulmonary band
CPT-I	33776	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with closure of ventricular septal defect
CPT-I	33777	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with repair of subpulmonic obstruction

Type of Code	Code	Description
CPT-I	33778	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type)
CPT-I	33779	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with removal of pulmonary band
CPT-I	33780	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with closure of ventricular septal defect
CPT-I	33781	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with repair of subpulmonic obstruction
CPT-I	33782	Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); without coronary ostium reimplantation
CPT-I	33783	Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); with reimplantation of 1 or both coronary ostia
CPT-I	33786	Total repair, truncus arteriosus (Rastelli type operation)
CPT-I	33788	Reimplantation of an anomalous pulmonary artery
CPT-I	33800	Aortic suspension (aortopexy) for tracheal decompression (eg, for tracheomalacia) (separate procedure)
CPT-I	33802	Division of aberrant vessel (vascular ring)
CPT-I	33803	Division of aberrant vessel (vascular ring); with reanastomosis
CPT-I	33813	Obliteration of aortopulmonary septal defect; without cardiopulmonary bypass

Type of Code	Code	Description
CPT-I	33814	Obliteration of aortopulmonary septal defect; with cardiopulmonary bypass
CPT-I	33820	Repair of patent ductus arteriosus; by ligation
CPT-I	33822	Repair of patent ductus arteriosus; by division, younger than 18 years
CPT-I	33824	Repair of patent ductus arteriosus; by division, 18 years and older
CPT-I	33840	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with direct anastomosis
CPT-I	33845	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with graft
CPT-I	33851	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; repair using either left subclavian artery or prosthetic material as gusset for enlargement
CPT-I	33852	Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; without cardiopulmonary bypass
CPT-I	33853	Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; with cardiopulmonary bypass
CPT-I	33858	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic dissection
CPT-I	33859	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic disease other than dissection (eg, aneurysm)

Type of Code	Code	Description
CPT-I	33863	Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)
CPT-I	33864	Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, David Procedure, Yacoub Procedure)
CPT-I	33866	Aortic hemiarch graft including isolation and control of the arch vessels, beveled open distal aortic anastomosis extending under one or more of the arch vessels, and total circulatory arrest or isolated cerebral perfusion (List separately in addition to code for primary procedure)
CPT-I	33871	Transverse aortic arch graft, with cardiopulmonary bypass, with profound hypothermia, total circulatory arrest and isolated cerebral perfusion with reimplantation of arch vessel(s) (eg, island pedicle or individual arch vessel reimplantation)
CPT-I	33875	Descending thoracic aorta graft, with or without bypass
CPT-I	33877	Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass
CPT-I	33880	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin

Type of Code	Code	Description
CPT-I	33881	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin
CPT-I	33883	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); initial extension
CPT-I	33884	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); each additional proximal extension (List separately in addition to code for primary procedure)
CPT-I	33886	Placement of distal extension prosthesis(s) delayed after endovascular repair of descending thoracic aorta
CPT-I	33889	Open subclavian to carotid artery transposition performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision, unilateral
CPT-I	33891	Bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision

Type of Code	Code	Description
CPT-I	33894	Endovascular stent repair of coarctation of the ascending, transverse, or descending thoracic or abdominal aorta, involving stent placement; across major side branches
CPT-I	33895	Endovascular stent repair of coarctation of the ascending, transverse, or descending thoracic or abdominal aorta, involving stent placement; not crossing major side branches
CPT-I	33897	Percutaneous transluminal angioplasty of native or recurrent coarctation of the aorta
CPT-I	33900	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, unilateral
CPT-I	33901	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, bilateral
CPT-I	33902	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, unilateral
CPT-I	33903	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, bilateral
CPT-I	33904	Percutaneous pulmonary artery revascularization by stent placement, each additional vessel or separate lesion, normal or abnormal connections (List separately in addition to code for primary procedure)
CPT-I	33910	Pulmonary artery embolectomy; with cardiopulmonary bypass
CPT-I	33915	Pulmonary artery embolectomy; without cardiopulmonary bypass

Type of Code	Code	Description
CPT-I	33916	Pulmonary endarterectomy, with or without embolectomy, with cardiopulmonary bypass
CPT-I	33917	Repair of pulmonary artery stenosis by reconstruction with patch or graft
CPT-I	33920	Repair of pulmonary atresia with ventricular septal defect, by construction or replacement of conduit from right or left ventricle to pulmonary artery
CPT-I	33922	Transection of pulmonary artery with cardiopulmonary bypass
CPT-I	33924	Ligation and takedown of a systemic-to-pulmonary artery shunt, performed in conjunction with a congenital heart procedure (List separately in addition to code for primary procedure)
CPT-I	33925	Repair of pulmonary artery arborization anomalies by unifocalization; without cardiopulmonary bypass
CPT-I	33926	Repair of pulmonary artery arborization anomalies by unifocalization; with cardiopulmonary bypass
CPT-I	33946	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous
CPT-I	33947	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial
CPT-I	33948	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous

Type of Code	Code	Description
CPT-I	33949	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial
CPT-I	33951	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)
CPT-I	33952	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)
CPT-I	33953	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age
CPT-I	33954	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older
CPT-I	33955	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age

Type of Code	Code	Description
CPT-I	33956	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older
CPT-I	33957	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)
CPT-I	33958	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)
CPT-I	33959	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed)
CPT-I	33962	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)

Type of Code	Code	Description
CPT-I	33963	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed)
CPT-I	33964	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed)
CPT-I	33965	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age
CPT-I	33966	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older
CPT-I	33967	Insertion of intra-aortic balloon assist device, percutaneous
CPT-I	33968	Removal of intra-aortic balloon assist device, percutaneous
CPT-I	33969	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age
CPT-I	33970	Insertion of intra-aortic balloon assist device through the femoral artery, open approach

Type of Code	Code	Description
CPT-I	33971	Removal of intra-aortic balloon assist device including repair of femoral artery, with or without graft
CPT-I	33973	Insertion of intra-aortic balloon assist device through the ascending aorta
CPT-I	33974	Removal of intra-aortic balloon assist device from the ascending aorta, including repair of the ascending aorta, with or without graft
CPT-I	33975	Insertion of ventricular assist device; extracorporeal, single ventricle
CPT-I	33976	Insertion of ventricular assist device; extracorporeal, biventricular
CPT-I	33977	Removal of ventricular assist device; extracorporeal, single ventricle
CPT-I	33978	Removal of ventricular assist device; extracorporeal, biventricular
CPT-I	33979	Insertion of ventricular assist device, implantable intracorporeal, single ventricle
CPT-I	33980	Removal of ventricular assist device, implantable intracorporeal, single ventricle
CPT-I	33981	Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump
CPT-I	33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass
CPT-I	33983	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass

Type of Code	Code	Description
CPT-I	33984	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older
CPT-I	33985	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age
CPT-I	33986	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older
CPT-I	33987	Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)
CPT-I	33988	Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS
CPT-I	33989	Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS
CPT-I	33990	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, arterial access only
CPT-I	33991	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, both arterial and venous access, with transseptal puncture

Type of Code	Code	Description
CPT-I	33992	Removal of percutaneous left heart ventricular assist device, arterial or arterial and venous cannula(s), at separate and distinct session from insertion
CPT-I	33993	Repositioning of percutaneous right or left heart ventricular assist device with imaging guidance at separate and distinct session from insertion
CPT-I	33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only
CPT-I	33997	Removal of percutaneous right heart ventricular assist device, venous cannula, at separate and distinct session from insertion
CPT-I	34001	Embolectomy or thrombectomy, with or without catheter; carotid, subclavian or innominate artery, by neck incision
CPT-I	34051	Embolectomy or thrombectomy, with or without catheter; innominate, subclavian artery, by thoracic incision
CPT-I	34101	Embolectomy or thrombectomy, with or without catheter; axillary, brachial, innominate, subclavian artery, by arm incision
CPT-I	34111	Embolectomy or thrombectomy, with or without catheter; radial or ulnar artery, by arm incision
CPT-I	34151	Embolectomy or thrombectomy, with or without catheter; renal, celiac, mesentery, aortoiliac artery, by abdominal incision

Type of Code	Code	Description
CPT-I	34201	Embolectomy or thrombectomy, with or without catheter; femoropopliteal, aortoiliac artery, by leg incision
CPT-I	34203	Embolectomy or thrombectomy, with or without catheter; popliteal-tibio-peroneal artery, by leg incision
CPT-I	34401	Thrombectomy, direct or with catheter; vena cava, iliac vein, by abdominal incision
CPT-I	34421	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by leg incision
CPT-I	34451	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by abdominal and leg incision
CPT-I	34471	Thrombectomy, direct or with catheter; subclavian vein, by neck incision
CPT-I	34490	Thrombectomy, direct or with catheter; axillary and subclavian vein, by arm incision
CPT-I	34501	Valvuloplasty, femoral vein
CPT-I	34502	Reconstruction of vena cava, any method
CPT-I	34510	Venous valve transposition, any vein donor
CPT-I	34520	Cross-over vein graft to venous system
CPT-I	34530	Saphenopopliteal vein anastomosis

Type of Code	Code	Description
CPT-I	34701	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)
CPT-I	34702	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)

Type of Code	Code	Description
CPT-I	34703	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)
CPT-I	34704	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)

Type of Code	Code	Description
CPT-I	34705	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)
CPT-I	34706	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)

Type of Code	Code	Description
CPT-I	34707	Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation)
CPT-I	34708	Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)

Type of Code	Code	Description
CPT-I	34709	Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)
CPT-I	34710	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; initial vessel treated

Type of Code	Code	Description
CPT-I	34711	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; each additional vessel treated (List separately in addition to code for primary procedure)
CPT-I	34712	Transcatheter delivery of enhanced fixation device(s) to the endograft (eg, anchor, screw, tack) and all associated radiological supervision and interpretation
CPT-I	34713	Percutaneous access and closure of femoral artery for delivery of endograft through a large sheath (12 French or larger), including ultrasound guidance, when performed, unilateral (List separately in addition to code for primary procedure)
CPT-I	34714	Open femoral artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by groin incision, unilateral (List separately in addition to code for primary procedure)
CPT-I	34715	Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)

Type of Code	Code	Description
CPT-I	34716	Open axillary/subclavian artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)
CPT-I	34717	Endovascular repair of iliac artery at the time of aorto-iliac artery endograft placement by deployment of an iliac branched endograft including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for rupture or other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer, traumatic disruption), unilateral (List separately in addition to code for primary procedure)

Type of Code	Code	Description
CPT-I	34718	Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft, including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer), unilateral
CPT-I	34808	Endovascular placement of iliac artery occlusion device (List separately in addition to code for primary procedure)
CPT-I	34812	Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)
CPT-I	34813	Placement of femoral-femoral prosthetic graft during endovascular aortic aneurysm repair (List separately in addition to code for primary procedure)
CPT-I	34820	Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)

Type of Code	Code	Description
CPT-I	34830	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; tube prosthesis
CPT-I	34831	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bi-iliac prosthesis
CPT-I	34832	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bifemoral prosthesis
CPT-I	34833	Open iliac artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)
CPT-I	34834	Open brachial artery exposure for delivery of endovascular prosthesis, unilateral (List separately in addition to code for primary procedure)
CPT-I	34839	Physician planning of a patient-specific fenestrated visceral aortic endograft requiring a minimum of 90 minutes of physician time

Type of Code	Code	Description
CPT-I	34841	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)
CPT-I	34842	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])
CPT-I	34843	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])

Type of Code	Code	Description
CPT-I	34844	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])
CPT-I	34845	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)
CPT-I	34846	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])

Type of Code	Code	Description
CPT-I	34847	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])
CPT-I	34848	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])
CPT-I	35001	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, carotid, subclavian artery, by neck incision
CPT-I	35002	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, carotid, subclavian artery, by neck incision

Type of Code	Code	Description
CPT-I	35005	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, vertebral artery
CPT-I	35011	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, axillary-brachial artery, by arm incision
CPT-I	35013	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, axillary-brachial artery, by arm incision
CPT-I	35021	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, innominate, subclavian artery, by thoracic incision
CPT-I	35022	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, innominate, subclavian artery, by thoracic incision
CPT-I	35045	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, radial or ulnar artery

Type of Code	Code	Description
CPT-I	35081	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta
CPT-I	35082	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta
CPT-I	35091	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)
CPT-I	35092	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)
CPT-I	35102	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving iliac vessels (common, hypogastric, external)
CPT-I	35103	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving iliac vessels (common, hypogastric, external)

Type of Code	Code	Description
CPT-I	35111	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, splenic artery
CPT-I	35112	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, splenic artery
CPT-I	35121	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, hepatic, celiac, renal, or mesenteric artery
CPT-I	35122	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, hepatic, celiac, renal, or mesenteric artery
CPT-I	35131	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, iliac artery (common, hypogastric, external)
CPT-I	35132	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, iliac artery (common, hypogastric, external)

Type of Code	Code	Description
CPT-I	35141	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, common femoral artery (profunda femoris, superficial femoral)
CPT-I	35142	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, common femoral artery (profunda femoris, superficial femoral)
CPT-I	35151	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, popliteal artery
CPT-I	35152	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, popliteal artery
CPT-I	35180	Repair, congenital arteriovenous fistula; head and neck
CPT-I	35182	Repair, congenital arteriovenous fistula; thorax and abdomen
CPT-I	35184	Repair, congenital arteriovenous fistula; extremities
CPT-I	35188	Repair, acquired or traumatic arteriovenous fistula; head and neck
CPT-I	35189	Repair, acquired or traumatic arteriovenous fistula; thorax and abdomen
CPT-I	35190	Repair, acquired or traumatic arteriovenous fistula; extremities
CPT-I	35201	Repair blood vessel, direct; neck
CPT-I	35206	Repair blood vessel, direct; upper extremity

Type of Code	Code	Description
CPT-I	35207	Repair blood vessel, direct; hand, finger
CPT-I	35211	Repair blood vessel, direct; intrathoracic, with bypass
CPT-I	35216	Repair blood vessel, direct; intrathoracic, without bypass
CPT-I	35221	Repair blood vessel, direct; intra-abdominal
CPT-I	35226	Repair blood vessel, direct; lower extremity
CPT-I	35231	Repair blood vessel with vein graft; neck
CPT-I	35236	Repair blood vessel with vein graft; upper extremity
CPT-I	35241	Repair blood vessel with vein graft; intrathoracic, with bypass
CPT-I	35246	Repair blood vessel with vein graft; intrathoracic, without bypass
CPT-I	35251	Repair blood vessel with vein graft; intra-abdominal
CPT-I	35256	Repair blood vessel with vein graft; lower extremity
CPT-I	35261	Repair blood vessel with graft other than vein; neck
CPT-I	35266	Repair blood vessel with graft other than vein; upper extremity
CPT-I	35271	Repair blood vessel with graft other than vein; intrathoracic, with bypass
CPT-I	35276	Repair blood vessel with graft other than vein; intrathoracic, without bypass
CPT-I	35281	Repair blood vessel with graft other than vein; intra-abdominal
CPT-I	35286	Repair blood vessel with graft other than vein; lower extremity
CPT-I	35301	Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision

Type of Code	Code	Description
CPT-I	35302	Thromboendarterectomy, including patch graft, if performed; superficial femoral artery
CPT-I	35303	Thromboendarterectomy, including patch graft, if performed; popliteal artery
CPT-I	35304	Thromboendarterectomy, including patch graft, if performed; tibioperoneal trunk artery
CPT-I	35305	Thromboendarterectomy, including patch graft, if performed; tibial or peroneal artery, initial vessel
CPT-I	35306	Thromboendarterectomy, including patch graft, if performed; each additional tibial or peroneal artery (List separately in addition to code for primary procedure)
CPT-I	35311	Thromboendarterectomy, including patch graft, if performed; subclavian, innominate, by thoracic incision
CPT-I	35321	Thromboendarterectomy, including patch graft, if performed; axillary-brachial
CPT-I	35331	Thromboendarterectomy, including patch graft, if performed; abdominal aorta
CPT-I	35341	Thromboendarterectomy, including patch graft, if performed; mesenteric, celiac, or renal
CPT-I	35351	Thromboendarterectomy, including patch graft, if performed; iliac
CPT-I	35355	Thromboendarterectomy, including patch graft, if performed; iliofemoral
CPT-I	35361	Thromboendarterectomy, including patch graft, if performed; combined aortoiliac
CPT-I	35363	Thromboendarterectomy, including patch graft, if performed; combined aortoiliofemoral

Type of Code	Code	Description
CPT-I	35371	Thromboendarterectomy, including patch graft, if performed; common femoral
CPT-I	35372	Thromboendarterectomy, including patch graft, if performed; deep (profunda) femoral
CPT-I	35390	Reoperation, carotid, thromboendarterectomy, more than 1 month after original operation (List separately in addition to code for primary procedure)
CPT-I	35400	Angioscopy (noncoronary vessels or grafts) during therapeutic intervention (List separately in addition to code for primary procedure)
CPT-I	35500	Harvest of upper extremity vein, 1 segment, for lower extremity or coronary artery bypass procedure (List separately in addition to code for primary procedure)
CPT-I	35501	Bypass graft, with vein; common carotid-ipsilateral internal carotid
CPT-I	35506	Bypass graft, with vein; carotid-subclavian or subclavian-carotid
CPT-I	35508	Bypass graft, with vein; carotid-vertebral
CPT-I	35509	Bypass graft, with vein; carotid-contralateral carotid
CPT-I	35510	Bypass graft, with vein; carotid-brachial
CPT-I	35511	Bypass graft, with vein; subclavian-subclavian
CPT-I	35512	Bypass graft, with vein; subclavian-brachial
CPT-I	35515	Bypass graft, with vein; subclavian-vertebral
CPT-I	35516	Bypass graft, with vein; subclavian-axillary
CPT-I	35518	Bypass graft, with vein; axillary-axillary
CPT-I	35521	Bypass graft, with vein; axillary-femoral
CPT-I	35522	Bypass graft, with vein; axillary-brachial

Type of Code	Code	Description
CPT-I	35523	Bypass graft, with vein; brachial-ulnar or -radial
CPT-I	35525	Bypass graft, with vein; brachial-brachial
CPT-I	35526	Bypass graft, with vein; aortosubclavian, aortoinnominate, or aortocarotid
CPT-I	35531	Bypass graft, with vein; aortoceliac or aortomesenteric
CPT-I	35533	Bypass graft, with vein; axillary-femoral-femoral
CPT-I	35535	Bypass graft, with vein; hepatorenal
CPT-I	35536	Bypass graft, with vein; splenorenal
CPT-I	35537	Bypass graft, with vein; aortoiliac
CPT-I	35538	Bypass graft, with vein; aortobi-iliac
CPT-I	35539	Bypass graft, with vein; aortofemoral
CPT-I	35540	Bypass graft, with vein; aortobifemoral
CPT-I	35556	Bypass graft, with vein; femoral-popliteal
CPT-I	35558	Bypass graft, with vein; femoral-femoral
CPT-I	35560	Bypass graft, with vein; aortorenal
CPT-I	35563	Bypass graft, with vein; ilioiliac
CPT-I	35565	Bypass graft, with vein; iliofemoral
CPT-I	35566	Bypass graft, with vein; femoral-anterior tibial, posterior tibial, peroneal artery or other distal vessels
CPT-I	35570	Bypass graft, with vein; tibial-tibial, peroneal-tibial, or tibial/peroneal trunk-tibial
CPT-I	35571	Bypass graft, with vein; popliteal-tibial, -peroneal artery or other distal vessels
CPT-I	35572	Harvest of femoropopliteal vein, 1 segment, for vascular reconstruction procedure (eg, aortic, vena caval, coronary, peripheral artery) (List separately in addition to code for primary procedure)

Type of Code	Code	Description
CPT-I	35583	In-situ vein bypass; femoral-popliteal
CPT-I	35585	In-situ vein bypass; femoral-anterior tibial, posterior tibial, or peroneal artery
CPT-I	35587	In-situ vein bypass; popliteal-tibial, peroneal
CPT-I	35600	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure, open
CPT-I	35601	Bypass graft, with other than vein; common carotid-ipsilateral internal carotid
CPT-I	35606	Bypass graft, with other than vein; carotid-subclavian
CPT-I	35612	Bypass graft, with other than vein; subclavian-subclavian
CPT-I	35616	Bypass graft, with other than vein; subclavian-axillary
CPT-I	35621	Bypass graft, with other than vein; axillary-femoral
CPT-I	35623	Bypass graft, with other than vein; axillary-popliteal or -tibial
CPT-I	35626	Bypass graft, with other than vein; aortosubclavian, aortoinnominate, or aortocarotid
CPT-I	35631	Bypass graft, with other than vein; aortoceliac, aortomesenteric, aortorenal
CPT-I	35632	Bypass graft, with other than vein; ilio-celiac
CPT-I	35633	Bypass graft, with other than vein; ilio-mesenteric
CPT-I	35634	Bypass graft, with other than vein; iliorenal
CPT-I	35636	Bypass graft, with other than vein; splenorenal (splenic to renal arterial anastomosis)
CPT-I	35637	Bypass graft, with other than vein; aortoiliac
CPT-I	35638	Bypass graft, with other than vein; aortobi-iliac
CPT-I	35642	Bypass graft, with other than vein; carotid-vertebral

Type of Code	Code	Description
CPT-I	35645	Bypass graft, with other than vein; subclavian-vertebral
CPT-I	35646	Bypass graft, with other than vein; aortobifemoral
CPT-I	35647	Bypass graft, with other than vein; aortofemoral
CPT-I	35650	Bypass graft, with other than vein; axillary-axillary
CPT-I	35654	Bypass graft, with other than vein; axillary-femoral-femoral
CPT-I	35656	Bypass graft, with other than vein; femoral-popliteal
CPT-I	35661	Bypass graft, with other than vein; femoral-femoral
CPT-I	35663	Bypass graft, with other than vein; ilioiliac
CPT-I	35665	Bypass graft, with other than vein; iliofemoral
CPT-I	35666	Bypass graft, with other than vein; femoral-anterior tibial, posterior tibial, or peroneal artery
CPT-I	35671	Bypass graft, with other than vein; popliteal-tibial or -peroneal artery
CPT-I	35681	Bypass graft; composite, prosthetic and vein (List separately in addition to code for primary procedure)
CPT-I	35682	Bypass graft; autogenous composite, 2 segments of veins from 2 locations (List separately in addition to code for primary procedure)
CPT-I	35683	Bypass graft; autogenous composite, 3 or more segments of vein from 2 or more locations (List separately in addition to code for primary procedure)
CPT-I	35685	Placement of vein patch or cuff at distal anastomosis of bypass graft, synthetic conduit (List separately in addition to code for primary procedure)
CPT-I	35686	Creation of distal arteriovenous fistula during lower extremity bypass surgery (non-hemodialysis) (List separately in addition to code for primary procedure)

Type of Code	Code	Description
CPT-I	35691	Transposition and/or reimplantation; vertebral to carotid artery
CPT-I	35693	Transposition and/or reimplantation; vertebral to subclavian artery
CPT-I	35694	Transposition and/or reimplantation; subclavian to carotid artery
CPT-I	35695	Transposition and/or reimplantation; carotid to subclavian artery
CPT-I	35697	Reimplantation, visceral artery to infrarenal aortic prosthesis, each artery (List separately in addition to code for primary procedure)
CPT-I	35700	Reoperation, femoral-popliteal or femoral (popliteal)-anterior tibial, posterior tibial, peroneal artery, or other distal vessels, more than 1 month after original operation (List separately in addition to code for primary procedure)
CPT-I	35701	Exploration not followed by surgical repair, artery; neck (eg, carotid, subclavian)
CPT-I	35702	Exploration not followed by surgical repair, artery; upper extremity (eg, axillary, brachial, radial, ulnar)
CPT-I	35703	Exploration not followed by surgical repair, artery; lower extremity (eg, common femoral, deep femoral, superficial femoral, popliteal, tibial, peroneal)
CPT-I	35800	Exploration for postoperative hemorrhage, thrombosis or infection; neck
CPT-I	35820	Exploration for postoperative hemorrhage, thrombosis or infection; chest

Type of Code	Code	Description
CPT-I	35840	Exploration for postoperative hemorrhage, thrombosis or infection; abdomen
CPT-I	35860	Exploration for postoperative hemorrhage, thrombosis or infection; extremity
CPT-I	35870	Repair of graft-enteric fistula
CPT-I	35875	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula)
CPT-I	35876	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula); with revision of arterial or venous graft
CPT-I	35879	Revision, lower extremity arterial bypass, without thrombectomy, open; with vein patch angioplasty
CPT-I	35881	Revision, lower extremity arterial bypass, without thrombectomy, open; with segmental vein interposition
CPT-I	35883	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with nonautogenous patch graft (eg, Dacron, ePTFE, bovine pericardium)
CPT-I	35884	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with autogenous vein patch graft
CPT-I	35901	Excision of infected graft; neck
CPT-I	35903	Excision of infected graft; extremity
CPT-I	35905	Excision of infected graft; thorax
CPT-I	35907	Excision of infected graft; abdomen
CPT-I	36000	Introduction of needle or intracatheter, vein
CPT-I	36002	Injection procedures (eg, thrombin) for percutaneous treatment of extremity pseudoaneurysm
CPT-I	36005	Injection procedure for extremity venography (including introduction of needle or intracatheter)

Type of Code	Code	Description
CPT-I	36010	Introduction of catheter, superior or inferior vena cava
CPT-I	36011	Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)
CPT-I	36012	Selective catheter placement, venous system; second order, or more selective, branch (eg, left adrenal vein, petrosal sinus)
CPT-I	36013	Introduction of catheter, right heart or main pulmonary artery
CPT-I	36014	Selective catheter placement, left or right pulmonary artery
CPT-I	36015	Selective catheter placement, segmental or subsegmental pulmonary artery
CPT-I	36100	Introduction of needle or intracatheter, carotid or vertebral artery
CPT-I	36140	Introduction of needle or intracatheter, upper or lower extremity artery
CPT-I	36160	Introduction of needle or intracatheter, aortic, translumbar
CPT-I	36200	Introduction of catheter, aorta
CPT-I	36215	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family
CPT-I	36216	Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family
CPT-I	36217	Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family

Type of Code	Code	Description
CPT-I	36218	Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)
CPT-I	36221	Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed
CPT-I	36222	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed
CPT-I	36223	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed

Type of Code	Code	Description
CPT-I	36224	Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed
CPT-I	36225	Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed
CPT-I	36226	Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed
CPT-I	36227	Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)
CPT-I	36228	Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (eg, middle cerebral artery, posterior inferior cerebellar artery) (List separately in addition to code for primary procedure)

Type of Code	Code	Description
CPT-I	36245	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family
CPT-I	36246	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family
CPT-I	36247	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family
CPT-I	36248	Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)
CPT-I	36251	Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

Type of Code	Code	Description
CPT-I	36252	Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral
CPT-I	36253	Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral
CPT-I	36254	Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral
CPT-I	36260	Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver)

Type of Code	Code	Description
CPT-I	36261	Revision of implanted intra-arterial infusion pump
CPT-I	36262	Removal of implanted intra-arterial infusion pump
CPT-I	36400	Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; femoral or jugular vein
CPT-I	36405	Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; scalp vein
CPT-I	36406	Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; other vein
CPT-I	36410	Venipuncture, age 3 years or older, necessitating the skill of a physician or other qualified health care professional (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)
CPT-I	36415	Collection of venous blood by venipuncture
CPT-I	36416	Collection of capillary blood specimen (eg, finger, heel, ear stick)
CPT-I	36420	Venipuncture, cutdown; younger than age 1 year
CPT-I	36425	Venipuncture, cutdown; age 1 or over
CPT-I	36430	Transfusion, blood or blood components
CPT-I	36440	Push transfusion, blood, 2 years or younger
CPT-I	36450	Exchange transfusion, blood; newborn
CPT-I	36455	Exchange transfusion, blood; other than newborn

Type of Code	Code	Description
CPT-I	36456	Partial exchange transfusion, blood, plasma or crystalloid necessitating the skill of a physician or other qualified health care professional, newborn
CPT-I	36460	Transfusion, intrauterine, fetal
CPT-I	36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)
CPT-I	36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg
CPT-I	36481	Percutaneous portal vein catheterization by any method
CPT-I	36500	Venous catheterization for selective organ blood sampling
CPT-I	36510	Catheterization of umbilical vein for diagnosis or therapy, newborn
CPT-I	36511	Therapeutic apheresis; for white blood cells
CPT-I	36512	Therapeutic apheresis; for red blood cells
CPT-I	36513	Therapeutic apheresis; for platelets
CPT-I	36514	Therapeutic apheresis; for plasma pheresis
CPT-I	36516	Therapeutic apheresis; with extracorporeal immunoadsorption, selective adsorption or selective filtration and plasma reinfusion
CPT-I	36522	Photopheresis, extracorporeal
CPT-I	36555	Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age
CPT-I	36556	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older
CPT-I	36557	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; younger than 5 years of age

Type of Code	Code	Description
CPT-I	36558	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older
CPT-I	36560	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; younger than 5 years of age
CPT-I	36561	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older
CPT-I	36563	Insertion of tunneled centrally inserted central venous access device with subcutaneous pump
CPT-I	36565	Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; without subcutaneous port or pump (eg, Tesio type catheter)
CPT-I	36566	Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; with subcutaneous port(s)
CPT-I	36568	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; younger than 5 years of age
CPT-I	36569	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; age 5 years or older
CPT-I	36570	Insertion of peripherally inserted central venous access device, with subcutaneous port; younger than 5 years of age

Type of Code	Code	Description
CPT-I	36571	Insertion of peripherally inserted central venous access device, with subcutaneous port; age 5 years or older
CPT-I	36572	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; younger than 5 years of age
CPT-I	36573	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; age 5 years or older
CPT-I	36575	Repair of tunneled or non-tunneled central venous access catheter, without subcutaneous port or pump, central or peripheral insertion site
CPT-I	36576	Repair of central venous access device, with subcutaneous port or pump, central or peripheral insertion site
CPT-I	36578	Replacement, catheter only, of central venous access device, with subcutaneous port or pump, central or peripheral insertion site
CPT-I	36580	Replacement, complete, of a non-tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access
CPT-I	36581	Replacement, complete, of a tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access

Type of Code	Code	Description
CPT-I	36582	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous port, through same venous access
CPT-I	36583	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous pump, through same venous access
CPT-I	36584	Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the replacement
CPT-I	36585	Replacement, complete, of a peripherally inserted central venous access device, with subcutaneous port, through same venous access
CPT-I	36589	Removal of tunneled central venous catheter, without subcutaneous port or pump
CPT-I	36590	Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion
CPT-I	36591	Collection of blood specimen from a completely implantable venous access device
CPT-I	36592	Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified
CPT-I	36593	Declotting by thrombolytic agent of implanted vascular access device or catheter

Type of Code	Code	Description
CPT-I	36595	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access
CPT-I	36596	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen
CPT-I	36597	Repositioning of previously placed central venous catheter under fluoroscopic guidance
CPT-I	36598	Contrast injection(s) for radiologic evaluation of existing central venous access device, including fluoroscopy, image documentation and report
CPT-I	36600	Arterial puncture, withdrawal of blood for diagnosis
CPT-I	36620	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous
CPT-I	36625	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); cutdown
CPT-I	36640	Arterial catheterization for prolonged infusion therapy (chemotherapy), cutdown
CPT-I	36660	Catheterization, umbilical artery, newborn, for diagnosis or therapy
CPT-I	36680	Placement of needle for intraosseous infusion
CPT-I	36800	Insertion of cannula for hemodialysis, other purpose (separate procedure); vein to vein
CPT-I	36810	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external (Scribner type)

Type of Code	Code	Description
CPT-I	36815	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external revision, or closure
CPT-I	36818	Arteriovenous anastomosis, open; by upper arm cephalic vein transposition
CPT-I	36819	Arteriovenous anastomosis, open; by upper arm basilic vein transposition
CPT-I	36820	Arteriovenous anastomosis, open; by forearm vein transposition
CPT-I	36821	Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)
CPT-I	36823	Insertion of arterial and venous cannula(s) for isolated extracorporeal circulation including regional chemotherapy perfusion to an extremity, with or without hyperthermia, with removal of cannula(s) and repair of arteriotomy and venotomy sites
CPT-I	36825	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft
CPT-I	36830	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)
CPT-I	36831	Thrombectomy, open, arteriovenous fistula without revision, autogenous or nonautogenous dialysis graft (separate procedure)

Type of Code	Code	Description
CPT-I	36832	Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)
CPT-I	36833	Revision, open, arteriovenous fistula; with thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)
CPT-I	36835	Insertion of Thomas shunt (separate procedure)
CPT-I	36836	Percutaneous arteriovenous fistula creation, upper extremity, single access of both the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation
CPT-I	36837	Percutaneous arteriovenous fistula creation, upper extremity, separate access sites of the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation
CPT-I	36838	Distal revascularization and interval ligation (DRIL), upper extremity hemodialysis access (steal syndrome)
CPT-I	36860	External cannula declotting (separate procedure); without balloon catheter
CPT-I	36861	External cannula declotting (separate procedure); with balloon catheter

Type of Code	Code	Description
CPT-I	36901	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report
CPT-I	36902	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

Type of Code	Code	Description
CPT-I	36903	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment
CPT-I	36904	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s)

Type of Code	Code	Description
CPT-I	36905	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty
CPT-I	36906	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit
CPT-I	36907	Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary procedure)

Type of Code	Code	Description
CPT-I	36908	Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)
CPT-I	36909	Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (List separately in addition to code for primary procedure)
CPT-I	37140	Venous anastomosis, open; portocaval
CPT-I	37145	Venous anastomosis, open; renoportal
CPT-I	37160	Venous anastomosis, open; caval-mesenteric
CPT-I	37180	Venous anastomosis, open; splenorenal, proximal
CPT-I	37181	Venous anastomosis, open; splenorenal, distal (selective decompression of esophagogastric varices, any technique)
CPT-I	37182	Insertion of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract formation/dilatation, stent placement and all associated imaging guidance and documentation)

Type of Code	Code	Description
CPT-I	37183	Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recannulization/dilatation, stent placement and all associated imaging guidance and documentation)
CPT-I	37184	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel
CPT-I	37185	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure)
CPT-I	37186	Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)

Type of Code	Code	Description
CPT-I	37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance
CPT-I	37188	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy
CPT-I	37191	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed
CPT-I	37192	Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed
CPT-I	37193	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed
CPT-I	37195	Thrombolysis, cerebral, by intravenous infusion

Type of Code	Code	Description
CPT-I	37197	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), includes radiological supervision and interpretation, and imaging guidance (ultrasound or fluoroscopy), when performed
CPT-I	37200	Transcatheter biopsy
CPT-I	37211	Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day
CPT-I	37212	Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day
CPT-I	37213	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed
CPT-I	37214	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method

Type of Code	Code	Description
CPT-I	37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection
CPT-I	37216	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; without distal embolic protection
CPT-I	37217	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation
CPT-I	37218	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation
CPT-I	37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty
CPT-I	37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed

Type of Code	Code	Description
CPT-I	37222	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)
CPT-I	37223	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)
CPT-I	37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty
CPT-I	37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed
CPT-I	37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
CPT-I	37227	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed
CPT-I	37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty

Type of Code	Code	Description
CPT-I	37229	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed
CPT-I	37230	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
CPT-I	37231	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed
CPT-I	37232	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)
CPT-I	37233	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)
CPT-I	37234	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)

Type of Code	Code	Description
CPT-I	37235	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)
CPT-I	37236	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery
CPT-I	37237	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)
CPT-I	37238	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein

Type of Code	Code	Description
CPT-I	37239	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)
CPT-I	37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)
CPT-I	37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)
CPT-I	37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction

Type of Code	Code	Description
CPT-I	37244	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation
CPT-I	37246	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery
CPT-I	37247	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)
CPT-I	37248	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein
CPT-I	37249	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (List separately in addition to code for primary procedure)

Type of Code	Code	Description
CPT-I	37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)
CPT-I	37565	Ligation, internal jugular vein
CPT-I	37600	Ligation; external carotid artery
CPT-I	37605	Ligation; internal or common carotid artery
CPT-I	37606	Ligation; internal or common carotid artery, with gradual occlusion, as with Selverstone or Crutchfield clamp
CPT-I	37607	Ligation or banding of angioaccess arteriovenous fistula
CPT-I	37609	Ligation or biopsy, temporal artery
CPT-I	37615	Ligation, major artery (eg, post-traumatic, rupture); neck
CPT-I	37616	Ligation, major artery (eg, post-traumatic, rupture); chest
CPT-I	37617	Ligation, major artery (eg, post-traumatic, rupture); abdomen
CPT-I	37618	Ligation, major artery (eg, post-traumatic, rupture); extremity
CPT-I	37619	Ligation of inferior vena cava
CPT-I	37650	Ligation of femoral vein
CPT-I	37660	Ligation of common iliac vein
CPT-I	38100	Splenectomy; total (separate procedure)
CPT-I	38101	Splenectomy; partial (separate procedure)
CPT-I	38102	Splenectomy; total, en bloc for extensive disease, in conjunction with other procedure (List in addition to code for primary procedure)
CPT-I	38115	Repair of ruptured spleen (splenorrhaphy) with or without partial splenectomy
CPT-I	38120	Laparoscopy, surgical, splenectomy
CPT-I	38200	Injection procedure for splenoportography

Type of Code	Code	Description
CPT-I	38220	Diagnostic bone marrow; aspiration(s)
CPT-I	38221	Diagnostic bone marrow; biopsy(ies)
CPT-I	38222	Diagnostic bone marrow; biopsy(ies) and aspiration(s)
CPT-I	38242	Allogeneic lymphocyte infusions
CPT-I	38300	Drainage of lymph node abscess or lymphadenitis; simple
CPT-I	38305	Drainage of lymph node abscess or lymphadenitis; extensive
CPT-I	38308	Lymphangiotomy or other operations on lymphatic channels
CPT-I	38380	Suture and/or ligation of thoracic duct; cervical approach
CPT-I	38381	Suture and/or ligation of thoracic duct; thoracic approach
CPT-I	38382	Suture and/or ligation of thoracic duct; abdominal approach
CPT-I	38500	Biopsy or excision of lymph node(s); open, superficial
CPT-I	38505	Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary)
CPT-I	38510	Biopsy or excision of lymph node(s); open, deep cervical node(s)
CPT-I	38520	Biopsy or excision of lymph node(s); open, deep cervical node(s) with excision scalene fat pad
CPT-I	38525	Biopsy or excision of lymph node(s); open, deep axillary node(s)
CPT-I	38530	Biopsy or excision of lymph node(s); open, internal mammary node(s)
CPT-I	38531	Biopsy or excision of lymph node(s); open, inguinofemoral node(s)

Type of Code	Code	Description
CPT-I	38542	Dissection, deep jugular node(s)
CPT-I	38550	Excision of cystic hygroma, axillary or cervical; without deep neurovascular dissection
CPT-I	38555	Excision of cystic hygroma, axillary or cervical; with deep neurovascular dissection
CPT-I	38562	Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic
CPT-I	38564	Limited lymphadenectomy for staging (separate procedure); retroperitoneal (aortic and/or splenic)
CPT-I	38570	Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple
CPT-I	38571	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy
CPT-I	38572	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple
CPT-I	38573	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling, peritoneal washings, peritoneal biopsy(ies), omentectomy, and diaphragmatic washings, including diaphragmatic and other serosal biopsy(ies), when performed
CPT-I	38700	Suprahyoid lymphadenectomy
CPT-I	38720	Cervical lymphadenectomy (complete)
CPT-I	38724	Cervical lymphadenectomy (modified radical neck dissection)
CPT-I	38740	Axillary lymphadenectomy; superficial
CPT-I	38745	Axillary lymphadenectomy; complete

Type of Code	Code	Description
CPT-I	38746	Thoracic lymphadenectomy by thoracotomy, mediastinal and regional lymphadenectomy (List separately in addition to code for primary procedure)
CPT-I	38747	Abdominal lymphadenectomy, regional, including celiac, gastric, portal, peripancreatic, with or without para-aortic and vena caval nodes (List separately in addition to code for primary procedure)
CPT-I	38760	Inguinofemoral lymphadenectomy, superficial, including Cloquet's node (separate procedure)
CPT-I	38765	Inguinofemoral lymphadenectomy, superficial, in continuity with pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)
CPT-I	38770	Pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)
CPT-I	38780	Retroperitoneal transabdominal lymphadenectomy, extensive, including pelvic, aortic, and renal nodes (separate procedure)
CPT-I	38790	Injection procedure; lymphangiography
CPT-I	38792	Injection procedure; radioactive tracer for identification of sentinel node
CPT-I	38794	Cannulation, thoracic duct
CPT-I	38900	Intraoperative identification (eg, mapping) of sentinel lymph node(s) includes injection of non-radioactive dye, when performed (List separately in addition to code for primary procedure)
CPT-I	39000	Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; cervical approach

Type of Code	Code	Description
CPT-I	39010	Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; transthoracic approach, including either transthoracic or median sternotomy
CPT-I	39200	Resection of mediastinal cyst
CPT-I	39220	Resection of mediastinal tumor
CPT-I	39401	Mediastinoscopy; includes biopsy(ies) of mediastinal mass (eg, lymphoma), when performed
CPT-I	39402	Mediastinoscopy; with lymph node biopsy(ies) (eg, lung cancer staging)
CPT-I	39501	Repair, laceration of diaphragm, any approach
CPT-I	39503	Repair, neonatal diaphragmatic hernia, with or without chest tube insertion and with or without creation of ventral hernia
CPT-I	39540	Repair, diaphragmatic hernia (other than neonatal), traumatic; acute
CPT-I	39541	Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic
CPT-I	39545	Imbrication of diaphragm for eventration, transthoracic or transabdominal, paralytic or nonparalytic
CPT-I	39560	Resection, diaphragm; with simple repair (eg, primary suture)
CPT-I	39561	Resection, diaphragm; with complex repair (eg, prosthetic material, local muscle flap)
CPT-I	40490	Biopsy of lip
CPT-I	40700	Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral
CPT-I	40701	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1-stage procedure

Type of Code	Code	Description
CPT-I	40702	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1 of 2 stages
CPT-I	40720	Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure
CPT-I	40761	Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle
CPT-I	40800	Drainage of abscess, cyst, hematoma, vestibule of mouth; simple
CPT-I	40801	Drainage of abscess, cyst, hematoma, vestibule of mouth; complicated
CPT-I	40804	Removal of embedded foreign body, vestibule of mouth; simple
CPT-I	40805	Removal of embedded foreign body, vestibule of mouth; complicated
CPT-I	40806	Incision of labial frenum (frenotomy)
CPT-I	40808	Biopsy, vestibule of mouth
CPT-I	40810	Excision of lesion of mucosa and submucosa, vestibule of mouth; without repair
CPT-I	40812	Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair
CPT-I	40814	Excision of lesion of mucosa and submucosa, vestibule of mouth; with complex repair
CPT-I	40816	Excision of lesion of mucosa and submucosa, vestibule of mouth; complex, with excision of underlying muscle
CPT-I	40818	Excision of mucosa of vestibule of mouth as donor graft
CPT-I	40819	Excision of frenum, labial or buccal (frenumectomy, frenulectomy, frenectomy)

Type of Code	Code	Description
CPT-I	40830	Closure of laceration, vestibule of mouth; 2.5 cm or less
CPT-I	40831	Closure of laceration, vestibule of mouth; over 2.5 cm or complex
CPT-I	40840	Vestibuloplasty; anterior
CPT-I	40842	Vestibuloplasty; posterior, unilateral
CPT-I	40843	Vestibuloplasty; posterior, bilateral
CPT-I	40844	Vestibuloplasty; entire arch
CPT-I	40845	Vestibuloplasty; complex (including ridge extension, muscle repositioning)
CPT-I	41000	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; lingual
CPT-I	41005	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, superficial
CPT-I	41006	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, deep, supramylohyoid
CPT-I	41007	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submental space
CPT-I	41008	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submandibular space
CPT-I	41009	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; masticator space
CPT-I	41010	Incision of lingual frenum (frenotomy)
CPT-I	41015	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; sublingual

Type of Code	Code	Description
CPT-I	41016	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submental
CPT-I	41017	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submandibular
CPT-I	41018	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; masticator space
CPT-I	41100	Biopsy of tongue; anterior two-thirds
CPT-I	41105	Biopsy of tongue; posterior one-third
CPT-I	41108	Biopsy of floor of mouth
CPT-I	41110	Excision of lesion of tongue without closure
CPT-I	41112	Excision of lesion of tongue with closure; anterior two-thirds
CPT-I	41113	Excision of lesion of tongue with closure; posterior one-third
CPT-I	41114	Excision of lesion of tongue with closure; with local tongue flap
CPT-I	41115	Excision of lingual frenum (frenectomy)
CPT-I	41116	Excision, lesion of floor of mouth
CPT-I	41120	Glossectomy; less than one-half tongue
CPT-I	41130	Glossectomy; hemiglossectomy
CPT-I	41135	Glossectomy; partial, with unilateral radical neck dissection
CPT-I	41140	Glossectomy; complete or total, with or without tracheostomy, without radical neck dissection
CPT-I	41145	Glossectomy; complete or total, with or without tracheostomy, with unilateral radical neck dissection

Type of Code	Code	Description
CPT-I	41150	Glossectomy; composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection
CPT-I	41153	Glossectomy; composite procedure with resection floor of mouth, with suprahyoid neck dissection
CPT-I	41155	Glossectomy; composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type)
CPT-I	41250	Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue
CPT-I	41251	Repair of laceration 2.5 cm or less; posterior one-third of tongue
CPT-I	41252	Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex
CPT-I	41510	Suture of tongue to lip for micrognathia (Douglas type procedure)
CPT-I	41520	Frenoplasty (surgical revision of frenum, eg, with Z-plasty)
CPT-I	41800	Drainage of abscess, cyst, hematoma from dentoalveolar structures
CPT-I	41805	Removal of embedded foreign body from dentoalveolar structures; soft tissues
CPT-I	41806	Removal of embedded foreign body from dentoalveolar structures; bone
CPT-I	42000	Drainage of abscess of palate, uvula
CPT-I	42100	Biopsy of palate, uvula
CPT-I	42104	Excision, lesion of palate, uvula; without closure
CPT-I	42106	Excision, lesion of palate, uvula; with simple primary closure

Type of Code	Code	Description
CPT-I	42107	Excision, lesion of palate, uvula; with local flap closure
CPT-I	42120	Resection of palate or extensive resection of lesion
CPT-I	42160	Destruction of lesion, palate or uvula (thermal, cryo or chemical)
CPT-I	42180	Repair, laceration of palate; up to 2 cm
CPT-I	42182	Repair, laceration of palate; over 2 cm or complex
CPT-I	42200	Palatoplasty for cleft palate, soft and/or hard palate only
CPT-I	42205	Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only
CPT-I	42210	Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft)
CPT-I	42215	Palatoplasty for cleft palate; major revision
CPT-I	42220	Palatoplasty for cleft palate; secondary lengthening procedure
CPT-I	42225	Palatoplasty for cleft palate; attachment pharyngeal flap
CPT-I	42226	Lengthening of palate, and pharyngeal flap
CPT-I	42227	Lengthening of palate, with island flap
CPT-I	42235	Repair of anterior palate, including vomer flap
CPT-I	42260	Repair of nasolabial fistula
CPT-I	42300	Drainage of abscess; parotid, simple
CPT-I	42305	Drainage of abscess; parotid, complicated
CPT-I	42310	Drainage of abscess; submaxillary or sublingual, intraoral
CPT-I	42320	Drainage of abscess; submaxillary, external

Type of Code	Code	Description
CPT-I	42330	Sialolithotomy; submandibular (submaxillary), sublingual or parotid, uncomplicated, intraoral
CPT-I	42335	Sialolithotomy; submandibular (submaxillary), complicated, intraoral
CPT-I	42340	Sialolithotomy; parotid, extraoral or complicated intraoral
CPT-I	42400	Biopsy of salivary gland; needle
CPT-I	42405	Biopsy of salivary gland; incisional
CPT-I	42408	Excision of sublingual salivary cyst (ranula)
CPT-I	42409	Marsupialization of sublingual salivary cyst (ranula)
CPT-I	42410	Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection
CPT-I	42415	Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve
CPT-I	42420	Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve
CPT-I	42425	Excision of parotid tumor or parotid gland; total, en bloc removal with sacrifice of facial nerve
CPT-I	42426	Excision of parotid tumor or parotid gland; total, with unilateral radical neck dissection
CPT-I	42440	Excision of submandibular (submaxillary) gland
CPT-I	42450	Excision of sublingual gland
CPT-I	42500	Plastic repair of salivary duct, sialodochoplasty; primary or simple
CPT-I	42505	Plastic repair of salivary duct, sialodochoplasty; secondary or complicated
CPT-I	42507	Parotid duct diversion, bilateral (Wilke type procedure)
CPT-I	42509	Parotid duct diversion, bilateral (Wilke type procedure); with excision of both submandibular glands

Type of Code	Code	Description
CPT-I	42510	Parotid duct diversion, bilateral (Wilke type procedure); with ligation of both submandibular (Wharton's) ducts
CPT-I	42550	Injection procedure for sialography
CPT-I	42600	Closure salivary fistula
CPT-I	42650	Dilation salivary duct
CPT-I	42660	Dilation and catheterization of salivary duct, with or without injection
CPT-I	42665	Ligation salivary duct, intraoral
CPT-I	42700	Incision and drainage abscess; peritonsillar
CPT-I	42720	Incision and drainage abscess; retropharyngeal or parapharyngeal, intraoral approach
CPT-I	42725	Incision and drainage abscess; retropharyngeal or parapharyngeal, external approach
CPT-I	42800	Biopsy; oropharynx
CPT-I	42804	Biopsy; nasopharynx, visible lesion, simple
CPT-I	42806	Biopsy; nasopharynx, survey for unknown primary lesion
CPT-I	42808	Excision or destruction of lesion of pharynx, any method
CPT-I	42809	Removal of foreign body from pharynx
CPT-I	42810	Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues
CPT-I	42815	Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx
CPT-I	42842	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; without closure
CPT-I	42844	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with local flap (eg, tongue, buccal)

Type of Code	Code	Description
CPT-I	42845	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with other flap
CPT-I	42860	Excision of tonsil tags
CPT-I	42870	Excision or destruction lingual tonsil, any method (separate procedure)
CPT-I	42900	Suture pharynx for wound or injury
CPT-I	42953	Pharyngoesophageal repair
CPT-I	42955	Pharyngostomy (fistulization of pharynx, external for feeding)
CPT-I	42960	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); simple
CPT-I	42961	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); complicated, requiring hospitalization
CPT-I	42962	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); with secondary surgical intervention
CPT-I	42970	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); simple, with posterior nasal packs, with or without anterior packs and/or cautery
CPT-I	42971	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); complicated, requiring hospitalization
CPT-I	42972	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); with secondary surgical intervention

Type of Code	Code	Description
CPT-I	42975	Drug-induced sleep endoscopy, with dynamic evaluation of velum, pharynx, tongue base, and larynx for evaluation of sleep-disordered breathing, flexible, diagnostic
CPT-I	43020	Esophagotomy, cervical approach, with removal of foreign body
CPT-I	43030	Cricopharyngeal myotomy
CPT-I	43045	Esophagotomy, thoracic approach, with removal of foreign body
CPT-I	43100	Excision of lesion, esophagus, with primary repair; cervical approach
CPT-I	43101	Excision of lesion, esophagus, with primary repair; thoracic or abdominal approach
CPT-I	43107	Total or near total esophagectomy, without thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (transhiatal)
CPT-I	43108	Total or near total esophagectomy, without thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation and anastomosis(es)
CPT-I	43112	Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (ie, McKeown esophagectomy or tri-incisional esophagectomy)

Type of Code	Code	Description
CPT-I	43113	Total or near total esophagectomy, with thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)
CPT-I	43116	Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis, obtaining the graft and intestinal reconstruction
CPT-I	43117	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagogastrostomy, with or without pyloroplasty (Ivor Lewis)
CPT-I	43118	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)
CPT-I	43121	Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without pyloroplasty
CPT-I	43122	Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with esophagogastrostomy, with or without pyloroplasty

Type of Code	Code	Description
CPT-I	43123	Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)
CPT-I	43124	Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy
CPT-I	43130	Diverticulectomy of hypopharynx or esophagus, with or without myotomy; cervical approach
CPT-I	43135	Diverticulectomy of hypopharynx or esophagus, with or without myotomy; thoracic approach
CPT-I	43180	Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (eg, Zenker's diverticulum), with cricopharyngeal myotomy, includes use of telescope or operating microscope and repair, when performed
CPT-I	43192	Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance
CPT-I	43193	Esophagoscopy, rigid, transoral; with biopsy, single or multiple
CPT-I	43194	Esophagoscopy, rigid, transoral; with removal of foreign body(s)
CPT-I	43198	Esophagoscopy, flexible, transnasal; with biopsy, single or multiple
CPT-I	43200	Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)

Type of Code	Code	Description
CPT-I	43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance
CPT-I	43202	Esophagoscopy, flexible, transoral; with biopsy, single or multiple
CPT-I	43204	Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices
CPT-I	43205	Esophagoscopy, flexible, transoral; with band ligation of esophageal varices
CPT-I	43206	Esophagoscopy, flexible, transoral; with optical endomicroscopy
CPT-I	43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed
CPT-I	43211	Esophagoscopy, flexible, transoral; with endoscopic mucosal resection
CPT-I	43212	Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)
CPT-I	43213	Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)
CPT-I	43214	Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)
CPT-I	43215	Esophagoscopy, flexible, transoral; with removal of foreign body(s)
CPT-I	43216	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps

Type of Code	Code	Description
CPT-I	43217	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
CPT-I	43220	Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)
CPT-I	43226	Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire
CPT-I	43227	Esophagoscopy, flexible, transoral; with control of bleeding, any method
CPT-I	43229	Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
CPT-I	43231	Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination
CPT-I	43232	Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)
CPT-I	43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)
CPT-I	43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
CPT-I	43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance

Type of Code	Code	Description
CPT-I	43237	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures
CPT-I	43238	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures)
CPT-I	43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple
CPT-I	43240	Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed)
CPT-I	43241	Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter
CPT-I	43242	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)
CPT-I	43243	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices

Type of Code	Code	Description
CPT-I	43244	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices
CPT-I	43245	Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)
CPT-I	43246	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube
CPT-I	43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)
CPT-I	43248	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire
CPT-I	43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)
CPT-I	43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
CPT-I	43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
CPT-I	43252	Esophagogastroduodenoscopy, flexible, transoral; with optical endomicroscopy

Type of Code	Code	Description
CPT-I	43253	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)
CPT-I	43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection
CPT-I	43255	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method
CPT-I	43259	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis
CPT-I	43260	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
CPT-I	43261	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple
CPT-I	43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)

Type of Code	Code	Description
CPT-I	43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)
CPT-I	43274	Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent
CPT-I	43275	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)
CPT-I	43276	Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged
CPT-I	43277	Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct
CPT-I	43278	Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed

Type of Code	Code	Description
CPT-I	43283	Laparoscopy, surgical, esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty) (List separately in addition to code for primary procedure)
CPT-I	43286	Esophagectomy, total or near total, with laparoscopic mobilization of the abdominal and mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastrostomy (ie, laparoscopic transhiatal esophagectomy)
CPT-I	43287	Esophagectomy, distal two-thirds, with laparoscopic mobilization of the abdominal and lower mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with separate thoracoscopic mobilization of the middle and upper mediastinal esophagus and thoracic esophagogastrostomy (ie, laparoscopic thoracoscopic esophagectomy, Ivor Lewis esophagectomy)
CPT-I	43288	Esophagectomy, total or near total, with thoracoscopic mobilization of the upper, middle, and lower mediastinal esophagus, with separate laparoscopic proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastrostomy (ie, thoracoscopic, laparoscopic and cervical incision esophagectomy, McKeown esophagectomy, tri-incisional esophagectomy)

Type of Code	Code	Description
CPT-I	43300	Esophagoplasty (plastic repair or reconstruction), cervical approach; without repair of tracheoesophageal fistula
CPT-I	43305	Esophagoplasty (plastic repair or reconstruction), cervical approach; with repair of tracheoesophageal fistula
CPT-I	43310	Esophagoplasty (plastic repair or reconstruction), thoracic approach; without repair of tracheoesophageal fistula
CPT-I	43312	Esophagoplasty (plastic repair or reconstruction), thoracic approach; with repair of tracheoesophageal fistula
CPT-I	43313	Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; without repair of congenital tracheoesophageal fistula
CPT-I	43314	Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; with repair of congenital tracheoesophageal fistula
CPT-I	43320	Esophagogastrostomy (cardioplasty), with or without vagotomy and pyloroplasty, transabdominal or transthoracic approach
CPT-I	43325	Esophagogastric fundoplasty, with fundic patch (Thal-Nissen procedure)
CPT-I	43327	Esophagogastric fundoplasty partial or complete; laparotomy
CPT-I	43328	Esophagogastric fundoplasty partial or complete; thoracotomy
CPT-I	43330	Esophagomyotomy (Heller type); abdominal approach

Type of Code	Code	Description
CPT-I	43331	Esophagomyotomy (Heller type); thoracic approach
CPT-I	43338	Esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty) (List separately in addition to code for primary procedure)
CPT-I	43340	Esophagojejunostomy (without total gastrectomy); abdominal approach
CPT-I	43341	Esophagojejunostomy (without total gastrectomy); thoracic approach
CPT-I	43351	Esophagostomy, fistulization of esophagus, external; thoracic approach
CPT-I	43352	Esophagostomy, fistulization of esophagus, external; cervical approach
CPT-I	43360	Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with stomach, with or without pyloroplasty
CPT-I	43361	Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)
CPT-I	43400	Ligation, direct, esophageal varices
CPT-I	43405	Ligation or stapling at gastroesophageal junction for pre-existing esophageal perforation
CPT-I	43410	Suture of esophageal wound or injury; cervical approach
CPT-I	43415	Suture of esophageal wound or injury; transthoracic or transabdominal approach
CPT-I	43420	Closure of esophagostomy or fistula; cervical approach

Type of Code	Code	Description
CPT-I	43425	Closure of esophagostomy or fistula; transthoracic or transabdominal approach
CPT-I	43450	Dilation of esophagus, by unguided sound or bougie, single or multiple passes
CPT-I	43453	Dilation of esophagus, over guide wire
CPT-I	43460	Esophagogastric tamponade, with balloon (Sengstaken type)
CPT-I	43496	Free jejunum transfer with microvascular anastomosis
CPT-I	43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])
CPT-I	43500	Gastrotomy; with exploration or foreign body removal
CPT-I	43501	Gastrotomy; with suture repair of bleeding ulcer
CPT-I	43502	Gastrotomy; with suture repair of pre-existing esophagogastric laceration (eg, Mallory-Weiss)
CPT-I	43510	Gastrotomy; with esophageal dilation and insertion of permanent intraluminal tube (eg, Celestin or Mousseaux-Barbin)
CPT-I	43520	Pyloromyotomy, cutting of pyloric muscle (Fredet-Ramstedt type operation)
CPT-I	43605	Biopsy of stomach, by laparotomy
CPT-I	43610	Excision, local; ulcer or benign tumor of stomach
CPT-I	43611	Excision, local; malignant tumor of stomach
CPT-I	43620	Gastrectomy, total; with esophagoenterostomy
CPT-I	43622	Gastrectomy, total; with formation of intestinal pouch, any type
CPT-I	43631	Gastrectomy, partial, distal; with gastroduodenostomy
CPT-I	43632	Gastrectomy, partial, distal; with gastrojejunostomy

Type of Code	Code	Description
CPT-I	43633	Gastrectomy, partial, distal; with Roux-en-Y reconstruction
CPT-I	43634	Gastrectomy, partial, distal; with formation of intestinal pouch
CPT-I	43635	Vagotomy when performed with partial distal gastrectomy (List separately in addition to code[s] for primary procedure)
CPT-I	43640	Vagotomy including pyloroplasty, with or without gastrostomy; truncal or selective
CPT-I	43641	Vagotomy including pyloroplasty, with or without gastrostomy; parietal cell (highly selective)
CPT-I	43651	Laparoscopy, surgical; transection of vagus nerves, truncal
CPT-I	43652	Laparoscopy, surgical; transection of vagus nerves, selective or highly selective
CPT-I	43653	Laparoscopy, surgical; gastrostomy, without construction of gastric tube (eg, Stamm procedure) (separate procedure)
CPT-I	43752	Naso- or oro-gastric tube placement, requiring physician's skill and fluoroscopic guidance (includes fluoroscopy, image documentation and report)
CPT-I	43753	Gastric intubation and aspiration(s) therapeutic, necessitating physician's skill (eg, for gastrointestinal hemorrhage), including lavage if performed
CPT-I	43754	Gastric intubation and aspiration, diagnostic; single specimen (eg, acid analysis)

Type of Code	Code	Description
CPT-I	43755	Gastric intubation and aspiration, diagnostic; collection of multiple fractional specimens with gastric stimulation, single or double lumen tube (gastric secretory study) (eg, histamine, insulin, pentagastrin, calcium, secretin), includes drug administration
CPT-I	43756	Duodenal intubation and aspiration, diagnostic, includes image guidance; single specimen (eg, bile study for crystals or afferent loop culture)
CPT-I	43757	Duodenal intubation and aspiration, diagnostic, includes image guidance; collection of multiple fractional specimens with pancreatic or gallbladder stimulation, single or double lumen tube, includes drug administration
CPT-I	43761	Repositioning of a naso- or oro-gastric feeding tube, through the duodenum for enteric nutrition
CPT-I	43762	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract
CPT-I	43763	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; requiring revision of gastrostomy tract
CPT-I	43800	Pyloroplasty
CPT-I	43810	Gastroduodenostomy
CPT-I	43820	Gastrojejunostomy; without vagotomy
CPT-I	43825	Gastrojejunostomy; with vagotomy, any type
CPT-I	43830	Gastrostomy, open; without construction of gastric tube (eg, Stamm procedure) (separate procedure)

Type of Code	Code	Description
CPT-I	43831	Gastrostomy, open; neonatal, for feeding
CPT-I	43832	Gastrostomy, open; with construction of gastric tube (eg, Janeway procedure)
CPT-I	43840	Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury
CPT-I	43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy
CPT-I	43865	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy
CPT-I	43870	Closure of gastrostomy, surgical
CPT-I	43880	Closure of gastrocolic fistula
CPT-I	44005	Enterolysis (freeing of intestinal adhesion) (separate procedure)
CPT-I	44010	Duodenotomy, for exploration, biopsy(s), or foreign body removal
CPT-I	44015	Tube or needle catheter jejunostomy for enteral alimentation, intraoperative, any method (List separately in addition to primary procedure)
CPT-I	44020	Enterotomy, small intestine, other than duodenum; for exploration, biopsy(s), or foreign body removal
CPT-I	44021	Enterotomy, small intestine, other than duodenum; for decompression (eg, Baker tube)
CPT-I	44025	Colotomy, for exploration, biopsy(s), or foreign body removal
CPT-I	44050	Reduction of volvulus, intussusception, internal hernia, by laparotomy

Type of Code	Code	Description
CPT-I	44055	Correction of malrotation by lysis of duodenal bands and/or reduction of midgut volvulus (eg, Ladd procedure)
CPT-I	44100	Biopsy of intestine by capsule, tube, peroral (1 or more specimens)
CPT-I	44110	Excision of 1 or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; single enterotomy
CPT-I	44111	Excision of 1 or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; multiple enterotomies
CPT-I	44120	Enterectomy, resection of small intestine; single resection and anastomosis
CPT-I	44121	Enterectomy, resection of small intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)
CPT-I	44125	Enterectomy, resection of small intestine; with enterostomy
CPT-I	44126	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; without tapering
CPT-I	44127	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; with tapering

Type of Code	Code	Description
CPT-I	44128	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)
CPT-I	44130	Enteroenterostomy, anastomosis of intestine, with or without cutaneous enterostomy (separate procedure)
CPT-I	44139	Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)
CPT-I	44140	Colectomy, partial; with anastomosis
CPT-I	44141	Colectomy, partial; with skin level cecostomy or colostomy
CPT-I	44143	Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)
CPT-I	44144	Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula
CPT-I	44145	Colectomy, partial; with coloproctostomy (low pelvic anastomosis)
CPT-I	44146	Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy
CPT-I	44147	Colectomy, partial; abdominal and transanal approach
CPT-I	44150	Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy
CPT-I	44151	Colectomy, total, abdominal, without proctectomy; with continent ileostomy
CPT-I	44155	Colectomy, total, abdominal, with proctectomy; with ileostomy

Type of Code	Code	Description
CPT-I	44156	Colectomy, total, abdominal, with proctectomy; with continent ileostomy
CPT-I	44157	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, includes loop ileostomy, and rectal mucosectomy, when performed
CPT-I	44158	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy, and rectal mucosectomy, when performed
CPT-I	44160	Colectomy, partial, with removal of terminal ileum with ileocolostomy
CPT-I	44180	Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure)
CPT-I	44186	Laparoscopy, surgical; jejunostomy (eg, for decompression or feeding)
CPT-I	44187	Laparoscopy, surgical; ileostomy or jejunostomy, non-tube
CPT-I	44188	Laparoscopy, surgical, colostomy or skin level cecostomy
CPT-I	44202	Laparoscopy, surgical; enterectomy, resection of small intestine, single resection and anastomosis
CPT-I	44203	Laparoscopy, surgical; each additional small intestine resection and anastomosis (List separately in addition to code for primary procedure)
CPT-I	44204	Laparoscopy, surgical; colectomy, partial, with anastomosis
CPT-I	44205	Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy

Type of Code	Code	Description
CPT-I	44206	Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure)
CPT-I	44207	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)
CPT-I	44208	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy
CPT-I	44210	Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy
CPT-I	44211	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy, includes rectal mucosectomy, when performed
CPT-I	44212	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy
CPT-I	44213	Laparoscopy, surgical, mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)
CPT-I	44227	Laparoscopy, surgical, closure of enterostomy, large or small intestine, with resection and anastomosis
CPT-I	44300	Placement, enterostomy or cecostomy, tube open (eg, for feeding or decompression) (separate procedure)
CPT-I	44310	Ileostomy or jejunostomy, non-tube
CPT-I	44312	Revision of ileostomy; simple (release of superficial scar) (separate procedure)

Type of Code	Code	Description
CPT-I	44314	Revision of ileostomy; complicated (reconstruction in-depth) (separate procedure)
CPT-I	44316	Continent ileostomy (Kock procedure) (separate procedure)
CPT-I	44320	Colostomy or skin level cecostomy
CPT-I	44322	Colostomy or skin level cecostomy; with multiple biopsies (eg, for congenital megacolon) (separate procedure)
CPT-I	44340	Revision of colostomy; simple (release of superficial scar) (separate procedure)
CPT-I	44345	Revision of colostomy; complicated (reconstruction in-depth) (separate procedure)
CPT-I	44346	Revision of colostomy; with repair of paracolostomy hernia (separate procedure)
CPT-I	44360	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
CPT-I	44361	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple
CPT-I	44363	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of foreign body(s)
CPT-I	44364	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique

Type of Code	Code	Description
CPT-I	44365	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
CPT-I	44366	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
CPT-I	44369	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
CPT-I	44370	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with transendoscopic stent placement (includes predilation)
CPT-I	44372	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with placement of percutaneous jejunostomy tube
CPT-I	44373	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with conversion of percutaneous gastrostomy tube to percutaneous jejunostomy tube
CPT-I	44376	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)

Type of Code	Code	Description
CPT-I	44377	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with biopsy, single or multiple
CPT-I	44378	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
CPT-I	44379	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with transendoscopic stent placement (includes predilation)
CPT-I	44380	Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
CPT-I	44381	Ileoscopy, through stoma; with transendoscopic balloon dilation
CPT-I	44382	Ileoscopy, through stoma; with biopsy, single or multiple
CPT-I	44384	Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)
CPT-I	44385	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
CPT-I	44386	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple

Type of Code	Code	Description
CPT-I	44388	Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
CPT-I	44389	Colonoscopy through stoma; with biopsy, single or multiple
CPT-I	44390	Colonoscopy through stoma; with removal of foreign body(s)
CPT-I	44391	Colonoscopy through stoma; with control of bleeding, any method
CPT-I	44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
CPT-I	44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
CPT-I	44401	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre-and post-dilation and guide wire passage, when performed)
CPT-I	44402	Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed)
CPT-I	44403	Colonoscopy through stoma; with endoscopic mucosal resection
CPT-I	44404	Colonoscopy through stoma; with directed submucosal injection(s), any substance
CPT-I	44405	Colonoscopy through stoma; with transendoscopic balloon dilation

Type of Code	Code	Description
CPT-I	44406	Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures
CPT-I	44407	Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures
CPT-I	44408	Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed
CPT-I	44500	Introduction of long gastrointestinal tube (eg, Miller-Abbott) (separate procedure)
CPT-I	44602	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; single perforation
CPT-I	44603	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; multiple perforations
CPT-I	44604	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); without colostomy
CPT-I	44605	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); with colostomy

Type of Code	Code	Description
CPT-I	44615	Intestinal stricturoplasty (enterotomy and enterorrhaphy) with or without dilation, for intestinal obstruction
CPT-I	44620	Closure of enterostomy, large or small intestine
CPT-I	44625	Closure of enterostomy, large or small intestine; with resection and anastomosis other than colorectal
CPT-I	44626	Closure of enterostomy, large or small intestine; with resection and colorectal anastomosis (eg, closure of Hartmann type procedure)
CPT-I	44640	Closure of intestinal cutaneous fistula
CPT-I	44650	Closure of enteroenteric or enterocolic fistula
CPT-I	44660	Closure of enterovesical fistula; without intestinal or bladder resection
CPT-I	44661	Closure of enterovesical fistula; with intestine and/or bladder resection
CPT-I	44680	Intestinal plication (separate procedure)
CPT-I	44700	Exclusion of small intestine from pelvis by mesh or other prosthesis, or native tissue (eg, bladder or omentum)
CPT-I	44701	Intraoperative colonic lavage (List separately in addition to code for primary procedure)
CPT-I	44705	Preparation of fecal microbiota for instillation, including assessment of donor specimen
CPT-I	44715	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobilization and fashioning of the superior mesenteric artery and vein
CPT-I	44720	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each

Type of Code	Code	Description
CPT-I	44721	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each
CPT-I	44800	Excision of Meckel's diverticulum (diverticulectomy) or omphalomesenteric duct
CPT-I	44820	Excision of lesion of mesentery (separate procedure)
CPT-I	44850	Suture of mesentery (separate procedure)
CPT-I	44900	Incision and drainage of appendiceal abscess, open
CPT-I	44950	Appendectomy
CPT-I	44955	Appendectomy; when done for indicated purpose at time of other major procedure (not as separate procedure) (List separately in addition to code for primary procedure)
CPT-I	44960	Appendectomy; for ruptured appendix with abscess or generalized peritonitis
CPT-I	44970	Laparoscopy, surgical, appendectomy
CPT-I	45000	Transrectal drainage of pelvic abscess
CPT-I	45005	Incision and drainage of submucosal abscess, rectum
CPT-I	45020	Incision and drainage of deep supralevator, pelvirectal, or retrorectal abscess
CPT-I	45100	Biopsy of anorectal wall, anal approach (eg, congenital megacolon)
CPT-I	45108	Anorectal myomectomy
CPT-I	45110	Proctectomy; complete, combined abdominoperineal, with colostomy
CPT-I	45111	Proctectomy; partial resection of rectum, transabdominal approach

Type of Code	Code	Description
CPT-I	45112	Proctectomy, combined abdominoperineal, pull-through procedure (eg, colo-anal anastomosis)
CPT-I	45113	Proctectomy, partial, with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy
CPT-I	45114	Proctectomy, partial, with anastomosis; abdominal and transsacral approach
CPT-I	45116	Proctectomy, partial, with anastomosis; transsacral approach only (Kraske type)
CPT-I	45119	Proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy when performed
CPT-I	45120	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with pull-through procedure and anastomosis (eg, Swenson, Duhamel, or Soave type operation)
CPT-I	45121	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with subtotal or total colectomy, with multiple biopsies
CPT-I	45123	Proctectomy, partial, without anastomosis, perineal approach
CPT-I	45126	Pelvic exenteration for colorectal malignancy, with proctectomy (with or without colostomy), with removal of bladder and ureteral transplantations, and/or hysterectomy, or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), or any combination thereof

Type of Code	Code	Description
CPT-I	45130	Excision of rectal procidentia, with anastomosis; perineal approach
CPT-I	45135	Excision of rectal procidentia, with anastomosis; abdominal and perineal approach
CPT-I	45136	Excision of ileoanal reservoir with ileostomy
CPT-I	45150	Division of stricture of rectum
CPT-I	45160	Excision of rectal tumor by proctotomy, transsacral or transcoccygeal approach
CPT-I	45171	Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)
CPT-I	45172	Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness)
CPT-I	45190	Destruction of rectal tumor (eg, electrodesiccation, electrosurgery, laser ablation, laser resection, cryosurgery) transanal approach
CPT-I	45300	Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
CPT-I	45303	Proctosigmoidoscopy, rigid; with dilation (eg, balloon, guide wire, bougie)
CPT-I	45305	Proctosigmoidoscopy, rigid; with biopsy, single or multiple
CPT-I	45307	Proctosigmoidoscopy, rigid; with removal of foreign body
CPT-I	45308	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery
CPT-I	45309	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by snare technique

Type of Code	Code	Description
CPT-I	45315	Proctosigmoidoscopy, rigid; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique
CPT-I	45317	Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
CPT-I	45320	Proctosigmoidoscopy, rigid; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique (eg, laser)
CPT-I	45321	Proctosigmoidoscopy, rigid; with decompression of volvulus
CPT-I	45327	Proctosigmoidoscopy, rigid; with transendoscopic stent placement (includes predilation)
CPT-I	45330	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
CPT-I	45331	Sigmoidoscopy, flexible; with biopsy, single or multiple
CPT-I	45332	Sigmoidoscopy, flexible; with removal of foreign body(s)
CPT-I	45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
CPT-I	45334	Sigmoidoscopy, flexible; with control of bleeding, any method
CPT-I	45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance

Type of Code	Code	Description
CPT-I	45337	Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed
CPT-I	45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
CPT-I	45340	Sigmoidoscopy, flexible; with transendoscopic balloon dilation
CPT-I	45341	Sigmoidoscopy, flexible; with endoscopic ultrasound examination
CPT-I	45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)
CPT-I	45346	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
CPT-I	45347	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)
CPT-I	45349	Sigmoidoscopy, flexible; with endoscopic mucosal resection
CPT-I	45350	Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)
CPT-I	45378	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
CPT-I	45379	Colonoscopy, flexible; with removal of foreign body(s)
CPT-I	45380	Colonoscopy, flexible; with biopsy, single or multiple

Type of Code	Code	Description
CPT-I	45381	Colonoscopy, flexible; with directed submucosal injection(s), any substance
CPT-I	45382	Colonoscopy, flexible; with control of bleeding, any method
CPT-I	45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
CPT-I	45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
CPT-I	45386	Colonoscopy, flexible; with transendoscopic balloon dilation
CPT-I	45388	Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
CPT-I	45389	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)
CPT-I	45390	Colonoscopy, flexible; with endoscopic mucosal resection
CPT-I	45391	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures
CPT-I	45392	Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures

Type of Code	Code	Description
CPT-I	45393	Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed
CPT-I	45395	Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy
CPT-I	45397	Laparoscopy, surgical; proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy, when performed
CPT-I	45398	Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids)
CPT-I	45400	Laparoscopy, surgical; proctopexy (for prolapse)
CPT-I	45402	Laparoscopy, surgical; proctopexy (for prolapse), with sigmoid resection
CPT-I	45500	Proctoplasty; for stenosis
CPT-I	45505	Proctoplasty; for prolapse of mucous membrane
CPT-I	45520	Perirectal injection of sclerosing solution for prolapse
CPT-I	45540	Proctopexy (eg, for prolapse); abdominal approach
CPT-I	45541	Proctopexy (eg, for prolapse); perineal approach
CPT-I	45550	Proctopexy (eg, for prolapse); with sigmoid resection, abdominal approach
CPT-I	45562	Exploration, repair, and presacral drainage for rectal injury
CPT-I	45563	Exploration, repair, and presacral drainage for rectal injury; with colostomy
CPT-I	45800	Closure of rectovesical fistula
CPT-I	45805	Closure of rectovesical fistula; with colostomy

Type of Code	Code	Description
CPT-I	45820	Closure of rectourethral fistula
CPT-I	45825	Closure of rectourethral fistula; with colostomy
CPT-I	45900	Reduction of procidentia (separate procedure) under anesthesia
CPT-I	45905	Dilation of anal sphincter (separate procedure) under anesthesia other than local
CPT-I	45910	Dilation of rectal stricture (separate procedure) under anesthesia other than local
CPT-I	45915	Removal of fecal impaction or foreign body (separate procedure) under anesthesia
CPT-I	45990	Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic
CPT-I	46020	Placement of seton
CPT-I	46030	Removal of anal seton, other marker
CPT-I	46040	Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure)
CPT-I	46045	Incision and drainage of intramural, intramuscular, or submucosal abscess, transanal, under anesthesia
CPT-I	46050	Incision and drainage, perianal abscess, superficial
CPT-I	46060	Incision and drainage of ischiorectal or intramural abscess, with fistulectomy or fistulotomy, submuscular, with or without placement of seton
CPT-I	46070	Incision, anal septum (infant)
CPT-I	46080	Sphincterotomy, anal, division of sphincter (separate procedure)
CPT-I	46083	Incision of thrombosed hemorrhoid, external
CPT-I	46200	Fissurectomy, including sphincterotomy, when performed
CPT-I	46220	Excision of single external papilla or tag, anus

Type of Code	Code	Description
CPT-I	46221	Hemorrhoidectomy, internal, by rubber band ligation(s)
CPT-I	46230	Excision of multiple external papillae or tags, anus
CPT-I	46250	Hemorrhoidectomy, external, 2 or more columns/groups
CPT-I	46255	Hemorrhoidectomy, internal and external, single column/group
CPT-I	46257	Hemorrhoidectomy, internal and external, single column/group; with fissurectomy
CPT-I	46258	Hemorrhoidectomy, internal and external, single column/group; with fistulectomy, including fissurectomy, when performed
CPT-I	46260	Hemorrhoidectomy, internal and external, 2 or more columns/groups
CPT-I	46261	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fissurectomy
CPT-I	46262	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fistulectomy, including fissurectomy, when performed
CPT-I	46270	Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous
CPT-I	46275	Surgical treatment of anal fistula (fistulectomy/fistulotomy); intersphincteric
CPT-I	46280	Surgical treatment of anal fistula (fistulectomy/fistulotomy); transsphincteric, suprasphincteric, extrasphincteric or multiple, including placement of seton, when performed
CPT-I	46285	Surgical treatment of anal fistula (fistulectomy/fistulotomy); second stage
CPT-I	46288	Closure of anal fistula with rectal advancement flap

Type of Code	Code	Description
CPT-I	46320	Excision of thrombosed hemorrhoid, external
CPT-I	46600	Anoscopy; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
CPT-I	46601	Anoscopy; diagnostic, with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed
CPT-I	46604	Anoscopy; with dilation (eg, balloon, guide wire, bougie)
CPT-I	46606	Anoscopy; with biopsy, single or multiple
CPT-I	46608	Anoscopy; with removal of foreign body
CPT-I	46610	Anoscopy; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery
CPT-I	46611	Anoscopy; with removal of single tumor, polyp, or other lesion by snare technique
CPT-I	46612	Anoscopy; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique
CPT-I	46614	Anoscopy; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
CPT-I	46615	Anoscopy; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
CPT-I	46700	Anoplasty, plastic operation for stricture; adult
CPT-I	46705	Anoplasty, plastic operation for stricture; infant
CPT-I	46706	Repair of anal fistula with fibrin glue

Type of Code	Code	Description
CPT-I	46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])
CPT-I	46710	Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; transperineal approach
CPT-I	46712	Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; combined transperineal and transabdominal approach
CPT-I	46715	Repair of low imperforate anus; with anoperineal fistula (cut-back procedure)
CPT-I	46716	Repair of low imperforate anus; with transposition of anoperineal or anovestibular fistula
CPT-I	46730	Repair of high imperforate anus without fistula; perineal or sacroperineal approach
CPT-I	46735	Repair of high imperforate anus without fistula; combined transabdominal and sacroperineal approaches
CPT-I	46740	Repair of high imperforate anus with rectourethral or rectovaginal fistula; perineal or sacroperineal approach
CPT-I	46742	Repair of high imperforate anus with rectourethral or rectovaginal fistula; combined transabdominal and sacroperineal approaches
CPT-I	46744	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, sacroperineal approach
CPT-I	46746	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach

Type of Code	Code	Description
CPT-I	46748	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach; with vaginal lengthening by intestinal graft or pedicle flaps
CPT-I	46750	Sphincteroplasty, anal, for incontinence or prolapse; adult
CPT-I	46751	Sphincteroplasty, anal, for incontinence or prolapse; child
CPT-I	46754	Removal of Thiersch wire or suture, anal canal
CPT-I	46900	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical
CPT-I	46910	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation
CPT-I	46916	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery
CPT-I	46917	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery
CPT-I	46922	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision
CPT-I	46924	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)

Type of Code	Code	Description
CPT-I	46930	Destruction of internal hemorrhoid(s) by thermal energy (eg, infrared coagulation, cautery, radiofrequency)
CPT-I	46940	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); initial
CPT-I	46942	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); subsequent
CPT-I	46948	Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, including ultrasound guidance, with mucopexy, when performed
CPT-I	47000	Biopsy of liver, needle; percutaneous
CPT-I	47001	Biopsy of liver, needle; when done for indicated purpose at time of other major procedure (List separately in addition to code for primary procedure)
CPT-I	47010	Hepatotomy, for open drainage of abscess or cyst, 1 or 2 stages
CPT-I	47015	Laparotomy, with aspiration and/or injection of hepatic parasitic (eg, amoebic or echinococcal) cyst(s) or abscess(es)
CPT-I	47100	Biopsy of liver, wedge
CPT-I	47120	Hepatectomy, resection of liver; partial lobectomy
CPT-I	47122	Hepatectomy, resection of liver; trisegmentectomy
CPT-I	47125	Hepatectomy, resection of liver; total left lobectomy
CPT-I	47130	Hepatectomy, resection of liver; total right lobectomy
CPT-I	47133	Donor hepatectomy (including cold preservation), from cadaver donor
CPT-I	47140	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)

Type of Code	Code	Description
CPT-I	47141	Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)
CPT-I	47142	Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)
CPT-I	47143	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; without trisegment or lobe split
CPT-I	47144	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with trisegment split of whole liver graft into 2 partial liver grafts (ie, left lateral segment [segments II and III] and right trisegment [segments I and IV through VIII])
CPT-I	47145	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with lobe split of whole liver graft into 2 partial liver grafts (ie, left lobe [segments II, III, and IV] and right lobe [segments I and V through VIII])

Type of Code	Code	Description
CPT-I	47146	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each
CPT-I	47147	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each
CPT-I	47300	Marsupialization of cyst or abscess of liver
CPT-I	47350	Management of liver hemorrhage; simple suture of liver wound or injury
CPT-I	47360	Management of liver hemorrhage; complex suture of liver wound or injury, with or without hepatic artery ligation
CPT-I	47361	Management of liver hemorrhage; exploration of hepatic wound, extensive debridement, coagulation and/or suture, with or without packing of liver
CPT-I	47362	Management of liver hemorrhage; re-exploration of hepatic wound for removal of packing
CPT-I	47370	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency
CPT-I	47371	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); cryosurgical
CPT-I	47380	Ablation, open, of 1 or more liver tumor(s); radiofrequency
CPT-I	47381	Ablation, open, of 1 or more liver tumor(s); cryosurgical
CPT-I	47382	Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency
CPT-I	47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation

Type of Code	Code	Description
CPT-I	47400	Hepaticotomy or hepaticostomy with exploration, drainage, or removal of calculus
CPT-I	47420	Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; without transduodenal sphincterotomy or sphincteroplasty
CPT-I	47425	Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; with transduodenal sphincterotomy or sphincteroplasty
CPT-I	47460	Transduodenal sphincterotomy or sphincteroplasty, with or without transduodenal extraction of calculus (separate procedure)
CPT-I	47480	Cholecystotomy or cholecystostomy, open, with exploration, drainage, or removal of calculus (separate procedure)
CPT-I	47490	Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation
CPT-I	47531	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; existing access

Type of Code	Code	Description
CPT-I	47532	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (eg, percutaneous transhepatic cholangiogram)
CPT-I	47533	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; external
CPT-I	47534	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; internal-external
CPT-I	47535	Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation
CPT-I	47536	Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation

Type of Code	Code	Description
CPT-I	47537	Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation
CPT-I	47538	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; existing access
CPT-I	47539	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, without placement of separate biliary drainage catheter
CPT-I	47540	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, with placement of separate biliary drainage catheter (eg, external or internal-external)

Type of Code	Code	Description
CPT-I	47541	Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation, new access
CPT-I	47542	Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous, including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, each duct (List separately in addition to code for primary procedure)
CPT-I	47543	Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps, and/or needle), including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, single or multiple (List separately in addition to code for primary procedure)
CPT-I	47544	Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)

Type of Code	Code	Description
CPT-I	47550	Biliary endoscopy, intraoperative (choledochoscopy) (List separately in addition to code for primary procedure)
CPT-I	47552	Biliary endoscopy, percutaneous via T-tube or other tract; diagnostic, with collection of specimen(s) by brushing and/or washing, when performed (separate procedure)
CPT-I	47553	Biliary endoscopy, percutaneous via T-tube or other tract; with biopsy, single or multiple
CPT-I	47554	Biliary endoscopy, percutaneous via T-tube or other tract; with removal of calculus/calculi
CPT-I	47555	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) without stent
CPT-I	47556	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) with stent
CPT-I	47562	Laparoscopy, surgical; cholecystectomy
CPT-I	47563	Laparoscopy, surgical; cholecystectomy with cholangiography
CPT-I	47564	Laparoscopy, surgical; cholecystectomy with exploration of common duct
CPT-I	47570	Laparoscopy, surgical; cholecystoenterostomy
CPT-I	47600	Cholecystectomy
CPT-I	47605	Cholecystectomy; with cholangiography
CPT-I	47610	Cholecystectomy with exploration of common duct
CPT-I	47612	Cholecystectomy with exploration of common duct; with choledochoenterostomy

Type of Code	Code	Description
CPT-I	47620	Cholecystectomy with exploration of common duct; with transduodenal sphincterotomy or sphincteroplasty, with or without cholangiography
CPT-I	47700	Exploration for congenital atresia of bile ducts, without repair, with or without liver biopsy, with or without cholangiography
CPT-I	47701	Portoenterostomy (eg, Kasai procedure)
CPT-I	47711	Excision of bile duct tumor, with or without primary repair of bile duct; extrahepatic
CPT-I	47712	Excision of bile duct tumor, with or without primary repair of bile duct; intrahepatic
CPT-I	47715	Excision of choledochal cyst
CPT-I	47720	Cholecystoenterostomy; direct
CPT-I	47721	Cholecystoenterostomy; with gastroenterostomy
CPT-I	47740	Cholecystoenterostomy; Roux-en-Y
CPT-I	47741	Cholecystoenterostomy; Roux-en-Y with gastroenterostomy
CPT-I	47760	Anastomosis, of extrahepatic biliary ducts and gastrointestinal tract
CPT-I	47765	Anastomosis, of intrahepatic ducts and gastrointestinal tract
CPT-I	47780	Anastomosis, Roux-en-Y, of extrahepatic biliary ducts and gastrointestinal tract
CPT-I	47785	Anastomosis, Roux-en-Y, of intrahepatic biliary ducts and gastrointestinal tract
CPT-I	47800	Reconstruction, plastic, of extrahepatic biliary ducts with end-to-end anastomosis
CPT-I	47801	Placement of choledochal stent

Type of Code	Code	Description
CPT-I	47802	U-tube hepaticoenterostomy
CPT-I	47900	Suture of extrahepatic biliary duct for pre-existing injury (separate procedure)
CPT-I	48000	Placement of drains, peripancreatic, for acute pancreatitis
CPT-I	48001	Placement of drains, peripancreatic, for acute pancreatitis; with cholecystostomy, gastrostomy, and jejunostomy
CPT-I	48020	Removal of pancreatic calculus
CPT-I	48100	Biopsy of pancreas, open (eg, fine needle aspiration, needle core biopsy, wedge biopsy)
CPT-I	48102	Biopsy of pancreas, percutaneous needle
CPT-I	48105	Resection or debridement of pancreas and peripancreatic tissue for acute necrotizing pancreatitis
CPT-I	48120	Excision of lesion of pancreas (eg, cyst, adenoma)
CPT-I	48140	Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy
CPT-I	48145	Pancreatectomy, distal subtotal, with or without splenectomy; with pancreaticojejunostomy
CPT-I	48146	Pancreatectomy, distal, near-total with preservation of duodenum (Child-type procedure)
CPT-I	48148	Excision of ampulla of Vater
CPT-I	48150	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreatojejunostomy

Type of Code	Code	Description
CPT-I	48152	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); without pancreatojejunostomy
CPT-I	48153	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); with pancreatojejunostomy
CPT-I	48154	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); without pancreatojejunostomy
CPT-I	48155	Pancreatectomy, total
CPT-I	48400	Injection procedure for intraoperative pancreatography (List separately in addition to code for primary procedure)
CPT-I	48500	Marsupialization of pancreatic cyst
CPT-I	48510	External drainage, pseudocyst of pancreas, open
CPT-I	48520	Internal anastomosis of pancreatic cyst to gastrointestinal tract; direct
CPT-I	48540	Internal anastomosis of pancreatic cyst to gastrointestinal tract; Roux-en-Y
CPT-I	48545	Pancreatorrhaphy for injury
CPT-I	48547	Duodenal exclusion with gastrojejunostomy for pancreatic injury
CPT-I	48548	Pancreaticojejunostomy, side-to-side anastomosis (Puestow-type operation)

Type of Code	Code	Description
CPT-I	48550	Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation
CPT-I	48551	Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft from surrounding soft tissues, splenectomy, duodenotomy, ligation of bile duct, ligation of mesenteric vessels, and Y-graft arterial anastomoses from iliac artery to superior mesenteric artery and to splenic artery
CPT-I	48552	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each
CPT-I	49000	Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)
CPT-I	49002	Reopening of recent laparotomy
CPT-I	49010	Exploration, retroperitoneal area with or without biopsy(s) (separate procedure)
CPT-I	49013	Preperitoneal pelvic packing for hemorrhage associated with pelvic trauma, including local exploration
CPT-I	49014	Re-exploration of pelvic wound with removal of preperitoneal pelvic packing, including repacking, when performed
CPT-I	49020	Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess, open
CPT-I	49040	Drainage of subdiaphragmatic or subphrenic abscess, open
CPT-I	49060	Drainage of retroperitoneal abscess, open

Type of Code	Code	Description
CPT-I	49062	Drainage of extraperitoneal lymphocele to peritoneal cavity, open
CPT-I	49082	Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance
CPT-I	49083	Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance
CPT-I	49084	Peritoneal lavage, including imaging guidance, when performed
CPT-I	49180	Biopsy, abdominal or retroperitoneal mass, percutaneous needle
CPT-I	49185	Sclerotherapy of a fluid collection (eg, lymphocele, cyst, or seroma), percutaneous, including contrast injection(s), sclerosant injection(s), diagnostic study, imaging guidance (eg, ultrasound, fluoroscopy) and radiological supervision and interpretation when performed
CPT-I	49203	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5 cm diameter or less
CPT-I	49204	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5.1-10.0 cm diameter
CPT-I	49205	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor greater than 10.0 cm diameter
CPT-I	49215	Excision of presacral or sacrococcygeal tumor

Type of Code	Code	Description
CPT-I	49255	Omentectomy, epiploectomy, resection of omentum (separate procedure)
CPT-I	49320	Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
CPT-I	49321	Laparoscopy, surgical; with biopsy (single or multiple)
CPT-I	49322	Laparoscopy, surgical; with aspiration of cavity or cyst (eg, ovarian cyst) (single or multiple)
CPT-I	49323	Laparoscopy, surgical; with drainage of lymphocele to peritoneal cavity
CPT-I	49324	Laparoscopy, surgical; with insertion of tunneled intraperitoneal catheter
CPT-I	49325	Laparoscopy, surgical; with revision of previously placed intraperitoneal cannula or catheter, with removal of intraluminal obstructive material if performed
CPT-I	49326	Laparoscopy, surgical; with omentopexy (omental tacking procedure) (List separately in addition to code for primary procedure)
CPT-I	49327	Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), intra-abdominal, intrapelvic, and/or retroperitoneum, including imaging guidance, if performed, single or multiple (List separately in addition to code for primary procedure)
CPT-I	49400	Injection of air or contrast into peritoneal cavity (separate procedure)
CPT-I	49402	Removal of peritoneal foreign body from peritoneal cavity

Type of Code	Code	Description
CPT-I	49405	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous
CPT-I	49406	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous
CPT-I	49407	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal
CPT-I	49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple
CPT-I	49412	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)
CPT-I	49418	Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous
CPT-I	49419	Insertion of tunneled intraperitoneal catheter, with subcutaneous port (ie, totally implantable)

Type of Code	Code	Description
CPT-I	49421	Insertion of tunneled intraperitoneal catheter for dialysis, open
CPT-I	49422	Removal of tunneled intraperitoneal catheter
CPT-I	49423	Exchange of previously placed abscess or cyst drainage catheter under radiological guidance (separate procedure)
CPT-I	49424	Contrast injection for assessment of abscess or cyst via previously placed drainage catheter or tube (separate procedure)
CPT-I	49425	Insertion of peritoneal-venous shunt
CPT-I	49426	Revision of peritoneal-venous shunt
CPT-I	49427	Injection procedure (eg, contrast media) for evaluation of previously placed peritoneal-venous shunt
CPT-I	49428	Ligation of peritoneal-venous shunt
CPT-I	49429	Removal of peritoneal-venous shunt
CPT-I	49435	Insertion of subcutaneous extension to intraperitoneal cannula or catheter with remote chest exit site (List separately in addition to code for primary procedure)
CPT-I	49436	Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catheter
CPT-I	49440	Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
CPT-I	49441	Insertion of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report

Type of Code	Code	Description
CPT-I	49442	Insertion of cecostomy or other colonic tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
CPT-I	49446	Conversion of gastrostomy tube to gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
CPT-I	49450	Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
CPT-I	49451	Replacement of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
CPT-I	49452	Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
CPT-I	49460	Mechanical removal of obstructive material from gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, any method, under fluoroscopic guidance including contrast injection(s), if performed, image documentation and report
CPT-I	49465	Contrast injection(s) for radiological evaluation of existing gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, from a percutaneous approach including image documentation and report

Type of Code	Code	Description
CPT-I	49491	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; reducible
CPT-I	49492	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; incarcerated or strangulated
CPT-I	49495	Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; reducible
CPT-I	49496	Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; incarcerated or strangulated
CPT-I	49500	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; reducible
CPT-I	49501	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; incarcerated or strangulated
CPT-I	49505	Repair initial inguinal hernia, age 5 years or older; reducible
CPT-I	49507	Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated
CPT-I	49520	Repair recurrent inguinal hernia, any age; reducible

Type of Code	Code	Description
CPT-I	49521	Repair recurrent inguinal hernia, any age; incarcerated or strangulated
CPT-I	49525	Repair inguinal hernia, sliding, any age
CPT-I	49553	Repair initial femoral hernia, any age; incarcerated or strangulated
CPT-I	49557	Repair recurrent femoral hernia; incarcerated or strangulated
CPT-I	49560	Repair initial incisional or ventral hernia; reducible
CPT-I	49561	Repair initial incisional or ventral hernia; incarcerated or strangulated
CPT-I	49565	Repair recurrent incisional or ventral hernia; reducible
CPT-I	49566	Repair recurrent incisional or ventral hernia; incarcerated or strangulated
CPT-I	49568	Implantation of mesh or other prosthesis for open incisional or ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection (List separately in addition to code for the incisional or ventral hernia repair)
CPT-I	49572	Repair epigastric hernia (eg, preperitoneal fat); incarcerated or strangulated
CPT-I	49580	Repair umbilical hernia, younger than age 5 years; reducible
CPT-I	49582	Repair umbilical hernia, younger than age 5 years; incarcerated or strangulated
CPT-I	49587	Repair umbilical hernia, age 5 years or older; incarcerated or strangulated

Type of Code	Code	Description
CPT-I	49591	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible
CPT-I	49592	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated
CPT-I	49593	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible
CPT-I	49594	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated

Type of Code	Code	Description
CPT-I	49595	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible
CPT-I	49596	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated
CPT-I	49605	Repair of large omphalocele or gastroschisis; with or without prosthesis
CPT-I	49606	Repair of large omphalocele or gastroschisis; with removal of prosthesis, final reduction and closure, in operating room
CPT-I	49610	Repair of omphalocele (Gross type operation); first stage
CPT-I	49613	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible

Type of Code	Code	Description
CPT-I	49614	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated
CPT-I	49615	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible
CPT-I	49616	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated
CPT-I	49617	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible

Type of Code	Code	Description
CPT-I	49618	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated
CPT-I	49621	Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; reducible
CPT-I	49622	Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; incarcerated or strangulated
CPT-I	49623	Removal of total or near total non-infected mesh or other prosthesis at the time of initial or recurrent anterior abdominal hernia repair or parastomal hernia repair, any approach (ie, open, laparoscopic, robotic) (List separately in addition to code for primary procedure)
CPT-I	49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated
CPT-I	49655	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated
CPT-I	49657	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated

Type of Code	Code	Description
CPT-I	49900	Suture, secondary, of abdominal wall for evisceration or dehiscence
CPT-I	49904	Omental flap, extra-abdominal (eg, for reconstruction of sternal and chest wall defects)
CPT-I	49905	Omental flap, intra-abdominal (List separately in addition to code for primary procedure)
CPT-I	49906	Free omental flap with microvascular anastomosis
CPT-I	50010	Renal exploration, not necessitating other specific procedures
CPT-I	50020	Drainage of perirenal or renal abscess, open
CPT-I	50040	Nephrostomy, nephrotomy with drainage
CPT-I	50045	Nephrotomy, with exploration
CPT-I	50060	Nephrolithotomy; removal of calculus
CPT-I	50065	Nephrolithotomy; secondary surgical operation for calculus
CPT-I	50070	Nephrolithotomy; complicated by congenital kidney abnormality
CPT-I	50075	Nephrolithotomy; removal of large staghorn calculus filling renal pelvis and calyces (including anatrophic pyelolithotomy)
CPT-I	50080	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm
CPT-I	50081	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; over 2 cm
CPT-I	50100	Transection or repositioning of aberrant renal vessels (separate procedure)

Type of Code	Code	Description
CPT-I	50120	Pyelotomy; with exploration
CPT-I	50125	Pyelotomy; with drainage, pyelostomy
CPT-I	50130	Pyelotomy; with removal of calculus (pyelolithotomy, pelviolithotomy, including coagulum pyelolithotomy)
CPT-I	50135	Pyelotomy; complicated (eg, secondary operation, congenital kidney abnormality)
CPT-I	50200	Renal biopsy; percutaneous, by trocar or needle
CPT-I	50205	Renal biopsy; by surgical exposure of kidney
CPT-I	50220	Nephrectomy, including partial ureterectomy, any open approach including rib resection
CPT-I	50225	Nephrectomy, including partial ureterectomy, any open approach including rib resection; complicated because of previous surgery on same kidney
CPT-I	50230	Nephrectomy, including partial ureterectomy, any open approach including rib resection; radical, with regional lymphadenectomy and/or vena caval thrombectomy
CPT-I	50234	Nephrectomy with total ureterectomy and bladder cuff; through same incision
CPT-I	50236	Nephrectomy with total ureterectomy and bladder cuff; through separate incision
CPT-I	50240	Nephrectomy, partial
CPT-I	50250	Ablation, open, 1 or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound guidance and monitoring, if performed
CPT-I	50280	Excision or unroofing of cyst(s) of kidney
CPT-I	50290	Excision of perinephric cyst

Type of Code	Code	Description
CPT-I	50323	Backbench standard preparation of cadaver donor renal allograft prior to transplantation, including dissection and removal of perinephric fat, diaphragmatic and retroperitoneal attachments, excision of adrenal gland, and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary
CPT-I	50325	Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, including dissection and removal of perinephric fat and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary
CPT-I	50327	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each
CPT-I	50340	Recipient nephrectomy (separate procedure)
CPT-I	50382	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation
CPT-I	50384	Removal (via snare/capture) of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation
CPT-I	50385	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation

Type of Code	Code	Description
CPT-I	50386	Removal (via snare/capture) of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation
CPT-I	50387	Removal and replacement of externally accessible nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation
CPT-I	50389	Removal of nephrostomy tube, requiring fluoroscopic guidance (eg, with concurrent indwelling ureteral stent)
CPT-I	50400	Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; simple
CPT-I	50405	Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; complicated (congenital kidney abnormality, secondary pyeloplasty, solitary kidney, calycoplasty)
CPT-I	50430	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access

Type of Code	Code	Description
CPT-I	50431	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access
CPT-I	50432	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation
CPT-I	50433	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access
CPT-I	50434	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract
CPT-I	50435	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation

Type of Code	Code	Description
CPT-I	50436	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed
CPT-I	50437	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed; including new access into the renal collecting system
CPT-I	50500	Nephrorrhaphy, suture of kidney wound or injury
CPT-I	50520	Closure of nephrocutaneous or pyelocutaneous fistula
CPT-I	50525	Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; abdominal approach
CPT-I	50526	Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; thoracic approach
CPT-I	50540	Symphysiotomy for horseshoe kidney with or without pyeloplasty and/or other plastic procedure, unilateral or bilateral (1 operation)
CPT-I	50541	Laparoscopy, surgical; ablation of renal cysts
CPT-I	50542	Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed
CPT-I	50543	Laparoscopy, surgical; partial nephrectomy
CPT-I	50544	Laparoscopy, surgical; pyeloplasty

Type of Code	Code	Description
CPT-I	50545	Laparoscopy, surgical; radical nephrectomy (includes removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes, and adrenalectomy)
CPT-I	50546	Laparoscopy, surgical; nephrectomy, including partial ureterectomy
CPT-I	50547	Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor
CPT-I	50548	Laparoscopy, surgical; nephrectomy with total ureterectomy
CPT-I	50551	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service
CPT-I	50553	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter
CPT-I	50555	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy
CPT-I	50557	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy
CPT-I	50561	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus

Type of Code	Code	Description
CPT-I	50562	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with resection of tumor
CPT-I	50570	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service
CPT-I	50572	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter
CPT-I	50574	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy
CPT-I	50575	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with endopyelotomy (includes cystoscopy, ureteroscopy, dilation of ureter and ureteral pelvic junction, incision of ureteral pelvic junction and insertion of endopyelotomy stent)
CPT-I	50576	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy
CPT-I	50580	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus

Type of Code	Code	Description
CPT-I	50590	Lithotripsy, extracorporeal shock wave
CPT-I	50592	Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency
CPT-I	50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy
CPT-I	50600	Ureterotomy with exploration or drainage (separate procedure)
CPT-I	50605	Ureterotomy for insertion of indwelling stent, all types
CPT-I	50606	Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)
CPT-I	50610	Ureterolithotomy; upper one-third of ureter
CPT-I	50620	Ureterolithotomy; middle one-third of ureter
CPT-I	50630	Ureterolithotomy; lower one-third of ureter
CPT-I	50650	Ureterectomy, with bladder cuff (separate procedure)
CPT-I	50660	Ureterectomy, total, ectopic ureter, combination abdominal, vaginal and/or perineal approach
CPT-I	50705	Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)

Type of Code	Code	Description
CPT-I	50706	Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)
CPT-I	50715	Ureterolysis, with or without repositioning of ureter for retroperitoneal fibrosis
CPT-I	50722	Ureterolysis for ovarian vein syndrome
CPT-I	50725	Ureterolysis for retrocaval ureter, with reanastomosis of upper urinary tract or vena cava
CPT-I	50727	Revision of urinary-cutaneous anastomosis (any type urostomy)
CPT-I	50728	Revision of urinary-cutaneous anastomosis (any type urostomy); with repair of fascial defect and hernia
CPT-I	50740	Ureteropyelostomy, anastomosis of ureter and renal pelvis
CPT-I	50750	Ureterocalycostomy, anastomosis of ureter to renal calyx
CPT-I	50760	Ureteroureterostomy
CPT-I	50770	Transureteroureterostomy, anastomosis of ureter to contralateral ureter
CPT-I	50780	Ureteroneocystostomy; anastomosis of single ureter to bladder
CPT-I	50782	Ureteroneocystostomy; anastomosis of duplicated ureter to bladder
CPT-I	50783	Ureteroneocystostomy; with extensive ureteral tailoring
CPT-I	50785	Ureteroneocystostomy; with vesico-psoas hitch or bladder flap

Type of Code	Code	Description
CPT-I	50800	Ureteroenterostomy, direct anastomosis of ureter to intestine
CPT-I	50810	Ureterosigmoidostomy, with creation of sigmoid bladder and establishment of abdominal or perineal colostomy, including intestine anastomosis
CPT-I	50815	Ureterocolon conduit, including intestine anastomosis
CPT-I	50820	Ureteroileal conduit (ileal bladder), including intestine anastomosis (Bricker operation)
CPT-I	50825	Continent diversion, including intestine anastomosis using any segment of small and/or large intestine (Kock pouch or Camey enterocystoplasty)
CPT-I	50830	Urinary undiversion (eg, taking down of ureteroileal conduit, ureterosigmoidostomy or ureteroenterostomy with ureteroureterostomy or ureteroneocystostomy)
CPT-I	50840	Replacement of all or part of ureter by intestine segment, including intestine anastomosis
CPT-I	50845	Cutaneous appendico-vesicostomy
CPT-I	50860	Ureterostomy, transplantation of ureter to skin
CPT-I	50900	Ureterorrhaphy, suture of ureter (separate procedure)
CPT-I	50920	Closure of ureterocutaneous fistula
CPT-I	50930	Closure of ureterovisceral fistula (including visceral repair)
CPT-I	50940	Deligation of ureter
CPT-I	50945	Laparoscopy, surgical; ureterolithotomy
CPT-I	50947	Laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteral stent placement
CPT-I	50948	Laparoscopy, surgical; ureteroneocystostomy without cystoscopy and ureteral stent placement

Type of Code	Code	Description
CPT-I	50951	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service
CPT-I	50953	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter
CPT-I	50955	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy
CPT-I	50957	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy
CPT-I	50961	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus
CPT-I	50970	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service
CPT-I	50972	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter

Type of Code	Code	Description
CPT-I	50974	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy
CPT-I	50976	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy
CPT-I	50980	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus
CPT-I	51020	Cystotomy or cystostomy; with fulguration and/or insertion of radioactive material
CPT-I	51030	Cystotomy or cystostomy; with cryosurgical destruction of intravesical lesion
CPT-I	51040	Cystostomy, cystotomy with drainage
CPT-I	51045	Cystotomy, with insertion of ureteral catheter or stent (separate procedure)
CPT-I	51050	Cystolithotomy, cystotomy with removal of calculus, without vesical neck resection
CPT-I	51060	Transvesical ureterolithotomy
CPT-I	51065	Cystotomy, with calculus basket extraction and/or ultrasonic or electrohydraulic fragmentation of ureteral calculus
CPT-I	51080	Drainage of perivesical or prevesical space abscess
CPT-I	51102	Aspiration of bladder; with insertion of suprapubic catheter

Type of Code	Code	Description
CPT-I	51500	Excision of urachal cyst or sinus, with or without umbilical hernia repair
CPT-I	51520	Cystotomy; for simple excision of vesical neck (separate procedure)
CPT-I	51525	Cystotomy; for excision of bladder diverticulum, single or multiple (separate procedure)
CPT-I	51530	Cystotomy; for excision of bladder tumor
CPT-I	51535	Cystotomy for excision, incision, or repair of ureterocele
CPT-I	51550	Cystectomy, partial; simple
CPT-I	51555	Cystectomy, partial; complicated (eg, postradiation, previous surgery, difficult location)
CPT-I	51565	Cystectomy, partial, with reimplantation of ureter(s) into bladder (ureteroneocystostomy)
CPT-I	51570	Cystectomy, complete; (separate procedure)
CPT-I	51575	Cystectomy, complete; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes
CPT-I	51580	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations
CPT-I	51585	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes
CPT-I	51590	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis

Type of Code	Code	Description
CPT-I	51595	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes
CPT-I	51596	Cystectomy, complete, with continent diversion, any open technique, using any segment of small and/or large intestine to construct neobladder
CPT-I	51597	Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, with removal of bladder and ureteral transplantations, with or without hysterectomy and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof
CPT-I	51700	Bladder irrigation, simple, lavage and/or instillation
CPT-I	51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck
CPT-I	51720	Bladder instillation of anticarcinogenic agent (including retention time)
CPT-I	51800	Cystoplasty or cystourethroplasty, plastic operation on bladder and/or vesical neck (anterior Y-plasty, vesical fundus resection), any procedure, with or without wedge resection of posterior vesical neck
CPT-I	51820	Cystourethroplasty with unilateral or bilateral ureteroneocystostomy
CPT-I	51840	Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); simple
CPT-I	51841	Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); complicated (eg, secondary repair)

Type of Code	Code	Description
CPT-I	51845	Abdomino-vaginal vesical neck suspension, with or without endoscopic control (eg, Stamey, Raz, modified Pereyra)
CPT-I	51860	Cystorrhaphy, suture of bladder wound, injury or rupture; simple
CPT-I	51865	Cystorrhaphy, suture of bladder wound, injury or rupture; complicated
CPT-I	51880	Closure of cystostomy (separate procedure)
CPT-I	51900	Closure of vesicovaginal fistula, abdominal approach
CPT-I	51920	Closure of vesicouterine fistula
CPT-I	51925	Closure of vesicouterine fistula; with hysterectomy
CPT-I	51940	Closure, exstrophy of bladder
CPT-I	51960	Enterocystoplasty, including intestinal anastomosis
CPT-I	51980	Cutaneous vesicostomy
CPT-I	52000	Cystourethroscopy (separate procedure)
CPT-I	52001	Cystourethroscopy with irrigation and evacuation of multiple obstructing clots
CPT-I	52005	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service
CPT-I	52007	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with brush biopsy of ureter and/or renal pelvis
CPT-I	52010	Cystourethroscopy, with ejaculatory duct catheterization, with or without irrigation, instillation, or duct radiography, exclusive of radiologic service
CPT-I	52204	Cystourethroscopy, with biopsy(s)

Type of Code	Code	Description
CPT-I	52214	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands
CPT-I	52224	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy
CPT-I	52234	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)
CPT-I	52235	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)
CPT-I	52240	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)
CPT-I	52250	Cystourethroscopy with insertion of radioactive substance, with or without biopsy or fulguration
CPT-I	52260	Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia
CPT-I	52265	Cystourethroscopy, with dilation of bladder for interstitial cystitis; local anesthesia
CPT-I	52270	Cystourethroscopy, with internal urethrotomy; female
CPT-I	52275	Cystourethroscopy, with internal urethrotomy; male
CPT-I	52276	Cystourethroscopy with direct vision internal urethrotomy
CPT-I	52277	Cystourethroscopy, with resection of external sphincter (sphincterotomy)

Type of Code	Code	Description
CPT-I	52281	Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female
CPT-I	52282	Cystourethroscopy, with insertion of permanent urethral stent
CPT-I	52283	Cystourethroscopy, with steroid injection into stricture
CPT-I	52285	Cystourethroscopy for treatment of the female urethral syndrome with any or all of the following: urethral meatotomy, urethral dilation, internal urethrotomy, lysis of urethrovaginal septal fibrosis, lateral incisions of the bladder neck, and fulguration of polyp(s) of urethra, bladder neck, and/or trigone
CPT-I	52287	Cystourethroscopy, with injection(s) for chemodenervation of the bladder
CPT-I	52290	Cystourethroscopy; with ureteral meatotomy, unilateral or bilateral
CPT-I	52300	Cystourethroscopy; with resection or fulguration of orthotopic ureterocele(s), unilateral or bilateral
CPT-I	52301	Cystourethroscopy; with resection or fulguration of ectopic ureterocele(s), unilateral or bilateral
CPT-I	52305	Cystourethroscopy; with incision or resection of orifice of bladder diverticulum, single or multiple
CPT-I	52310	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple

Type of Code	Code	Description
CPT-I	52315	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated
CPT-I	52317	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)
CPT-I	52318	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm)
CPT-I	52320	Cystourethroscopy (including ureteral catheterization); with removal of ureteral calculus
CPT-I	52325	Cystourethroscopy (including ureteral catheterization); with fragmentation of ureteral calculus (eg, ultrasonic or electro-hydraulic technique)
CPT-I	52327	Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material
CPT-I	52330	Cystourethroscopy (including ureteral catheterization); with manipulation, without removal of ureteral calculus
CPT-I	52332	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)
CPT-I	52334	Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde
CPT-I	52341	Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)
CPT-I	52342	Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)

Type of Code	Code	Description
CPT-I	52343	Cystourethroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)
CPT-I	52344	Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)
CPT-I	52345	Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)
CPT-I	52346	Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)
CPT-I	52351	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic
CPT-I	52352	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)
CPT-I	52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)
CPT-I	52354	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion
CPT-I	52355	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor
CPT-I	52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)

Type of Code	Code	Description
CPT-I	52400	Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds
CPT-I	52402	Cystourethroscopy with transurethral resection or incision of ejaculatory ducts
CPT-I	52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant
CPT-I	52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)
CPT-I	52450	Transurethral incision of prostate
CPT-I	52500	Transurethral resection of bladder neck (separate procedure)
CPT-I	52601	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)
CPT-I	52630	Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)
CPT-I	52640	Transurethral resection; of postoperative bladder neck contracture

Type of Code	Code	Description
CPT-I	52647	Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included if performed)
CPT-I	52648	Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)
CPT-I	52649	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)
CPT-I	52700	Transurethral drainage of prostatic abscess
CPT-I	53010	Urethrotomy or urethrostomy, external (separate procedure); perineal urethra, external
CPT-I	53040	Drainage of deep periurethral abscess
CPT-I	53080	Drainage of perineal urinary extravasation; uncomplicated (separate procedure)
CPT-I	53085	Drainage of perineal urinary extravasation; complicated
CPT-I	53210	Urethrectomy, total, including cystostomy; female
CPT-I	53215	Urethrectomy, total, including cystostomy; male
CPT-I	53220	Excision or fulguration of carcinoma of urethra
CPT-I	53230	Excision of urethral diverticulum (separate procedure); female

Type of Code	Code	Description
CPT-I	53235	Excision of urethral diverticulum (separate procedure); male
CPT-I	53240	Marsupialization of urethral diverticulum, male or female
CPT-I	53250	Excision of bulbourethral gland (Cowper's gland)
CPT-I	53260	Excision or fulguration; urethral polyp(s), distal urethra
CPT-I	53265	Excision or fulguration; urethral caruncle
CPT-I	53270	Excision or fulguration; Skene's glands
CPT-I	53275	Excision or fulguration; urethral prolapse
CPT-I	53400	Urethroplasty; first stage, for fistula, diverticulum, or stricture (eg, Johannsen type)
CPT-I	53405	Urethroplasty; second stage (formation of urethra), including urinary diversion
CPT-I	53410	Urethroplasty, 1-stage reconstruction of male anterior urethra
CPT-I	53415	Urethroplasty, transpubic or perineal, 1-stage, for reconstruction or repair of prostatic or membranous urethra
CPT-I	53420	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage
CPT-I	53425	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage
CPT-I	53430	Urethroplasty, reconstruction of female urethra
CPT-I	53431	Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence (eg, Tenago, Leadbetter procedure)
CPT-I	53440	Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)

Type of Code	Code	Description
CPT-I	53442	Removal or revision of sling for male urinary incontinence (eg, fascia or synthetic)
CPT-I	53444	Insertion of tandem cuff (dual cuff)
CPT-I	53445	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff
CPT-I	53446	Removal of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff
CPT-I	53447	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff at the same operative session
CPT-I	53448	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff through an infected field at the same operative session including irrigation and debridement of infected tissue
CPT-I	53449	Repair of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff
CPT-I	53450	Urethromeatoplasty, with mucosal advancement
CPT-I	53460	Urethromeatoplasty, with partial excision of distal urethral segment (Richardson type procedure)
CPT-I	53500	Urethrolysis, transvaginal, secondary, open, including cystourethroscopy (eg, postsurgical obstruction, scarring)
CPT-I	53502	Urethrorrhaphy, suture of urethral wound or injury, female
CPT-I	53505	Urethrorrhaphy, suture of urethral wound or injury; penile
CPT-I	53510	Urethrorrhaphy, suture of urethral wound or injury; perineal
CPT-I	53515	Urethrorrhaphy, suture of urethral wound or injury; prostatomembranous

Type of Code	Code	Description
CPT-I	53520	Closure of urethrostomy or urethrocutaneous fistula, male (separate procedure)
CPT-I	53850	Transurethral destruction of prostate tissue; by microwave thermotherapy
CPT-I	53852	Transurethral destruction of prostate tissue; by radiofrequency thermotherapy
CPT-I	53855	Insertion of a temporary prostatic urethral stent, including urethral measurement
CPT-I	54000	Slitting of prepuce, dorsal or lateral (separate procedure); newborn
CPT-I	54001	Slitting of prepuce, dorsal or lateral (separate procedure); except newborn
CPT-I	54015	Incision and drainage of penis, deep
CPT-I	54050	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical
CPT-I	54055	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation
CPT-I	54056	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery
CPT-I	54057	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery
CPT-I	54060	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision

Type of Code	Code	Description
CPT-I	54065	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
CPT-I	54100	Biopsy of penis; (separate procedure)
CPT-I	54105	Biopsy of penis; deep structures
CPT-I	54110	Excision of penile plaque (Peyronie disease)
CPT-I	54111	Excision of penile plaque (Peyronie disease); with graft to 5 cm in length
CPT-I	54112	Excision of penile plaque (Peyronie disease); with graft greater than 5 cm in length
CPT-I	54115	Removal foreign body from deep penile tissue (eg, plastic implant)
CPT-I	54120	Amputation of penis; partial
CPT-I	54130	Amputation of penis, radical; with bilateral inguinofemoral lymphadenectomy
CPT-I	54135	Amputation of penis, radical; in continuity with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes
CPT-I	54161	Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age
CPT-I	54162	Lysis or excision of penile post-circumcision adhesions
CPT-I	54163	Repair incomplete circumcision
CPT-I	54164	Frenulotomy of penis
CPT-I	54200	Injection procedure for Peyronie disease
CPT-I	54205	Injection procedure for Peyronie disease; with surgical exposure of plaque
CPT-I	54220	Irrigation of corpora cavernosa for priapism
CPT-I	54230	Injection procedure for corpora cavernosography

Type of Code	Code	Description
CPT-I	54231	Dynamic cavernosometry, including intracavernosal injection of vasoactive drugs (eg, papaverine, phentolamine)
CPT-I	54235	Injection of corpora cavernosa with pharmacologic agent(s) (eg, papaverine, phentolamine)
CPT-I	54240	Penile plethysmography
CPT-I	54250	Nocturnal penile tumescence and/or rigidity test
CPT-I	54300	Plastic operation of penis for straightening of chordee (eg, hypospadias), with or without mobilization of urethra
CPT-I	54304	Plastic operation on penis for correction of chordee or for first stage hypospadias repair with or without transplantation of prepuce and/or skin flaps
CPT-I	54308	Urethroplasty for second stage hypospadias repair (including urinary diversion); less than 3 cm
CPT-I	54312	Urethroplasty for second stage hypospadias repair (including urinary diversion); greater than 3 cm
CPT-I	54316	Urethroplasty for second stage hypospadias repair (including urinary diversion) with free skin graft obtained from site other than genitalia
CPT-I	54318	Urethroplasty for third stage hypospadias repair to release penis from scrotum (eg, third stage Cecil repair)
CPT-I	54322	1-stage distal hypospadias repair (with or without chordee or circumcision); with simple meatal advancement (eg, Magpi, V-flap)
CPT-I	54324	1-stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps (eg, flip-flap, prepucial flap)

Type of Code	Code	Description
CPT-I	54326	1-stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps and mobilization of urethra
CPT-I	54328	1-stage distal hypospadias repair (with or without chordee or circumcision); with extensive dissection to correct chordee and urethroplasty with local skin flaps, skin graft patch, and/or island flap
CPT-I	54332	1-stage proximal penile or penoscrotal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap
CPT-I	54336	1-stage perineal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap
CPT-I	54340	Repair of hypospadias complication(s) (ie, fistula, stricture, diverticula); by closure, incision, or excision, simple
CPT-I	54344	Repair of hypospadias complication(s) (ie, fistula, stricture, diverticula); requiring mobilization of skin flaps and urethroplasty with flap or patch graft
CPT-I	54348	Repair of hypospadias complication(s) (ie, fistula, stricture, diverticula); requiring extensive dissection, and urethroplasty with flap, patch or tubed graft (including urinary diversion, when performed)

Type of Code	Code	Description
CPT-I	54352	Revision of prior hypospadias repair requiring extensive dissection and excision of previously constructed structures including re-release of chordee and reconstruction of urethra and penis by use of local skin as grafts and island flaps and skin brought in as flaps or grafts
CPT-I	54380	Plastic operation on penis for epispadias distal to external sphincter
CPT-I	54385	Plastic operation on penis for epispadias distal to external sphincter; with incontinence
CPT-I	54390	Plastic operation on penis for epispadias distal to external sphincter; with exstrophy of bladder
CPT-I	54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)
CPT-I	54401	Insertion of penile prosthesis; inflatable (self-contained)
CPT-I	54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir
CPT-I	54406	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis
CPT-I	54408	Repair of component(s) of a multi-component, inflatable penile prosthesis
CPT-I	54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session
CPT-I	54411	Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue

Type of Code	Code	Description
CPT-I	54415	Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis
CPT-I	54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session
CPT-I	54417	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
CPT-I	54420	Corpora cavernosa-saphenous vein shunt (priapism operation), unilateral or bilateral
CPT-I	54430	Corpora cavernosa-corpus spongiosum shunt (priapism operation), unilateral or bilateral
CPT-I	54435	Corpora cavernosa-glans penis fistulization (eg, biopsy needle, Winter procedure, rongeur, or punch) for priapism
CPT-I	54437	Repair of traumatic corporeal tear(s)
CPT-I	54438	Replantation, penis, complete amputation including urethral repair
CPT-I	54440	Plastic operation of penis for injury
CPT-I	54450	Foreskin manipulation including lysis of preputial adhesions and stretching
CPT-I	54500	Biopsy of testis, needle (separate procedure)
CPT-I	54505	Biopsy of testis, incisional (separate procedure)
CPT-I	54512	Excision of extraparenchymal lesion of testis
CPT-I	54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach

Type of Code	Code	Description
CPT-I	54522	Orchiectomy, partial
CPT-I	54530	Orchiectomy, radical, for tumor; inguinal approach
CPT-I	54535	Orchiectomy, radical, for tumor; with abdominal exploration
CPT-I	54550	Exploration for undescended testis (inguinal or scrotal area)
CPT-I	54560	Exploration for undescended testis with abdominal exploration
CPT-I	54600	Reduction of torsion of testis, surgical, with or without fixation of contralateral testis
CPT-I	54620	Fixation of contralateral testis (separate procedure)
CPT-I	54640	Orchiopexy, inguinal or scrotal approach
CPT-I	54650	Orchiopexy, abdominal approach, for intra-abdominal testis (eg, Fowler-Stephens)
CPT-I	54660	Insertion of testicular prosthesis (separate procedure)
CPT-I	54670	Suture or repair of testicular injury
CPT-I	54680	Transplantation of testis(es) to thigh (because of scrotal destruction)
CPT-I	54690	Laparoscopy, surgical; orchiectomy
CPT-I	54692	Laparoscopy, surgical; orchiopexy for intra-abdominal testis
CPT-I	54700	Incision and drainage of epididymis, testis and/or scrotal space (eg, abscess or hematoma)
CPT-I	54800	Biopsy of epididymis, needle
CPT-I	54830	Excision of local lesion of epididymis
CPT-I	54840	Excision of spermatocele, with or without epididymectomy

Type of Code	Code	Description
CPT-I	54860	Epididymectomy; unilateral
CPT-I	54861	Epididymectomy; bilateral
CPT-I	54865	Exploration of epididymis, with or without biopsy
CPT-I	54900	Epididymovasostomy, anastomosis of epididymis to vas deferens; unilateral
CPT-I	54901	Epididymovasostomy, anastomosis of epididymis to vas deferens; bilateral
CPT-I	55000	Puncture aspiration of hydrocele, tunica vaginalis, with or without injection of medication
CPT-I	55040	Excision of hydrocele; unilateral
CPT-I	55041	Excision of hydrocele; bilateral
CPT-I	55060	Repair of tunica vaginalis hydrocele (Bottle type)
CPT-I	55100	Drainage of scrotal wall abscess
CPT-I	55110	Scrotal exploration
CPT-I	55120	Removal of foreign body in scrotum
CPT-I	55150	Resection of scrotum
CPT-I	55200	Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure)
CPT-I	55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)
CPT-I	55300	Vasotomy for vasograms, seminal vesiculograms, or epididymograms, unilateral or bilateral
CPT-I	55400	Vasovasostomy, vasovasorrhaphy
CPT-I	55500	Excision of hydrocele of spermatic cord, unilateral (separate procedure)
CPT-I	55520	Excision of lesion of spermatic cord (separate procedure)

Type of Code	Code	Description
CPT-I	55530	Excision of varicocele or ligation of spermatic veins for varicocele; (separate procedure)
CPT-I	55535	Excision of varicocele or ligation of spermatic veins for varicocele; abdominal approach
CPT-I	55540	Excision of varicocele or ligation of spermatic veins for varicocele; with hernia repair
CPT-I	55550	Laparoscopy, surgical, with ligation of spermatic veins for varicocele
CPT-I	55600	Vesiculotomy
CPT-I	55605	Vesiculotomy; complicated
CPT-I	55650	Vesiculectomy, any approach
CPT-I	55680	Excision of Mullerian duct cyst
CPT-I	55700	Biopsy, prostate; needle or punch, single or multiple, any approach
CPT-I	55705	Biopsy, prostate; incisional, any approach
CPT-I	55720	Prostatotomy, external drainage of prostatic abscess, any approach; simple
CPT-I	55725	Prostatotomy, external drainage of prostatic abscess, any approach; complicated
CPT-I	55801	Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy)
CPT-I	55810	Prostatectomy, perineal radical
CPT-I	55812	Prostatectomy, perineal radical; with lymph node biopsy(s) (limited pelvic lymphadenectomy)

Type of Code	Code	Description
CPT-I	55815	Prostatectomy, perineal radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes
CPT-I	55821	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, 1 or 2 stages
CPT-I	55831	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); retropubic, subtotal
CPT-I	55840	Prostatectomy, retropubic radical, with or without nerve sparing
CPT-I	55842	Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)
CPT-I	55845	Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes
CPT-I	55860	Exposure of prostate, any approach, for insertion of radioactive substance
CPT-I	55862	Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node biopsy(s) (limited pelvic lymphadenectomy)
CPT-I	55865	Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes

Type of Code	Code	Description
CPT-I	55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed
CPT-I	55867	Laparoscopy, surgical prostatectomy, simple subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy), includes robotic assistance, when performed
CPT-I	55873	Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)
CPT-I	55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed
CPT-I	55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy
CPT-I	55876	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple
CPT-I	56515	Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
CPT-I	56630	Vulvectomy, radical, partial
CPT-I	56631	Vulvectomy, radical, partial; with unilateral inguinofemoral lymphadenectomy
CPT-I	56632	Vulvectomy, radical, partial; with bilateral inguinofemoral lymphadenectomy
CPT-I	56633	Vulvectomy, radical, complete

Type of Code	Code	Description
CPT-I	56634	Vulvectomy, radical, complete; with unilateral inguinofemoral lymphadenectomy
CPT-I	56637	Vulvectomy, radical, complete; with bilateral inguinofemoral lymphadenectomy
CPT-I	56640	Vulvectomy, radical, complete, with inguinofemoral, iliac, and pelvic lymphadenectomy
CPT-I	57010	Colpotomy; with drainage of pelvic abscess
CPT-I	57023	Incision and drainage of vaginal hematoma; non-obstetrical (eg, post-trauma, spontaneous bleeding)
CPT-I	57107	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)
CPT-I	57109	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)
CPT-I	57111	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)
CPT-I	57120	Colpocleisis (Le Fort type)
CPT-I	57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy
CPT-I	57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy
CPT-I	57200	Colporrhaphy, suture of injury of vagina (nonobstetrical)
CPT-I	57210	Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical)
CPT-I	57220	Plastic operation on urethral sphincter, vaginal approach (eg, Kelly urethral plication)
CPT-I	57230	Plastic repair of urethrocele

Type of Code	Code	Description
CPT-I	57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed
CPT-I	57250	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy
CPT-I	57260	Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed
CPT-I	57265	Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; with enterocele repair
CPT-I	57267	Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)
CPT-I	57268	Repair of enterocele, vaginal approach (separate procedure)
CPT-I	57270	Repair of enterocele, abdominal approach (separate procedure)
CPT-I	57280	Colpopexy, abdominal approach
CPT-I	57282	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)
CPT-I	57283	Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)
CPT-I	57284	Paravaginal defect repair (including repair of cystocele, if performed); open abdominal approach
CPT-I	57285	Paravaginal defect repair (including repair of cystocele, if performed); vaginal approach
CPT-I	57289	Pereyra procedure, including anterior colporrhaphy

Type of Code	Code	Description
CPT-I	57300	Closure of rectovaginal fistula; vaginal or transanal approach
CPT-I	57305	Closure of rectovaginal fistula; abdominal approach
CPT-I	57307	Closure of rectovaginal fistula; abdominal approach, with concomitant colostomy
CPT-I	57308	Closure of rectovaginal fistula; transperineal approach, with perineal body reconstruction, with or without levator plication
CPT-I	57310	Closure of urethrovaginal fistula
CPT-I	57311	Closure of urethrovaginal fistula; with bulbocavernosus transplant
CPT-I	57320	Closure of vesicovaginal fistula; vaginal approach
CPT-I	57330	Closure of vesicovaginal fistula; transvesical and vaginal approach
CPT-I	57423	Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach
CPT-I	57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)
CPT-I	57460	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix
CPT-I	57461	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix
CPT-I	57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser
CPT-I	57530	Trachelectomy (cervicectomy), amputation of cervix (separate procedure)

Type of Code	Code	Description
CPT-I	57531	Radical trachelectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling biopsy, with or without removal of tube(s), with or without removal of ovary(s)
CPT-I	57540	Excision of cervical stump, abdominal approach
CPT-I	57545	Excision of cervical stump, abdominal approach; with pelvic floor repair
CPT-I	57550	Excision of cervical stump, vaginal approach
CPT-I	57555	Excision of cervical stump, vaginal approach; with anterior and/or posterior repair
CPT-I	57556	Excision of cervical stump, vaginal approach; with repair of enterocele
CPT-I	57720	Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach
CPT-I	58120	Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)
CPT-I	58140	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; abdominal approach
CPT-I	58145	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; vaginal approach
CPT-I	58146	Myomectomy, excision of fibroid tumor(s) of uterus, 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g, abdominal approach

Type of Code	Code	Description
CPT-I	58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography
CPT-I	58345	Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography
CPT-I	58346	Insertion of Heyman capsules for clinical brachytherapy
CPT-I	58350	Chromotubation of oviduct, including materials
CPT-I	58353	Endometrial ablation, thermal, without hysteroscopic guidance
CPT-I	58356	Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed
CPT-I	58400	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; (separate procedure)
CPT-I	58410	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; with presacral sympathectomy
CPT-I	58520	Hysterorrhaphy, repair of ruptured uterus (nonobstetrical)
CPT-I	58540	Hysteroplasty, repair of uterine anomaly (Strassman type)
CPT-I	58555	Hysteroscopy, diagnostic (separate procedure)
CPT-I	58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C
CPT-I	58559	Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)
CPT-I	58560	Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)
CPT-I	58561	Hysteroscopy, surgical; with removal of leiomyomata

Type of Code	Code	Description
CPT-I	58562	Hysteroscopy, surgical; with removal of impacted foreign body
CPT-I	58563	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)
CPT-I	58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants
CPT-I	58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral
CPT-I	58605	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure)
CPT-I	58611	Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure)
CPT-I	58615	Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach
CPT-I	58660	Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)
CPT-I	58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
CPT-I	58662	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method

Type of Code	Code	Description
CPT-I	58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)
CPT-I	58671	Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)
CPT-I	58672	Laparoscopy, surgical; with fimbrioplasty
CPT-I	58673	Laparoscopy, surgical; with salpingostomy (salpingoneostomy)
CPT-I	58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency
CPT-I	58700	Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)
CPT-I	58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)
CPT-I	58740	Lysis of adhesions (salpingolysis, ovariolysis)
CPT-I	58760	Fimbrioplasty
CPT-I	58770	Salpingostomy (salpingoneostomy)
CPT-I	58800	Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); vaginal approach
CPT-I	58805	Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); abdominal approach
CPT-I	58820	Drainage of ovarian abscess; vaginal approach, open
CPT-I	58822	Drainage of ovarian abscess; abdominal approach
CPT-I	58825	Transposition, ovary(s)
CPT-I	58900	Biopsy of ovary, unilateral or bilateral (separate procedure)
CPT-I	58920	Wedge resection or bisection of ovary, unilateral or bilateral

Type of Code	Code	Description
CPT-I	58925	Ovarian cystectomy, unilateral or bilateral
CPT-I	58940	Oophorectomy, partial or total, unilateral or bilateral
CPT-I	58943	Oophorectomy, partial or total, unilateral or bilateral; for ovarian, tubal or primary peritoneal malignancy, with para-aortic and pelvic lymph node biopsies, peritoneal washings, peritoneal biopsies, diaphragmatic assessments, with or without salpingectomy(s), with or without omentectomy
CPT-I	58950	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy
CPT-I	58952	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with radical dissection for debulking (ie, radical excision or destruction, intra-abdominal or retroperitoneal tumors)
CPT-I	58957	Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed
CPT-I	58958	Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy

Type of Code	Code	Description
CPT-I	58960	Laparotomy, for staging or restaging of ovarian, tubal, or primary peritoneal malignancy (second look), with or without omentectomy, peritoneal washing, biopsy of abdominal and pelvic peritoneum, diaphragmatic assessment with pelvic and limited para-aortic lymphadenectomy
CPT-I	59000	Amniocentesis; diagnostic
CPT-I	59001	Amniocentesis; therapeutic amniotic fluid reduction (includes ultrasound guidance)
CPT-I	59012	Cordocentesis (intrauterine), any method
CPT-I	59015	Chorionic villus sampling, any method
CPT-I	59020	Fetal contraction stress test
CPT-I	59025	Fetal non-stress test
CPT-I	59030	Fetal scalp blood sampling
CPT-I	59050	Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; supervision and interpretation
CPT-I	59051	Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; interpretation only
CPT-I	59070	Transabdominal amnioinfusion, including ultrasound guidance
CPT-I	59072	Fetal umbilical cord occlusion, including ultrasound guidance
CPT-I	59074	Fetal fluid drainage (eg, vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance
CPT-I	59076	Fetal shunt placement, including ultrasound guidance

Type of Code	Code	Description
CPT-I	59100	Hysterotomy, abdominal (eg, for hydatidiform mole, abortion)
CPT-I	59120	Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach
CPT-I	59121	Surgical treatment of ectopic pregnancy; tubal or ovarian, without salpingectomy and/or oophorectomy
CPT-I	59130	Surgical treatment of ectopic pregnancy; abdominal pregnancy
CPT-I	59136	Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy with partial resection of uterus
CPT-I	59140	Surgical treatment of ectopic pregnancy; cervical, with evacuation
CPT-I	59150	Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy
CPT-I	59151	Laparoscopic treatment of ectopic pregnancy; with salpingectomy and/or oophorectomy
CPT-I	59160	Curettage, postpartum
CPT-I	59200	Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure)
CPT-I	59300	Episiotomy or vaginal repair, by other than attending
CPT-I	59320	Cerclage of cervix, during pregnancy; vaginal
CPT-I	59325	Cerclage of cervix, during pregnancy; abdominal
CPT-I	59350	Hysterorrhaphy of ruptured uterus
CPT-I	59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care

Type of Code	Code	Description
CPT-I	59409	Vaginal delivery only (with or without episiotomy and/or forceps)
CPT-I	59410	Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care
CPT-I	59412	External cephalic version, with or without tocolysis
CPT-I	59414	Delivery of placenta (separate procedure)
CPT-I	59425	Antepartum care only; 4-6 visits
CPT-I	59426	Antepartum care only; 7 or more visits
CPT-I	59430	Postpartum care only (separate procedure)
CPT-I	59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care
CPT-I	59514	Cesarean delivery only
CPT-I	59515	Cesarean delivery only; including postpartum care
CPT-I	59525	Subtotal or total hysterectomy after cesarean delivery (List separately in addition to code for primary procedure)
CPT-I	59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery
CPT-I	59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps)
CPT-I	59614	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care

Type of Code	Code	Description
CPT-I	59618	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery
CPT-I	59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery
CPT-I	59622	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care
CPT-I	59812	Treatment of incomplete abortion, any trimester, completed surgically
CPT-I	59820	Treatment of missed abortion, completed surgically; first trimester
CPT-I	59821	Treatment of missed abortion, completed surgically; second trimester
CPT-I	59830	Treatment of septic abortion, completed surgically
CPT-I	59840	Induced abortion, by dilation and curettage
CPT-I	59841	Induced abortion, by dilation and evacuation
CPT-I	59850	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines
CPT-I	59851	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation

Type of Code	Code	Description
CPT-I	59852	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed intra-amniotic injection)
CPT-I	59855	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines
CPT-I	59856	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation
CPT-I	59857	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed medical evacuation)
CPT-I	59870	Uterine evacuation and curettage for hydatidiform mole
CPT-I	59871	Removal of cerclage suture under anesthesia (other than local)
CPT-I	60000	Incision and drainage of thyroglossal duct cyst, infected
CPT-I	60100	Biopsy thyroid, percutaneous core needle
CPT-I	60200	Excision of cyst or adenoma of thyroid, or transection of isthmus
CPT-I	60210	Partial thyroid lobectomy, unilateral; with or without isthmusectomy

Type of Code	Code	Description
CPT-I	60212	Partial thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy
CPT-I	60220	Total thyroid lobectomy, unilateral; with or without isthmusectomy
CPT-I	60225	Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy
CPT-I	60240	Thyroidectomy, total or complete
CPT-I	60252	Thyroidectomy, total or subtotal for malignancy; with limited neck dissection
CPT-I	60254	Thyroidectomy, total or subtotal for malignancy; with radical neck dissection
CPT-I	60260	Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid
CPT-I	60270	Thyroidectomy, including substernal thyroid; sternal split or transthoracic approach
CPT-I	60271	Thyroidectomy, including substernal thyroid; cervical approach
CPT-I	60280	Excision of thyroglossal duct cyst or sinus
CPT-I	60281	Excision of thyroglossal duct cyst or sinus; recurrent
CPT-I	60300	Aspiration and/or injection, thyroid cyst
CPT-I	60500	Parathyroidectomy or exploration of parathyroid(s)
CPT-I	60502	Parathyroidectomy or exploration of parathyroid(s); re-exploration
CPT-I	60505	Parathyroidectomy or exploration of parathyroid(s); with mediastinal exploration, sternal split or transthoracic approach
CPT-I	60512	Parathyroid autotransplantation (List separately in addition to code for primary procedure)

Type of Code	Code	Description
CPT-I	60520	Thymectomy, partial or total; transcervical approach (separate procedure)
CPT-I	60521	Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure)
CPT-I	60522	Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure)
CPT-I	60540	Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure)
CPT-I	60545	Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure); with excision of adjacent retroperitoneal tumor
CPT-I	60600	Excision of carotid body tumor; without excision of carotid artery
CPT-I	60605	Excision of carotid body tumor; with excision of carotid artery
CPT-I	60650	Laparoscopy, surgical, with adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal
CPT-I	61000	Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; initial
CPT-I	61001	Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; subsequent taps

Type of Code	Code	Description
CPT-I	61020	Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; without injection
CPT-I	61026	Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; with injection of medication or other substance for diagnosis or treatment
CPT-I	61050	Cisternal or lateral cervical (C1-C2) puncture; without injection (separate procedure)
CPT-I	61055	Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment
CPT-I	61070	Puncture of shunt tubing or reservoir for aspiration or injection procedure
CPT-I	61105	Twist drill hole for subdural or ventricular puncture
CPT-I	61107	Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for implanting ventricular catheter, pressure recording device, or other intracerebral monitoring device
CPT-I	61108	Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for evacuation and/or drainage of subdural hematoma
CPT-I	61120	Burr hole(s) for ventricular puncture (including injection of gas, contrast media, dye, or radioactive material)
CPT-I	61140	Burr hole(s) or trephine; with biopsy of brain or intracranial lesion
CPT-I	61150	Burr hole(s) or trephine; with drainage of brain abscess or cyst

Type of Code	Code	Description
CPT-I	61151	Burr hole(s) or trephine; with subsequent tapping (aspiration) of intracranial abscess or cyst
CPT-I	61154	Burr hole(s) with evacuation and/or drainage of hematoma, extradural or subdural
CPT-I	61156	Burr hole(s); with aspiration of hematoma or cyst, intracerebral
CPT-I	61210	Burr hole(s); for implanting ventricular catheter, reservoir, EEG electrode(s), pressure recording device, or other cerebral monitoring device (separate procedure)
CPT-I	61215	Insertion of subcutaneous reservoir, pump or continuous infusion system for connection to ventricular catheter
CPT-I	61250	Burr hole(s) or trephine, supratentorial, exploratory, not followed by other surgery
CPT-I	61253	Burr hole(s) or trephine, infratentorial, unilateral or bilateral
CPT-I	61304	Craniectomy or craniotomy, exploratory; supratentorial
CPT-I	61305	Craniectomy or craniotomy, exploratory; infratentorial (posterior fossa)
CPT-I	61312	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural
CPT-I	61313	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; intracerebral
CPT-I	61314	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; extradural or subdural
CPT-I	61315	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; intracerebellar

Type of Code	Code	Description
CPT-I	61316	Incision and subcutaneous placement of cranial bone graft (List separately in addition to code for primary procedure)
CPT-I	61320	Craniectomy or craniotomy, drainage of intracranial abscess; supratentorial
CPT-I	61321	Craniectomy or craniotomy, drainage of intracranial abscess; infratentorial
CPT-I	61322	Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; without lobectomy
CPT-I	61323	Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; with lobectomy
CPT-I	61330	Decompression of orbit only, transcranial approach
CPT-I	61333	Exploration of orbit (transcranial approach), with removal of lesion
CPT-I	61340	Subtemporal cranial decompression (pseudotumor cerebri, slit ventricle syndrome)
CPT-I	61343	Craniectomy, suboccipital with cervical laminectomy for decompression of medulla and spinal cord, with or without dural graft (eg, Arnold-Chiari malformation)
CPT-I	61345	Other cranial decompression, posterior fossa
CPT-I	61450	Craniectomy, subtemporal, for section, compression, or decompression of sensory root of gasserian ganglion
CPT-I	61458	Craniectomy, suboccipital; for exploration or decompression of cranial nerves

Type of Code	Code	Description
CPT-I	61460	Craniectomy, suboccipital; for section of 1 or more cranial nerves
CPT-I	61500	Craniectomy; with excision of tumor or other bone lesion of skull
CPT-I	61501	Craniectomy; for osteomyelitis
CPT-I	61510	Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma
CPT-I	61512	Craniectomy, trephination, bone flap craniotomy; for excision of meningioma, supratentorial
CPT-I	61514	Craniectomy, trephination, bone flap craniotomy; for excision of brain abscess, supratentorial
CPT-I	61516	Craniectomy, trephination, bone flap craniotomy; for excision or fenestration of cyst, supratentorial
CPT-I	61518	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; except meningioma, cerebellopontine angle tumor, or midline tumor at base of skull
CPT-I	61519	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; meningioma
CPT-I	61520	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; cerebellopontine angle tumor
CPT-I	61521	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; midline tumor at base of skull
CPT-I	61522	Craniectomy, infratentorial or posterior fossa; for excision of brain abscess
CPT-I	61524	Craniectomy, infratentorial or posterior fossa; for excision or fenestration of cyst

Type of Code	Code	Description
CPT-I	61526	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor
CPT-I	61530	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor; combined with middle/posterior fossa craniotomy/craniectomy
CPT-I	61541	Craniotomy with elevation of bone flap; for transection of corpus callosum
CPT-I	61543	Craniotomy with elevation of bone flap; for partial or subtotal (functional) hemispherectomy
CPT-I	61544	Craniotomy with elevation of bone flap; for excision or coagulation of choroid plexus
CPT-I	61545	Craniotomy with elevation of bone flap; for excision of craniopharyngioma
CPT-I	61546	Craniotomy for hypophysectomy or excision of pituitary tumor, intracranial approach
CPT-I	61548	Hypophysectomy or excision of pituitary tumor, transnasal or transseptal approach, nonstereotactic
CPT-I	61563	Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); without optic nerve decompression
CPT-I	61564	Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); with optic nerve decompression
CPT-I	61566	Craniotomy with elevation of bone flap; for selective amygdalohippocampectomy

Type of Code	Code	Description
CPT-I	61567	Craniotomy with elevation of bone flap; for multiple subpial transections, with electrocorticography during surgery
CPT-I	61570	Craniectomy or craniotomy; with excision of foreign body from brain
CPT-I	61571	Craniectomy or craniotomy; with treatment of penetrating wound of brain
CPT-I	61575	Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion
CPT-I	61576	Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion; requiring splitting of tongue and/or mandible (including tracheostomy)
CPT-I	61580	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital exenteration
CPT-I	61581	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, orbital exenteration, ethmoidectomy, sphenoidectomy and/or maxillectomy
CPT-I	61582	Craniofacial approach to anterior cranial fossa; extradural, including unilateral or bifrontal craniotomy, elevation of frontal lobe(s), osteotomy of base of anterior cranial fossa

Type of Code	Code	Description
CPT-I	61583	Craniofacial approach to anterior cranial fossa; intradural, including unilateral or bifrontal craniotomy, elevation or resection of frontal lobe, osteotomy of base of anterior cranial fossa
CPT-I	61584	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); without orbital exenteration
CPT-I	61585	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); with orbital exenteration
CPT-I	61586	Bicoronal, transzygomatic and/or LeFort I osteotomy approach to anterior cranial fossa with or without internal fixation, without bone graft
CPT-I	61590	Infratemporal pre-auricular approach to middle cranial fossa (parapharyngeal space, infratemporal and midline skull base, nasopharynx), with or without disarticulation of the mandible, including parotidectomy, craniotomy, decompression and/or mobilization of the facial nerve and/or petrous carotid artery
CPT-I	61591	Infratemporal post-auricular approach to middle cranial fossa (internal auditory meatus, petrous apex, tentorium, cavernous sinus, parasellar area, infratemporal fossa) including mastoidectomy, resection of sigmoid sinus, with or without decompression and/or mobilization of contents of auditory canal or petrous carotid artery

Type of Code	Code	Description
CPT-I	61592	Orbitocranial zygomatic approach to middle cranial fossa (cavernous sinus and carotid artery, clivus, basilar artery or petrous apex) including osteotomy of zygoma, craniotomy, extra- or intradural elevation of temporal lobe
CPT-I	61595	Transtemporal approach to posterior cranial fossa, jugular foramen or midline skull base, including mastoidectomy, decompression of sigmoid sinus and/or facial nerve, with or without mobilization
CPT-I	61596	Transcochlear approach to posterior cranial fossa, jugular foramen or midline skull base, including labyrinthectomy, decompression, with or without mobilization of facial nerve and/or petrous carotid artery
CPT-I	61597	Transcondylar (far lateral) approach to posterior cranial fossa, jugular foramen or midline skull base, including occipital condylectomy, mastoidectomy, resection of C1-C3 vertebral body(s), decompression of vertebral artery, with or without mobilization
CPT-I	61598	Transpetrosal approach to posterior cranial fossa, clivus or foramen magnum, including ligation of superior petrosal sinus and/or sigmoid sinus
CPT-I	61600	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; extradural
CPT-I	61601	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; intradural, including dural repair, with or without graft

Type of Code	Code	Description
CPT-I	61605	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; extradural
CPT-I	61606	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; intradural, including dural repair, with or without graft
CPT-I	61607	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; extradural
CPT-I	61608	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; intradural, including dural repair, with or without graft
CPT-I	61611	Transection or ligation, carotid artery in petrous canal; without repair (List separately in addition to code for primary procedure)
CPT-I	61613	Obliteration of carotid aneurysm, arteriovenous malformation, or carotid-cavernous fistula by dissection within cavernous sinus
CPT-I	61615	Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; extradural
CPT-I	61616	Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; intradural, including dural repair, with or without graft

Type of Code	Code	Description
CPT-I	61618	Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by free tissue graft (eg, pericranium, fascia, tensor fascia lata, adipose tissue, homologous or synthetic grafts)
CPT-I	61619	Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by local or regionalized vascularized pedicle flap or myocutaneous flap (including galea, temporalis, frontalis or occipitalis muscle)
CPT-I	61623	Endovascular temporary balloon arterial occlusion, head or neck (extracranial/intracranial) including selective catheterization of vessel to be occluded, positioning and inflation of occlusion balloon, concomitant neurological monitoring, and radiologic supervision and interpretation of all angiography required for balloon occlusion and to exclude vascular injury post occlusion
CPT-I	61624	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; central nervous system (intracranial, spinal cord)
CPT-I	61626	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; non-central nervous system, head or neck (extracranial, brachiocephalic branch)
CPT-I	61630	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous

Type of Code	Code	Description
CPT-I	61635	Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed
CPT-I	61640	Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel
CPT-I	61641	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular territory (List separately in addition to code for primary procedure)
CPT-I	61642	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular territory (List separately in addition to code for primary procedure)
CPT-I	61645	Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)
CPT-I	61650	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; initial vascular territory

Type of Code	Code	Description
CPT-I	61651	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; each additional vascular territory (List separately in addition to code for primary procedure)
CPT-I	61680	Surgery of intracranial arteriovenous malformation; supratentorial, simple
CPT-I	61682	Surgery of intracranial arteriovenous malformation; supratentorial, complex
CPT-I	61684	Surgery of intracranial arteriovenous malformation; infratentorial, simple
CPT-I	61686	Surgery of intracranial arteriovenous malformation; infratentorial, complex
CPT-I	61690	Surgery of intracranial arteriovenous malformation; dural, simple
CPT-I	61692	Surgery of intracranial arteriovenous malformation; dural, complex
CPT-I	61697	Surgery of complex intracranial aneurysm, intracranial approach; carotid circulation
CPT-I	61698	Surgery of complex intracranial aneurysm, intracranial approach; vertebrobasilar circulation
CPT-I	61700	Surgery of simple intracranial aneurysm, intracranial approach; carotid circulation
CPT-I	61702	Surgery of simple intracranial aneurysm, intracranial approach; vertebrobasilar circulation

Type of Code	Code	Description
CPT-I	61703	Surgery of intracranial aneurysm, cervical approach by application of occluding clamp to cervical carotid artery (Selverstone-Crutchfield type)
CPT-I	61705	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial and cervical occlusion of carotid artery
CPT-I	61708	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial electrothrombosis
CPT-I	61710	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intra-arterial embolization, injection procedure, or balloon catheter
CPT-I	61711	Anastomosis, arterial, extracranial-intracranial (eg, middle cerebral/cortical) arteries
CPT-I	61720	Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; globus pallidus or thalamus
CPT-I	61735	Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; subcortical structure(s) other than globus pallidus or thalamus
CPT-I	61750	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion
CPT-I	61751	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion; with computed tomography and/or magnetic resonance guidance
CPT-I	61770	Stereotactic localization, including burr hole(s), with insertion of catheter(s) or probe(s) for placement of radiation source

Type of Code	Code	Description
CPT-I	61781	Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)
CPT-I	61782	Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)
CPT-I	61783	Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)
CPT-I	61790	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); gasserian ganglion
CPT-I	61791	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); trigeminal medullary tract
CPT-I	61880	Revision or removal of intracranial neurostimulator electrodes
CPT-I	61888	Revision or removal of cranial neurostimulator pulse generator or receiver
CPT-I	62000	Elevation of depressed skull fracture; simple, extradural
CPT-I	62005	Elevation of depressed skull fracture; compound or comminuted, extradural
CPT-I	62010	Elevation of depressed skull fracture; with repair of dura and/or debridement of brain
CPT-I	62100	Craniotomy for repair of dural/cerebrospinal fluid leak, including surgery for rhinorrhea/otorrhea

Type of Code	Code	Description
CPT-I	62117	Reduction of craniomegalic skull (eg, treated hydrocephalus); requiring craniotomy and reconstruction with or without bone graft (includes obtaining grafts)
CPT-I	62120	Repair of encephalocele, skull vault, including cranioplasty
CPT-I	62121	Craniotomy for repair of encephalocele, skull base
CPT-I	62140	Cranioplasty for skull defect; up to 5 cm diameter
CPT-I	62141	Cranioplasty for skull defect; larger than 5 cm diameter
CPT-I	62142	Removal of bone flap or prosthetic plate of skull
CPT-I	62143	Replacement of bone flap or prosthetic plate of skull
CPT-I	62145	Cranioplasty for skull defect with reparative brain surgery
CPT-I	62146	Cranioplasty with autograft (includes obtaining bone grafts); up to 5 cm diameter
CPT-I	62147	Cranioplasty with autograft (includes obtaining bone grafts); larger than 5 cm diameter
CPT-I	62148	Incision and retrieval of subcutaneous cranial bone graft for cranioplasty (List separately in addition to code for primary procedure)
CPT-I	62160	Neuroendoscopy, intracranial, for placement or replacement of ventricular catheter and attachment to shunt system or external drainage (List separately in addition to code for primary procedure)
CPT-I	62161	Neuroendoscopy, intracranial; with dissection of adhesions, fenestration of septum pellucidum or intraventricular cysts (including placement, replacement, or removal of ventricular catheter)

Type of Code	Code	Description
CPT-I	62162	Neuroendoscopy, intracranial; with fenestration or excision of colloid cyst, including placement of external ventricular catheter for drainage
CPT-I	62164	Neuroendoscopy, intracranial; with excision of brain tumor, including placement of external ventricular catheter for drainage
CPT-I	62165	Neuroendoscopy, intracranial; with excision of pituitary tumor, transnasal or trans-sphenoidal approach
CPT-I	62180	Ventriculocisternostomy (Torkildsen type operation)
CPT-I	62190	Creation of shunt; subarachnoid/subdural-atrial, -jugular, -auricular
CPT-I	62192	Creation of shunt; subarachnoid/subdural-peritoneal, -pleural, other terminus
CPT-I	62194	Replacement or irrigation, subarachnoid/subdural catheter
CPT-I	62200	Ventriculocisternostomy, third ventricle
CPT-I	62201	Ventriculocisternostomy, third ventricle; stereotactic, neuroendoscopic method
CPT-I	62220	Creation of shunt; ventriculo-atrial, -jugular, -auricular
CPT-I	62223	Creation of shunt; ventriculo-peritoneal, -pleural, other terminus
CPT-I	62225	Replacement or irrigation, ventricular catheter
CPT-I	62230	Replacement or revision of cerebrospinal fluid shunt, obstructed valve, or distal catheter in shunt system
CPT-I	62252	Reprogramming of programmable cerebrospinal shunt
CPT-I	62256	Removal of complete cerebrospinal fluid shunt system; without replacement

Type of Code	Code	Description
CPT-I	62258	Removal of complete cerebrospinal fluid shunt system; with replacement by similar or other shunt at same operation
CPT-I	62268	Percutaneous aspiration, spinal cord cyst or syrinx
CPT-I	62269	Biopsy of spinal cord, percutaneous needle
CPT-I	62270	Spinal puncture, lumbar, diagnostic
CPT-I	62272	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter)
CPT-I	62273	Injection, epidural, of blood or clot patch
CPT-I	62280	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid
CPT-I	62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic
CPT-I	62282	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)
CPT-I	62290	Injection procedure for discography, each level; lumbar
CPT-I	62291	Injection procedure for discography, each level; cervical or thoracic
CPT-I	62324	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance

Type of Code	Code	Description
CPT-I	62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)
CPT-I	62326	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance
CPT-I	62327	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)
CPT-I	62328	Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance
CPT-I	62329	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance
CPT-I	62355	Removal of previously implanted intrathecal or epidural catheter

Type of Code	Code	Description
CPT-I	62365	Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion
CPT-I	62367	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming or refill
CPT-I	62368	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming
CPT-I	62369	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill
CPT-I	62370	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified health care professional)
CPT-I	62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar
CPT-I	63003	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; thoracic

Type of Code	Code	Description
CPT-I	63011	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; sacral
CPT-I	63052	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure)
CPT-I	63053	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional vertebral segment (List separately in addition to code for primary procedure)
CPT-I	63276	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, thoracic
CPT-I	63278	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, sacral
CPT-I	63281	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, thoracic
CPT-I	63283	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, sacral
CPT-I	63286	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracic

Type of Code	Code	Description
CPT-I	63295	Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure (List separately in addition to code for primary procedure)
CPT-I	63300	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical
CPT-I	63301	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach
CPT-I	63302	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach
CPT-I	63303	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, lumbar or sacral by transperitoneal or retroperitoneal approach
CPT-I	63304	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical
CPT-I	63305	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach
CPT-I	63306	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach

Type of Code	Code	Description
CPT-I	63307	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, lumbar or sacral by transperitoneal or retroperitoneal approach
CPT-I	63308	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; each additional segment (List separately in addition to codes for single segment)
CPT-I	63600	Creation of lesion of spinal cord by stereotactic method, percutaneous, any modality (including stimulation and/or recording)
CPT-I	63610	Stereotactic stimulation of spinal cord, percutaneous, separate procedure not followed by other surgery
CPT-I	63700	Repair of meningocele; less than 5 cm diameter
CPT-I	63702	Repair of meningocele; larger than 5 cm diameter
CPT-I	63704	Repair of myelomeningocele; less than 5 cm diameter
CPT-I	63706	Repair of myelomeningocele; larger than 5 cm diameter
CPT-I	63707	Repair of dural/cerebrospinal fluid leak, not requiring laminectomy
CPT-I	63709	Repair of dural/cerebrospinal fluid leak or pseudomeningocele, with laminectomy
CPT-I	63710	Dural graft, spinal
CPT-I	63740	Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; including laminectomy
CPT-I	63741	Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; percutaneous, not requiring laminectomy

Type of Code	Code	Description
CPT-I	63744	Replacement, irrigation or revision of lumbosubarachnoid shunt
CPT-I	63746	Removal of entire lumbosubarachnoid shunt system without replacement
CPT-I	64408	Injection(s), anesthetic agent(s) and/or steroid; vagus nerve
CPT-I	64415	Injection(s), anesthetic agent(s) and/or steroid; brachial plexus
CPT-I	64416	Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, continuous infusion by catheter (including catheter placement)
CPT-I	64417	Injection(s), anesthetic agent(s) and/or steroid; axillary nerve
CPT-I	64430	Injection(s), anesthetic agent(s) and/or steroid; pudendal nerve
CPT-I	64435	Injection(s), anesthetic agent(s) and/or steroid; paracervical (uterine) nerve
CPT-I	64445	Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve
CPT-I	64446	Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, continuous infusion by catheter (including catheter placement)
CPT-I	64447	Injection(s), anesthetic agent(s) and/or steroid; femoral nerve
CPT-I	64448	Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, continuous infusion by catheter (including catheter placement)

Type of Code	Code	Description
CPT-I	64449	Injection(s), anesthetic agent(s) and/or steroid; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)
CPT-I	64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)
CPT-I	64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed
CPT-I	64455	Injection(s), anesthetic agent(s) and/or steroid; plantar common digital nerve(s) (eg, Morton's neuroma)
CPT-I	64486	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance, when performed)
CPT-I	64487	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by continuous infusion(s) (includes imaging guidance, when performed)
CPT-I	64488	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by injections (includes imaging guidance, when performed)
CPT-I	64489	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by continuous infusions (includes imaging guidance, when performed)

Type of Code	Code	Description
CPT-I	64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level
CPT-I	64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)
CPT-I	64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)
CPT-I	64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level
CPT-I	64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)

Type of Code	Code	Description
CPT-I	64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)
CPT-I	64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming
CPT-I	64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator
CPT-I	64575	Open implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
CPT-I	64580	Open implantation of neurostimulator electrode array; neuromuscular
CPT-I	64583	Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode array, including connection to existing pulse generator
CPT-I	64584	Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array
CPT-I	64611	Chemodenervation of parotid and submandibular salivary glands, bilateral
CPT-I	64612	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm)
CPT-I	64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed

Type of Code	Code	Description
CPT-I	64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)
CPT-I	64632	Destruction by neurolytic agent; plantar common digital nerve
CPT-I	64650	Chemodenervation of eccrine glands; both axillae
CPT-I	64653	Chemodenervation of eccrine glands; other area(s) (eg, scalp, face, neck), per day
CPT-I	64702	Neuroplasty; digital, 1 or both, same digit
CPT-I	64704	Neuroplasty; nerve of hand or foot
CPT-I	64708	Neuroplasty, major peripheral nerve, arm or leg, open; other than specified
CPT-I	64712	Neuroplasty, major peripheral nerve, arm or leg, open; sciatic nerve
CPT-I	64713	Neuroplasty, major peripheral nerve, arm or leg, open; brachial plexus
CPT-I	64714	Neuroplasty, major peripheral nerve, arm or leg, open; lumbar plexus
CPT-I	64716	Neuroplasty and/or transposition; cranial nerve (specify)
CPT-I	64718	Neuroplasty and/or transposition; ulnar nerve at elbow
CPT-I	64719	Neuroplasty and/or transposition; ulnar nerve at wrist
CPT-I	64721	Neuroplasty and/or transposition; median nerve at carpal tunnel
CPT-I	64722	Decompression; unspecified nerve(s) (specify)
CPT-I	64726	Decompression; plantar digital nerve
CPT-I	64727	Internal neurolysis, requiring use of operating microscope (List separately in addition to code for neuroplasty) (Neuroplasty includes external neurolysis)

Type of Code	Code	Description
CPT-I	64732	Transection or avulsion of; supraorbital nerve
CPT-I	64734	Transection or avulsion of; infraorbital nerve
CPT-I	64736	Transection or avulsion of; mental nerve
CPT-I	64738	Transection or avulsion of; inferior alveolar nerve by osteotomy
CPT-I	64740	Transection or avulsion of; lingual nerve
CPT-I	64742	Transection or avulsion of; facial nerve, differential or complete
CPT-I	64744	Transection or avulsion of; greater occipital nerve
CPT-I	64746	Transection or avulsion of; phrenic nerve
CPT-I	64755	Transection or avulsion of; vagus nerves limited to proximal stomach (selective proximal vagotomy, proximal gastric vagotomy, parietal cell vagotomy, supra- or highly selective vagotomy)
CPT-I	64760	Transection or avulsion of; vagus nerve (vagotomy), abdominal
CPT-I	64763	Transection or avulsion of obturator nerve, extrapelvic, with or without adductor tenotomy
CPT-I	64766	Transection or avulsion of obturator nerve, intrapelvic, with or without adductor tenotomy
CPT-I	64771	Transection or avulsion of other cranial nerve, extradural
CPT-I	64772	Transection or avulsion of other spinal nerve, extradural
CPT-I	64774	Excision of neuroma; cutaneous nerve, surgically identifiable
CPT-I	64776	Excision of neuroma; digital nerve, 1 or both, same digit
CPT-I	64778	Excision of neuroma; digital nerve, each additional digit (List separately in addition to code for primary procedure)

Type of Code	Code	Description
CPT-I	64782	Excision of neuroma; hand or foot, except digital nerve
CPT-I	64783	Excision of neuroma; hand or foot, each additional nerve, except same digit (List separately in addition to code for primary procedure)
CPT-I	64784	Excision of neuroma; major peripheral nerve, except sciatic
CPT-I	64786	Excision of neuroma; sciatic nerve
CPT-I	64787	Implantation of nerve end into bone or muscle (List separately in addition to neuroma excision)
CPT-I	64788	Excision of neurofibroma or neurolemmoma; cutaneous nerve
CPT-I	64790	Excision of neurofibroma or neurolemmoma; major peripheral nerve
CPT-I	64792	Excision of neurofibroma or neurolemmoma; extensive (including malignant type)
CPT-I	64795	Biopsy of nerve
CPT-I	64831	Suture of digital nerve, hand or foot; 1 nerve
CPT-I	64832	Suture of digital nerve, hand or foot; each additional digital nerve (List separately in addition to code for primary procedure)
CPT-I	64834	Suture of 1 nerve; hand or foot, common sensory nerve
CPT-I	64835	Suture of 1 nerve; median motor thenar
CPT-I	64836	Suture of 1 nerve; ulnar motor
CPT-I	64837	Suture of each additional nerve, hand or foot (List separately in addition to code for primary procedure)
CPT-I	64840	Suture of posterior tibial nerve
CPT-I	64856	Suture of major peripheral nerve, arm or leg, except sciatic; including transposition

Type of Code	Code	Description
CPT-I	64857	Suture of major peripheral nerve, arm or leg, except sciatic; without transposition
CPT-I	64858	Suture of sciatic nerve
CPT-I	64859	Suture of each additional major peripheral nerve (List separately in addition to code for primary procedure)
CPT-I	64861	Suture of; brachial plexus
CPT-I	64862	Suture of; lumbar plexus
CPT-I	64864	Suture of facial nerve; extracranial
CPT-I	64865	Suture of facial nerve; infratemporal, with or without grafting
CPT-I	64866	Anastomosis; facial-spinal accessory
CPT-I	64868	Anastomosis; facial-hypoglossal
CPT-I	64872	Suture of nerve; requiring secondary or delayed suture (List separately in addition to code for primary neurorrhaphy)
CPT-I	64874	Suture of nerve; requiring extensive mobilization, or transposition of nerve (List separately in addition to code for nerve suture)
CPT-I	64876	Suture of nerve; requiring shortening of bone of extremity (List separately in addition to code for nerve suture)
CPT-I	64885	Nerve graft (includes obtaining graft), head or neck; up to 4 cm in length
CPT-I	64886	Nerve graft (includes obtaining graft), head or neck; more than 4 cm length
CPT-I	64890	Nerve graft (includes obtaining graft), single strand, hand or foot; up to 4 cm length
CPT-I	64891	Nerve graft (includes obtaining graft), single strand, hand or foot; more than 4 cm length

Type of Code	Code	Description
CPT-I	64892	Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length
CPT-I	64893	Nerve graft (includes obtaining graft), single strand, arm or leg; more than 4 cm length
CPT-I	64895	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; up to 4 cm length
CPT-I	64896	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length
CPT-I	64897	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; up to 4 cm length
CPT-I	64898	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; more than 4 cm length
CPT-I	64901	Nerve graft, each additional nerve; single strand (List separately in addition to code for primary procedure)
CPT-I	64902	Nerve graft, each additional nerve; multiple strands (cable) (List separately in addition to code for primary procedure)
CPT-I	64905	Nerve pedicle transfer; first stage
CPT-I	64907	Nerve pedicle transfer; second stage
CPT-I	64910	Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve
CPT-I	64911	Nerve repair; with autogenous vein graft (includes harvest of vein graft), each nerve
CPT-I	65091	Evisceration of ocular contents; without implant
CPT-I	65093	Evisceration of ocular contents; with implant
CPT-I	65101	Enucleation of eye; without implant
CPT-I	65103	Enucleation of eye; with implant, muscles not attached to implant

Type of Code	Code	Description
CPT-I	65105	Enucleation of eye; with implant, muscles attached to implant
CPT-I	65110	Exenteration of orbit (does not include skin graft), removal of orbital contents; only
CPT-I	65112	Exenteration of orbit (does not include skin graft), removal of orbital contents; with therapeutic removal of bone
CPT-I	65114	Exenteration of orbit (does not include skin graft), removal of orbital contents; with muscle or myocutaneous flap
CPT-I	65125	Modification of ocular implant with placement or replacement of pegs (eg, drilling receptacle for prosthesis appendage) (separate procedure)
CPT-I	65130	Insertion of ocular implant secondary; after evisceration, in scleral shell
CPT-I	65135	Insertion of ocular implant secondary; after enucleation, muscles not attached to implant
CPT-I	65140	Insertion of ocular implant secondary; after enucleation, muscles attached to implant
CPT-I	65150	Reinsertion of ocular implant; with or without conjunctival graft
CPT-I	65155	Reinsertion of ocular implant; with use of foreign material for reinforcement and/or attachment of muscles to implant
CPT-I	65175	Removal of ocular implant
CPT-I	65205	Removal of foreign body, external eye; conjunctival superficial

Type of Code	Code	Description
CPT-I	65210	Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating
CPT-I	65220	Removal of foreign body, external eye; corneal, without slit lamp
CPT-I	65222	Removal of foreign body, external eye; corneal, with slit lamp
CPT-I	65235	Removal of foreign body, intraocular; from anterior chamber of eye or lens
CPT-I	65260	Removal of foreign body, intraocular; from posterior segment, magnetic extraction, anterior or posterior route
CPT-I	65265	Removal of foreign body, intraocular; from posterior segment, nonmagnetic extraction
CPT-I	65270	Repair of laceration; conjunctiva, with or without nonperforating laceration sclera, direct closure
CPT-I	65272	Repair of laceration; conjunctiva, by mobilization and rearrangement, without hospitalization
CPT-I	65273	Repair of laceration; conjunctiva, by mobilization and rearrangement, with hospitalization
CPT-I	65275	Repair of laceration; cornea, nonperforating, with or without removal foreign body
CPT-I	65280	Repair of laceration; cornea and/or sclera, perforating, not involving uveal tissue
CPT-I	65285	Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue
CPT-I	65286	Repair of laceration; application of tissue glue, wounds of cornea and/or sclera

Type of Code	Code	Description
CPT-I	65290	Repair of wound, extraocular muscle, tendon and/or Tenon's capsule
CPT-I	65400	Excision of lesion, cornea (keratectomy, lamellar, partial), except pterygium
CPT-I	65410	Biopsy of cornea
CPT-I	65420	Excision or transposition of pterygium; without graft
CPT-I	65426	Excision or transposition of pterygium; with graft
CPT-I	65430	Scraping of cornea, diagnostic, for smear and/or culture
CPT-I	65435	Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage)
CPT-I	65436	Removal of corneal epithelium; with application of chelating agent (eg, EDTA)
CPT-I	65450	Destruction of lesion of cornea by cryotherapy, photocoagulation or thermocauterization
CPT-I	65600	Multiple punctures of anterior cornea (eg, for corneal erosion, tattoo)
CPT-I	65710	Keratoplasty (corneal transplant); anterior lamellar
CPT-I	65730	Keratoplasty (corneal transplant); penetrating (except in aphakia or pseudophakia)
CPT-I	65750	Keratoplasty (corneal transplant); penetrating (in aphakia)
CPT-I	65755	Keratoplasty (corneal transplant); penetrating (in pseudophakia)
CPT-I	65756	Keratoplasty (corneal transplant); endothelial
CPT-I	65757	Backbench preparation of corneal endothelial allograft prior to transplantation (List separately in addition to code for primary procedure)

Type of Code	Code	Description
CPT-I	65772	Corneal relaxing incision for correction of surgically induced astigmatism
CPT-I	65775	Corneal wedge resection for correction of surgically induced astigmatism
CPT-I	65778	Placement of amniotic membrane on the ocular surface; without sutures
CPT-I	65779	Placement of amniotic membrane on the ocular surface; single layer, sutured
CPT-I	65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers
CPT-I	65781	Ocular surface reconstruction; limbal stem cell allograft (eg, cadaveric or living donor)
CPT-I	65782	Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining graft)
CPT-I	65800	Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous
CPT-I	65810	Paracentesis of anterior chamber of eye (separate procedure); with removal of vitreous and/or discission of anterior hyaloid membrane, with or without air injection
CPT-I	65815	Paracentesis of anterior chamber of eye (separate procedure); with removal of blood, with or without irrigation and/or air injection
CPT-I	65820	Goniotomy
CPT-I	65850	Trabeculotomy ab externo
CPT-I	65855	Trabeculoplasty by laser surgery
CPT-I	65860	Severing adhesions of anterior segment, laser technique (separate procedure)

Type of Code	Code	Description
CPT-I	65865	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); goniosynechiae
CPT-I	65870	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); anterior synechiae, except goniosynechiae
CPT-I	65875	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); posterior synechiae
CPT-I	65880	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); corneovitreal adhesions
CPT-I	65900	Removal of epithelial downgrowth, anterior chamber of eye
CPT-I	65920	Removal of implanted material, anterior segment of eye
CPT-I	65930	Removal of blood clot, anterior segment of eye
CPT-I	66020	Injection, anterior chamber of eye (separate procedure); air or liquid
CPT-I	66030	Injection, anterior chamber of eye (separate procedure); medication
CPT-I	66130	Excision of lesion, sclera
CPT-I	66150	Fistulization of sclera for glaucoma; trephination with iridectomy
CPT-I	66155	Fistulization of sclera for glaucoma; thermocauterization with iridectomy
CPT-I	66160	Fistulization of sclera for glaucoma; sclerectomy with punch or scissors, with iridectomy

Type of Code	Code	Description
CPT-I	66170	Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery
CPT-I	66172	Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)
CPT-I	66174	Transluminal dilation of aqueous outflow canal; without retention of device or stent
CPT-I	66175	Transluminal dilation of aqueous outflow canal; with retention of device or stent
CPT-I	66179	Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft
CPT-I	66180	Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft
CPT-I	66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach
CPT-I	66184	Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft
CPT-I	66185	Revision of aqueous shunt to extraocular equatorial plate reservoir; with graft
CPT-I	66225	Repair of scleral staphyloma with graft
CPT-I	66250	Revision or repair of operative wound of anterior segment, any type, early or late, major or minor procedure
CPT-I	66500	Iridotomy by stab incision (separate procedure); except transfixion
CPT-I	66505	Iridotomy by stab incision (separate procedure); with transfixion as for iris bombe

Type of Code	Code	Description
CPT-I	66600	Iridectomy, with corneoscleral or corneal section; for removal of lesion
CPT-I	66605	Iridectomy, with corneoscleral or corneal section; with cyclectomy
CPT-I	66625	Iridectomy, with corneoscleral or corneal section; peripheral for glaucoma (separate procedure)
CPT-I	66630	Iridectomy, with corneoscleral or corneal section; sector for glaucoma (separate procedure)
CPT-I	66635	Iridectomy, with corneoscleral or corneal section; optical (separate procedure)
CPT-I	66680	Repair of iris, ciliary body (as for iridodialysis)
CPT-I	66682	Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision (eg, McCannel suture)
CPT-I	66700	Ciliary body destruction; diathermy
CPT-I	66710	Ciliary body destruction; cyclophotocoagulation, transscleral
CPT-I	66711	Ciliary body destruction; cyclophotocoagulation, endoscopic, without concomitant removal of crystalline lens
CPT-I	66720	Ciliary body destruction; cryotherapy
CPT-I	66740	Ciliary body destruction; cyclodialysis
CPT-I	66761	Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)
CPT-I	66762	Iridoplasty by photocoagulation (1 or more sessions) (eg, for improvement of vision, for widening of anterior chamber angle)

Type of Code	Code	Description
CPT-I	66770	Destruction of cyst or lesion iris or ciliary body (nonexcisional procedure)
CPT-I	66820	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); stab incision technique (Ziegler or Wheeler knife)
CPT-I	66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)
CPT-I	66825	Repositioning of intraocular lens prosthesis, requiring an incision (separate procedure)
CPT-I	66830	Removal of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid) with corneo-scleral section, with or without iridectomy (iridocapsulotomy, iridocapsulectomy)
CPT-I	66840	Removal of lens material; aspiration technique, 1 or more stages
CPT-I	66850	Removal of lens material; phacofragmentation technique (mechanical or ultrasonic) (eg, phacoemulsification), with aspiration
CPT-I	66852	Removal of lens material; pars plana approach, with or without vitrectomy
CPT-I	66920	Removal of lens material; intracapsular
CPT-I	66930	Removal of lens material; intracapsular, for dislocated lens
CPT-I	66940	Removal of lens material; extracapsular (other than 66840, 66850, 66852)

Type of Code	Code	Description
CPT-I	66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; without endoscopic cyclophotocoagulation
CPT-I	66983	Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure)
CPT-I	66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation
CPT-I	66985	Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal
CPT-I	66986	Exchange of intraocular lens

Type of Code	Code	Description
CPT-I	66987	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation
CPT-I	66988	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation
CPT-I	66990	Use of ophthalmic endoscope (List separately in addition to code for primary procedure)
CPT-I	67005	Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal
CPT-I	67010	Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal with mechanical vitrectomy
CPT-I	67015	Aspiration or release of vitreous, subretinal or choroidal fluid, pars plana approach (posterior sclerotomy)
CPT-I	67025	Injection of vitreous substitute, pars plana or limbal approach (fluid-gas exchange), with or without aspiration (separate procedure)

Type of Code	Code	Description
CPT-I	67027	Implantation of intravitreal drug delivery system (eg, ganciclovir implant), includes concomitant removal of vitreous
CPT-I	67028	Intravitreal injection of a pharmacologic agent (separate procedure)
CPT-I	67030	Discission of vitreous strands (without removal), pars plana approach
CPT-I	67031	Severing of vitreous strands, vitreous face adhesions, sheets, membranes or opacities, laser surgery (1 or more stages)
CPT-I	67036	Vitrectomy, mechanical, pars plana approach
CPT-I	67039	Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation
CPT-I	67040	Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation
CPT-I	67041	Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)
CPT-I	67042	Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil)
CPT-I	67043	Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation

Type of Code	Code	Description
CPT-I	67101	Repair of retinal detachment, including drainage of subretinal fluid when performed; cryotherapy
CPT-I	67105	Repair of retinal detachment, including drainage of subretinal fluid when performed; photocoagulation
CPT-I	67107	Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), including, when performed, implant, cryotherapy, photocoagulation, and drainage of subretinal fluid
CPT-I	67108	Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique
CPT-I	67110	Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)
CPT-I	67113	Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, including, when performed, air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens
CPT-I	67115	Release of encircling material (posterior segment)
CPT-I	67120	Removal of implanted material, posterior segment; extraocular

Type of Code	Code	Description
CPT-I	67121	Removal of implanted material, posterior segment; intraocular
CPT-I	67141	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; cryotherapy, diathermy
CPT-I	67145	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; photocoagulation
CPT-I	67208	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; cryotherapy, diathermy
CPT-I	67210	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation
CPT-I	67218	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of source (includes removal of source)
CPT-I	67220	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions
CPT-I	67221	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy (includes intravenous infusion)
CPT-I	67225	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye, at single session (List separately in addition to code for primary eye treatment)
CPT-I	67227	Destruction of extensive or progressive retinopathy (eg, diabetic retinopathy), cryotherapy, diathermy

Type of Code	Code	Description
CPT-I	67228	Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation
CPT-I	67229	Treatment of extensive or progressive retinopathy, 1 or more sessions, preterm infant (less than 37 weeks gestation at birth), performed from birth up to 1 year of age (eg, retinopathy of prematurity), photocoagulation or cryotherapy
CPT-I	67250	Scleral reinforcement (separate procedure); without graft
CPT-I	67255	Scleral reinforcement (separate procedure); with graft
CPT-I	67311	Strabismus surgery, recession or resection procedure; 1 horizontal muscle
CPT-I	67312	Strabismus surgery, recession or resection procedure; 2 horizontal muscles
CPT-I	67314	Strabismus surgery, recession or resection procedure; 1 vertical muscle (excluding superior oblique)
CPT-I	67316	Strabismus surgery, recession or resection procedure; 2 or more vertical muscles (excluding superior oblique)
CPT-I	67318	Strabismus surgery, any procedure, superior oblique muscle
CPT-I	67320	Transposition procedure (eg, for paretic extraocular muscle), any extraocular muscle (specify) (List separately in addition to code for primary procedure)
CPT-I	67331	Strabismus surgery on patient with previous eye surgery or injury that did not involve the extraocular muscles (List separately in addition to code for primary procedure)

Type of Code	Code	Description
CPT-I	67332	Strabismus surgery on patient with scarring of extraocular muscles (eg, prior ocular injury, strabismus or retinal detachment surgery) or restrictive myopathy (eg, dysthyroid ophthalmopathy) (List separately in addition to code for primary procedure)
CPT-I	67334	Strabismus surgery by posterior fixation suture technique, with or without muscle recession (List separately in addition to code for primary procedure)
CPT-I	67335	Placement of adjustable suture(s) during strabismus surgery, including postoperative adjustment(s) of suture(s) (List separately in addition to code for specific strabismus surgery)
CPT-I	67340	Strabismus surgery involving exploration and/or repair of detached extraocular muscle(s) (List separately in addition to code for primary procedure)
CPT-I	67343	Release of extensive scar tissue without detaching extraocular muscle (separate procedure)
CPT-I	67345	Chemodenervation of extraocular muscle
CPT-I	67346	Biopsy of extraocular muscle
CPT-I	67400	Orbitotomy without bone flap (frontal or transconjunctival approach); for exploration, with or without biopsy
CPT-I	67405	Orbitotomy without bone flap (frontal or transconjunctival approach); with drainage only
CPT-I	67412	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of lesion

Type of Code	Code	Description
CPT-I	67413	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of foreign body
CPT-I	67414	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of bone for decompression
CPT-I	67415	Fine needle aspiration of orbital contents
CPT-I	67420	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of lesion
CPT-I	67430	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of foreign body
CPT-I	67440	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with drainage
CPT-I	67445	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of bone for decompression
CPT-I	67450	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); for exploration, with or without biopsy
CPT-I	67500	Retrobulbar injection; medication (separate procedure, does not include supply of medication)
CPT-I	67505	Retrobulbar injection; alcohol
CPT-I	67515	Injection of medication or other substance into Tenon's capsule
CPT-I	67550	Orbital implant (implant outside muscle cone); insertion
CPT-I	67560	Orbital implant (implant outside muscle cone); removal or revision
CPT-I	67570	Optic nerve decompression (eg, incision or fenestration of optic nerve sheath)
CPT-I	67700	Blepharotomy, drainage of abscess, eyelid

Type of Code	Code	Description
CPT-I	67710	Severing of tarsorrhaphy
CPT-I	67715	Canthotomy (separate procedure)
CPT-I	67800	Excision of chalazion; single
CPT-I	67801	Excision of chalazion; multiple, same lid
CPT-I	67805	Excision of chalazion; multiple, different lids
CPT-I	67808	Excision of chalazion; under general anesthesia and/or requiring hospitalization, single or multiple
CPT-I	67810	Incisional biopsy of eyelid skin including lid margin
CPT-I	67820	Correction of trichiasis; epilation, by forceps only
CPT-I	67825	Correction of trichiasis; epilation by other than forceps (eg, by electrosurgery, cryotherapy, laser surgery)
CPT-I	67830	Correction of trichiasis; incision of lid margin
CPT-I	67835	Correction of trichiasis; incision of lid margin, with free mucous membrane graft
CPT-I	67840	Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure
CPT-I	67850	Destruction of lesion of lid margin (up to 1 cm)
CPT-I	67875	Temporary closure of eyelids by suture (eg, Frost suture)
CPT-I	67880	Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy
CPT-I	67882	Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy; with transposition of tarsal plate
CPT-I	67930	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; partial thickness

Type of Code	Code	Description
CPT-I	67935	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; full thickness
CPT-I	67938	Removal of embedded foreign body, eyelid
CPT-I	68020	Incision of conjunctiva, drainage of cyst
CPT-I	68040	Expression of conjunctival follicles (eg, for trachoma)
CPT-I	68100	Biopsy of conjunctiva
CPT-I	68110	Excision of lesion, conjunctiva; up to 1 cm
CPT-I	68115	Excision of lesion, conjunctiva; over 1 cm
CPT-I	68130	Excision of lesion, conjunctiva; with adjacent sclera
CPT-I	68135	Destruction of lesion, conjunctiva
CPT-I	68200	Subconjunctival injection
CPT-I	68320	Conjunctivoplasty; with conjunctival graft or extensive rearrangement
CPT-I	68325	Conjunctivoplasty; with buccal mucous membrane graft (includes obtaining graft)
CPT-I	68326	Conjunctivoplasty, reconstruction cul-de-sac; with conjunctival graft or extensive rearrangement
CPT-I	68328	Conjunctivoplasty, reconstruction cul-de-sac; with buccal mucous membrane graft (includes obtaining graft)
CPT-I	68330	Repair of symblepharon; conjunctivoplasty, without graft
CPT-I	68335	Repair of symblepharon; with free graft conjunctiva or buccal mucous membrane (includes obtaining graft)
CPT-I	68340	Repair of symblepharon; division of symblepharon, with or without insertion of conformer or contact lens
CPT-I	68360	Conjunctival flap; bridge or partial (separate procedure)

Type of Code	Code	Description
CPT-I	68362	Conjunctival flap; total (such as Gunderson thin flap or purse string flap)
CPT-I	68371	Harvesting conjunctival allograft, living donor
CPT-I	68400	Incision, drainage of lacrimal gland
CPT-I	68420	Incision, drainage of lacrimal sac (dacryocystotomy or dacryocystostomy)
CPT-I	68440	Snip incision of lacrimal punctum
CPT-I	68500	Excision of lacrimal gland (dacryoadenectomy), except for tumor; total
CPT-I	68505	Excision of lacrimal gland (dacryoadenectomy), except for tumor; partial
CPT-I	68510	Biopsy of lacrimal gland
CPT-I	68520	Excision of lacrimal sac (dacryocystectomy)
CPT-I	68525	Biopsy of lacrimal sac
CPT-I	68530	Removal of foreign body or dacryolith, lacrimal passages
CPT-I	68540	Excision of lacrimal gland tumor; frontal approach
CPT-I	68550	Excision of lacrimal gland tumor; involving osteotomy
CPT-I	68700	Plastic repair of canaliculi
CPT-I	68705	Correction of everted punctum, cautery
CPT-I	68720	Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity)
CPT-I	68745	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); without tube
CPT-I	68750	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); with insertion of tube or stent
CPT-I	68760	Closure of the lacrimal punctum; by thermocauterization, ligation, or laser surgery

Type of Code	Code	Description
CPT-I	68761	Closure of the lacrimal punctum; by plug, each
CPT-I	68770	Closure of lacrimal fistula (separate procedure)
CPT-I	68801	Dilation of lacrimal punctum, with or without irrigation
CPT-I	68810	Probing of nasolacrimal duct, with or without irrigation
CPT-I	68811	Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia
CPT-I	68815	Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent
CPT-I	68816	Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation
CPT-I	68840	Probing of lacrimal canaliculi, with or without irrigation
CPT-I	68850	Injection of contrast medium for dacryocystography
CPT-I	69000	Drainage external ear, abscess or hematoma; simple
CPT-I	69005	Drainage external ear, abscess or hematoma; complicated
CPT-I	69020	Drainage external auditory canal, abscess
CPT-I	69100	Biopsy external ear
CPT-I	69105	Biopsy external auditory canal
CPT-I	69110	Excision external ear; partial, simple repair
CPT-I	69120	Excision external ear; complete amputation
CPT-I	69140	Excision exostosis(es), external auditory canal
CPT-I	69145	Excision soft tissue lesion, external auditory canal
CPT-I	69150	Radical excision external auditory canal lesion; without neck dissection
CPT-I	69155	Radical excision external auditory canal lesion; with neck dissection

Type of Code	Code	Description
CPT-I	69200	Removal foreign body from external auditory canal; without general anesthesia
CPT-I	69205	Removal foreign body from external auditory canal; with general anesthesia
CPT-I	69209	Removal impacted cerumen using irrigation/lavage, unilateral
CPT-I	69210	Removal impacted cerumen requiring instrumentation, unilateral
CPT-I	69220	Debridement, mastoidectomy cavity, simple (eg, routine cleaning)
CPT-I	69222	Debridement, mastoidectomy cavity, complex (eg, with anesthesia or more than routine cleaning)
CPT-I	69310	Reconstruction of external auditory canal (meatoplasty) (eg, for stenosis due to injury, infection) (separate procedure)
CPT-I	69320	Reconstruction external auditory canal for congenital atresia, single stage
CPT-I	69420	Myringotomy including aspiration and/or eustachian tube inflation
CPT-I	69421	Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia
CPT-I	69424	Ventilating tube removal requiring general anesthesia
CPT-I	69433	Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia
CPT-I	69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia
CPT-I	69440	Middle ear exploration through postauricular or ear canal incision

Type of Code	Code	Description
CPT-I	69450	Tympanolysis, transcanal
CPT-I	69501	Transmastoid antrotomy (simple mastoidectomy)
CPT-I	69502	Mastoidectomy; complete
CPT-I	69505	Mastoidectomy; modified radical
CPT-I	69511	Mastoidectomy; radical
CPT-I	69530	Petrous apicectomy including radical mastoidectomy
CPT-I	69535	Resection temporal bone, external approach
CPT-I	69540	Excision aural polyp
CPT-I	69550	Excision aural glomus tumor; transcanal
CPT-I	69552	Excision aural glomus tumor; transmastoid
CPT-I	69554	Excision aural glomus tumor; extended (extratemporal)
CPT-I	69601	Revision mastoidectomy; resulting in complete mastoidectomy
CPT-I	69602	Revision mastoidectomy; resulting in modified radical mastoidectomy
CPT-I	69603	Revision mastoidectomy; resulting in radical mastoidectomy
CPT-I	69604	Revision mastoidectomy; resulting in tympanoplasty
CPT-I	69610	Tympanic membrane repair, with or without site preparation of perforation for closure, with or without patch
CPT-I	69620	Myringoplasty (surgery confined to drumhead and donor area)
CPT-I	69631	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction

Type of Code	Code	Description
CPT-I	69632	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction (eg, postfenestration)
CPT-I	69633	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis [PORP], total ossicular replacement prosthesis [TORP])
CPT-I	69635	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); without ossicular chain reconstruction
CPT-I	69636	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction
CPT-I	69637	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis [PORP], total ossicular replacement prosthesis [TORP])
CPT-I	69641	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction

Type of Code	Code	Description
CPT-I	69642	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with ossicular chain reconstruction
CPT-I	69643	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed wall, without ossicular chain reconstruction
CPT-I	69644	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed canal wall, with ossicular chain reconstruction
CPT-I	69645	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, without ossicular chain reconstruction
CPT-I	69646	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, with ossicular chain reconstruction
CPT-I	69650	Stapes mobilization
CPT-I	69660	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material
CPT-I	69661	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material; with footplate drill out
CPT-I	69662	Revision of stapedectomy or stapedotomy
CPT-I	69666	Repair oval window fistula
CPT-I	69667	Repair round window fistula

Type of Code	Code	Description
CPT-I	69670	Mastoid obliteration (separate procedure)
CPT-I	69676	Tympanic neurectomy
CPT-I	69700	Closure postauricular fistula, mastoid (separate procedure)
CPT-I	69720	Decompression facial nerve, intratemporal; lateral to geniculate ganglion
CPT-I	69725	Decompression facial nerve, intratemporal; including medial to geniculate ganglion
CPT-I	69728	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
CPT-I	69740	Suture facial nerve, intratemporal, with or without graft or decompression; lateral to geniculate ganglion
CPT-I	69745	Suture facial nerve, intratemporal, with or without graft or decompression; including medial to geniculate ganglion
CPT-I	69801	Labyrinthotomy, with perfusion of vestibuloactive drug(s), transcanal
CPT-I	69805	Endolymphatic sac operation; without shunt
CPT-I	69806	Endolymphatic sac operation; with shunt
CPT-I	69905	Labyrinthectomy; transcanal
CPT-I	69910	Labyrinthectomy; with mastoidectomy
CPT-I	69915	Vestibular nerve section, translabyrinthine approach
CPT-I	69955	Total facial nerve decompression and/or repair (may include graft)
CPT-I	69960	Decompression internal auditory canal

Type of Code	Code	Description
CPT-I	69970	Removal of tumor, temporal bone
CPT-I	69990	Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)
CPT-I	70010	Myelography, posterior fossa, radiological supervision and interpretation
CPT-I	70015	Cisternography, positive contrast, radiological supervision and interpretation
CPT-I	70030	Radiologic examination, eye, for detection of foreign body
CPT-I	70100	Radiologic examination, mandible; partial, less than 4 views
CPT-I	70110	Radiologic examination, mandible; complete, minimum of 4 views
CPT-I	70120	Radiologic examination, mastoids; less than 3 views per side
CPT-I	70130	Radiologic examination, mastoids; complete, minimum of 3 views per side
CPT-I	70134	Radiologic examination, internal auditory meati, complete
CPT-I	70140	Radiologic examination, facial bones; less than 3 views
CPT-I	70150	Radiologic examination, facial bones; complete, minimum of 3 views
CPT-I	70160	Radiologic examination, nasal bones, complete, minimum of 3 views
CPT-I	70170	Dacryocystography, nasolacrimal duct, radiological supervision and interpretation
CPT-I	70190	Radiologic examination; optic foramina

Type of Code	Code	Description
CPT-I	70200	Radiologic examination; orbits, complete, minimum of 4 views
CPT-I	70210	Radiologic examination, sinuses, paranasal, less than 3 views
CPT-I	70220	Radiologic examination, sinuses, paranasal, complete, minimum of 3 views
CPT-I	70240	Radiologic examination, sella turcica
CPT-I	70250	Radiologic examination, skull; less than 4 views
CPT-I	70260	Radiologic examination, skull; complete, minimum of 4 views
CPT-I	70300	Radiologic examination, teeth; single view
CPT-I	70310	Radiologic examination, teeth; partial examination, less than full mouth
CPT-I	70320	Radiologic examination, teeth; complete, full mouth
CPT-I	70328	Radiologic examination, temporomandibular joint, open and closed mouth; unilateral
CPT-I	70330	Radiologic examination, temporomandibular joint, open and closed mouth; bilateral
CPT-I	70332	Temporomandibular joint arthrography, radiological supervision and interpretation
CPT-I	70336	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)
CPT-I	70350	Cephalogram, orthodontic
CPT-I	70355	Orthopantogram (eg, panoramic x-ray)
CPT-I	70360	Radiologic examination; neck, soft tissue
CPT-I	70370	Radiologic examination; pharynx or larynx, including fluoroscopy and/or magnification technique

Type of Code	Code	Description
CPT-I	70371	Complex dynamic pharyngeal and speech evaluation by cine or video recording
CPT-I	70380	Radiologic examination, salivary gland for calculus
CPT-I	70390	Sialography, radiological supervision and interpretation
CPT-I	70450	Computed tomography, head or brain; without contrast material
CPT-I	70460	Computed tomography, head or brain; with contrast material(s)
CPT-I	70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections
CPT-I	70480	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material
CPT-I	70481	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)
CPT-I	70482	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections
CPT-I	70486	Computed tomography, maxillofacial area; without contrast material
CPT-I	70487	Computed tomography, maxillofacial area; with contrast material(s)
CPT-I	70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections
CPT-I	70490	Computed tomography, soft tissue neck; without contrast material

Type of Code	Code	Description
CPT-I	70491	Computed tomography, soft tissue neck; with contrast material(s)
CPT-I	70492	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections
CPT-I	70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing
CPT-I	70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing
CPT-I	70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)
CPT-I	70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)
CPT-I	70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences
CPT-I	70544	Magnetic resonance angiography, head; without contrast material(s)
CPT-I	70545	Magnetic resonance angiography, head; with contrast material(s)
CPT-I	70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences
CPT-I	70547	Magnetic resonance angiography, neck; without contrast material(s)

Type of Code	Code	Description
CPT-I	70548	Magnetic resonance angiography, neck; with contrast material(s)
CPT-I	70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences
CPT-I	70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material
CPT-I	70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)
CPT-I	70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences
CPT-I	70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration
CPT-I	70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing
CPT-I	70557	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material
CPT-I	70558	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); with contrast material(s)

Type of Code	Code	Description
CPT-I	70559	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material(s), followed by contrast material(s) and further sequences
CPT-I	71045	Radiologic examination, chest; single view
CPT-I	71046	Radiologic examination, chest; 2 views
CPT-I	71047	Radiologic examination, chest; 3 views
CPT-I	71048	Radiologic examination, chest; 4 or more views
CPT-I	71100	Radiologic examination, ribs, unilateral; 2 views
CPT-I	71101	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views
CPT-I	71110	Radiologic examination, ribs, bilateral; 3 views
CPT-I	71111	Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views
CPT-I	71120	Radiologic examination; sternum, minimum of 2 views
CPT-I	71130	Radiologic examination; sternoclavicular joint or joints, minimum of 3 views
CPT-I	71250	Computed tomography, thorax, diagnostic; without contrast material
CPT-I	71260	Computed tomography, thorax, diagnostic; with contrast material(s)
CPT-I	71270	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections
CPT-I	71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)

Type of Code	Code	Description
CPT-I	71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing
CPT-I	71550	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)
CPT-I	71551	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)
CPT-I	71552	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences
CPT-I	71555	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)
CPT-I	72020	Radiologic examination, spine, single view, specify level
CPT-I	72040	Radiologic examination, spine, cervical; 2 or 3 views
CPT-I	72050	Radiologic examination, spine, cervical; 4 or 5 views
CPT-I	72052	Radiologic examination, spine, cervical; 6 or more views
CPT-I	72070	Radiologic examination, spine; thoracic, 2 views
CPT-I	72072	Radiologic examination, spine; thoracic, 3 views
CPT-I	72074	Radiologic examination, spine; thoracic, minimum of 4 views
CPT-I	72080	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views

Type of Code	Code	Description
CPT-I	72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view
CPT-I	72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views
CPT-I	72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views
CPT-I	72084	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views
CPT-I	72100	Radiologic examination, spine, lumbosacral; 2 or 3 views
CPT-I	72110	Radiologic examination, spine, lumbosacral; minimum of 4 views
CPT-I	72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views
CPT-I	72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views
CPT-I	72125	Computed tomography, cervical spine; without contrast material
CPT-I	72126	Computed tomography, cervical spine; with contrast material
CPT-I	72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections
CPT-I	72128	Computed tomography, thoracic spine; without contrast material

Type of Code	Code	Description
CPT-I	72129	Computed tomography, thoracic spine; with contrast material
CPT-I	72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections
CPT-I	72131	Computed tomography, lumbar spine; without contrast material
CPT-I	72132	Computed tomography, lumbar spine; with contrast material
CPT-I	72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections
CPT-I	72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material
CPT-I	72142	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)
CPT-I	72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material
CPT-I	72147	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)
CPT-I	72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material
CPT-I	72149	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)
CPT-I	72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical

Type of Code	Code	Description
CPT-I	72157	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic
CPT-I	72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar
CPT-I	72170	Radiologic examination, pelvis; 1 or 2 views
CPT-I	72190	Radiologic examination, pelvis; complete, minimum of 3 views
CPT-I	72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing
CPT-I	72192	Computed tomography, pelvis; without contrast material
CPT-I	72193	Computed tomography, pelvis; with contrast material(s)
CPT-I	72194	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections
CPT-I	72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)
CPT-I	72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
CPT-I	72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences
CPT-I	72198	Magnetic resonance angiography, pelvis, with or without contrast material(s)
CPT-I	72200	Radiologic examination, sacroiliac joints; less than 3 views

Type of Code	Code	Description
CPT-I	72202	Radiologic examination, sacroiliac joints; 3 or more views
CPT-I	72220	Radiologic examination, sacrum and coccyx, minimum of 2 views
CPT-I	72240	Myelography, cervical, radiological supervision and interpretation
CPT-I	72255	Myelography, thoracic, radiological supervision and interpretation
CPT-I	72265	Myelography, lumbosacral, radiological supervision and interpretation
CPT-I	72270	Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation
CPT-I	72285	Discography, cervical or thoracic, radiological supervision and interpretation
CPT-I	72295	Discography, lumbar, radiological supervision and interpretation
CPT-I	73000	Radiologic examination; clavicle, complete
CPT-I	73010	Radiologic examination; scapula, complete
CPT-I	73020	Radiologic examination, shoulder; 1 view
CPT-I	73030	Radiologic examination, shoulder; complete, minimum of 2 views
CPT-I	73040	Radiologic examination, shoulder, arthrography, radiological supervision and interpretation
CPT-I	73050	Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction
CPT-I	73060	Radiologic examination; humerus, minimum of 2 views
CPT-I	73070	Radiologic examination, elbow; 2 views

Type of Code	Code	Description
CPT-I	73080	Radiologic examination, elbow; complete, minimum of 3 views
CPT-I	73085	Radiologic examination, elbow, arthrography, radiological supervision and interpretation
CPT-I	73090	Radiologic examination; forearm, 2 views
CPT-I	73092	Radiologic examination; upper extremity, infant, minimum of 2 views
CPT-I	73100	Radiologic examination, wrist; 2 views
CPT-I	73110	Radiologic examination, wrist; complete, minimum of 3 views
CPT-I	73115	Radiologic examination, wrist, arthrography, radiological supervision and interpretation
CPT-I	73120	Radiologic examination, hand; 2 views
CPT-I	73130	Radiologic examination, hand; minimum of 3 views
CPT-I	73140	Radiologic examination, finger(s), minimum of 2 views
CPT-I	73200	Computed tomography, upper extremity; without contrast material
CPT-I	73201	Computed tomography, upper extremity; with contrast material(s)
CPT-I	73202	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections
CPT-I	73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing
CPT-I	73218	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)

Type of Code	Code	Description
CPT-I	73219	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)
CPT-I	73220	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences
CPT-I	73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)
CPT-I	73222	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)
CPT-I	73223	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences
CPT-I	73501	Radiologic examination, hip, unilateral, with pelvis when performed; 1 view
CPT-I	73502	Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views
CPT-I	73503	Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views
CPT-I	73521	Radiologic examination, hips, bilateral, with pelvis when performed; 2 views
CPT-I	73522	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views
CPT-I	73523	Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views
CPT-I	73525	Radiologic examination, hip, arthrography, radiological supervision and interpretation
CPT-I	73551	Radiologic examination, femur; 1 view
CPT-I	73552	Radiologic examination, femur; minimum 2 views

Type of Code	Code	Description
CPT-I	73560	Radiologic examination, knee; 1 or 2 views
CPT-I	73562	Radiologic examination, knee; 3 views
CPT-I	73564	Radiologic examination, knee; complete, 4 or more views
CPT-I	73565	Radiologic examination, knee; both knees, standing, anteroposterior
CPT-I	73580	Radiologic examination, knee, arthrography, radiological supervision and interpretation
CPT-I	73590	Radiologic examination; tibia and fibula, 2 views
CPT-I	73592	Radiologic examination; lower extremity, infant, minimum of 2 views
CPT-I	73600	Radiologic examination, ankle; 2 views
CPT-I	73610	Radiologic examination, ankle; complete, minimum of 3 views
CPT-I	73615	Radiologic examination, ankle, arthrography, radiological supervision and interpretation
CPT-I	73620	Radiologic examination, foot; 2 views
CPT-I	73630	Radiologic examination, foot; complete, minimum of 3 views
CPT-I	73650	Radiologic examination; calcaneus, minimum of 2 views
CPT-I	73660	Radiologic examination; toe(s), minimum of 2 views
CPT-I	73700	Computed tomography, lower extremity; without contrast material
CPT-I	73701	Computed tomography, lower extremity; with contrast material(s)
CPT-I	73702	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections

Type of Code	Code	Description
CPT-I	73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing
CPT-I	73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)
CPT-I	73719	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)
CPT-I	73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences
CPT-I	73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material
CPT-I	73722	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)
CPT-I	73723	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences
CPT-I	73725	Magnetic resonance angiography, lower extremity, with or without contrast material(s)
CPT-I	74018	Radiologic examination, abdomen; 1 view
CPT-I	74019	Radiologic examination, abdomen; 2 views
CPT-I	74021	Radiologic examination, abdomen; 3 or more views
CPT-I	74022	Radiologic examination, complete acute abdomen series, including 2 or more views of the abdomen (eg, supine, erect, decubitus), and a single view chest
CPT-I	74150	Computed tomography, abdomen; without contrast material

Type of Code	Code	Description
CPT-I	74160	Computed tomography, abdomen; with contrast material(s)
CPT-I	74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections
CPT-I	74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing
CPT-I	74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing
CPT-I	74176	Computed tomography, abdomen and pelvis; without contrast material
CPT-I	74177	Computed tomography, abdomen and pelvis; with contrast material(s)
CPT-I	74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions
CPT-I	74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
CPT-I	74182	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)
CPT-I	74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences
CPT-I	74185	Magnetic resonance angiography, abdomen, with or without contrast material(s)

Type of Code	Code	Description
CPT-I	74190	Peritoneogram (eg, after injection of air or contrast), radiological supervision and interpretation
CPT-I	74210	Radiologic examination, pharynx and/or cervical esophagus, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study
CPT-I	74220	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study
CPT-I	74221	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study
CPT-I	74230	Radiologic examination, swallowing function, with cineradiography/videoradiography, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study
CPT-I	74235	Removal of foreign body(s), esophageal, with use of balloon catheter, radiological supervision and interpretation
CPT-I	74240	Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study

Type of Code	Code	Description
CPT-I	74246	Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study, including glucagon, when administered
CPT-I	74248	Radiologic small intestine follow-through study, including multiple serial images (List separately in addition to code for primary procedure for upper GI radiologic examination)
CPT-I	74250	Radiologic examination, small intestine, including multiple serial images and scout abdominal radiograph(s), when performed; single-contrast (eg, barium) study
CPT-I	74251	Radiologic examination, small intestine, including multiple serial images and scout abdominal radiograph(s), when performed; double-contrast (eg, high-density barium and air via enteroclysis tube) study, including glucagon, when administered
CPT-I	74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material
CPT-I	74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed
CPT-I	74263	Computed tomographic (CT) colonography, screening, including image postprocessing
CPT-I	74270	Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study

Type of Code	Code	Description
CPT-I	74280	Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high density barium and air) study, including glucagon, when administered
CPT-I	74283	Therapeutic enema, contrast or air, for reduction of intussusception or other intraluminal obstruction (eg, meconium ileus)
CPT-I	74290	Cholecystography, oral contrast
CPT-I	74300	Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation
CPT-I	74301	Cholangiography and/or pancreatography; additional set intraoperative, radiological supervision and interpretation (List separately in addition to code for primary procedure)
CPT-I	74328	Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation
CPT-I	74329	Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation
CPT-I	74330	Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation
CPT-I	74340	Introduction of long gastrointestinal tube (eg, Miller-Abbott), including multiple fluoroscopies and images, radiological supervision and interpretation
CPT-I	74355	Percutaneous placement of enteroclysis tube, radiological supervision and interpretation

Type of Code	Code	Description
CPT-I	74360	Intraluminal dilation of strictures and/or obstructions (eg, esophagus), radiological supervision and interpretation
CPT-I	74363	Percutaneous transhepatic dilation of biliary duct stricture with or without placement of stent, radiological supervision and interpretation
CPT-I	74400	Urography (pyelography), intravenous, with or without KUB, with or without tomography
CPT-I	74410	Urography, infusion, drip technique and/or bolus technique
CPT-I	74415	Urography, infusion, drip technique and/or bolus technique; with nephrotomography
CPT-I	74420	Urography, retrograde, with or without KUB
CPT-I	74425	Urography, antegrade, radiological supervision and interpretation
CPT-I	74430	Cystography, minimum of 3 views, radiological supervision and interpretation
CPT-I	74440	Vasography, vesiculography, or epididymography, radiological supervision and interpretation
CPT-I	74445	Corpora cavernosography, radiological supervision and interpretation
CPT-I	74450	Urethrocystography, retrograde, radiological supervision and interpretation
CPT-I	74455	Urethrocystography, voiding, radiological supervision and interpretation
CPT-I	74470	Radiologic examination, renal cyst study, translumbar, contrast visualization, radiological supervision and interpretation

Type of Code	Code	Description
CPT-I	74485	Dilation of ureter(s) or urethra, radiological supervision and interpretation
CPT-I	74710	Pelvimetry, with or without placental localization
CPT-I	74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation
CPT-I	74713	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure)
CPT-I	74740	Hysterosalpingography, radiological supervision and interpretation
CPT-I	74742	Transcervical catheterization of fallopian tube, radiological supervision and interpretation
CPT-I	74775	Perineogram (eg, vaginogram, for sex determination or extent of anomalies)
CPT-I	75557	Cardiac magnetic resonance imaging for morphology and function without contrast material
CPT-I	75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging
CPT-I	75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences
CPT-I	75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging

Type of Code	Code	Description
CPT-I	75565	Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)
CPT-I	75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)
CPT-I	75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed)
CPT-I	75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)
CPT-I	75600	Aortography, thoracic, without serialography, radiological supervision and interpretation
CPT-I	75605	Aortography, thoracic, by serialography, radiological supervision and interpretation
CPT-I	75625	Aortography, abdominal, by serialography, radiological supervision and interpretation

Type of Code	Code	Description
CPT-I	75630	Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation
CPT-I	75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing
CPT-I	75705	Angiography, spinal, selective, radiological supervision and interpretation
CPT-I	75710	Angiography, extremity, unilateral, radiological supervision and interpretation
CPT-I	75716	Angiography, extremity, bilateral, radiological supervision and interpretation
CPT-I	75726	Angiography, visceral, selective or supraselective (with or without flush aortogram), radiological supervision and interpretation
CPT-I	75731	Angiography, adrenal, unilateral, selective, radiological supervision and interpretation
CPT-I	75733	Angiography, adrenal, bilateral, selective, radiological supervision and interpretation
CPT-I	75736	Angiography, pelvic, selective or supraselective, radiological supervision and interpretation
CPT-I	75741	Angiography, pulmonary, unilateral, selective, radiological supervision and interpretation
CPT-I	75743	Angiography, pulmonary, bilateral, selective, radiological supervision and interpretation

Type of Code	Code	Description
CPT-I	75746	Angiography, pulmonary, by nonselective catheter or venous injection, radiological supervision and interpretation
CPT-I	75756	Angiography, internal mammary, radiological supervision and interpretation
CPT-I	75774	Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)
CPT-I	75801	Lymphangiography, extremity only, unilateral, radiological supervision and interpretation
CPT-I	75803	Lymphangiography, extremity only, bilateral, radiological supervision and interpretation
CPT-I	75805	Lymphangiography, pelvic/abdominal, unilateral, radiological supervision and interpretation
CPT-I	75807	Lymphangiography, pelvic/abdominal, bilateral, radiological supervision and interpretation
CPT-I	75809	Shuntogram for investigation of previously placed indwelling nonvascular shunt (eg, LeVeen shunt, ventriculoperitoneal shunt, indwelling infusion pump), radiological supervision and interpretation
CPT-I	75810	Splenoportography, radiological supervision and interpretation
CPT-I	75820	Venography, extremity, unilateral, radiological supervision and interpretation
CPT-I	75822	Venography, extremity, bilateral, radiological supervision and interpretation

Type of Code	Code	Description
CPT-I	75825	Venography, caval, inferior, with serialography, radiological supervision and interpretation
CPT-I	75827	Venography, caval, superior, with serialography, radiological supervision and interpretation
CPT-I	75831	Venography, renal, unilateral, selective, radiological supervision and interpretation
CPT-I	75833	Venography, renal, bilateral, selective, radiological supervision and interpretation
CPT-I	75840	Venography, adrenal, unilateral, selective, radiological supervision and interpretation
CPT-I	75842	Venography, adrenal, bilateral, selective, radiological supervision and interpretation
CPT-I	75860	Venography, venous sinus (eg, petrosal and inferior sagittal) or jugular, catheter, radiological supervision and interpretation
CPT-I	75870	Venography, superior sagittal sinus, radiological supervision and interpretation
CPT-I	75872	Venography, epidural, radiological supervision and interpretation
CPT-I	75880	Venography, orbital, radiological supervision and interpretation
CPT-I	75885	Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation
CPT-I	75887	Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation

Type of Code	Code	Description
CPT-I	75889	Hepatic venography, wedged or free, with hemodynamic evaluation, radiological supervision and interpretation
CPT-I	75891	Hepatic venography, wedged or free, without hemodynamic evaluation, radiological supervision and interpretation
CPT-I	75893	Venous sampling through catheter, with or without angiography (eg, for parathyroid hormone, renin), radiological supervision and interpretation
CPT-I	75894	Transcatheter therapy, embolization, any method, radiological supervision and interpretation
CPT-I	75898	Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis
CPT-I	75901	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access, radiologic supervision and interpretation
CPT-I	75902	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen, radiologic supervision and interpretation
CPT-I	75956	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation

Type of Code	Code	Description
CPT-I	75957	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation
CPT-I	75958	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption), radiological supervision and interpretation
CPT-I	75959	Placement of distal extension prosthesis(s) (delayed) after endovascular repair of descending thoracic aorta, as needed, to level of celiac origin, radiological supervision and interpretation
CPT-I	75970	Transcatheter biopsy, radiological supervision and interpretation
CPT-I	75984	Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation
CPT-I	75989	Radiological guidance (ie, fluoroscopy, ultrasound, or computed tomography), for percutaneous drainage (eg, abscess, specimen collection), with placement of catheter, radiological supervision and interpretation
CPT-I	76000	Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time

Type of Code	Code	Description
CPT-I	76010	Radiologic examination from nose to rectum for foreign body, single view, child
CPT-I	76080	Radiologic examination, abscess, fistula or sinus tract study, radiological supervision and interpretation
CPT-I	76098	Radiological examination, surgical specimen
CPT-I	76100	Radiologic examination, single plane body section (eg, tomography), other than with urography
CPT-I	76120	Cineradiography/videoradiography, except where specifically included
CPT-I	76125	Cineradiography/videoradiography to complement routine examination (List separately in addition to code for primary procedure)
CPT-I	76140	Consultation on X-ray examination made elsewhere, written report
CPT-I	76145	Medical physics dose evaluation for radiation exposure that exceeds institutional review threshold, including report
CPT-I	76376	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation
CPT-I	76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation

Type of Code	Code	Description
CPT-I	76380	Computed tomography, limited or localized follow-up study
CPT-I	76390	Magnetic resonance spectroscopy
CPT-I	76506	Echoencephalography, real time with image documentation (gray scale) (for determination of ventricular size, delineation of cerebral contents, and detection of fluid masses or other intracranial abnormalities), including A-mode encephalography as secondary component where indicated
CPT-I	76510	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter
CPT-I	76511	Ophthalmic ultrasound, diagnostic; quantitative A-scan only
CPT-I	76512	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)
CPT-I	76513	Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy, unilateral or bilateral
CPT-I	76514	Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)
CPT-I	76516	Ophthalmic biometry by ultrasound echography, A-scan
CPT-I	76519	Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation
CPT-I	76529	Ophthalmic ultrasonic foreign body localization
CPT-I	76536	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

Type of Code	Code	Description
CPT-I	76604	Ultrasound, chest (includes mediastinum), real time with image documentation
CPT-I	76641	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete
CPT-I	76642	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited
CPT-I	76700	Ultrasound, abdominal, real time with image documentation; complete
CPT-I	76705	Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)
CPT-I	76706	Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)
CPT-I	76770	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete
CPT-I	76775	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited
CPT-I	76776	Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation
CPT-I	76800	Ultrasound, spinal canal and contents
CPT-I	76801	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; single or first gestation

Type of Code	Code	Description
CPT-I	76802	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)
CPT-I	76805	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation
CPT-I	76810	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)
CPT-I	76811	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation
CPT-I	76812	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)
CPT-I	76813	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation

Type of Code	Code	Description
CPT-I	76814	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; each additional gestation (List separately in addition to code for primary procedure)
CPT-I	76815	Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses
CPT-I	76816	Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus
CPT-I	76817	Ultrasound, pregnant uterus, real time with image documentation, transvaginal
CPT-I	76818	Fetal biophysical profile; with non-stress testing
CPT-I	76819	Fetal biophysical profile; without non-stress testing
CPT-I	76820	Doppler velocimetry, fetal; umbilical artery
CPT-I	76821	Doppler velocimetry, fetal; middle cerebral artery
CPT-I	76825	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording
CPT-I	76826	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; follow-up or repeat study

Type of Code	Code	Description
CPT-I	76827	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete
CPT-I	76828	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study
CPT-I	76830	Ultrasound, transvaginal
CPT-I	76831	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed
CPT-I	76856	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete
CPT-I	76857	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)
CPT-I	76870	Ultrasound, scrotum and contents
CPT-I	76872	Ultrasound, transrectal
CPT-I	76873	Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)
CPT-I	76881	Ultrasound, complete joint (ie, joint space and peri-articular soft-tissue structures), real-time with image documentation
CPT-I	76882	Ultrasound, limited, joint or other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft-tissue structure[s], or soft-tissue mass[es]), real-time with image documentation
CPT-I	76885	Ultrasound, infant hips, real time with imaging documentation; dynamic (requiring physician or other qualified health care professional manipulation)

Type of Code	Code	Description
CPT-I	76886	Ultrasound, infant hips, real time with imaging documentation; limited, static (not requiring physician or other qualified health care professional manipulation)
CPT-I	76932	Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation
CPT-I	76937	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)
CPT-I	76940	Ultrasound guidance for, and monitoring of, parenchymal tissue ablation
CPT-I	76941	Ultrasonic guidance for intrauterine fetal transfusion or cordocentesis, imaging supervision and interpretation
CPT-I	76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation
CPT-I	76945	Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation
CPT-I	76946	Ultrasonic guidance for amniocentesis, imaging supervision and interpretation
CPT-I	76948	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation
CPT-I	76965	Ultrasonic guidance for interstitial radioelement application
CPT-I	76975	Gastrointestinal endoscopic ultrasound, supervision and interpretation

Type of Code	Code	Description
CPT-I	76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method
CPT-I	76998	Ultrasonic guidance, intraoperative
CPT-I	77001	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)
CPT-I	77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)
CPT-I	77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)
CPT-I	77011	Computed tomography guidance for stereotactic localization
CPT-I	77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation
CPT-I	77013	Computed tomography guidance for, and monitoring of, parenchymal tissue ablation

Type of Code	Code	Description
CPT-I	77014	Computed tomography guidance for placement of radiation therapy fields
CPT-I	77021	Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation
CPT-I	77022	Magnetic resonance imaging guidance for, and monitoring of, parenchymal tissue ablation
CPT-I	77046	Magnetic resonance imaging, breast, without contrast material; unilateral
CPT-I	77047	Magnetic resonance imaging, breast, without contrast material; bilateral
CPT-I	77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral
CPT-I	77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral
CPT-I	77053	Mammary ductogram or galactogram, single duct, radiological supervision and interpretation
CPT-I	77054	Mammary ductogram or galactogram, multiple ducts, radiological supervision and interpretation
CPT-I	77061	Diagnostic digital breast tomosynthesis; unilateral
CPT-I	77062	Diagnostic digital breast tomosynthesis; bilateral

Type of Code	Code	Description
CPT-I	77063	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)
CPT-I	77065	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral
CPT-I	77066	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral
CPT-I	77067	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed
CPT-I	77071	Manual application of stress performed by physician or other qualified health care professional for joint radiography, including contralateral joint if indicated
CPT-I	77072	Bone age studies
CPT-I	77073	Bone length studies (orthoroentgenogram, scanogram)
CPT-I	77074	Radiologic examination, osseous survey; limited (eg, for metastases)
CPT-I	77075	Radiologic examination, osseous survey; complete (axial and appendicular skeleton)
CPT-I	77076	Radiologic examination, osseous survey, infant
CPT-I	77077	Joint survey, single view, 2 or more joints (specify)
CPT-I	77078	Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)
CPT-I	77080	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)
CPT-I	77081	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)

Type of Code	Code	Description
CPT-I	77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply
CPT-I	77085	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment
CPT-I	77086	Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)
CPT-I	77089	Trabecular bone score (TBS), structural condition of the bone microarchitecture; using dual X-ray absorptiometry (DXA) or other imaging data on gray-scale variogram, calculation, with interpretation and report on fracture-risk
CPT-I	77090	Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical preparation and transmission of data for analysis to be performed elsewhere
CPT-I	77091	Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical calculation only
CPT-I	77092	Trabecular bone score (TBS), structural condition of the bone microarchitecture; interpretation and report on fracture-risk only by other qualified health care professional
CPT-I	77261	Therapeutic radiology treatment planning; simple
CPT-I	77262	Therapeutic radiology treatment planning; intermediate
CPT-I	77263	Therapeutic radiology treatment planning; complex
CPT-I	77280	Therapeutic radiology simulation-aided field setting; simple

Type of Code	Code	Description
CPT-I	77285	Therapeutic radiology simulation-aided field setting; intermediate
CPT-I	77290	Therapeutic radiology simulation-aided field setting; complex
CPT-I	77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)
CPT-I	77295	3-dimensional radiotherapy plan, including dose-volume histograms
CPT-I	77300	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician
CPT-I	77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications
CPT-I	77306	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)
CPT-I	77307	Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)
CPT-I	77321	Special teletherapy port plan, particles, hemibody, total body
CPT-I	77331	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician

Type of Code	Code	Description
CPT-I	77332	Treatment devices, design and construction; simple (simple block, simple bolus)
CPT-I	77333	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)
CPT-I	77334	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)
CPT-I	77336	Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy
CPT-I	77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan
CPT-I	77370	Special medical radiation physics consultation
CPT-I	77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple
CPT-I	77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex
CPT-I	77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed
CPT-I	77401	Radiation treatment delivery, superficial and/or ortho voltage, per day
CPT-I	77402	Radiation treatment delivery, >/=1 MeV; simple

Type of Code	Code	Description
CPT-I	77407	Radiation treatment delivery, >/=1 MeV; intermediate
CPT-I	77412	Radiation treatment delivery, >/=1 MeV; complex
CPT-I	77417	Therapeutic radiology port image(s)
CPT-I	77423	High energy neutron radiation treatment delivery, 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)
CPT-I	77424	Intraoperative radiation treatment delivery, x-ray, single treatment session
CPT-I	77425	Intraoperative radiation treatment delivery, electrons, single treatment session
CPT-I	77427	Radiation treatment management, 5 treatments
CPT-I	77431	Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only
CPT-I	77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)
CPT-I	77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions
CPT-I	77469	Intraoperative radiation treatment management
CPT-I	77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)
CPT-I	77600	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)
CPT-I	77605	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)

Type of Code	Code	Description
CPT-I	77610	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators
CPT-I	77615	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators
CPT-I	77620	Hyperthermia generated by intracavitary probe(s)
CPT-I	77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care)
CPT-I	77789	Surface application of low dose rate radionuclide source
CPT-I	78012	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)
CPT-I	78013	Thyroid imaging (including vascular flow, when performed)
CPT-I	78014	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)
CPT-I	78015	Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)
CPT-I	78016	Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)
CPT-I	78018	Thyroid carcinoma metastases imaging; whole body
CPT-I	78020	Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)
CPT-I	78070	Parathyroid planar imaging (including subtraction, when performed)
CPT-I	78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)

Type of Code	Code	Description
CPT-I	78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization
CPT-I	78075	Adrenal imaging, cortex and/or medulla
CPT-I	78102	Bone marrow imaging; limited area
CPT-I	78103	Bone marrow imaging; multiple areas
CPT-I	78104	Bone marrow imaging; whole body
CPT-I	78110	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); single sampling
CPT-I	78111	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); multiple samplings
CPT-I	78120	Red cell volume determination (separate procedure); single sampling
CPT-I	78121	Red cell volume determination (separate procedure); multiple samplings
CPT-I	78122	Whole blood volume determination, including separate measurement of plasma volume and red cell volume (radiopharmaceutical volume-dilution technique)
CPT-I	78130	Red cell survival study
CPT-I	78140	Labeled red cell sequestration, differential organ/tissue (eg, splenic and/or hepatic)
CPT-I	78185	Spleen imaging only, with or without vascular flow
CPT-I	78191	Platelet survival study
CPT-I	78195	Lymphatics and lymph nodes imaging
CPT-I	78201	Liver imaging; static only
CPT-I	78202	Liver imaging; with vascular flow

Type of Code	Code	Description
CPT-I	78215	Liver and spleen imaging; static only
CPT-I	78216	Liver and spleen imaging; with vascular flow
CPT-I	78226	Hepatobiliary system imaging, including gallbladder when present
CPT-I	78227	Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed
CPT-I	78230	Salivary gland imaging
CPT-I	78231	Salivary gland imaging; with serial images
CPT-I	78232	Salivary gland function study
CPT-I	78258	Esophageal motility
CPT-I	78261	Gastric mucosa imaging
CPT-I	78262	Gastroesophageal reflux study
CPT-I	78264	Gastric emptying imaging study (eg, solid, liquid, or both)
CPT-I	78265	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit
CPT-I	78266	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days
CPT-I	78267	Urea breath test, C-14 (isotopic); acquisition for analysis
CPT-I	78268	Urea breath test, C-14 (isotopic); analysis
CPT-I	78278	Acute gastrointestinal blood loss imaging
CPT-I	78282	Gastrointestinal protein loss
CPT-I	78290	Intestine imaging (eg, ectopic gastric mucosa, Meckel's localization, volvulus)
CPT-I	78291	Peritoneal-venous shunt patency test (eg, for LeVeen, Denver shunt)
CPT-I	78300	Bone and/or joint imaging; limited area

Type of Code	Code	Description
CPT-I	78305	Bone and/or joint imaging; multiple areas
CPT-I	78306	Bone and/or joint imaging; whole body
CPT-I	78315	Bone and/or joint imaging; 3 phase study
CPT-I	78414	Determination of central c-v hemodynamics (non-imaging) (eg, ejection fraction with probe technique) with or without pharmacologic intervention or exercise, single or multiple determinations
CPT-I	78428	Cardiac shunt detection
CPT-I	78445	Non-cardiac vascular flow imaging (ie, angiography, venography)
CPT-I	78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)
CPT-I	78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection
CPT-I	78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)

Type of Code	Code	Description
CPT-I	78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection
CPT-I	78456	Acute venous thrombosis imaging, peptide
CPT-I	78457	Venous thrombosis imaging, venogram; unilateral
CPT-I	78458	Venous thrombosis imaging, venogram; bilateral
CPT-I	78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative
CPT-I	78468	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique
CPT-I	78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification
CPT-I	78472	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing
CPT-I	78473	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification
CPT-I	78481	Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification

Type of Code	Code	Description
CPT-I	78483	Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification
CPT-I	78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing
CPT-I	78496	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)
CPT-I	78579	Pulmonary ventilation imaging (eg, aerosol or gas)
CPT-I	78580	Pulmonary perfusion imaging (eg, particulate)
CPT-I	78582	Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging
CPT-I	78597	Quantitative differential pulmonary perfusion, including imaging when performed
CPT-I	78598	Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed
CPT-I	78600	Brain imaging, less than 4 static views
CPT-I	78601	Brain imaging, less than 4 static views; with vascular flow
CPT-I	78605	Brain imaging, minimum 4 static views
CPT-I	78606	Brain imaging, minimum 4 static views; with vascular flow
CPT-I	78610	Brain imaging, vascular flow only
CPT-I	78630	Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography

Type of Code	Code	Description
CPT-I	78635	Cerebrospinal fluid flow, imaging (not including introduction of material); ventriculography
CPT-I	78645	Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation
CPT-I	78650	Cerebrospinal fluid leakage detection and localization
CPT-I	78660	Radiopharmaceutical dacryocystography
CPT-I	78700	Kidney imaging morphology
CPT-I	78701	Kidney imaging morphology; with vascular flow
CPT-I	78707	Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention
CPT-I	78708	Kidney imaging morphology; with vascular flow and function, single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)
CPT-I	78709	Kidney imaging morphology; with vascular flow and function, multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)
CPT-I	78725	Kidney function study, non-imaging radioisotopic study
CPT-I	78730	Urinary bladder residual study (List separately in addition to code for primary procedure)
CPT-I	78740	Ureteral reflux study (radiopharmaceutical voiding cystogram)
CPT-I	78761	Testicular imaging with vascular flow

Type of Code	Code	Description
CPT-I	78800	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, single area (eg, head, neck, chest, pelvis), single day imaging
CPT-I	78801	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, 2 or more areas (eg, abdomen and pelvis, head and chest), 1 or more days imaging or single area imaging over 2 or more days
CPT-I	78802	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, single day imaging
CPT-I	78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis), single day imaging
CPT-I	78804	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, requiring 2 or more days imaging
CPT-I	78808	Injection procedure for radiopharmaceutical localization by non-imaging probe study, intravenous (eg, parathyroid adenoma)

Type of Code	Code	Description
CPT-I	78835	Radiopharmaceutical quantification measurement(s) single area (List separately in addition to code for primary procedure)
CPT-I	79005	Radiopharmaceutical therapy, by oral administration
CPT-I	79101	Radiopharmaceutical therapy, by intravenous administration
CPT-I	79200	Radiopharmaceutical therapy, by intracavitary administration
CPT-I	79300	Radiopharmaceutical therapy, by interstitial radioactive colloid administration
CPT-I	79403	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion
CPT-I	79440	Radiopharmaceutical therapy, by intra-articular administration
CPT-I	79445	Radiopharmaceutical therapy, by intra-arterial particulate administration
CPT-I	80047	Basic metabolic panel (Calcium, ionized) This panel must include the following: Calcium, ionized (82330) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea Nitrogen (BUN) (84520)
CPT-I	80048	Basic metabolic panel (Calcium, total) This panel must include the following: Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)

Type of Code	Code	Description
CPT-I	80050	General health panel This panel must include the following: Comprehensive metabolic panel (80053) Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009) Thyroid stimulating hormone (TSH) (84443)
CPT-I	80051	Electrolyte panel This panel must include the following: Carbon dioxide (bicarbonate) (82374) Chloride (82435) Potassium (84132) Sodium (84295)
CPT-I	80053	Comprehensive metabolic panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphatase, alkaline (84075) Potassium (84132) Protein, total (84155) Sodium (84295) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450) Urea nitrogen (BUN) (84520)

Type of Code	Code	Description
CPT-I	80055	Obstetric panel This panel must include the following: Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009) Hepatitis B surface antigen (HBsAg) (87340) Antibody, rubella (86762) Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART) (86592) Antibody screen, RBC, each serum technique (86850) Blood typing, ABO (86900) AND Blood typing, Rh (D) (86901)
CPT-I	80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)
CPT-I	80069	Renal function panel This panel must include the following: Albumin (82040) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphorus inorganic (phosphate) (84100) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)
CPT-I	80074	Acute hepatitis panel This panel must include the following: Hepatitis A antibody (HAAb), IgM antibody (86709) Hepatitis B core antibody (HBcAb), IgM antibody (86705) Hepatitis B surface antigen (HBsAg) (87340) Hepatitis C antibody (86803)

Type of Code	Code	Description
CPT-I	80076	Hepatic function panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Bilirubin, direct (82248) Phosphatase, alkaline (84075) Protein, total (84155) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450)
CPT-I	80081	Obstetric panel (includes HIV testing) This panel must include the following: Blood count, complete (CBC), and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009) Hepatitis B surface antigen (HBsAg) (87340) HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result (87389) Antibody, rubella (86762) Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART) (86592) Antibody screen, RBC, each serum technique (86850) Blood typing, ABO (86900) AND Blood typing, Rh (D) (86901)
CPT-I	80143	Acetaminophen
CPT-I	80145	Adalimumab
CPT-I	80150	Amikacin
CPT-I	80151	Amiodarone
CPT-I	80155	Caffeine
CPT-I	80156	Carbamazepine; total
CPT-I	80157	Carbamazepine; free
CPT-I	80158	Cyclosporine
CPT-I	80159	Clozapine
CPT-I	80161	Carbamazepine; -10,11-epoxide
CPT-I	80162	Digoxin; total

Type of Code	Code	Description
CPT-I	80163	Digoxin; free
CPT-I	80164	Valproic acid (dipropylacetic acid); total
CPT-I	80165	Valproic acid (dipropylacetic acid); free
CPT-I	80167	Felbamate
CPT-I	80168	Ethosuximide
CPT-I	80169	Everolimus
CPT-I	80170	Gentamicin
CPT-I	80171	Gabapentin, whole blood, serum, or plasma
CPT-I	80173	Haloperidol
CPT-I	80175	Lamotrigine
CPT-I	80176	Lidocaine
CPT-I	80177	Levetiracetam
CPT-I	80178	Lithium
CPT-I	80179	Salicylate
CPT-I	80180	Mycophenolate (mycophenolic acid)
CPT-I	80181	Flecainide
CPT-I	80183	Oxcarbazepine
CPT-I	80184	Phenobarbital
CPT-I	80185	Phenytoin; total
CPT-I	80186	Phenytoin; free
CPT-I	80187	Posaconazole
CPT-I	80188	Primidone
CPT-I	80189	Itraconazole
CPT-I	80190	Procainamide
CPT-I	80192	Procainamide; with metabolites (eg, n-acetyl procainamide)
CPT-I	80193	Leflunomide

Type of Code	Code	Description
CPT-I	80194	Quinidine
CPT-I	80195	Sirolimus
CPT-I	80197	Tacrolimus
CPT-I	80198	Theophylline
CPT-I	80199	Tiagabine
CPT-I	80200	Tobramycin
CPT-I	80201	Topiramate
CPT-I	80202	Vancomycin
CPT-I	80203	Zonisamide
CPT-I	80204	Methotrexate
CPT-I	80210	Rufinamide
CPT-I	80220	Hydroxychloroquine
CPT-I	80230	Infliximab
CPT-I	80235	Lacosamide
CPT-I	80280	Vedolizumab
CPT-I	80285	Voriconazole
CPT-I	80299	Quantitation of therapeutic drug, not elsewhere specified
CPT-I	80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; capable of being read by direct optical observation only (eg, utilizing immunoassay [eg, dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service

Type of Code	Code	Description
CPT-I	80306	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; read by instrument assisted direct optical observation (eg, utilizing immunoassay [eg, dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service
CPT-I	80307	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; by instrument chemistry analyzers (eg, utilizing immunoassay [eg, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (eg, GC, HPLC), and mass spectrometry either with or without chromatography, (eg, DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service
CPT-I	80320	Alcohols
CPT-I	80321	Alcohol biomarkers; 1 or 2
CPT-I	80322	Alcohol biomarkers; 3 or more
CPT-I	80323	Alkaloids, not otherwise specified
CPT-I	80324	Amphetamines; 1 or 2
CPT-I	80325	Amphetamines; 3 or 4
CPT-I	80326	Amphetamines; 5 or more
CPT-I	80327	Anabolic steroids; 1 or 2
CPT-I	80328	Anabolic steroids; 3 or more
CPT-I	80329	Analgesics, non-opioid; 1 or 2
CPT-I	80330	Analgesics, non-opioid; 3-5
CPT-I	80331	Analgesics, non-opioid; 6 or more
CPT-I	80332	Antidepressants, serotonergic class; 1 or 2

Type of Code	Code	Description
CPT-I	80333	Antidepressants, serotonergic class; 3-5
CPT-I	80334	Antidepressants, serotonergic class; 6 or more
CPT-I	80335	Antidepressants, tricyclic and other cyclicals; 1 or 2
CPT-I	80336	Antidepressants, tricyclic and other cyclicals; 3-5
CPT-I	80337	Antidepressants, tricyclic and other cyclicals; 6 or more
CPT-I	80338	Antidepressants, not otherwise specified
CPT-I	80339	Antiepileptics, not otherwise specified; 1-3
CPT-I	80340	Antiepileptics, not otherwise specified; 4-6
CPT-I	80341	Antiepileptics, not otherwise specified; 7 or more
CPT-I	80342	Antipsychotics, not otherwise specified; 1-3
CPT-I	80343	Antipsychotics, not otherwise specified; 4-6
CPT-I	80344	Antipsychotics, not otherwise specified; 7 or more
CPT-I	80345	Barbiturates
CPT-I	80346	Benzodiazepines; 1-12
CPT-I	80347	Benzodiazepines; 13 or more
CPT-I	80348	Buprenorphine
CPT-I	80349	Cannabinoids, natural
CPT-I	80350	Cannabinoids, synthetic; 1-3
CPT-I	80351	Cannabinoids, synthetic; 4-6
CPT-I	80352	Cannabinoids, synthetic; 7 or more
CPT-I	80353	Cocaine
CPT-I	80354	Fentanyl
CPT-I	80355	Gabapentin, non-blood
CPT-I	80356	Heroin metabolite
CPT-I	80357	Ketamine and norketamine
CPT-I	80358	Methadone

Type of Code	Code	Description
CPT-I	80359	Methylenedioxyamphetamines (MDA, MDEA, MDMA)
CPT-I	80360	Methylphenidate
CPT-I	80361	Opiates, 1 or more
CPT-I	80362	Opioids and opiate analogs; 1 or 2
CPT-I	80363	Opioids and Opiate analogs; 3 or 4
CPT-I	80364	Opioids and Opiate analogs; 5 or more
CPT-I	80365	Oxycodone
CPT-I	80366	Pregabalin
CPT-I	80367	Propoxyphene
CPT-I	80368	Sedative hypnotics (non-benzodiazepines)
CPT-I	80369	Skeletal muscle relaxants; 1 or 2
CPT-I	80370	Skeletal muscle relaxants; 3 or more
CPT-I	80371	Stimulants, synthetic
CPT-I	80372	Tapentadol
CPT-I	80373	Tramadol
CPT-I	80374	Stereoisomer (enantiomer) analysis, single drug class
CPT-I	80375	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 1-3
CPT-I	80376	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 4-6
CPT-I	80377	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 7 or more
CPT-I	80400	ACTH stimulation panel; for adrenal insufficiency This panel must include the following: Cortisol (82533 x 2)
CPT-I	80402	ACTH stimulation panel; for 21 hydroxylase deficiency This panel must include the following: Cortisol (82533 x 2) 17 hydroxyprogesterone (83498 x 2)

Type of Code	Code	Description
CPT-I	80406	ACTH stimulation panel; for 3 beta-hydroxydehydrogenase deficiency This panel must include the following: Cortisol (82533 x 2) 17 hydroxypregnenolone (84143 x 2)
CPT-I	80408	Aldosterone suppression evaluation panel (eg, saline infusion) This panel must include the following: Aldosterone (82088 x 2) Renin (84244 x 2)
CPT-I	80410	Calcitonin stimulation panel (eg, calcium, pentagastrin) This panel must include the following: Calcitonin (82308 x 3)
CPT-I	80412	Corticotropic releasing hormone (CRH) stimulation panel This panel must include the following: Cortisol (82533 x 6) Adrenocorticotropic hormone (ACTH) (82024 x 6)
CPT-I	80414	Chorionic gonadotropin stimulation panel; testosterone response This panel must include the following: Testosterone (84403 x 2 on 3 pooled blood samples)
CPT-I	80415	Chorionic gonadotropin stimulation panel; estradiol response This panel must include the following: Estradiol, total (82670 x 2 on 3 pooled blood samples)
CPT-I	80416	Renal vein renin stimulation panel (eg, captopril) This panel must include the following: Renin (84244 x 6)
CPT-I	80417	Peripheral vein renin stimulation panel (eg, captopril) This panel must include the following: Renin (84244 x 2)

Type of Code	Code	Description
CPT-I	80418	Combined rapid anterior pituitary evaluation panel This panel must include the following: Adrenocorticotropic hormone (ACTH) (82024 x 4) Luteinizing hormone (LH) (83002 x 4) Follicle stimulating hormone (FSH) (83001 x 4) Prolactin (84146 x 4) Human growth hormone (HGH) (83003 x 4) Cortisol (82533 x 4) Thyroid stimulating hormone (TSH) (84443 x 4)
CPT-I	80420	Dexamethasone suppression panel, 48 hour This panel must include the following: Free cortisol, urine (82530 x 2) Cortisol (82533 x 2) Volume measurement for timed collection (81050 x 2)
CPT-I	80422	Glucagon tolerance panel; for insulinoma This panel must include the following: Glucose (82947 x 3) Insulin (83525 x 3)
CPT-I	80424	Glucagon tolerance panel; for pheochromocytoma This panel must include the following: Catecholamines, fractionated (82384 x 2)
CPT-I	80426	Gonadotropin releasing hormone stimulation panel This panel must include the following: Follicle stimulating hormone (FSH) (83001 x 4) Luteinizing hormone (LH) (83002 x 4)
CPT-I	80428	Growth hormone stimulation panel (eg, arginine infusion, l-dopa administration) This panel must include the following: Human growth hormone (HGH) (83003 x 4)
CPT-I	80430	Growth hormone suppression panel (glucose administration) This panel must include the following: Glucose (82947 x 3) Human growth hormone (HGH) (83003 x 4)

Type of Code	Code	Description
CPT-I	80432	Insulin-induced C-peptide suppression panel This panel must include the following: Insulin (83525) C-peptide (84681 x 5) Glucose (82947 x 5)
CPT-I	80434	Insulin tolerance panel; for ACTH insufficiency This panel must include the following: Cortisol (82533 x 5) Glucose (82947 x 5)
CPT-I	80435	Insulin tolerance panel; for growth hormone deficiency This panel must include the following: Glucose (82947 x 5) Human growth hormone (HGH) (83003 x 5)
CPT-I	80436	Metyrapone panel This panel must include the following: Cortisol (82533 x 2) 11 deoxycortisol (82634 x 2)
CPT-I	80438	Thyrotropin releasing hormone (TRH) stimulation panel; 1 hour This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 3)
CPT-I	80439	Thyrotropin releasing hormone (TRH) stimulation panel; 2 hour This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 4)
CPT-I	80503	Pathology clinical consultation; for a clinical problem, with limited review of patient's history and medical records and straightforward medical decision making When using time for code selection, 5-20 minutes of total time is spent on the date of the consultation.
CPT-I	80504	Pathology clinical consultation; for a moderately complex clinical problem, with review of patient's history and medical records and moderate level of medical decision making When using time for code selection, 21-40 minutes of total time is spent on the date of the consultation.

Type of Code	Code	Description
CPT-I	80505	Pathology clinical consultation; for a highly complex clinical problem, with comprehensive review of patient's history and medical records and high level of medical decision making When using time for code selection, 41-60 minutes of total time is spent on the date of the consultation.
CPT-I	80506	Pathology clinical consultation; prolonged service, each additional 30 minutes (List separately in addition to code for primary procedure)
CPT-I	81000	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy
CPT-I	81001	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy
CPT-I	81002	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy
CPT-I	81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy
CPT-I	81005	Urinalysis; qualitative or semiquantitative, except immunoassays

Type of Code	Code	Description
CPT-I	81007	Urinalysis; bacteriuria screen, except by culture or dipstick
CPT-I	81015	Urinalysis; microscopic only
CPT-I	81020	Urinalysis; 2 or 3 glass test
CPT-I	81025	Urine pregnancy test, by visual color comparison methods
CPT-I	81050	Volume measurement for timed collection, each
CPT-I	81270	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant
CPT-I	81279	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)
CPT-I	81329	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; dosage/deletion analysis (eg, carrier testing), includes SMN2 (survival of motor neuron 2, centromeric) analysis, if performed
CPT-I	81420	Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21
CPT-I	81511	Fetal congenital abnormalities, biochemical assays of four analytes (AFP, uE3, hCG [any form], DIA) utilizing maternal serum, algorithm reported as a risk score (may include additional results from previous biochemical testing)

Type of Code	Code	Description
CPT-I	81513	Infectious disease, bacterial vaginosis, quantitative real-time amplification of RNA markers for Atopobium vaginae, Gardnerella vaginalis, and Lactobacillus species, utilizing vaginal-fluid specimens, algorithm reported as a positive or negative result for bacterial vaginosis
CPT-I	81514	Infectious disease, bacterial vaginosis and vaginitis, quantitative real-time amplification of DNA markers for Gardnerella vaginalis, Atopobium vaginae, Megasphaera type 1, Bacterial Vaginosis Associated Bacteria-2 (BVAB-2), and Lactobacillus species (L. crispatus and L. jensenii), utilizing vaginal-fluid specimens, algorithm reported as a positive or negative for high likelihood of bacterial vaginosis, includes separate detection of Trichomonas vaginalis and/or Candida species (C. albicans, C. tropicalis, C. parapsilosis, C. dubliniensis), Candida glabrata, Candida krusei, when reported
CPT-I	81528	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result

Type of Code	Code	Description
CPT-I	81596	Infectious disease, chronic hepatitis C virus (HCV) infection, six biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, and haptoglobin) utilizing serum, prognostic algorithm reported as scores for fibrosis and necroinflammatory activity in liver
CPT-I	82009	Ketone body(s) (eg, acetone, acetoacetic acid, beta-hydroxybutyrate); qualitative
CPT-I	82010	Ketone body(s) (eg, acetone, acetoacetic acid, beta-hydroxybutyrate); quantitative
CPT-I	82013	Acetylcholinesterase
CPT-I	82016	Acylcarnitines; qualitative, each specimen
CPT-I	82017	Acylcarnitines; quantitative, each specimen
CPT-I	82024	Adrenocorticotropic hormone (ACTH)
CPT-I	82030	Adenosine, 5-monophosphate, cyclic (cyclic AMP)
CPT-I	82040	Albumin; serum, plasma or whole blood
CPT-I	82042	Albumin; other source, quantitative, each specimen
CPT-I	82043	Albumin; urine (eg, microalbumin), quantitative
CPT-I	82044	Albumin; urine (eg, microalbumin), semiquantitative (eg, reagent strip assay)
CPT-I	82045	Albumin; ischemia modified
CPT-I	82075	Alcohol (ethanol); breath
CPT-I	82077	Alcohol (ethanol); any specimen except urine and breath, immunoassay (eg, IA, EIA, ELISA, RIA, EMIT, FPIA) and enzymatic methods (eg, alcohol dehydrogenase)
CPT-I	82085	Aldolase
CPT-I	82088	Aldosterone

Type of Code	Code	Description
CPT-I	82103	Alpha-1-antitrypsin; total
CPT-I	82104	Alpha-1-antitrypsin; phenotype
CPT-I	82105	Alpha-fetoprotein (AFP); serum
CPT-I	82106	Alpha-fetoprotein (AFP); amniotic fluid
CPT-I	82107	Alpha-fetoprotein (AFP); AFP-L3 fraction isoform and total AFP (including ratio)
CPT-I	82108	Aluminum
CPT-I	82120	Amines, vaginal fluid, qualitative
CPT-I	82127	Amino acids; single, qualitative, each specimen
CPT-I	82128	Amino acids; multiple, qualitative, each specimen
CPT-I	82131	Amino acids; single, quantitative, each specimen
CPT-I	82135	Aminolevulinic acid, delta (ALA)
CPT-I	82136	Amino acids, 2 to 5 amino acids, quantitative, each specimen
CPT-I	82139	Amino acids, 6 or more amino acids, quantitative, each specimen
CPT-I	82140	Ammonia
CPT-I	82143	Amniotic fluid scan (spectrophotometric)
CPT-I	82150	Amylase
CPT-I	82154	Androstanediol glucuronide
CPT-I	82157	Androstenedione
CPT-I	82160	Androsterone
CPT-I	82163	Angiotensin II
CPT-I	82164	Angiotensin I - converting enzyme (ACE)
CPT-I	82172	Apolipoprotein, each
CPT-I	82175	Arsenic
CPT-I	82180	Ascorbic acid (Vitamin C), blood

Type of Code	Code	Description
CPT-I	82190	Atomic absorption spectroscopy, each analyte
CPT-I	82232	Beta-2 microglobulin
CPT-I	82239	Bile acids; total
CPT-I	82240	Bile acids; cholylglycine
CPT-I	82247	Bilirubin; total
CPT-I	82248	Bilirubin; direct
CPT-I	82252	Bilirubin; feces, qualitative
CPT-I	82261	Biotinidase, each specimen
CPT-I	82270	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (ie, patient was provided 3 cards or single triple card for consecutive collection)
CPT-I	82271	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; other sources
CPT-I	82272	Blood, occult, by peroxidase activity (eg, guaiac), qualitative, feces, 1-3 simultaneous determinations, performed for other than colorectal neoplasm screening
CPT-I	82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations
CPT-I	82286	Bradykinin
CPT-I	82300	Cadmium
CPT-I	82306	Vitamin D; 25 hydroxy, includes fraction(s), if performed
CPT-I	82308	Calcitonin
CPT-I	82310	Calcium; total
CPT-I	82330	Calcium; ionized

Type of Code	Code	Description
CPT-I	82331	Calcium; after calcium infusion test
CPT-I	82340	Calcium; urine quantitative, timed specimen
CPT-I	82355	Calculus; qualitative analysis
CPT-I	82360	Calculus; quantitative analysis, chemical
CPT-I	82365	Calculus; infrared spectroscopy
CPT-I	82370	Calculus; X-ray diffraction
CPT-I	82373	Carbohydrate deficient transferrin
CPT-I	82374	Carbon dioxide (bicarbonate)
CPT-I	82375	Carboxyhemoglobin; quantitative
CPT-I	82376	Carboxyhemoglobin; qualitative
CPT-I	82378	Carcinoembryonic antigen (CEA)
CPT-I	82379	Carnitine (total and free), quantitative, each specimen
CPT-I	82380	Carotene
CPT-I	82382	Catecholamines; total urine
CPT-I	82383	Catecholamines; blood
CPT-I	82384	Catecholamines; fractionated
CPT-I	82387	Cathepsin-D
CPT-I	82390	Ceruloplasmin
CPT-I	82397	Chemiluminescent assay
CPT-I	82415	Chloramphenicol
CPT-I	82435	Chloride; blood
CPT-I	82436	Chloride; urine
CPT-I	82438	Chloride; other source
CPT-I	82441	Chlorinated hydrocarbons, screen
CPT-I	82465	Cholesterol, serum or whole blood, total
CPT-I	82480	Cholinesterase; serum

Type of Code	Code	Description
CPT-I	82482	Cholinesterase; RBC
CPT-I	82485	Chondroitin B sulfate, quantitative
CPT-I	82495	Chromium
CPT-I	82507	Citrate
CPT-I	82523	Collagen cross links, any method
CPT-I	82525	Copper
CPT-I	82528	Corticosterone
CPT-I	82530	Cortisol; free
CPT-I	82533	Cortisol; total
CPT-I	82540	Creatine
CPT-I	82542	Column chromatography, includes mass spectrometry, if performed (eg, HPLC, LC, LC/MS, LC/MS-MS, GC, GC/MS-MS, GC/MS, HPLC/MS), non-drug analyte(s) not elsewhere specified, qualitative or quantitative, each specimen
CPT-I	82550	Creatine kinase (CK), (CPK); total
CPT-I	82552	Creatine kinase (CK), (CPK); isoenzymes
CPT-I	82553	Creatine kinase (CK), (CPK); MB fraction only
CPT-I	82554	Creatine kinase (CK), (CPK); isoforms
CPT-I	82565	Creatinine; blood
CPT-I	82570	Creatinine; other source
CPT-I	82575	Creatinine; clearance
CPT-I	82585	Cryofibrinogen
CPT-I	82595	Cryoglobulin, qualitative or semi-quantitative (eg, cryocrit)
CPT-I	82600	Cyanide
CPT-I	82607	Cyanocobalamin (Vitamin B-12)

Type of Code	Code	Description
CPT-I	82608	Cyanocobalamin (Vitamin B-12); unsaturated binding capacity
CPT-I	82610	Cystatin C
CPT-I	82615	Cystine and homocystine, urine, qualitative
CPT-I	82626	Dehydroepiandrosterone (DHEA)
CPT-I	82627	Dehydroepiandrosterone-sulfate (DHEA-S)
CPT-I	82633	Desoxycorticosterone, 11-
CPT-I	82634	Deoxycortisol, 11-
CPT-I	82638	Dibucaine number
CPT-I	82642	Dihydrotestosterone (DHT)
CPT-I	82652	Vitamin D; 1, 25 dihydroxy, includes fraction(s), if performed
CPT-I	82656	Elastase, pancreatic (EL-1), fecal; qualitative or semi-quantitative
CPT-I	82657	Enzyme activity in blood cells, cultured cells, or tissue, not elsewhere specified; nonradioactive substrate, each specimen
CPT-I	82658	Enzyme activity in blood cells, cultured cells, or tissue, not elsewhere specified; radioactive substrate, each specimen
CPT-I	82664	Electrophoretic technique, not elsewhere specified
CPT-I	82668	Erythropoietin
CPT-I	82670	Estradiol; total
CPT-I	82671	Estrogens; fractionated
CPT-I	82672	Estrogens; total
CPT-I	82677	Estriol
CPT-I	82679	Estrone

Type of Code	Code	Description
CPT-I	82681	Estradiol; free, direct measurement (eg, equilibrium dialysis)
CPT-I	82693	Ethylene glycol
CPT-I	82696	Etiocholanolone
CPT-I	82705	Fat or lipids, feces; qualitative
CPT-I	82710	Fat or lipids, feces; quantitative
CPT-I	82715	Fat differential, feces, quantitative
CPT-I	82725	Fatty acids, nonesterified
CPT-I	82726	Very long chain fatty acids
CPT-I	82728	Ferritin
CPT-I	82731	Fetal fibronectin, cervicovaginal secretions, semi-quantitative
CPT-I	82735	Fluoride
CPT-I	82746	Folic acid; serum
CPT-I	82747	Folic acid; RBC
CPT-I	82757	Fructose, semen
CPT-I	82759	Galactokinase, RBC
CPT-I	82760	Galactose
CPT-I	82775	Galactose-1-phosphate uridyl transferase; quantitative
CPT-I	82776	Galactose-1-phosphate uridyl transferase; screen
CPT-I	82777	Galectin-3
CPT-I	82784	Gammaglobulin (immunoglobulin); IgA, IgD, IgG, IgM, each
CPT-I	82787	Gammaglobulin (immunoglobulin); immunoglobulin subclasses (eg, IgG1, 2, 3, or 4), each
CPT-I	82800	Gases, blood, pH only

Type of Code	Code	Description
CPT-I	82803	Gases, blood, any combination of pH, pCO2, pO2, CO2, HCO3 (including calculated O2 saturation)
CPT-I	82805	Gases, blood, any combination of pH, pCO2, pO2, CO2, HCO3 (including calculated O2 saturation); with O2 saturation, by direct measurement, except pulse oximetry
CPT-I	82810	Gases, blood, O2 saturation only, by direct measurement, except pulse oximetry
CPT-I	82820	Hemoglobin-oxygen affinity (pO2 for 50% hemoglobin saturation with oxygen)
CPT-I	82930	Gastric acid analysis, includes pH if performed, each specimen
CPT-I	82938	Gastrin after secretin stimulation
CPT-I	82941	Gastrin
CPT-I	82943	Glucagon
CPT-I	82945	Glucose, body fluid, other than blood
CPT-I	82946	Glucagon tolerance test
CPT-I	82947	Glucose; quantitative, blood (except reagent strip)
CPT-I	82948	Glucose; blood, reagent strip
CPT-I	82950	Glucose; post glucose dose (includes glucose)
CPT-I	82951	Glucose; tolerance test (GTT), 3 specimens (includes glucose)
CPT-I	82952	Glucose; tolerance test, each additional beyond 3 specimens (List separately in addition to code for primary procedure)
CPT-I	82955	Glucose-6-phosphate dehydrogenase (G6PD); quantitative
CPT-I	82960	Glucose-6-phosphate dehydrogenase (G6PD); screen

Type of Code	Code	Description
CPT-I	82962	Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically for home use
CPT-I	82963	Glucosidase, beta
CPT-I	82965	Glutamate dehydrogenase
CPT-I	82977	Glutamyltransferase, gamma (GGT)
CPT-I	82978	Glutathione
CPT-I	82979	Glutathione reductase, RBC
CPT-I	82985	Glycated protein
CPT-I	83001	Gonadotropin; follicle stimulating hormone (FSH)
CPT-I	83002	Gonadotropin; luteinizing hormone (LH)
CPT-I	83003	Growth hormone, human (HGH) (somatotropin)
CPT-I	83009	Helicobacter pylori, blood test analysis for urease activity, non-radioactive isotope (eg, C-13)
CPT-I	83010	Haptoglobin; quantitative
CPT-I	83012	Haptoglobin; phenotypes
CPT-I	83013	Helicobacter pylori; breath test analysis for urease activity, non-radioactive isotope (eg, C-13)
CPT-I	83014	Helicobacter pylori; drug administration
CPT-I	83015	Heavy metal (eg, arsenic, barium, beryllium, bismuth, antimony, mercury); qualitative, any number of analytes
CPT-I	83018	Heavy metal (eg, arsenic, barium, beryllium, bismuth, antimony, mercury); quantitative, each, not elsewhere specified
CPT-I	83020	Hemoglobin fractionation and quantitation; electrophoresis (eg, A2, S, C, and/or F)
CPT-I	83021	Hemoglobin fractionation and quantitation; chromatography (eg, A2, S, C, and/or F)

Type of Code	Code	Description
CPT-I	83026	Hemoglobin; by copper sulfate method, non-automated
CPT-I	83030	Hemoglobin; F (fetal), chemical
CPT-I	83033	Hemoglobin; F (fetal), qualitative
CPT-I	83036	Hemoglobin; glycosylated (A1C)
CPT-I	83045	Hemoglobin; methemoglobin, qualitative
CPT-I	83050	Hemoglobin; methemoglobin, quantitative
CPT-I	83051	Hemoglobin; plasma
CPT-I	83060	Hemoglobin; sulfhemoglobin, quantitative
CPT-I	83065	Hemoglobin; thermolabile
CPT-I	83068	Hemoglobin; unstable, screen
CPT-I	83069	Hemoglobin; urine
CPT-I	83070	Hemosiderin, qualitative
CPT-I	83080	b-Hexosaminidase, each assay
CPT-I	83088	Histamine
CPT-I	83090	Homocysteine
CPT-I	83150	Homovanillic acid (HVA)
CPT-I	83491	Hydroxycorticosteroids, 17- (17-OHCS)
CPT-I	83497	Hydroxyindolacetic acid, 5-(HIAA)
CPT-I	83498	Hydroxyprogesterone, 17-d
CPT-I	83500	Hydroxyproline; free
CPT-I	83505	Hydroxyproline; total
CPT-I	83516	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, multiple step method
CPT-I	83518	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, single step method (eg, reagent strip)

Type of Code	Code	Description
CPT-I	83519	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, by radioimmunoassay (eg, RIA)
CPT-I	83520	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, not otherwise specified
CPT-I	83521	Immunoglobulin light chains (ie, kappa, lambda), free, each
CPT-I	83525	Insulin; total
CPT-I	83527	Insulin; free
CPT-I	83528	Intrinsic factor
CPT-I	83529	Interleukin-6 (IL-6)
CPT-I	83540	Iron
CPT-I	83550	Iron binding capacity
CPT-I	83570	Isocitric dehydrogenase (IDH)
CPT-I	83582	Ketogenic steroids, fractionation
CPT-I	83586	Ketosteroids, 17- (17-KS); total
CPT-I	83593	Ketosteroids, 17- (17-KS); fractionation
CPT-I	83605	Lactate (lactic acid)
CPT-I	83615	Lactate dehydrogenase (LD), (LDH)
CPT-I	83625	Lactate dehydrogenase (LD), (LDH); isoenzymes, separation and quantitation
CPT-I	83630	Lactoferrin, fecal; qualitative
CPT-I	83631	Lactoferrin, fecal; quantitative
CPT-I	83632	Lactogen, human placental (HPL) human chorionic somatomammotropin
CPT-I	83633	Lactose, urine, qualitative

Type of Code	Code	Description
CPT-I	83655	Lead
CPT-I	83661	Fetal lung maturity assessment; lecithin sphingomyelin (L/S) ratio
CPT-I	83662	Fetal lung maturity assessment; foam stability test
CPT-I	83663	Fetal lung maturity assessment; fluorescence polarization
CPT-I	83664	Fetal lung maturity assessment; lamellar body density
CPT-I	83670	Leucine aminopeptidase (LAP)
CPT-I	83690	Lipase
CPT-I	83695	Lipoprotein (a)
CPT-I	83700	Lipoprotein, blood; electrophoretic separation and quantitation
CPT-I	83701	Lipoprotein, blood; high resolution fractionation and quantitation of lipoproteins including lipoprotein subclasses when performed (eg, electrophoresis, ultracentrifugation)
CPT-I	83704	Lipoprotein, blood; quantitation of lipoprotein particle number(s) (eg, by nuclear magnetic resonance spectroscopy), includes lipoprotein particle subclass(es), when performed
CPT-I	83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)
CPT-I	83719	Lipoprotein, direct measurement; VLDL cholesterol
CPT-I	83721	Lipoprotein, direct measurement; LDL cholesterol
CPT-I	83722	Lipoprotein, direct measurement; small dense LDL cholesterol
CPT-I	83727	Luteinizing releasing factor (LRH)
CPT-I	83735	Magnesium

Type of Code	Code	Description
CPT-I	83775	Malate dehydrogenase
CPT-I	83785	Manganese
CPT-I	83789	Mass spectrometry and tandem mass spectrometry (eg, MS, MS/MS, MALDI, MS-TOF, QTOF), non-drug analyte(s) not elsewhere specified, qualitative or quantitative, each specimen
CPT-I	83825	Mercury, quantitative
CPT-I	83835	Metanephrines
CPT-I	83857	Methemalbumin
CPT-I	83861	Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolarity
CPT-I	83864	Mucopolysaccharides, acid, quantitative
CPT-I	83872	Mucin, synovial fluid (Ropes test)
CPT-I	83873	Myelin basic protein, cerebrospinal fluid
CPT-I	83874	Myoglobin
CPT-I	83880	Natriuretic peptide
CPT-I	83883	Nephelometry, each analyte not elsewhere specified
CPT-I	83885	Nickel
CPT-I	83915	Nucleotidase 5'-
CPT-I	83916	Oligoclonal immune (oligoclonal bands)
CPT-I	83918	Organic acids; total, quantitative, each specimen
CPT-I	83919	Organic acids; qualitative, each specimen
CPT-I	83921	Organic acid, single, quantitative
CPT-I	83930	Osmolality; blood
CPT-I	83935	Osmolality; urine
CPT-I	83937	Osteocalcin (bone g1a protein)
CPT-I	83945	Oxalate

Type of Code	Code	Description
CPT-I	83950	Oncoprotein; HER-2/neu
CPT-I	83951	Oncoprotein; des-gamma-carboxy-prothrombin (DCP)
CPT-I	83970	Parathormone (parathyroid hormone)
CPT-I	83986	pH; body fluid, not otherwise specified
CPT-I	83987	pH; exhaled breath condensate
CPT-I	83992	Phencyclidine (PCP)
CPT-I	83993	Calprotectin, fecal
CPT-I	84030	Phenylalanine (PKU), blood
CPT-I	84035	Phenylketones, qualitative
CPT-I	84060	Phosphatase, acid; total
CPT-I	84066	Phosphatase, acid; prostatic
CPT-I	84075	Phosphatase, alkaline
CPT-I	84078	Phosphatase, alkaline; heat stable (total not included)
CPT-I	84080	Phosphatase, alkaline; isoenzymes
CPT-I	84081	Phosphatidylglycerol
CPT-I	84085	Phosphogluconate, 6-, dehydrogenase, RBC
CPT-I	84087	Phosphohexose isomerase
CPT-I	84100	Phosphorus inorganic (phosphate)
CPT-I	84105	Phosphorus inorganic (phosphate); urine
CPT-I	84106	Porphobilinogen, urine; qualitative
CPT-I	84110	Porphobilinogen, urine; quantitative
CPT-I	84112	Evaluation of cervicovaginal fluid for specific amniotic fluid protein(s) (eg, placental alpha microglobulin-1 [PAMG-1], placental protein 12 [PP12], alpha-fetoprotein), qualitative, each specimen
CPT-I	84119	Porphyrins, urine; qualitative
CPT-I	84120	Porphyrins, urine; quantitation and fractionation

Type of Code	Code	Description
CPT-I	84126	Porphyrins, feces, quantitative
CPT-I	84132	Potassium; serum, plasma or whole blood
CPT-I	84133	Potassium; urine
CPT-I	84134	Prealbumin
CPT-I	84135	Pregnanediol
CPT-I	84138	Pregnanetriol
CPT-I	84140	Pregnenolone
CPT-I	84143	17-hydroxypregnenolone
CPT-I	84144	Progesterone
CPT-I	84145	Procalcitonin (PCT)
CPT-I	84146	Prolactin
CPT-I	84150	Prostaglandin, each
CPT-I	84152	Prostate specific antigen (PSA); complexed (direct measurement)
CPT-I	84153	Prostate specific antigen (PSA); total
CPT-I	84154	Prostate specific antigen (PSA); free
CPT-I	84155	Protein, total, except by refractometry; serum, plasma or whole blood
CPT-I	84156	Protein, total, except by refractometry; urine
CPT-I	84157	Protein, total, except by refractometry; other source (eg, synovial fluid, cerebrospinal fluid)
CPT-I	84160	Protein, total, by refractometry, any source
CPT-I	84163	Pregnancy-associated plasma protein-A (PAPP-A)
CPT-I	84165	Protein; electrophoretic fractionation and quantitation, serum
CPT-I	84166	Protein; electrophoretic fractionation and quantitation, other fluids with concentration (eg, urine, CSF)

Type of Code	Code	Description
CPT-I	84181	Protein; Western Blot, with interpretation and report, blood or other body fluid
CPT-I	84182	Protein; Western Blot, with interpretation and report, blood or other body fluid, immunological probe for band identification, each
CPT-I	84202	Protoporphyrin, RBC; quantitative
CPT-I	84203	Protoporphyrin, RBC; screen
CPT-I	84206	Proinsulin
CPT-I	84207	Pyridoxal phosphate (Vitamin B-6)
CPT-I	84210	Pyruvate
CPT-I	84220	Pyruvate kinase
CPT-I	84228	Quinine
CPT-I	84233	Receptor assay; estrogen
CPT-I	84234	Receptor assay; progesterone
CPT-I	84235	Receptor assay; endocrine, other than estrogen or progesterone (specify hormone)
CPT-I	84238	Receptor assay; non-endocrine (specify receptor)
CPT-I	84244	Renin
CPT-I	84252	Riboflavin (Vitamin B-2)
CPT-I	84255	Selenium
CPT-I	84260	Serotonin
CPT-I	84270	Sex hormone binding globulin (SHBG)
CPT-I	84275	Sialic acid
CPT-I	84285	Silica
CPT-I	84295	Sodium; serum, plasma or whole blood
CPT-I	84300	Sodium; urine
CPT-I	84302	Sodium; other source

Type of Code	Code	Description
CPT-I	84305	Somatomedin
CPT-I	84307	Somatostatin
CPT-I	84311	Spectrophotometry, analyte not elsewhere specified
CPT-I	84315	Specific gravity (except urine)
CPT-I	84375	Sugars, chromatographic, TLC or paper chromatography
CPT-I	84376	Sugars (mono-, di-, and oligosaccharides); single qualitative, each specimen
CPT-I	84377	Sugars (mono-, di-, and oligosaccharides); multiple qualitative, each specimen
CPT-I	84378	Sugars (mono-, di-, and oligosaccharides); single quantitative, each specimen
CPT-I	84379	Sugars (mono-, di-, and oligosaccharides); multiple quantitative, each specimen
CPT-I	84392	Sulfate, urine
CPT-I	84402	Testosterone; free
CPT-I	84403	Testosterone; total
CPT-I	84410	Testosterone; bioavailable, direct measurement (eg, differential precipitation)
CPT-I	84425	Thiamine (Vitamin B-1)
CPT-I	84430	Thiocyanate
CPT-I	84431	Thromboxane metabolite(s), including thromboxane if performed, urine
CPT-I	84432	Thyroglobulin
CPT-I	84433	Thiopurine S-methyltransferase (TPMT)
CPT-I	84436	Thyroxine; total
CPT-I	84437	Thyroxine; requiring elution (eg, neonatal)
CPT-I	84439	Thyroxine; free

Type of Code	Code	Description
CPT-I	84442	Thyroxine binding globulin (TBG)
CPT-I	84443	Thyroid stimulating hormone (TSH)
CPT-I	84445	Thyroid stimulating immune globulins (TSI)
CPT-I	84446	Tocopherol alpha (Vitamin E)
CPT-I	84449	Transcortin (cortisol binding globulin)
CPT-I	84450	Transferase; aspartate amino (AST) (SGOT)
CPT-I	84460	Transferase; alanine amino (ALT) (SGPT)
CPT-I	84466	Transferrin
CPT-I	84478	Triglycerides
CPT-I	84479	Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR)
CPT-I	84480	Triiodothyronine T3; total (TT-3)
CPT-I	84481	Triiodothyronine T3; free
CPT-I	84482	Triiodothyronine T3; reverse
CPT-I	84484	Troponin, quantitative
CPT-I	84485	Trypsin; duodenal fluid
CPT-I	84488	Trypsin; feces, qualitative
CPT-I	84490	Trypsin; feces, quantitative, 24-hour collection
CPT-I	84510	Tyrosine
CPT-I	84512	Troponin, qualitative
CPT-I	84520	Urea nitrogen; quantitative
CPT-I	84525	Urea nitrogen; semiquantitative (eg, reagent strip test)
CPT-I	84540	Urea nitrogen, urine
CPT-I	84545	Urea nitrogen, clearance
CPT-I	84550	Uric acid; blood
CPT-I	84560	Uric acid; other source
CPT-I	84577	Urobilinogen, feces, quantitative

Type of Code	Code	Description
CPT-I	84578	Urobilinogen, urine; qualitative
CPT-I	84580	Urobilinogen, urine; quantitative, timed specimen
CPT-I	84583	Urobilinogen, urine; semiquantitative
CPT-I	84585	Vanillylmandelic acid (VMA), urine
CPT-I	84586	Vasoactive intestinal peptide (VIP)
CPT-I	84588	Vasopressin (antidiuretic hormone, ADH)
CPT-I	84590	Vitamin A
CPT-I	84591	Vitamin, not otherwise specified
CPT-I	84597	Vitamin K
CPT-I	84600	Volatiles (eg, acetic anhydride, diethylether)
CPT-I	84620	Xylose absorption test, blood and/or urine
CPT-I	84630	Zinc
CPT-I	84681	C-peptide
CPT-I	84702	Gonadotropin, chorionic (hCG); quantitative
CPT-I	84703	Gonadotropin, chorionic (hCG); qualitative
CPT-I	84704	Gonadotropin, chorionic (hCG); free beta chain
CPT-I	84830	Ovulation tests, by visual color comparison methods for human luteinizing hormone
CPT-I	85002	Bleeding time
CPT-I	85004	Blood count; automated differential WBC count
CPT-I	85007	Blood count; blood smear, microscopic examination with manual differential WBC count
CPT-I	85008	Blood count; blood smear, microscopic examination without manual differential WBC count
CPT-I	85009	Blood count; manual differential WBC count, buffy coat
CPT-I	85013	Blood count; spun microhematocrit
CPT-I	85014	Blood count; hematocrit (Hct)

Type of Code	Code	Description
CPT-I	85018	Blood count; hemoglobin (Hgb)
CPT-I	85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count
CPT-I	85027	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)
CPT-I	85032	Blood count; manual cell count (erythrocyte, leukocyte, or platelet) each
CPT-I	85041	Blood count; red blood cell (RBC), automated
CPT-I	85044	Blood count; reticulocyte, manual
CPT-I	85045	Blood count; reticulocyte, automated
CPT-I	85046	Blood count; reticulocytes, automated, including 1 or more cellular parameters (eg, reticulocyte hemoglobin content [CHr], immature reticulocyte fraction [IRF], reticulocyte volume [MRV], RNA content), direct measurement
CPT-I	85048	Blood count; leukocyte (WBC), automated
CPT-I	85049	Blood count; platelet, automated
CPT-I	85055	Reticulated platelet assay
CPT-I	85060	Blood smear, peripheral, interpretation by physician with written report
CPT-I	85097	Bone marrow, smear interpretation
CPT-I	85130	Chromogenic substrate assay
CPT-I	85170	Clot retraction
CPT-I	85175	Clot lysis time, whole blood dilution
CPT-I	85210	Clotting; factor II, prothrombin, specific
CPT-I	85220	Clotting; factor V (AcG or proaccelerin), labile factor

Type of Code	Code	Description
CPT-I	85230	Clotting; factor VII (proconvertin, stable factor)
CPT-I	85240	Clotting; factor VIII (AHG), 1-stage
CPT-I	85244	Clotting; factor VIII related antigen
CPT-I	85245	Clotting; factor VIII, VW factor, ristocetin cofactor
CPT-I	85246	Clotting; factor VIII, VW factor antigen
CPT-I	85247	Clotting; factor VIII, von Willebrand factor, multimetric analysis
CPT-I	85250	Clotting; factor IX (PTC or Christmas)
CPT-I	85260	Clotting; factor X (Stuart-Prower)
CPT-I	85270	Clotting; factor XI (PTA)
CPT-I	85280	Clotting; factor XII (Hageman)
CPT-I	85290	Clotting; factor XIII (fibrin stabilizing)
CPT-I	85291	Clotting; factor XIII (fibrin stabilizing), screen solubility
CPT-I	85292	Clotting; prekallikrein assay (Fletcher factor assay)
CPT-I	85293	Clotting; high molecular weight kininogen assay (Fitzgerald factor assay)
CPT-I	85300	Clotting inhibitors or anticoagulants; antithrombin III, activity
CPT-I	85301	Clotting inhibitors or anticoagulants; antithrombin III, antigen assay
CPT-I	85302	Clotting inhibitors or anticoagulants; protein C, antigen
CPT-I	85303	Clotting inhibitors or anticoagulants; protein C, activity
CPT-I	85305	Clotting inhibitors or anticoagulants; protein S, total
CPT-I	85306	Clotting inhibitors or anticoagulants; protein S, free
CPT-I	85307	Activated Protein C (APC) resistance assay
CPT-I	85335	Factor inhibitor test
CPT-I	85337	Thrombomodulin

Type of Code	Code	Description
CPT-I	85345	Coagulation time; Lee and White
CPT-I	85347	Coagulation time; activated
CPT-I	85348	Coagulation time; other methods
CPT-I	85360	Euglobulin lysis
CPT-I	85362	Fibrin(ogen) degradation (split) products (FDP) (FSP); agglutination slide, semiquantitative
CPT-I	85366	Fibrin(ogen) degradation (split) products (FDP) (FSP); paracoagulation
CPT-I	85370	Fibrin(ogen) degradation (split) products (FDP) (FSP); quantitative
CPT-I	85378	Fibrin degradation products, D-dimer; qualitative or semiquantitative
CPT-I	85379	Fibrin degradation products, D-dimer; quantitative
CPT-I	85380	Fibrin degradation products, D-dimer; ultrasensitive (eg, for evaluation for venous thromboembolism), qualitative or semiquantitative
CPT-I	85384	Fibrinogen; activity
CPT-I	85385	Fibrinogen; antigen
CPT-I	85390	Fibrinolysins or coagulopathy screen, interpretation and report
CPT-I	85396	Coagulation/fibrinolysis assay, whole blood (eg, viscoelastic clot assessment), including use of any pharmacologic additive(s), as indicated, including interpretation and written report, per day
CPT-I	85397	Coagulation and fibrinolysis, functional activity, not otherwise specified (eg, ADAMTS-13), each analyte
CPT-I	85400	Fibrinolytic factors and inhibitors; plasmin
CPT-I	85410	Fibrinolytic factors and inhibitors; alpha-2 antiplasmin

Type of Code	Code	Description
CPT-I	85415	Fibrinolytic factors and inhibitors; plasminogen activator
CPT-I	85420	Fibrinolytic factors and inhibitors; plasminogen, except antigenic assay
CPT-I	85421	Fibrinolytic factors and inhibitors; plasminogen, antigenic assay
CPT-I	85441	Heinz bodies; direct
CPT-I	85445	Heinz bodies; induced, acetyl phenylhydrazine
CPT-I	85460	Hemoglobin or RBCs, fetal, for fetomaternal hemorrhage; differential lysis (Kleihauer-Betke)
CPT-I	85461	Hemoglobin or RBCs, fetal, for fetomaternal hemorrhage; rosette
CPT-I	85475	Hemolysin, acid
CPT-I	85520	Heparin assay
CPT-I	85525	Heparin neutralization
CPT-I	85530	Heparin-protamine tolerance test
CPT-I	85536	Iron stain, peripheral blood
CPT-I	85540	Leukocyte alkaline phosphatase with count
CPT-I	85547	Mechanical fragility, RBC
CPT-I	85549	Muramidase
CPT-I	85555	Osmotic fragility, RBC; unincubated
CPT-I	85557	Osmotic fragility, RBC; incubated
CPT-I	85576	Platelet, aggregation (in vitro), each agent
CPT-I	85597	Phospholipid neutralization; platelet
CPT-I	85598	Phospholipid neutralization; hexagonal phospholipid
CPT-I	85610	Prothrombin time
CPT-I	85611	Prothrombin time; substitution, plasma fractions, each
CPT-I	85612	Russell viper venom time (includes venom); undiluted

Type of Code	Code	Description
CPT-I	85613	Russell viper venom time (includes venom); diluted
CPT-I	85635	Reptilase test
CPT-I	85651	Sedimentation rate, erythrocyte; non-automated
CPT-I	85652	Sedimentation rate, erythrocyte; automated
CPT-I	85660	Sickling of RBC, reduction
CPT-I	85670	Thrombin time; plasma
CPT-I	85675	Thrombin time; titer
CPT-I	85705	Thromboplastin inhibition, tissue
CPT-I	85730	Thromboplastin time, partial (PTT); plasma or whole blood
CPT-I	85732	Thromboplastin time, partial (PTT); substitution, plasma fractions, each
CPT-I	85810	Viscosity
CPT-I	86000	Agglutinins, febrile (eg, Brucella, Francisella, Murine typhus, Q fever, Rocky Mountain spotted fever, scrub typhus), each antigen
CPT-I	86015	Actin (smooth muscle) antibody (ASMA), each
CPT-I	86021	Antibody identification; leukocyte antibodies
CPT-I	86022	Antibody identification; platelet antibodies
CPT-I	86023	Antibody identification; platelet associated immunoglobulin assay
CPT-I	86036	Antineutrophil cytoplasmic antibody (ANCA); screen, each antibody
CPT-I	86037	Antineutrophil cytoplasmic antibody (ANCA); titer, each antibody
CPT-I	86038	Antinuclear antibodies (ANA)
CPT-I	86039	Antinuclear antibodies (ANA); titer

Type of Code	Code	Description
CPT-I	86051	Aquaporin-4 (neuromyelitis optica [NMO]) antibody; enzyme-linked immunosorbent immunoassay (ELISA)
CPT-I	86052	Aquaporin-4 (neuromyelitis optica [NMO]) antibody; cell-based immunofluorescence assay (CBA), each
CPT-I	86053	Aquaporin-4 (neuromyelitis optica [NMO]) antibody; flow cytometry (ie, fluorescence-activated cell sorting [FACS]), each
CPT-I	86060	Antistreptolysin 0; titer
CPT-I	86063	Antistreptolysin 0; screen
CPT-I	86077	Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report
CPT-I	86078	Blood bank physician services; investigation of transfusion reaction including suspicion of transmissible disease, interpretation and written report
CPT-I	86079	Blood bank physician services; authorization for deviation from standard blood banking procedures (eg, use of outdated blood, transfusion of Rh incompatible units), with written report
CPT-I	86140	C-reactive protein
CPT-I	86141	C-reactive protein; high sensitivity (hsCRP)
CPT-I	86146	Beta 2 Glycoprotein I antibody, each
CPT-I	86147	Cardiolipin (phospholipid) antibody, each Ig class
CPT-I	86148	Anti-phosphatidylserine (phospholipid) antibody
CPT-I	86152	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood)

Type of Code	Code	Description
CPT-I	86153	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood); physician interpretation and report, when required
CPT-I	86155	Chemotaxis assay, specify method
CPT-I	86156	Cold agglutinin; screen
CPT-I	86157	Cold agglutinin; titer
CPT-I	86160	Complement; antigen, each component
CPT-I	86161	Complement; functional activity, each component
CPT-I	86162	Complement; total hemolytic (CH50)
CPT-I	86171	Complement fixation tests, each antigen
CPT-I	86200	Cyclic citrullinated peptide (CCP), antibody
CPT-I	86215	Deoxyribonuclease, antibody
CPT-I	86225	Deoxyribonucleic acid (DNA) antibody; native or double stranded
CPT-I	86226	Deoxyribonucleic acid (DNA) antibody; single stranded
CPT-I	86231	Endomysial antibody (EMA), each immunoglobulin (Ig) class
CPT-I	86235	Extractable nuclear antigen, antibody to, any method (eg, nRNP, SS-A, SS-B, Sm, RNP, Sc170, J01), each antibody
CPT-I	86255	Fluorescent noninfectious agent antibody; screen, each antibody
CPT-I	86256	Fluorescent noninfectious agent antibody; titer, each antibody
CPT-I	86258	Gliadin (deamidated) (DGP) antibody, each immunoglobulin (Ig) class

Type of Code	Code	Description
CPT-I	86277	Growth hormone, human (HGH), antibody
CPT-I	86280	Hemagglutination inhibition test (HAI)
CPT-I	86294	Immunoassay for tumor antigen, qualitative or semiquantitative (eg, bladder tumor antigen)
CPT-I	86300	Immunoassay for tumor antigen, quantitative; CA 15-3 (27.29)
CPT-I	86301	Immunoassay for tumor antigen, quantitative; CA 19-9
CPT-I	86304	Immunoassay for tumor antigen, quantitative; CA 125
CPT-I	86305	Human epididymis protein 4 (HE4)
CPT-I	86308	Heterophile antibodies; screening
CPT-I	86309	Heterophile antibodies; titer
CPT-I	86310	Heterophile antibodies; titers after absorption with beef cells and guinea pig kidney
CPT-I	86316	Immunoassay for tumor antigen, other antigen, quantitative (eg, CA 50, 72-4, 549), each
CPT-I	86317	Immunoassay for infectious agent antibody, quantitative, not otherwise specified
CPT-I	86318	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single-step method (eg, reagent strip)
CPT-I	86320	Immunoelectrophoresis; serum
CPT-I	86325	Immunoelectrophoresis; other fluids (eg, urine, cerebrospinal fluid) with concentration
CPT-I	86327	Immunoelectrophoresis; crossed (2-dimensional assay)

Type of Code	Code	Description
CPT-I-COVID	86328	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single-step method (eg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
CPT-I	86329	Immunodiffusion; not elsewhere specified
CPT-I	86331	Immunodiffusion; gel diffusion, qualitative (Ouchterlony), each antigen or antibody
CPT-I	86332	Immune complex assay
CPT-I	86334	Immunofixation electrophoresis; serum
CPT-I	86335	Immunofixation electrophoresis; other fluids with concentration (eg, urine, CSF)
CPT-I	86336	Inhibin A
CPT-I	86337	Insulin antibodies
CPT-I	86340	Intrinsic factor antibodies
CPT-I	86341	Islet cell antibody
CPT-I	86343	Leukocyte histamine release test (LHR)
CPT-I	86344	Leukocyte phagocytosis
CPT-I	86352	Cellular function assay involving stimulation (eg, mitogen or antigen) and detection of biomarker (eg, ATP)
CPT-I	86353	Lymphocyte transformation, mitogen (phytomitogen) or antigen induced blastogenesis
CPT-I	86355	B cells, total count
CPT-I	86356	Mononuclear cell antigen, quantitative (eg, flow cytometry), not otherwise specified, each antigen
CPT-I	86357	Natural killer (NK) cells, total count
CPT-I	86359	T cells; total count

Type of Code	Code	Description
CPT-I	86360	T cells; absolute CD4 and CD8 count, including ratio
CPT-I	86361	T cells; absolute CD4 count
CPT-I	86362	Myelin oligodendrocyte glycoprotein (MOG-IgG1) antibody; cell-based immunofluorescence assay (CBA), each
CPT-I	86363	Myelin oligodendrocyte glycoprotein (MOG-IgG1) antibody; flow cytometry (ie, fluorescence-activated cell sorting [FACS]), each
CPT-I	86364	Tissue transglutaminase, each immunoglobulin (Ig) class
CPT-I	86367	Stem cells (ie, CD34), total count
CPT-I	86376	Microsomal antibodies (eg, thyroid or liver-kidney), each
CPT-I	86381	Mitochondrial antibody (eg, M2), each
CPT-I	86382	Neutralization test, viral
CPT-I	86384	Nitroblue tetrazolium dye test (NTD)
CPT-I	86386	Nuclear Matrix Protein 22 (NMP22), qualitative
CPT-I	86403	Particle agglutination; screen, each antibody
CPT-I	86406	Particle agglutination; titer, each antibody
CPT-I-COVID	86408	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); screen
CPT-I-COVID	86409	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); titer
CPT-I-COVID	86413	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative
CPT-I	86430	Rheumatoid factor; qualitative

Type of Code	Code	Description
CPT-I	86431	Rheumatoid factor; quantitative
CPT-I	86480	Tuberculosis test, cell mediated immunity antigen response measurement; gamma interferon
CPT-I	86481	Tuberculosis test, cell mediated immunity antigen response measurement; enumeration of gamma interferon-producing T-cells in cell suspension
CPT-I	86485	Skin test; candida
CPT-I	86486	Skin test; unlisted antigen, each
CPT-I	86490	Skin test; coccidioidomycosis
CPT-I	86510	Skin test; histoplasmosis
CPT-I	86580	Skin test; tuberculosis, intradermal
CPT-I	86590	Streptokinase, antibody
CPT-I	86592	Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART)
CPT-I	86593	Syphilis test, non-treponemal antibody; quantitative
CPT-I	86596	Voltage-gated calcium channel antibody, each
CPT-I	86602	Antibody; actinomyces
CPT-I	86603	Antibody; adenovirus
CPT-I	86606	Antibody; Aspergillus
CPT-I	86609	Antibody; bacterium, not elsewhere specified
CPT-I	86611	Antibody; Bartonella
CPT-I	86612	Antibody; Blastomyces
CPT-I	86615	Antibody; Bordetella
CPT-I	86617	Antibody; Borrelia burgdorferi (Lyme disease) confirmatory test (eg, Western Blot or immunoblot)
CPT-I	86618	Antibody; Borrelia burgdorferi (Lyme disease)
CPT-I	86619	Antibody; Borrelia (relapsing fever)

Type of Code	Code	Description
CPT-I	86622	Antibody; Brucella
CPT-I	86625	Antibody; Campylobacter
CPT-I	86628	Antibody; Candida
CPT-I	86631	Antibody; Chlamydia
CPT-I	86632	Antibody; Chlamydia, IgM
CPT-I	86635	Antibody; Coccidioides
CPT-I	86638	Antibody; Coxiella burnetii (Q fever)
CPT-I	86641	Antibody; Cryptococcus
CPT-I	86644	Antibody; cytomegalovirus (CMV)
CPT-I	86645	Antibody; cytomegalovirus (CMV), IgM
CPT-I	86648	Antibody; Diphtheria
CPT-I	86651	Antibody; encephalitis, California (La Crosse)
CPT-I	86652	Antibody; encephalitis, Eastern equine
CPT-I	86653	Antibody; encephalitis, St. Louis
CPT-I	86654	Antibody; encephalitis, Western equine
CPT-I	86658	Antibody; enterovirus (eg, coxsackie, echo, polio)
CPT-I	86663	Antibody; Epstein-Barr (EB) virus, early antigen (EA)
CPT-I	86664	Antibody; Epstein-Barr (EB) virus, nuclear antigen (EBNA)
CPT-I	86665	Antibody; Epstein-Barr (EB) virus, viral capsid (VCA)
CPT-I	86666	Antibody; Ehrlichia
CPT-I	86668	Antibody; Francisella tularensis
CPT-I	86671	Antibody; fungus, not elsewhere specified
CPT-I	86674	Antibody; Giardia lamblia
CPT-I	86677	Antibody; Helicobacter pylori
CPT-I	86682	Antibody; helminth, not elsewhere specified
CPT-I	86684	Antibody; Haemophilus influenza

Type of Code	Code	Description
CPT-I	86687	Antibody; HTLV-I
CPT-I	86688	Antibody; HTLV-II
CPT-I	86689	Antibody; HTLV or HIV antibody, confirmatory test (eg, Western Blot)
CPT-I	86692	Antibody; hepatitis, delta agent
CPT-I	86694	Antibody; herpes simplex, non-specific type test
CPT-I	86695	Antibody; herpes simplex, type 1
CPT-I	86696	Antibody; herpes simplex, type 2
CPT-I	86698	Antibody; histoplasma
CPT-I	86701	Antibody; HIV-1
CPT-I	86702	Antibody; HIV-2
CPT-I	86703	Antibody; HIV-1 and HIV-2, single result
CPT-I	86704	Hepatitis B core antibody (HBcAb); total
CPT-I	86705	Hepatitis B core antibody (HBcAb); IgM antibody
CPT-I	86706	Hepatitis B surface antibody (HBsAb)
CPT-I	86707	Hepatitis Be antibody (HBeAb)
CPT-I	86708	Hepatitis A antibody (HAAb)
CPT-I	86709	Hepatitis A antibody (HAAb), IgM antibody
CPT-I	86710	Antibody; influenza virus
CPT-I	86711	Antibody; JC (John Cunningham) virus
CPT-I	86713	Antibody; Legionella
CPT-I	86717	Antibody; Leishmania
CPT-I	86720	Antibody; Leptospira
CPT-I	86723	Antibody; Listeria monocytogenes
CPT-I	86727	Antibody; lymphocytic choriomeningitis
CPT-I	86732	Antibody; mucormycosis
CPT-I	86735	Antibody; mumps

Type of Code	Code	Description
CPT-I	86738	Antibody; mycoplasma
CPT-I	86741	Antibody; Neisseria meningitidis
CPT-I	86744	Antibody; Nocardia
CPT-I	86747	Antibody; parvovirus
CPT-I	86750	Antibody; Plasmodium (malaria)
CPT-I	86753	Antibody; protozoa, not elsewhere specified
CPT-I	86756	Antibody; respiratory syncytial virus
CPT-I	86757	Antibody; Rickettsia
CPT-I	86759	Antibody; rotavirus
CPT-I	86762	Antibody; rubella
CPT-I	86765	Antibody; rubeola
CPT-I	86768	Antibody; Salmonella
CPT-I-COVID	86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
CPT-I	86771	Antibody; Shigella
CPT-I	86774	Antibody; tetanus
CPT-I	86777	Antibody; Toxoplasma
CPT-I	86778	Antibody; Toxoplasma, IgM
CPT-I	86780	Antibody; Treponema pallidum
CPT-I	86784	Antibody; Trichinella
CPT-I	86787	Antibody; varicella-zoster
CPT-I	86788	Antibody; West Nile virus, IgM
CPT-I	86789	Antibody; West Nile virus
CPT-I	86790	Antibody; virus, not elsewhere specified
CPT-I	86793	Antibody; Yersinia
CPT-I	86794	Antibody; Zika virus, IgM
CPT-I	86800	Thyroglobulin antibody

Type of Code	Code	Description
CPT-I	86803	Hepatitis C antibody
CPT-I	86804	Hepatitis C antibody; confirmatory test (eg, immunoblot)
CPT-I	86805	Lymphocytotoxicity assay, visual crossmatch; with titration
CPT-I	86806	Lymphocytotoxicity assay, visual crossmatch; without titration
CPT-I	86807	Serum screening for cytotoxic percent reactive antibody (PRA); standard method
CPT-I	86808	Serum screening for cytotoxic percent reactive antibody (PRA); quick method
CPT-I	86812	HLA typing; A, B, or C (eg, A10, B7, B27), single antigen
CPT-I	86813	HLA typing; A, B, or C, multiple antigens
CPT-I	86816	HLA typing; DR/DQ, single antigen
CPT-I	86817	HLA typing; DR/DQ, multiple antigens
CPT-I	86821	HLA typing; lymphocyte culture, mixed (MLC)
CPT-I	86825	Human leukocyte antigen (HLA) crossmatch, non-cytotoxic (eg, using flow cytometry); first serum sample or dilution
CPT-I	86826	Human leukocyte antigen (HLA) crossmatch, non-cytotoxic (eg, using flow cytometry); each additional serum sample or sample dilution (List separately in addition to primary procedure)
CPT-I	86828	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, flow cytometry); qualitative assessment of the presence or absence of antibody(ies) to HLA Class I and Class II HLA antigens

Type of Code	Code	Description
CPT-I	86829	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); qualitative assessment of the presence or absence of antibody(ies) to HLA Class I or Class II HLA antigens
CPT-I	86830	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); antibody identification by qualitative panel using complete HLA phenotypes, HLA Class I
CPT-I	86831	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); antibody identification by qualitative panel using complete HLA phenotypes, HLA Class II
CPT-I	86832	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); high definition qualitative panel for identification of antibody specificities (eg, individual antigen per bead methodology), HLA Class I
CPT-I	86833	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); high definition qualitative panel for identification of antibody specificities (eg, individual antigen per bead methodology), HLA Class II
CPT-I	86834	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); semi-quantitative panel (eg, titer), HLA Class I

Type of Code	Code	Description
CPT-I	86835	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); semi-quantitative panel (eg, titer), HLA Class II
CPT-I	86850	Antibody screen, RBC, each serum technique
CPT-I	86860	Antibody elution (RBC), each elution
CPT-I	86870	Antibody identification, RBC antibodies, each panel for each serum technique
CPT-I	86880	Antihuman globulin test (Coombs test); direct, each antiserum
CPT-I	86885	Antihuman globulin test (Coombs test); indirect, qualitative, each reagent red cell
CPT-I	86886	Antihuman globulin test (Coombs test); indirect, each antibody titer
CPT-I	86890	Autologous blood or component, collection processing and storage; predeposited
CPT-I	86891	Autologous blood or component, collection processing and storage; intra- or postoperative salvage
CPT-I	86900	Blood typing, serologic; ABO
CPT-I	86901	Blood typing, serologic; Rh (D)
CPT-I	86902	Blood typing, serologic; antigen testing of donor blood using reagent serum, each antigen test
CPT-I	86904	Blood typing, serologic; antigen screening for compatible unit using patient serum, per unit screened
CPT-I	86905	Blood typing, serologic; RBC antigens, other than ABO or Rh (D), each
CPT-I	86906	Blood typing, serologic; Rh phenotyping, complete

Type of Code	Code	Description
CPT-I	86910	Blood typing, for paternity testing, per individual; ABO, Rh and MN
CPT-I	86911	Blood typing, for paternity testing, per individual; each additional antigen system
CPT-I	86920	Compatibility test each unit; immediate spin technique
CPT-I	86921	Compatibility test each unit; incubation technique
CPT-I	86922	Compatibility test each unit; antiglobulin technique
CPT-I	86923	Compatibility test each unit; electronic
CPT-I	86927	Fresh frozen plasma, thawing, each unit
CPT-I	86930	Frozen blood, each unit; freezing (includes preparation)
CPT-I	86931	Frozen blood, each unit; thawing
CPT-I	86932	Frozen blood, each unit; freezing (includes preparation) and thawing
CPT-I	86940	Hemolysins and agglutinins; auto, screen, each
CPT-I	86941	Hemolysins and agglutinins; incubated
CPT-I	86945	Irradiation of blood product, each unit
CPT-I	86950	Leukocyte transfusion
CPT-I	86960	Volume reduction of blood or blood product (eg, red blood cells or platelets), each unit
CPT-I	86965	Pooling of platelets or other blood products
CPT-I	86970	Pretreatment of RBCs for use in RBC antibody detection, identification, and/or compatibility testing; incubation with chemical agents or drugs, each
CPT-I	86971	Pretreatment of RBCs for use in RBC antibody detection, identification, and/or compatibility testing; incubation with enzymes, each

Type of Code	Code	Description
CPT-I	86972	Pretreatment of RBCs for use in RBC antibody detection, identification, and/or compatibility testing; by density gradient separation
CPT-I	86975	Pretreatment of serum for use in RBC antibody identification; incubation with drugs, each
CPT-I	86976	Pretreatment of serum for use in RBC antibody identification; by dilution
CPT-I	86977	Pretreatment of serum for use in RBC antibody identification; incubation with inhibitors, each
CPT-I	86978	Pretreatment of serum for use in RBC antibody identification; by differential red cell absorption using patient RBCs or RBCs of known phenotype, each absorption
CPT-I	86985	Splitting of blood or blood products, each unit
CPT-I	87003	Animal inoculation, small animal, with observation and dissection
CPT-I	87015	Concentration (any type), for infectious agents
CPT-I	87040	Culture, bacterial; blood, aerobic, with isolation and presumptive identification of isolates (includes anaerobic culture, if appropriate)
CPT-I	87045	Culture, bacterial; stool, aerobic, with isolation and preliminary examination (eg, KIA, LIA), Salmonella and Shigella species
CPT-I	87046	Culture, bacterial; stool, aerobic, additional pathogens, isolation and presumptive identification of isolates, each plate

Type of Code	Code	Description
CPT-I	87070	Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates
CPT-I	87071	Culture, bacterial; quantitative, aerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool
CPT-I	87073	Culture, bacterial; quantitative, anaerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool
CPT-I	87075	Culture, bacterial; any source, except blood, anaerobic with isolation and presumptive identification of isolates
CPT-I	87076	Culture, bacterial; anaerobic isolate, additional methods required for definitive identification, each isolate
CPT-I	87077	Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate
CPT-I	87081	Culture, presumptive, pathogenic organisms, screening only
CPT-I	87084	Culture, presumptive, pathogenic organisms, screening only; with colony estimation from density chart
CPT-I	87086	Culture, bacterial; quantitative colony count, urine
CPT-I	87088	Culture, bacterial; with isolation and presumptive identification of each isolate, urine
CPT-I	87101	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; skin, hair, or nail
CPT-I	87102	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; other source (except blood)
CPT-I	87103	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; blood

Type of Code	Code	Description
CPT-I	87106	Culture, fungi, definitive identification, each organism; yeast
CPT-I	87107	Culture, fungi, definitive identification, each organism; mold
CPT-I	87109	Culture, mycoplasma, any source
CPT-I	87110	Culture, chlamydia, any source
CPT-I	87116	Culture, tubercle or other acid-fast bacilli (eg, TB, AFB, mycobacteria) any source, with isolation and presumptive identification of isolates
CPT-I	87118	Culture, mycobacterial, definitive identification, each isolate
CPT-I	87140	Culture, typing; immunofluorescent method, each antiserum
CPT-I	87143	Culture, typing; gas liquid chromatography (GLC) or high pressure liquid chromatography (HPLC) method
CPT-I	87147	Culture, typing; immunologic method, other than immunofluorescence (eg, agglutination grouping), per antiserum
CPT-I	87149	Culture, typing; identification by nucleic acid (DNA or RNA) probe, direct probe technique, per culture or isolate, each organism probed
CPT-I	87150	Culture, typing; identification by nucleic acid (DNA or RNA) probe, amplified probe technique, per culture or isolate, each organism probed
CPT-I	87152	Culture, typing; identification by pulse field gel typing
CPT-I	87153	Culture, typing; identification by nucleic acid sequencing method, each isolate (eg, sequencing of the 16S rRNA gene)

Type of Code	Code	Description
CPT-I	87154	Culture, typing; identification of blood pathogen and resistance typing, when performed, by nucleic acid (DNA or RNA) probe, multiplexed amplified probe technique including multiplex reverse transcription, when performed, per culture or isolate, 6 or more targets
CPT-I	87158	Culture, typing; other methods
CPT-I	87164	Dark field examination, any source (eg, penile, vaginal, oral, skin); includes specimen collection
CPT-I	87166	Dark field examination, any source (eg, penile, vaginal, oral, skin); without collection
CPT-I	87168	Macroscopic examination; arthropod
CPT-I	87169	Macroscopic examination; parasite
CPT-I	87172	Pinworm exam (eg, cellophane tape prep)
CPT-I	87176	Homogenization, tissue, for culture
CPT-I	87177	Ova and parasites, direct smears, concentration and identification
CPT-I	87181	Susceptibility studies, antimicrobial agent; agar dilution method, per agent (eg, antibiotic gradient strip)
CPT-I	87184	Susceptibility studies, antimicrobial agent; disk method, per plate (12 or fewer agents)
CPT-I	87185	Susceptibility studies, antimicrobial agent; enzyme detection (eg, beta lactamase), per enzyme
CPT-I	87186	Susceptibility studies, antimicrobial agent; microdilution or agar dilution (minimum inhibitory concentration [MIC] or breakpoint), each multi-antimicrobial, per plate

Type of Code	Code	Description
CPT-I	87187	Susceptibility studies, antimicrobial agent; microdilution or agar dilution, minimum lethal concentration (MLC), each plate (List separately in addition to code for primary procedure)
CPT-I	87188	Susceptibility studies, antimicrobial agent; macrobroth dilution method, each agent
CPT-I	87190	Susceptibility studies, antimicrobial agent; mycobacteria, proportion method, each agent
CPT-I	87197	Serum bactericidal titer (Schlichter test)
CPT-I	87205	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types
CPT-I	87206	Smear, primary source with interpretation; fluorescent and/or acid fast stain for bacteria, fungi, parasites, viruses or cell types
CPT-I	87207	Smear, primary source with interpretation; special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses)
CPT-I	87209	Smear, primary source with interpretation; complex special stain (eg, trichrome, iron hemotoxylin) for ova and parasites
CPT-I	87210	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)
CPT-I	87220	Tissue examination by KOH slide of samples from skin, hair, or nails for fungi or ectoparasite ova or mites (eg, scabies)
CPT-I	87230	Toxin or antitoxin assay, tissue culture (eg, Clostridium difficile toxin)

Type of Code	Code	Description
CPT-I	87250	Virus isolation; inoculation of embryonated eggs, or small animal, includes observation and dissection
CPT-I	87252	Virus isolation; tissue culture inoculation, observation, and presumptive identification by cytopathic effect
CPT-I	87253	Virus isolation; tissue culture, additional studies or definitive identification (eg, hemabsorption, neutralization, immunofluorescence stain), each isolate
CPT-I	87254	Virus isolation; centrifuge enhanced (shell vial) technique, includes identification with immunofluorescence stain, each virus
CPT-I	87255	Virus isolation; including identification by non-immunologic method, other than by cytopathic effect (eg, virus specific enzymatic activity)
CPT-I	87260	Infectious agent antigen detection by immunofluorescent technique; adenovirus
CPT-I	87265	Infectious agent antigen detection by immunofluorescent technique; Bordetella pertussis/parapertussis
CPT-I	87267	Infectious agent antigen detection by immunofluorescent technique; Enterovirus, direct fluorescent antibody (DFA)
CPT-I	87269	Infectious agent antigen detection by immunofluorescent technique; giardia
CPT-I	87270	Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis
CPT-I	87271	Infectious agent antigen detection by immunofluorescent technique; Cytomegalovirus, direct fluorescent antibody (DFA)

Type of Code	Code	Description
CPT-I	87272	Infectious agent antigen detection by immunofluorescent technique; cryptosporidium
CPT-I	87273	Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 2
CPT-I	87274	Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 1
CPT-I	87275	Infectious agent antigen detection by immunofluorescent technique; influenza B virus
CPT-I	87276	Infectious agent antigen detection by immunofluorescent technique; influenza A virus
CPT-I	87278	Infectious agent antigen detection by immunofluorescent technique; Legionella pneumophila
CPT-I	87279	Infectious agent antigen detection by immunofluorescent technique; Parainfluenza virus, each type
CPT-I	87280	Infectious agent antigen detection by immunofluorescent technique; respiratory syncytial virus
CPT-I	87281	Infectious agent antigen detection by immunofluorescent technique; Pneumocystis carinii
CPT-I	87283	Infectious agent antigen detection by immunofluorescent technique; Rubeola
CPT-I	87285	Infectious agent antigen detection by immunofluorescent technique; Treponema pallidum
CPT-I	87290	Infectious agent antigen detection by immunofluorescent technique; Varicella zoster virus
CPT-I	87299	Infectious agent antigen detection by immunofluorescent technique; not otherwise specified, each organism

Type of Code	Code	Description
CPT-I	87300	Infectious agent antigen detection by immunofluorescent technique, polyvalent for multiple organisms, each polyvalent antiserum
CPT-I	87301	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; adenovirus enteric types 40/41
CPT-I	87305	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; Aspergillus
CPT-I	87320	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; Chlamydia trachomatis
CPT-I	87324	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; Clostridium difficile toxin(s)

Type of Code	Code	Description
CPT-I	87327	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; Cryptococcus neoformans
CPT-I	87328	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; cryptosporidium
CPT-I	87329	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; giardia
CPT-I	87332	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; cytomegalovirus

Type of Code	Code	Description
CPT-I	87335	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; Escherichia coli 0157
CPT-I	87336	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; Entamoeba histolytica dispar group
CPT-I	87337	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; Entamoeba histolytica group
CPT-I	87338	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; Helicobacter pylori, stool

Type of Code	Code	Description
CPT-I	87339	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; Helicobacter pylori
CPT-I	87340	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; hepatitis B surface antigen (HBsAg)
CPT-I	87341	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; hepatitis B surface antigen (HBsAg) neutralization
CPT-I	87350	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; hepatitis Be antigen (HBeAg)

Type of Code	Code	Description
CPT-I	87380	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; hepatitis, delta agent
CPT-I	87385	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; Histoplasma capsulatum
CPT-I	87389	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result
CPT-I	87390	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; HIV-1
CPT-I	87391	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; HIV-2

Type of Code	Code	Description
CPT-I	87400	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; Influenza, A or B, each
CPT-I	87420	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; respiratory syncytial virus
CPT-I	87425	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; rotavirus
CPT-I-COVID	87426	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19])

Type of Code	Code	Description
CPT-I	87427	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; Shiga-like toxin
CPT-I-COVID	87428	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B
CPT-I	87430	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; Streptococcus, group A
CPT-I	87449	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; not otherwise specified, each organism

Type of Code	Code	Description
CPT-I	87451	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; polyvalent for multiple organisms, each polyvalent antiserum
CPT-I	87467	Hepatitis B surface antigen (HBsAg), quantitative
CPT-I	87468	Infectious agent detection by nucleic acid (DNA or RNA); Anaplasma phagocytophilum, amplified probe technique
CPT-I	87469	Infectious agent detection by nucleic acid (DNA or RNA); Babesia microti, amplified probe technique
CPT-I	87471	Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, amplified probe technique
CPT-I	87472	Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, quantification
CPT-I	87475	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia burgdorferi, direct probe technique
CPT-I	87476	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia burgdorferi, amplified probe technique
CPT-I	87478	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia miyamotoi, amplified probe technique
CPT-I	87480	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, direct probe technique
CPT-I	87481	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, amplified probe technique

Type of Code	Code	Description
CPT-I	87482	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, quantification
CPT-I	87483	Infectious agent detection by nucleic acid (DNA or RNA); central nervous system pathogen (eg, Neisseria meningitidis, Streptococcus pneumoniae, Listeria, Haemophilus influenzae, E. coli, Streptococcus agalactiae, enterovirus, human parechovirus, herpes simplex virus type 1 and 2, human herpesvirus 6, cytomegalovirus, varicella zoster virus, Cryptococcus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets
CPT-I	87484	Infectious agent detection by nucleic acid (DNA or RNA); Ehrlichia chaffeensis, amplified probe technique
CPT-I	87485	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, direct probe technique
CPT-I	87486	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, amplified probe technique
CPT-I	87487	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, quantification
CPT-I	87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique
CPT-I	87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique
CPT-I	87492	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification

Type of Code	Code	Description
CPT-I	87493	Infectious agent detection by nucleic acid (DNA or RNA); Clostridium difficile, toxin gene(s), amplified probe technique
CPT-I	87495	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, direct probe technique
CPT-I	87496	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, amplified probe technique
CPT-I	87497	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, quantification
CPT-I	87498	Infectious agent detection by nucleic acid (DNA or RNA); enterovirus, amplified probe technique, includes reverse transcription when performed
CPT-I	87500	Infectious agent detection by nucleic acid (DNA or RNA); vancomycin resistance (eg, enterococcus species van A, van B), amplified probe technique
CPT-I	87501	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, includes reverse transcription, when performed, and amplified probe technique, each type or subtype
CPT-I	87502	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, first 2 types or sub-types

Type of Code	Code	Description
CPT-I	87503	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, each additional influenza virus type or sub-type beyond 2 (List separately in addition to code for primary procedure)
CPT-I	87505	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets
CPT-I	87506	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 6-11 targets
CPT-I	87507	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets
CPT-I	87510	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, direct probe technique
CPT-I	87511	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, amplified probe technique

Type of Code	Code	Description
CPT-I	87512	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, quantification
CPT-I	87516	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, amplified probe technique
CPT-I	87517	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, quantification
CPT-I	87520	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, direct probe technique
CPT-I	87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed
CPT-I	87522	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, quantification, includes reverse transcription when performed
CPT-I	87525	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, direct probe technique
CPT-I	87526	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, amplified probe technique
CPT-I	87527	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, quantification
CPT-I	87528	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, direct probe technique
CPT-I	87529	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, amplified probe technique
CPT-I	87530	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, quantification
CPT-I	87531	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, direct probe technique

Type of Code	Code	Description
CPT-I	87532	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, amplified probe technique
CPT-I	87533	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, quantification
CPT-I	87534	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique
CPT-I	87535	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique, includes reverse transcription when performed
CPT-I	87536	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification, includes reverse transcription when performed
CPT-I	87537	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, direct probe technique
CPT-I	87538	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, amplified probe technique, includes reverse transcription when performed
CPT-I	87539	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, quantification, includes reverse transcription when performed
CPT-I	87540	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, direct probe technique
CPT-I	87541	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, amplified probe technique
CPT-I	87542	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, quantification

Type of Code	Code	Description
CPT-I	87550	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, direct probe technique
CPT-I	87551	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, amplified probe technique
CPT-I	87552	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, quantification
CPT-I	87555	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, direct probe technique
CPT-I	87556	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, amplified probe technique
CPT-I	87557	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, quantification
CPT-I	87560	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, direct probe technique
CPT-I	87561	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, amplified probe technique
CPT-I	87562	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, quantification
CPT-I	87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique
CPT-I	87580	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, direct probe technique

Type of Code	Code	Description
CPT-I	87581	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, amplified probe technique
CPT-I	87582	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, quantification
CPT-I	87590	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique
CPT-I	87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique
CPT-I	87592	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, quantification
CPT-I	87593	Infectious agent detection by nucleic acid (DNA or RNA); orthopoxvirus (eg, monkeypox virus, cowpox virus, vaccinia virus), amplified probe technique, each
CPT-I	87623	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), low-risk types (eg, 6, 11, 42, 43, 44)
CPT-I	87624	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)
CPT-I	87625	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed

Type of Code	Code	Description
CPT-I	87631	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets
CPT-I	87632	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 6-11 targets
CPT-I	87633	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets
CPT-I	87634	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique
CPT-I-COVID	87635	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique

Type of Code	Code	Description
CPT-I-COVID	87636	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique
CPT-I-COVID	87637	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique
CPT-I	87640	Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, amplified probe technique
CPT-I	87641	Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, methicillin resistant, amplified probe technique
CPT-I	87650	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, direct probe technique
CPT-I	87651	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, amplified probe technique
CPT-I	87652	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, quantification
CPT-I	87653	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group B, amplified probe technique
CPT-I	87660	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, direct probe technique

Type of Code	Code	Description
CPT-I	87661	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, amplified probe technique
CPT-I	87662	Infectious agent detection by nucleic acid (DNA or RNA); Zika virus, amplified probe technique
CPT-I	87797	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; direct probe technique, each organism
CPT-I	87798	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism
CPT-I	87799	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; quantification, each organism
CPT-I	87800	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique
CPT-I	87801	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique
CPT-I	87802	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Streptococcus, group B
CPT-I	87803	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Clostridium difficile toxin A
CPT-I	87804	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Influenza
CPT-I	87806	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies

Type of Code	Code	Description
CPT-I	87807	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; respiratory syncytial virus
CPT-I	87808	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Trichomonas vaginalis
CPT-I	87809	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; adenovirus
CPT-I	87810	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Chlamydia trachomatis
CPT-I-COVID	87811	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
CPT-I	87850	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Neisseria gonorrhoeae
CPT-I	87880	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Streptococcus, group A
CPT-I	87899	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; not otherwise specified
CPT-I	87900	Infectious agent drug susceptibility phenotype prediction using regularly updated genotypic bioinformatics

Type of Code	Code	Description
CPT-I	87901	Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV-1, reverse transcriptase and protease regions
CPT-I	87902	Infectious agent genotype analysis by nucleic acid (DNA or RNA); Hepatitis C virus
CPT-I	87903	Infectious agent phenotype analysis by nucleic acid (DNA or RNA) with drug resistance tissue culture analysis, HIV 1; first through 10 drugs tested
CPT-I	87904	Infectious agent phenotype analysis by nucleic acid (DNA or RNA) with drug resistance tissue culture analysis, HIV 1; each additional drug tested (List separately in addition to code for primary procedure)
CPT-I	87905	Infectious agent enzymatic activity other than virus (eg, sialidase activity in vaginal fluid)
CPT-I	87906	Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV-1, other region (eg, integrase, fusion)
CPT-I	87910	Infectious agent genotype analysis by nucleic acid (DNA or RNA); cytomegalovirus
CPT-I	87912	Infectious agent genotype analysis by nucleic acid (DNA or RNA); Hepatitis B virus
CPT-I	88000	Necropsy (autopsy), gross examination only; without CNS
CPT-I	88005	Necropsy (autopsy), gross examination only; with brain
CPT-I	88007	Necropsy (autopsy), gross examination only; with brain and spinal cord
CPT-I	88012	Necropsy (autopsy), gross examination only; infant with brain
CPT-I	88014	Necropsy (autopsy), gross examination only; stillborn or newborn with brain

Type of Code	Code	Description
CPT-I	88016	Necropsy (autopsy), gross examination only; macerated stillborn
CPT-I	88020	Necropsy (autopsy), gross and microscopic; without CNS
CPT-I	88025	Necropsy (autopsy), gross and microscopic; with brain
CPT-I	88027	Necropsy (autopsy), gross and microscopic; with brain and spinal cord
CPT-I	88028	Necropsy (autopsy), gross and microscopic; infant with brain
CPT-I	88029	Necropsy (autopsy), gross and microscopic; stillborn or newborn with brain
CPT-I	88036	Necropsy (autopsy), limited, gross and/or microscopic; regional
CPT-I	88037	Necropsy (autopsy), limited, gross and/or microscopic; single organ
CPT-I	88040	Necropsy (autopsy); forensic examination
CPT-I	88045	Necropsy (autopsy); coroner's call
CPT-I	88104	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation
CPT-I	88106	Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation
CPT-I	88108	Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)
CPT-I	88112	Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal

Type of Code	Code	Description
CPT-I	88120	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual
CPT-I	88121	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology
CPT-I	88125	Cytopathology, forensic (eg, sperm)
CPT-I	88130	Sex chromatin identification; Barr bodies
CPT-I	88140	Sex chromatin identification; peripheral blood smear, polymorphonuclear drumsticks
CPT-I	88141	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician
CPT-I	88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision
CPT-I	88143	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening under physician supervision
CPT-I	88147	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision
CPT-I	88148	Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening under physician supervision
CPT-I	88150	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision

Type of Code	Code	Description
CPT-I	88152	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening under physician supervision
CPT-I	88153	Cytopathology, slides, cervical or vaginal; with manual screening and rescreening under physician supervision
CPT-I	88155	Cytopathology, slides, cervical or vaginal, definitive hormonal evaluation (eg, maturation index, karyopyknotic index, estrogenic index) (List separately in addition to code[s] for other technical and interpretation services)
CPT-I	88160	Cytopathology, smears, any other source; screening and interpretation
CPT-I	88161	Cytopathology, smears, any other source; preparation, screening and interpretation
CPT-I	88162	Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains
CPT-I	88164	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision
CPT-I	88165	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision
CPT-I	88166	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision
CPT-I	88167	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision

Type of Code	Code	Description
CPT-I	88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site
CPT-I	88173	Cytopathology, evaluation of fine needle aspirate; interpretation and report
CPT-I	88174	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision
CPT-I	88175	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening or review, under physician supervision
CPT-I	88177	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site (List separately in addition to code for primary procedure)
CPT-I	88182	Flow cytometry, cell cycle or DNA analysis
CPT-I	88300	Level I - Surgical pathology, gross examination only
CPT-I	88302	Level II - Surgical pathology, gross and microscopic examination Appendix, incidental Fallopian tube, sterilization Fingers/toes, amputation, traumatic Foreskin, newborn Hernia sac, any location Hydrocele sac Nerve Skin, plastic repair Sympathetic ganglion Testis, castration Vaginal mucosa, incidental Vas deferens, sterilization

Type of Code	Code	Description
CPT-I	88304	Level III - Surgical pathology, gross and microscopic examination Abortion, induced Abscess Aneurysm - arterial/ventricular Anus, tag Appendix, other than incidental Artery, atheromatous plaque Bartholin's gland cyst Bone fragment(s), other than pathologic fracture Bursa/synovial cyst Carpal tunnel tissue Cartilage, shavings Cholesteatoma Colon, colostomy stoma Conjunctiva - biopsy/pterygium Cornea Diverticulum - esophagus/small intestine Dupuytren's contracture tissue Femoral head, other than fracture Fissure/fistula Foreskin, other than newborn Gallbladder Ganglion cyst Hematoma Hemorrhoids Hydatid of Morgagni Intervertebral disc Joint, loose body Meniscus Mucocele, salivary Neuroma - Morton's/traumatic Pilonidal cyst/sinus Polyps, inflammatory - nasal/sinusoidal Skin - cyst/tag/debridement Soft tissue, debridement Soft tissue, lipoma Spermatocele Tendon/tendon sheath Testicular appendage Thrombus or embolus Tonsil and/or adenoids Varicocele Vas deferens, other than sterilization Vein, varicosity

Type of Code	Code	Description
CPT-I	88305	Level IV - Surgical pathology, gross and microscopic examination Abortion - spontaneous/missed Artery, biopsy Bone marrow, biopsy Bone exostosis Brain/meninges, other than for tumor resection Breast, biopsy, not requiring microscopic evaluation of surgical margins Breast, reduction mammoplasty Bronchus, biopsy Cell block, any source Cervix, biopsy Colon, biopsy Duodenum, biopsy Endocervix, curettings/biopsy Endometrium, curettings/biopsy Esophagus, biopsy Extremity, amputation, traumatic Fallopian tube, biopsy Fallopian tube, ectopic pregnancy Femoral head, fracture Fingers/toes, amputation, non-traumatic Gingiva/oral mucosa, biopsy Heart valve Joint, resection Kidney, biopsy Larynx, biopsy Leiomyoma(s), uterine myomectomy - without uterus Lip, biopsy/wedge resection Lung, transbronchial biopsy Lymph node, biopsy Muscle, biopsy Nasal mucosa, biopsy Nasopharynx/oropharynx, biopsy Nerve, biopsy Odontogenic/dental cyst Omentum, biopsy Ovary with or without tube, non-neoplastic Ovary, biopsy/wedge resection Parathyroid gland Peritoneum, biopsy Pituitary tumor Placenta, other than third trimester Pleura/pericardium - biopsy/tissue Polyp, cervical/endometrial Polyp, colorectal Polyp, stomach/small intestine Prostate, needle biopsy Prostate, TUR Salivary gland, biopsy Sinus, paranasal biopsy Skin, other than cyst/tag/debridement/plastic repair Small intestine, biopsy Soft tissue, other than tumor/mass/lipoma/debridement Spleen Stomach, biopsy Synovium Testis, other than tumor/biopsy/castration Thyroglossal duct/brachial cleft cyst Tongue, biopsy Tonsil, biopsy Trachea, biopsy Ureter, biopsy Urethra, biopsy Urinary bladder, biopsy Uterus, with or without tubes and ovaries, for prolapse Vagina, biopsy Vulva/labia, biopsy

Type of Code	Code	Description
CPT-I	88307	Level V - Surgical pathology, gross and microscopic examination Adrenal, resection Bone - biopsy/curettings Bone fragment(s), pathologic fracture Brain, biopsy Brain/meninges, tumor resection Breast, excision of lesion, requiring microscopic evaluation of surgical margins Breast, mastectomy - partial/simple Cervix, conization Colon, segmental resection, other than for tumor Extremity, amputation, non-traumatic Eye, enucleation Kidney, partial/total nephrectomy Larynx, partial/total resection Liver, biopsy - needle/wedge Liver, partial resection Lung, wedge biopsy Lymph nodes, regional resection Mediastinum, mass Myocardium, biopsy Odontogenic tumor Ovary with or without tube, neoplastic Pancreas, biopsy Placenta, third trimester Prostate, except radical resection Salivary gland Sentinel lymph node Small intestine, resection, other than for tumor Soft tissue mass (except lipoma) - biopsy/simple excision Stomach - subtotal/total resection, other than for tumor Testis, biopsy Thymus, tumor Thyroid, total/lobe Ureter, resection Urinary bladder, TUR Uterus, with or without tubes and ovaries, other than neoplastic/prolapse

Type of Code	Code	Description
CPT-I	88309	Level VI - Surgical pathology, gross and microscopic examination Bone resection Breast, mastectomy - with regional lymph nodes Colon, segmental resection for tumor Colon, total resection Esophagus, partial/total resection Extremity, disarticulation Fetus, with dissection Larynx, partial/total resection - with regional lymph nodes Lung - total/lobe/segment resection Pancreas, total/subtotal resection Prostate, radical resection Small intestine, resection for tumor Soft tissue tumor, extensive resection Stomach - subtotal/total resection for tumor Testis, tumor Tongue/tonsil -resection for tumor Urinary bladder, partial/total resection Uterus, with or without tubes and ovaries, neoplastic Vulva, total/subtotal resection
CPT-I	88311	Decalcification procedure (List separately in addition to code for surgical pathology examination)
CPT-I	88312	Special stain including interpretation and report; Group I for microorganisms (eg, acid fast, methenamine silver)
CPT-I	88313	Special stain including interpretation and report; Group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry
CPT-I	88314	Special stain including interpretation and report; histochemical stain on frozen tissue block (List separately in addition to code for primary procedure)
CPT-I	88319	Special stain including interpretation and report; Group III, for enzyme constituents

Type of Code	Code	Description
CPT-I	88321	Consultation and report on referred slides prepared elsewhere
CPT-I	88323	Consultation and report on referred material requiring preparation of slides
CPT-I	88325	Consultation, comprehensive, with review of records and specimens, with report on referred material
CPT-I	88329	Pathology consultation during surgery
CPT-I	88331	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen
CPT-I	88332	Pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)
CPT-I	88333	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site
CPT-I	88334	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site (List separately in addition to code for primary procedure)
CPT-I	88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)
CPT-I	88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure
CPT-I	88344	Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure
CPT-I	88346	Immunofluorescence, per specimen; initial single antibody stain procedure

Type of Code	Code	Description
CPT-I	88348	Electron microscopy, diagnostic
CPT-I	88350	Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)
CPT-I	88355	Morphometric analysis; skeletal muscle
CPT-I	88356	Morphometric analysis; nerve
CPT-I	88358	Morphometric analysis; tumor (eg, DNA ploidy)
CPT-I	88360	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; manual
CPT-I	88361	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; using computer-assisted technology
CPT-I	88362	Nerve teasing preparations
CPT-I	88363	Examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, KRAS mutational analysis)
CPT-I	88364	In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)
CPT-I	88365	In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure
CPT-I	88366	In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure

Type of Code	Code	Description
CPT-I	88367	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure
CPT-I	88368	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure
CPT-I	88369	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)
CPT-I	88371	Protein analysis of tissue by Western Blot, with interpretation and report
CPT-I	88372	Protein analysis of tissue by Western Blot, with interpretation and report; immunological probe for band identification, each
CPT-I	88373	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)
CPT-I	88374	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure
CPT-I	88375	Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session

Type of Code	Code	Description
CPT-I	88377	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure
CPT-I	88380	Microdissection (ie, sample preparation of microscopically identified target); laser capture
CPT-I	88381	Microdissection (ie, sample preparation of microscopically identified target); manual
CPT-I	88387	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); each tissue preparation (eg, a single lymph node)
CPT-I	88388	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); in conjunction with a touch imprint, intraoperative consultation, or frozen section, each tissue preparation (eg, a single lymph node) (List separately in addition to code for primary procedure)
CPT-I	88720	Bilirubin, total, transcutaneous
CPT-I	88738	Hemoglobin (Hgb), quantitative, transcutaneous
CPT-I	88740	Hemoglobin, quantitative, transcutaneous, per day; carboxyhemoglobin
CPT-I	88741	Hemoglobin, quantitative, transcutaneous, per day; methemoglobin
CPT-I	89049	Caffeine halothane contracture test (CHCT) for malignant hyperthermia susceptibility, including interpretation and report

Type of Code	Code	Description
CPT-I	89050	Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid), except blood
CPT-I	89051	Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid), except blood; with differential count
CPT-I	89055	Leukocyte assessment, fecal, qualitative or semiquantitative
CPT-I	89060	Crystal identification by light microscopy with or without polarizing lens analysis, tissue or any body fluid (except urine)
CPT-I	89125	Fat stain, feces, urine, or respiratory secretions
CPT-I	89160	Meat fibers, feces
CPT-I	89190	Nasal smear for eosinophils
CPT-I	89220	Sputum, obtaining specimen, aerosol induced technique (separate procedure)
CPT-I	89230	Sweat collection by iontophoresis
CPT-I	90281	Immune globulin (Ig), human, for intramuscular use
CPT-I	90283	Immune globulin (IgIV), human, for intravenous use
CPT-I	90284	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each
CPT-I	90287	Botulinum antitoxin, equine, any route
CPT-I	90288	Botulism immune globulin, human, for intravenous use
CPT-I	90291	Cytomegalovirus immune globulin (CMV-IgIV), human, for intravenous use
CPT-I	90296	Diphtheria antitoxin, equine, any route
CPT-I	90371	Hepatitis B immune globulin (HBIg), human, for intramuscular use
CPT-I	90375	Rabies immune globulin (RIg), human, for intramuscular and/or subcutaneous use

Type of Code	Code	Description
CPT-I	90376	Rabies immune globulin, heat-treated (RIg-HT), human, for intramuscular and/or subcutaneous use
CPT-I	90377	Rabies immune globulin, heat- and solvent/detergent-treated (RIg-HT S/D), human, for intramuscular and/or subcutaneous use
CPT-I	90384	Rho(D) immune globulin (RhIg), human, full-dose, for intramuscular use
CPT-I	90385	Rho(D) immune globulin (RhIg), human, mini-dose, for intramuscular use
CPT-I	90386	Rho(D) immune globulin (RhIgIV), human, for intravenous use
CPT-I	90389	Tetanus immune globulin (TIg), human, for intramuscular use
CPT-I	90393	Vaccinia immune globulin, human, for intramuscular use
CPT-I	90396	Varicella-zoster immune globulin, human, for intramuscular use
CPT-I	90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered
CPT-I	90461	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure)

Type of Code	Code	Description
CPT-I	90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)
CPT-I	90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)
CPT-I	90473	Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)
CPT-I	90474	Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)
CPT-I	90476	Adenovirus vaccine, type 4, live, for oral use
CPT-I	90477	Adenovirus vaccine, type 7, live, for oral use
CPT-I	90581	Anthrax vaccine, for subcutaneous or intramuscular use
CPT-I	90584	Dengue vaccine, quadrivalent, live, 2 dose schedule, for subcutaneous use
CPT-I	90585	Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use
CPT-I	90586	Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use
CPT-I	90611	Smallpox and monkeypox vaccine, attenuated vaccinia virus, live, non-replicating, preservative free, 0.5 mL dosage, suspension, for subcutaneous use

Type of Code	Code	Description
CPT-I	90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use
CPT-I	90621	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use
CPT-I	90622	Vaccinia (smallpox) virus vaccine, live, lyophilized, 0.3 mL dosage, for percutaneous use
CPT-I	90625	Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use
CPT-I	90630	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use
CPT-I	90632	Hepatitis A vaccine (HepA), adult dosage, for intramuscular use
CPT-I	90633	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use
CPT-I	90634	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-3 dose schedule, for intramuscular use
CPT-I	90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use
CPT-I	90644	Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae type b vaccine (Hib-MenCY), 4 dose schedule, when administered to children 6 weeks-18 months of age, for intramuscular use
CPT-I	90647	Haemophilus influenzae type b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, for intramuscular use
CPT-I	90648	Haemophilus influenzae type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use

Type of Code	Code	Description
CPT-I	90649	Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule, for intramuscular use
CPT-I	90650	Human Papillomavirus vaccine, types 16, 18, bivalent (2vHPV), 3 dose schedule, for intramuscular use
CPT-I	90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use
CPT-I	90653	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use
CPT-I	90654	Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, for intradermal use
CPT-I	90655	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use
CPT-I	90656	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use
CPT-I	90657	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use
CPT-I	90658	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use
CPT-I	90660	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use
CPT-I	90661	Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use
CPT-I	90662	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use

Type of Code	Code	Description
CPT-I	90664	Influenza virus vaccine, live (LAIV), pandemic formulation, for intranasal use
CPT-I	90666	Influenza virus vaccine (IIV), pandemic formulation, split virus, preservative free, for intramuscular use
CPT-I	90667	Influenza virus vaccine (IIV), pandemic formulation, split virus, adjuvanted, for intramuscular use
CPT-I	90668	Influenza virus vaccine (IIV), pandemic formulation, split virus, for intramuscular use
CPT-I	90670	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use
CPT-I	90671	Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use
CPT-I	90672	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use
CPT-I	90673	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use
CPT-I	90674	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use
CPT-I	90675	Rabies vaccine, for intramuscular use
CPT-I	90676	Rabies vaccine, for intradermal use
CPT-I	90677	Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use
CPT-I	90680	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use
CPT-I	90681	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use

Type of Code	Code	Description
CPT-I	90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use
CPT-I	90685	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL dosage, for intramuscular use
CPT-I	90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use
CPT-I	90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use
CPT-I	90688	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use
CPT-I	90689	Influenza virus vaccine, quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25 mL dosage, for intramuscular use
CPT-I	90690	Typhoid vaccine, live, oral
CPT-I	90691	Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use
CPT-I	90694	Influenza virus vaccine, quadrivalent (aIIV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use
CPT-I	90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use
CPT-I	90697	Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use

Type of Code	Code	Description
CPT-I	90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine, (DTaP-IPV/Hib), for intramuscular use
CPT-I	90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use
CPT-I	90702	Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use
CPT-I	90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use
CPT-I	90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use
CPT-I	90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use
CPT-I	90714	Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use
CPT-I	90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use
CPT-I	90716	Varicella virus vaccine (VAR), live, for subcutaneous use
CPT-I	90717	Yellow fever vaccine, live, for subcutaneous use
CPT-I	90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepB-IPV), for intramuscular use

Type of Code	Code	Description
CPT-I	90732	Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use
CPT-I	90733	Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4), for subcutaneous use
CPT-I	90734	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, diphtheria toxoid carrier (MenACWY-D) or CRM197 carrier (MenACWY-CRM), for intramuscular use
CPT-I	90736	Zoster (shingles) vaccine (HZV), live, for subcutaneous injection
CPT-I	90738	Japanese encephalitis virus vaccine, inactivated, for intramuscular use
CPT-I	90739	Hepatitis B vaccine (HepB), CpG-adjuvanted, adult dosage, 2 dose or 4 dose schedule, for intramuscular use
CPT-I	90740	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use
CPT-I	90743	Hepatitis B vaccine (HepB), adolescent, 2 dose schedule, for intramuscular use
CPT-I	90744	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use
CPT-I	90746	Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use
CPT-I	90747	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use
CPT-I	90748	Hepatitis B and Haemophilus influenzae type b vaccine (Hib-HepB), for intramuscular use

Type of Code	Code	Description
CPT-I	90750	Zoster (shingles) vaccine (HZV), recombinant, subunit, adjuvanted, for intramuscular use
CPT-I	90756	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage, for intramuscular use
CPT-I	90758	Zaire ebolavirus vaccine, live, for intramuscular use
CPT-I	90759	Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3 dose schedule, for intramuscular use
CPT-I	90785	Interactive complexity (List separately in addition to the code for primary procedure)
CPT-I	90791	Psychiatric diagnostic evaluation
CPT-I	90792	Psychiatric diagnostic evaluation with medical services
CPT-I	90832	Psychotherapy, 30 minutes with patient
CPT-I	90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
CPT-I	90834	Psychotherapy, 45 minutes with patient
CPT-I	90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
CPT-I	90837	Psychotherapy, 60 minutes with patient
CPT-I	90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
CPT-I	90839	Psychotherapy for crisis; first 60 minutes

Type of Code	Code	Description
CPT-I	90840	Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)
CPT-I	90845	Psychoanalysis
CPT-I	90846	Family psychotherapy (without the patient present), 50 minutes
CPT-I	90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes
CPT-I	90849	Multiple-family group psychotherapy
CPT-I	90853	Group psychotherapy (other than of a multiple-family group)
CPT-I	90863	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)
CPT-I	90865	Narcosynthesis for psychiatric diagnostic and therapeutic purposes (eg, sodium amobarbital (Amytal) interview)
CPT-I	90870	Electroconvulsive therapy (includes necessary monitoring)
CPT-I	90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 30 minutes

Type of Code	Code	Description
CPT-I	90876	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 45 minutes
CPT-I	90880	Hypnotherapy
CPT-I	90912	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient
CPT-I	90913	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure)
CPT-I	90937	Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription
CPT-I	90940	Hemodialysis access flow study to determine blood flow in grafts and arteriovenous fistulae by an indicator method
CPT-I	90947	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription

Type of Code	Code	Description
CPT-I	90989	Dialysis training, patient, including helper where applicable, any mode, completed course
CPT-I	91010	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report
CPT-I	91013	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report; with stimulation or perfusion (eg, stimulant, acid or alkali perfusion) (List separately in addition to code for primary procedure)
CPT-I	91020	Gastric motility (manometric) studies
CPT-I	91022	Duodenal motility (manometric) study
CPT-I	91030	Esophagus, acid perfusion (Bernstein) test for esophagitis
CPT-I	91034	Esophagus, gastroesophageal reflux test; with nasal catheter pH electrode(s) placement, recording, analysis and interpretation
CPT-I	91035	Esophagus, gastroesophageal reflux test; with mucosal attached telemetry pH electrode placement, recording, analysis and interpretation
CPT-I	91037	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation
CPT-I	91038	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours)
CPT-I	91040	Esophageal balloon distension study, diagnostic, with provocation when performed

Type of Code	Code	Description
CPT-I	91065	Breath hydrogen or methane test (eg, for detection of lactase deficiency, fructose intolerance, bacterial overgrowth, or oro-cecal gastrointestinal transit)
CPT-I	91110	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report
CPT-I	91117	Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tests, eg, meal, intracolonic balloon distension, pharmacologic agents, if performed), with interpretation and report
CPT-I	91120	Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)
CPT-I	91122	Anorectal manometry
CPT-I	91132	Electrogastrography, diagnostic, transcutaneous
CPT-I	91133	Electrogastrography, diagnostic, transcutaneous; with provocative testing
CPT-I	91200	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report
CPT-I-COVID	91300	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted, for intramuscular use
CPT-I-COVID	91301	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5 mL dosage, for intramuscular use

Type of Code	Code	Description
CPT-I-COVID	91302	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x1010 viral particles/0.5 mL dosage, for intramuscular use
CPT-I-COVID	91303	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x1010 viral particles/0.5 mL dosage, for intramuscular use
CPT-I-COVID	91304	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage, for intramuscular use
CPT-I-COVID	91305	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use
CPT-I-COVID	91306	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, for intramuscular use
CPT-I-COVID	91307	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use

Type of Code	Code	Description
CPT-I-COVID	91308	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use
CPT-I-COVID	91309	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use
CPT-I-COVID	91311	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use
CPT-I-COVID	91312	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use
CPT-I-COVID	91313	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use
CPT-I-COVID	91314	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use

Type of Code	Code	Description
CPT-I-COVID	91315	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use
CPT-I-COVID	91316	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 10 mcg/0.2 mL dosage, for intramuscular use
CPT-I-COVID	91316	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 10 mcg/0.2 mL dosage, for intramuscular use
CPT-I-COVID	91317	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use
CPT-I	92002	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient
CPT-I	92004	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits
CPT-I	92012	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient

Type of Code	Code	Description
CPT-I	92014	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits
CPT-I	92018	Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; complete
CPT-I	92019	Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; limited
CPT-I	92020	Gonioscopy (separate procedure)
CPT-I	92025	Computerized corneal topography, unilateral or bilateral, with interpretation and report
CPT-I	92060	Sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure)
CPT-I	92065	Orthoptic training
CPT-I	92066	Orthoptic training; under supervision of a physician or other qualified health care professional
CPT-I	92071	Fitting of contact lens for treatment of ocular surface disease
CPT-I	92072	Fitting of contact lens for management of keratoconus, initial fitting

Type of Code	Code	Description
CPT-I	92081	Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)
CPT-I	92082	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)
CPT-I	92083	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30Â°, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)
CPT-I	92100	Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)
CPT-I	92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve

Type of Code	Code	Description
CPT-I	92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina
CPT-I	92136	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation
CPT-I	92145	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report
CPT-I	92201	Ophthalmoscopy, extended; with retinal drawing and scleral depression of peripheral retinal disease (eg, for retinal tear, retinal detachment, retinal tumor) with interpretation and report, unilateral or bilateral
CPT-I	92202	Ophthalmoscopy, extended; with drawing of optic nerve or macula (eg, for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral
CPT-I	92227	Imaging of retina for detection or monitoring of disease; with remote clinical staff review and report, unilateral or bilateral
CPT-I	92228	Imaging of retina for detection or monitoring of disease; with remote physician or other qualified health care professional interpretation and report, unilateral or bilateral
CPT-I	92229	Imaging of retina for detection or monitoring of disease; point-of-care automated analysis and report, unilateral or bilateral
CPT-I	92230	Fluorescein angioscopy with interpretation and report
CPT-I	92235	Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral

Type of Code	Code	Description
CPT-I	92240	Indocyanine-green angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral
CPT-I	92242	Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral
CPT-I	92250	Fundus photography with interpretation and report
CPT-I	92260	Ophthalmodynamometry
CPT-I	92265	Needle oculoelectromyography, 1 or more extraocular muscles, 1 or both eyes, with interpretation and report
CPT-I	92270	Electro-oculography with interpretation and report
CPT-I	92273	Electroretinography (ERG), with interpretation and report; full field (ie, ffERG, flash ERG, Ganzfeld ERG)
CPT-I	92274	Electroretinography (ERG), with interpretation and report; multifocal (mfERG)
CPT-I	92283	Color vision examination, extended, eg, anomaloscope or equivalent
CPT-I	92284	Dark adaptation examination with interpretation and report
CPT-I	92285	External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, goniophotography, stereo-photography)
CPT-I	92286	Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis
CPT-I	92287	Anterior segment imaging with interpretation and report; with fluorescein angiography

Type of Code	Code	Description
CPT-I	92311	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, 1 eye
CPT-I	92312	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes
CPT-I	92313	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneoscleral lens
CPT-I	92315	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, 1 eye
CPT-I	92316	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, both eyes
CPT-I	92317	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneoscleral lens
CPT-I	92325	Modification of contact lens (separate procedure), with medical supervision of adaptation
CPT-I	92326	Replacement of contact lens
CPT-I	92358	Prosthesis service for aphakia, temporary (disposable or loan, including materials)
CPT-I	92502	Otolaryngologic examination under general anesthesia
CPT-I	92504	Binocular microscopy (separate diagnostic procedure)

Type of Code	Code	Description
CPT-I	92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
CPT-I	92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
CPT-I	92511	Nasopharyngoscopy with endoscope (separate procedure)
CPT-I	92512	Nasal function studies (eg, rhinomanometry)
CPT-I	92516	Facial nerve function studies (eg, electroneuronography)
CPT-I	92520	Laryngeal function studies (ie, aerodynamic testing and acoustic testing)
CPT-I	92521	Evaluation of speech fluency (eg, stuttering, cluttering)
CPT-I	92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria)
CPT-I	92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)
CPT-I	92524	Behavioral and qualitative analysis of voice and resonance
CPT-I	92526	Treatment of swallowing dysfunction and/or oral function for feeding
CPT-I	92531	Spontaneous nystagmus, including gaze
CPT-I	92532	Positional nystagmus test
CPT-I	92533	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests)
CPT-I	92534	Optokinetic nystagmus test

Type of Code	Code	Description
CPT-I	92537	Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)
CPT-I	92538	Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations)
CPT-I	92540	Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording
CPT-I	92541	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording
CPT-I	92542	Positional nystagmus test, minimum of 4 positions, with recording
CPT-I	92544	Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording
CPT-I	92545	Oscillating tracking test, with recording
CPT-I	92546	Sinusoidal vertical axis rotational testing
CPT-I	92547	Use of vertical electrodes (List separately in addition to code for primary procedure)
CPT-I	92548	Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report

Type of Code	Code	Description
CPT-I	92549	Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report; with motor control test (MCT) and adaptation test (ADT)
CPT-I	92550	Tympanometry and reflex threshold measurements
CPT-I	92551	Screening test, pure tone, air only
CPT-I	92552	Pure tone audiometry (threshold); air only
CPT-I	92553	Pure tone audiometry (threshold); air and bone
CPT-I	92555	Speech audiometry threshold
CPT-I	92556	Speech audiometry threshold; with speech recognition
CPT-I	92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)
CPT-I	92558	Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis
CPT-I	92562	Loudness balance test, alternate binaural or monaural
CPT-I	92563	Tone decay test
CPT-I	92565	Stenger test, pure tone
CPT-I	92567	Tympanometry (impedance testing)
CPT-I	92568	Acoustic reflex testing, threshold
CPT-I	92570	Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing
CPT-I	92571	Filtered speech test
CPT-I	92572	Staggered spondaic word test

Type of Code	Code	Description
CPT-I	92575	Sensorineural acuity level test
CPT-I	92576	Synthetic sentence identification test
CPT-I	92577	Stenger test, speech
CPT-I	92579	Visual reinforcement audiometry (VRA)
CPT-I	92582	Conditioning play audiometry
CPT-I	92583	Select picture audiometry
CPT-I	92584	Electrocochleography
CPT-I	92587	Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report
CPT-I	92588	Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report
CPT-I	92590	Hearing aid examination and selection; monaural
CPT-I	92591	Hearing aid examination and selection; binaural
CPT-I	92592	Hearing aid check; monaural
CPT-I	92593	Hearing aid check; binaural
CPT-I	92594	Electroacoustic evaluation for hearing aid; monaural
CPT-I	92595	Electroacoustic evaluation for hearing aid; binaural
CPT-I	92596	Ear protector attenuation measurements
CPT-I	92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech
CPT-I	92601	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming

Type of Code	Code	Description
CPT-I	92602	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; subsequent reprogramming
CPT-I	92603	Diagnostic analysis of cochlear implant, age 7 years or older; with programming
CPT-I	92604	Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming
CPT-I	92605	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour
CPT-I	92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour
CPT-I	92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)
CPT-I	92610	Evaluation of oral and pharyngeal swallowing function
CPT-I	92611	Motion fluoroscopic evaluation of swallowing function by cine or video recording
CPT-I	92612	Flexible endoscopic evaluation of swallowing by cine or video recording
CPT-I	92613	Flexible endoscopic evaluation of swallowing by cine or video recording; interpretation and report only
CPT-I	92614	Flexible endoscopic evaluation, laryngeal sensory testing by cine or video recording
CPT-I	92615	Flexible endoscopic evaluation, laryngeal sensory testing by cine or video recording; interpretation and report only

Type of Code	Code	Description
CPT-I	92616	Flexible endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording
CPT-I	92617	Flexible endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording; interpretation and report only
CPT-I	92618	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)
CPT-I	92620	Evaluation of central auditory function, with report; initial 60 minutes
CPT-I	92621	Evaluation of central auditory function, with report; each additional 15 minutes (List separately in addition to code for primary procedure)
CPT-I	92625	Assessment of tinnitus (includes pitch, loudness matching, and masking)
CPT-I	92626	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour
CPT-I	92627	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); each additional 15 minutes (List separately in addition to code for primary procedure)
CPT-I	92630	Auditory rehabilitation; prelingual hearing loss
CPT-I	92633	Auditory rehabilitation; postlingual hearing loss

Type of Code	Code	Description
CPT-I	92640	Diagnostic analysis with programming of auditory brainstem implant, per hour
CPT-I	92650	Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis
CPT-I	92651	Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report
CPT-I	92652	Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report
CPT-I	92653	Auditory evoked potentials; neurodiagnostic, with interpretation and report
CPT-I	92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch
CPT-I	92921	Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)
CPT-I	92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch
CPT-I	92925	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)
CPT-I	92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch

Type of Code	Code	Description
CPT-I	92929	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)
CPT-I	92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch
CPT-I	92934	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)
CPT-I	92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel
CPT-I	92938	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure)

Type of Code	Code	Description
CPT-I	92941	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel
CPT-I	92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel
CPT-I	92944	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure)
CPT-I	92950	Cardiopulmonary resuscitation (eg, in cardiac arrest)
CPT-I	92953	Temporary transcutaneous pacing
CPT-I	92960	Cardioversion, elective, electrical conversion of arrhythmia; external
CPT-I	92961	Cardioversion, elective, electrical conversion of arrhythmia; internal (separate procedure)
CPT-I	92970	Cardioassist-method of circulatory assist; internal
CPT-I	92971	Cardioassist-method of circulatory assist; external

Type of Code	Code	Description
CPT-I	92973	Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure)
CPT-I	92974	Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)
CPT-I	92975	Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography
CPT-I	92977	Thrombolysis, coronary; by intravenous infusion
CPT-I	92978	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure)
CPT-I	92979	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; each additional vessel (List separately in addition to code for primary procedure)
CPT-I	92986	Percutaneous balloon valvuloplasty; aortic valve
CPT-I	92987	Percutaneous balloon valvuloplasty; mitral valve
CPT-I	92990	Percutaneous balloon valvuloplasty; pulmonary valve
CPT-I	92997	Percutaneous transluminal pulmonary artery balloon angioplasty; single vessel

Type of Code	Code	Description
CPT-I	92998	Percutaneous transluminal pulmonary artery balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)
CPT-I	93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report
CPT-I	93005	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report
CPT-I	93010	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only
CPT-I	93015	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report
CPT-I	93016	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report
CPT-I	93017	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report
CPT-I	93018	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only

Type of Code	Code	Description
CPT-I	93024	Ergonovine provocation test
CPT-I	93025	Microvolt T-wave alternans for assessment of ventricular arrhythmias
CPT-I	93040	Rhythm ECG, 1-3 leads; with interpretation and report
CPT-I	93041	Rhythm ECG, 1-3 leads; tracing only without interpretation and report
CPT-I	93042	Rhythm ECG, 1-3 leads; interpretation and report only
CPT-I	93050	Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report, upper extremity artery, non-invasive
CPT-I	93224	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional
CPT-I	93225	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)
CPT-I	93226	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report

Type of Code	Code	Description
CPT-I	93227	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional
CPT-I	93228	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional
CPT-I	93229	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional
CPT-I	93241	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation

Type of Code	Code	Description
CPT-I	93242	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; recording (includes connection and initial recording)
CPT-I	93243	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; scanning analysis with report
CPT-I	93244	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; review and interpretation
CPT-I	93245	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation
CPT-I	93246	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; recording (includes connection and initial recording)
CPT-I	93247	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; scanning analysis with report
CPT-I	93248	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; review and interpretation

Type of Code	Code	Description
CPT-I	93260	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable subcutaneous lead defibrillator system
CPT-I	93261	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system
CPT-I	93264	Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days, including at least weekly downloads of pulmonary artery pressure recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional
CPT-I	93268	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional

Type of Code	Code	Description
CPT-I	93270	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording, and disconnection)
CPT-I	93271	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission and analysis
CPT-I	93272	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional
CPT-I	93278	Signal-averaged electrocardiography (SAECG), with or without ECG
CPT-I	93279	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system or leadless pacemaker system in one cardiac chamber

Type of Code	Code	Description
CPT-I	93280	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system
CPT-I	93281	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system
CPT-I	93282	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system
CPT-I	93283	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system

Type of Code	Code	Description
CPT-I	93284	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system
CPT-I	93285	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; subcutaneous cardiac rhythm monitor system
CPT-I	93286	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system, or leadless pacemaker system
CPT-I	93287	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system

Type of Code	Code	Description
CPT-I	93288	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system, or leadless pacemaker system
CPT-I	93289	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements
CPT-I	93290	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors
CPT-I	93291	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; subcutaneous cardiac rhythm monitor system, including heart rhythm derived data analysis

Type of Code	Code	Description
CPT-I	93292	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system
CPT-I	93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days
CPT-I	93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, or leadless pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional
CPT-I	93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional
CPT-I	93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, leadless pacemaker system, or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results

Type of Code	Code	Description
CPT-I	93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional
CPT-I	93298	Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional
CPT-I	93303	Transthoracic echocardiography for congenital cardiac anomalies; complete
CPT-I	93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study
CPT-I	93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography
CPT-I	93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography
CPT-I	93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study

Type of Code	Code	Description
CPT-I	93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report
CPT-I	93313	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only
CPT-I	93314	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only
CPT-I	93315	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report
CPT-I	93316	Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only
CPT-I	93317	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only
CPT-I	93318	Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis

Type of Code	Code	Description
CPT-I	93319	3D echocardiographic imaging and postprocessing during transesophageal echocardiography, or during transthoracic echocardiography for congenital cardiac anomalies, for the assessment of cardiac structure(s) (eg, cardiac chambers and valves, left atrial appendage, interatrial septum, interventricular septum) and function, when performed (List separately in addition to code for echocardiographic imaging)
CPT-I	93320	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete
CPT-I	93321	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)
CPT-I	93325	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)
CPT-I	93350	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report

Type of Code	Code	Description
CPT-I	93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional
CPT-I	93352	Use of echocardiographic contrast agent during stress echocardiography (List separately in addition to code for primary procedure)
CPT-I	93355	Echocardiography, transesophageal (TEE) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (eg, TAVR, transcatheter pulmonary valve replacement, mitral valve repair, paravalvular regurgitation repair, left atrial appendage occlusion/closure, ventricular septal defect closure) (peri-and intra-procedural), real-time image acquisition and documentation, guidance with quantitative measurements, probe manipulation, interpretation, and report, including diagnostic transesophageal echocardiography and, when performed, administration of ultrasound contrast, Doppler, color flow, and 3D
CPT-I	93356	Myocardial strain imaging using speckle tracking-derived assessment of myocardial mechanics (List separately in addition to codes for echocardiography imaging)
CPT-I	93451	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed

Type of Code	Code	Description
CPT-I	93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed
CPT-I	93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed
CPT-I	93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation
CPT-I	93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography
CPT-I	93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization
CPT-I	93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization

Type of Code	Code	Description
CPT-I	93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed
CPT-I	93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography
CPT-I	93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed
CPT-I	93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography

Type of Code	Code	Description
CPT-I	93462	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)
CPT-I	93463	Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)
CPT-I	93464	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)
CPT-I	93503	Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes
CPT-I	93505	Endomyocardial biopsy
CPT-I	93563	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (List separately in addition to code for primary procedure)

Type of Code	Code	Description
CPT-I	93564	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (eg, internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (List separately in addition to code for primary procedure)
CPT-I	93565	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial angiography (List separately in addition to code for primary procedure)
CPT-I	93566	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)
CPT-I	93567	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supravalvular aortography (List separately in addition to code for primary procedure)
CPT-I	93568	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for pulmonary angiography (List separately in addition to code for primary procedure)

Type of Code	Code	Description
CPT-I	93569	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, unilateral (List separately in addition to code for primary procedure)
CPT-I	93571	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)
CPT-I	93572	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to code for primary procedure)
CPT-I	93573	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, bilateral (List separately in addition to code for primary procedure)
CPT-I	93574	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary venous angiography of each distinct pulmonary vein during cardiac catheterization (List separately in addition to code for primary procedure)

Type of Code	Code	Description
CPT-I	93575	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary angiography of major aortopulmonary collateral arteries (MAPCAs) arising off the aorta or its systemic branches, during cardiac catheterization for congenital heart defects, each distinct vessel (List separately in addition to code for primary procedure)
CPT-I	93580	Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant
CPT-I	93581	Percutaneous transcatheter closure of a congenital ventricular septal defect with implant
CPT-I	93582	Percutaneous transcatheter closure of patent ductus arteriosus
CPT-I	93583	Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed
CPT-I	93590	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve
CPT-I	93591	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve
CPT-I	93592	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)

Type of Code	Code	Description
CPT-I	93593	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; normal native connections
CPT-I	93594	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; abnormal native connections
CPT-I	93595	Left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone, normal or abnormal native connections
CPT-I	93596	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); normal native connections
CPT-I	93597	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); abnormal native connections
CPT-I	93598	Cardiac output measurement(s), thermodilution or other indicator dilution method, performed during cardiac catheterization for the evaluation of congenital heart defects (List separately in addition to code for primary procedure)
CPT-I	93600	Bundle of His recording
CPT-I	93602	Intra-atrial recording
CPT-I	93603	Right ventricular recording

Type of Code	Code	Description
CPT-I	93609	Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia (List separately in addition to code for primary procedure)
CPT-I	93610	Intra-atrial pacing
CPT-I	93612	Intraventricular pacing
CPT-I	93613	Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)
CPT-I	93615	Esophageal recording of atrial electrogram with or without ventricular electrogram(s)
CPT-I	93616	Esophageal recording of atrial electrogram with or without ventricular electrogram(s); with pacing
CPT-I	93618	Induction of arrhythmia by electrical pacing
CPT-I	93619	Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters, without induction or attempted induction of arrhythmia
CPT-I	93620	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording

Type of Code	Code	Description
CPT-I	93621	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure)
CPT-I	93622	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left ventricular pacing and recording (List separately in addition to code for primary procedure)
CPT-I	93623	Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)
CPT-I	93624	Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia
CPT-I	93631	Intra-operative epicardial and endocardial pacing and mapping to localize the site of tachycardia or zone of slow conduction for surgical correction
CPT-I	93640	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement

Type of Code	Code	Description
CPT-I	93641	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator
CPT-I	93642	Electrophysiologic evaluation of single or dual chamber transvenous pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)
CPT-I	93644	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)
CPT-I	93650	Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement

Type of Code	Code	Description
CPT-I	93653	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry
CPT-I	93654	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of ventricular tachycardia or focus of ventricular ectopy including left ventricular pacing and recording, when performed

Type of Code	Code	Description
CPT-I	93655	Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)
CPT-I	93656	Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation, including intracardiac electrophysiologic 3-dimensional mapping, intracardiac echocardiography including imaging supervision and interpretation, induction or attempted induction of an arrhythmia including left or right atrial pacing/recording, right ventricular pacing/recording, and His bundle recording, when performed
CPT-I	93657	Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure)
CPT-I	93660	Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without pharmacological intervention

Type of Code	Code	Description
CPT-I	93662	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)
CPT-I	93668	Peripheral arterial disease (PAD) rehabilitation, per session
CPT-I	93701	Bioimpedance-derived physiologic cardiovascular analysis
CPT-I	93702	Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)
CPT-I	93724	Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)
CPT-I	93745	Initial set-up and programming by a physician or other qualified health care professional of wearable cardioverter-defibrillator includes initial programming of system, establishing baseline electronic ECG, transmission of data to data repository, patient instruction in wearing system and patient reporting of problems or events
CPT-I	93750	Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report
CPT-I	93770	Determination of venous pressure

Type of Code	Code	Description
CPT-I	93784	Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; including recording, scanning analysis, interpretation and report
CPT-I	93786	Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; recording only
CPT-I	93788	Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; scanning analysis with report
CPT-I	93790	Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; review with interpretation and report
CPT-I	93797	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)
CPT-I	93798	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)
CPT-I	93880	Duplex scan of extracranial arteries; complete bilateral study
CPT-I	93882	Duplex scan of extracranial arteries; unilateral or limited study
CPT-I	93886	Transcranial Doppler study of the intracranial arteries; complete study
CPT-I	93888	Transcranial Doppler study of the intracranial arteries; limited study

Type of Code	Code	Description
CPT-I	93890	Transcranial Doppler study of the intracranial arteries; vasoreactivity study
CPT-I	93892	Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection
CPT-I	93893	Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection
CPT-I	93895	Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral
CPT-I	93922	Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)

Type of Code	Code	Description
CPT-I	93923	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)
CPT-I	93924	Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study
CPT-I	93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study

Type of Code	Code	Description
CPT-I	93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study
CPT-I	93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study
CPT-I	93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study
CPT-I	93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study
CPT-I	93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study
CPT-I	93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study
CPT-I	93976	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study
CPT-I	93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study
CPT-I	93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study
CPT-I	93980	Duplex scan of arterial inflow and venous outflow of penile vessels; complete study
CPT-I	93981	Duplex scan of arterial inflow and venous outflow of penile vessels; follow-up or limited study

Type of Code	Code	Description
CPT-I	93985	Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete bilateral study
CPT-I	93986	Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete unilateral study
CPT-I	93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)
CPT-I	94002	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day
CPT-I	94003	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day
CPT-I	94004	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; nursing facility, per day
CPT-I	94005	Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living) requiring review of status, review of laboratories and other studies and revision of orders and respiratory care plan (as appropriate), within a calendar month, 30 minutes or more
CPT-I	94010	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation

Type of Code	Code	Description
CPT-I	94011	Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age
CPT-I	94012	Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age
CPT-I	94013	Measurement of lung volumes (ie, functional residual capacity [FRC], forced vital capacity [FVC], and expiratory reserve volume [ERV]) in an infant or child through 2 years of age
CPT-I	94014	Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and review and interpretation by a physician or other qualified health care professional
CPT-I	94015	Patient-initiated spirometric recording per 30-day period of time; recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration)
CPT-I	94016	Patient-initiated spirometric recording per 30-day period of time; review and interpretation only by a physician or other qualified health care professional
CPT-I	94060	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration
CPT-I	94070	Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (eg, antigen[s], cold air, methacholine)
CPT-I	94150	Vital capacity, total (separate procedure)

Type of Code	Code	Description
CPT-I	94200	Maximum breathing capacity, maximal voluntary ventilation
CPT-I	94375	Respiratory flow volume loop
CPT-I	94450	Breathing response to hypoxia (hypoxia response curve)
CPT-I	94452	High altitude simulation test (HAST), with interpretation and report by a physician or other qualified health care professional
CPT-I	94453	High altitude simulation test (HAST), with interpretation and report by a physician or other qualified health care professional; with supplemental oxygen titration
CPT-I	94610	Intrapulmonary surfactant administration by a physician or other qualified health care professional through endotracheal tube
CPT-I	94617	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; with electrocardiographic recording(s)
CPT-I	94618	Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed
CPT-I	94619	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; without electrocardiographic recording(s)
CPT-I	94621	Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings
CPT-I	94625	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session)

Type of Code	Code	Description
CPT-I	94626	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring (per session)
CPT-I	94640	Pressurized or nonpressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or for diagnostic purposes such as sputum induction with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device
CPT-I	94642	Aerosol inhalation of pentamidine for pneumocystis carinii pneumonia treatment or prophylaxis
CPT-I	94644	Continuous inhalation treatment with aerosol medication for acute airway obstruction; first hour
CPT-I	94645	Continuous inhalation treatment with aerosol medication for acute airway obstruction; each additional hour (List separately in addition to code for primary procedure)
CPT-I	94660	Continuous positive airway pressure ventilation (CPAP), initiation and management
CPT-I	94662	Continuous negative pressure ventilation (CNP), initiation and management
CPT-I	94664	Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device
CPT-I	94667	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation
CPT-I	94668	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent

Type of Code	Code	Description
CPT-I	94669	Mechanical chest wall oscillation to facilitate lung function, per session
CPT-I	94680	Oxygen uptake, expired gas analysis; rest and exercise, direct, simple
CPT-I	94681	Oxygen uptake, expired gas analysis; including CO2 output, percentage oxygen extracted
CPT-I	94690	Oxygen uptake, expired gas analysis; rest, indirect (separate procedure)
CPT-I	94726	Plethysmography for determination of lung volumes and, when performed, airway resistance
CPT-I	94727	Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes
CPT-I	94728	Airway resistance by oscillometry
CPT-I	94729	Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure)
CPT-I	94760	Noninvasive ear or pulse oximetry for oxygen saturation; single determination
CPT-I	94761	Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)
CPT-I	94762	Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)
CPT-I	94772	Circadian respiratory pattern recording (pediatric pneumogram), 12-24 hour continuous recording, infant

Type of Code	Code	Description
CPT-I	94774	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; includes monitor attachment, download of data, review, interpretation, and preparation of a report by a physician or other qualified health care professional
CPT-I	94775	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; monitor attachment only (includes hook-up, initiation of recording and disconnection)
CPT-I	94776	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; monitoring, download of information, receipt of transmission(s) and analyses by computer only
CPT-I	94777	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; review, interpretation and preparation of report only by a physician or other qualified health care professional
CPT-I	94780	Car seat/bed testing for airway integrity, for infants through 12 months of age, with continual clinical staff observation and continuous recording of pulse oximetry, heart rate and respiratory rate, with interpretation and report; 60 minutes

Type of Code	Code	Description
CPT-I	94781	Car seat/bed testing for airway integrity, for infants through 12 months of age, with continual clinical staff observation and continuous recording of pulse oximetry, heart rate and respiratory rate, with interpretation and report; each additional full 30 minutes (List separately in addition to code for primary procedure)
CPT-I	95012	Nitric oxide expired gas determination
CPT-I	95115	Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection
CPT-I	95117	Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections
CPT-I	95120	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single injection
CPT-I	95125	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 2 or more injections
CPT-I	95130	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single stinging insect venom
CPT-I	95131	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 2 stinging insect venoms

Type of Code	Code	Description
CPT-I	95132	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 3 stinging insect venoms
CPT-I	95133	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 4 stinging insect venoms
CPT-I	95134	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 5 stinging insect venoms
CPT-I	95144	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)
CPT-I	95145	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); single stinging insect venom
CPT-I	95146	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 2 single stinging insect venoms
CPT-I	95147	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 3 single stinging insect venoms
CPT-I	95148	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms

Type of Code	Code	Description
CPT-I	95149	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 5 single stinging insect venoms
CPT-I	95165	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)
CPT-I	95170	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; whole body extract of biting insect or other arthropod (specify number of doses)
CPT-I	95180	Rapid desensitization procedure, each hour (eg, insulin, penicillin, equine serum)
CPT-I	95249	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording
CPT-I	95250	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified health care professional (office) provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording
CPT-I	95251	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report

Type of Code	Code	Description
CPT-I	95700	Electroencephalogram (EEG) continuous recording, with video when performed, setup, patient education, and takedown when performed, administered in person by EEG technologist, minimum of 8 channels
CPT-I	95705	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; unmonitored
CPT-I	95706	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance
CPT-I	95707	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance
CPT-I	95708	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored
CPT-I	95709	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance
CPT-I	95710	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance

Type of Code	Code	Description
CPT-I	95717	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; without video
CPT-I	95719	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; without video
CPT-I	95721	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, without video
CPT-I	95723	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, without video

Type of Code	Code	Description
CPT-I	95725	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, without video
CPT-I	95726	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, with video (VEEG)
CPT-I	95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
CPT-I	95783	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist
CPT-I	95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time
CPT-I	95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)

Type of Code	Code	Description
CPT-I	95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness
CPT-I	95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)
CPT-I	95807	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist
CPT-I	95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist
CPT-I	95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
CPT-I	95811	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist
CPT-I	95812	Electroencephalogram (EEG) extended monitoring; 41-60 minutes
CPT-I	95813	Electroencephalogram (EEG) extended monitoring; 61-119 minutes
CPT-I	95816	Electroencephalogram (EEG); including recording awake and drowsy
CPT-I	95819	Electroencephalogram (EEG); including recording awake and asleep

Type of Code	Code	Description
CPT-I	95822	Electroencephalogram (EEG); recording in coma or sleep only
CPT-I	95824	Electroencephalogram (EEG); cerebral death evaluation only
CPT-I	95829	Electrocorticogram at surgery (separate procedure)
CPT-I	95830	Insertion by physician or other qualified health care professional of sphenoidal electrodes for electroencephalographic (EEG) recording
CPT-I	95836	Electrocorticogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and written report, up to 30 days
CPT-I	95857	Cholinesterase inhibitor challenge test for myasthenia gravis
CPT-I	95860	Needle electromyography; 1 extremity with or without related paraspinal areas
CPT-I	95861	Needle electromyography; 2 extremities with or without related paraspinal areas
CPT-I	95863	Needle electromyography; 3 extremities with or without related paraspinal areas
CPT-I	95864	Needle electromyography; 4 extremities with or without related paraspinal areas
CPT-I	95865	Needle electromyography; larynx
CPT-I	95866	Needle electromyography; hemidiaphragm
CPT-I	95867	Needle electromyography; cranial nerve supplied muscle(s), unilateral
CPT-I	95868	Needle electromyography; cranial nerve supplied muscles, bilateral

Type of Code	Code	Description
CPT-I	95869	Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)
CPT-I	95870	Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters
CPT-I	95872	Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle studied
CPT-I	95873	Electrical stimulation for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)
CPT-I	95874	Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)
CPT-I	95875	Ischemic limb exercise test with serial specimen(s) acquisition for muscle(s) metabolite(s)
CPT-I	95885	Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited (List separately in addition to code for primary procedure)
CPT-I	95886	Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels (List separately in addition to code for primary procedure)

Type of Code	Code	Description
CPT-I	95887	Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study (List separately in addition to code for primary procedure)
CPT-I	95907	Nerve conduction studies; 1-2 studies
CPT-I	95908	Nerve conduction studies; 3-4 studies
CPT-I	95909	Nerve conduction studies; 5-6 studies
CPT-I	95910	Nerve conduction studies; 7-8 studies
CPT-I	95911	Nerve conduction studies; 9-10 studies
CPT-I	95912	Nerve conduction studies; 11-12 studies
CPT-I	95913	Nerve conduction studies; 13 or more studies
CPT-I	95921	Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including 2 or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio, and 30:15 ratio
CPT-I	95922	Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least 5 minutes of passive tilt
CPT-I	95923	Testing of autonomic nervous system function; sudomotor, including 1 or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential

Type of Code	Code	Description
CPT-I	95924	Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt
CPT-I	95925	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs
CPT-I	95926	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs
CPT-I	95927	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in the trunk or head
CPT-I	95928	Central motor evoked potential study (transcranial motor stimulation); upper limbs
CPT-I	95929	Central motor evoked potential study (transcranial motor stimulation); lower limbs
CPT-I	95930	Visual evoked potential (VEP) checkerboard or flash testing, central nervous system except glaucoma, with interpretation and report
CPT-I	95933	Orbicularis oculi (blink) reflex, by electrodiagnostic testing
CPT-I	95937	Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method
CPT-I	95938	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs

Type of Code	Code	Description
CPT-I	95939	Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs
CPT-I	95940	Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)
CPT-I	95941	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)
CPT-I	95954	Pharmacological or physical activation requiring physician or other qualified health care professional attendance during EEG recording of activation phase (eg, thiopental activation test)
CPT-I	95955	Electroencephalogram (EEG) during nonintracranial surgery (eg, carotid surgery)
CPT-I	95957	Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)
CPT-I	95958	Wada activation test for hemispheric function, including electroencephalographic (EEG) monitoring
CPT-I	95965	Magnetoencephalography (MEG), recording and analysis; for spontaneous brain magnetic activity (eg, epileptic cerebral cortex localization)
CPT-I	95966	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, single modality (eg, sensory, motor, language, or visual cortex localization)

Type of Code	Code	Description
CPT-I	95967	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, each additional modality (eg, sensory, motor, language, or visual cortex localization) (List separately in addition to code for primary procedure)
CPT-I	95976	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional
CPT-I	95977	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional

Type of Code	Code	Description
CPT-I	95981	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming
CPT-I	95982	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming
CPT-I	95983	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, first 15 minutes face-to-face time with physician or other qualified health care professional

Type of Code	Code	Description
CPT-I	95984	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (List separately in addition to code for primary procedure)
CPT-I	95990	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed
CPT-I	95991	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed; requiring skill of a physician or other qualified health care professional
CPT-I	95992	Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day
CPT-I	96000	Comprehensive computer-based motion analysis by video-taping and 3D kinematics

Type of Code	Code	Description
CPT-I	96001	Comprehensive computer-based motion analysis by video-taping and 3D kinematics; with dynamic plantar pressure measurements during walking
CPT-I	96002	Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles
CPT-I	96003	Dynamic fine wire electromyography, during walking or other functional activities, 1 muscle
CPT-I	96004	Review and interpretation by physician or other qualified health care professional of comprehensive computer-based motion analysis, dynamic plantar pressure measurements, dynamic surface electromyography during walking or other functional activities, and dynamic fine wire electromyography, with written report
CPT-I	96020	Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or other qualified health care professional (ie, psychologist), with review of test results and report
CPT-I	96040	Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family
CPT-I	96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour

Type of Code	Code	Description
CPT-I	96110	Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument
CPT-I	96112	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour
CPT-I	96113	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)
CPT-I	96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour

Type of Code	Code	Description
CPT-I	96121	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)
CPT-I	96125	Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
CPT-I	96127	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument
CPT-I	96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour

Type of Code	Code	Description
CPT-I	96131	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)
CPT-I	96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour
CPT-I	96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)
CPT-I	96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes

Type of Code	Code	Description
CPT-I	96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)
CPT-I	96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes
CPT-I	96139	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)
CPT-I	96146	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only
CPT-I	96156	Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)
CPT-I	96158	Health behavior intervention, individual, face-to-face; initial 30 minutes
CPT-I	96159	Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)
CPT-I	96161	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument

Type of Code	Code	Description
CPT-I	96164	Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes
CPT-I	96165	Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)
CPT-I	96167	Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes
CPT-I	96168	Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)
CPT-I	96170	Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes
CPT-I	96171	Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)
CPT-I	96360	Intravenous infusion, hydration; initial, 31 minutes to 1 hour
CPT-I	96361	Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)
CPT-I	96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
CPT-I	96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)
CPT-I	96367	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)

Type of Code	Code	Description
CPT-I	96368	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)
CPT-I	96369	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to 1 hour, including pump set-up and establishment of subcutaneous infusion site(s)
CPT-I	96370	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)
CPT-I	96371	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); additional pump set-up with establishment of new subcutaneous infusion site(s) (List separately in addition to code for primary procedure)
CPT-I	96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
CPT-I	96373	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intra-arterial
CPT-I	96374	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug
CPT-I	96375	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)

Type of Code	Code	Description
CPT-I	96376	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of the same substance/drug provided in a facility (List separately in addition to code for primary procedure)
CPT-I	96401	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic
CPT-I	96402	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic
CPT-I	96405	Chemotherapy administration; intralesional, up to and including 7 lesions
CPT-I	96406	Chemotherapy administration; intralesional, more than 7 lesions
CPT-I	96409	Chemotherapy administration; intravenous, push technique, single or initial substance/drug
CPT-I	96411	Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)
CPT-I	96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug
CPT-I	96415	Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)
CPT-I	96416	Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump

Type of Code	Code	Description
CPT-I	96417	Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)
CPT-I	96420	Chemotherapy administration, intra-arterial; push technique
CPT-I	96422	Chemotherapy administration, intra-arterial; infusion technique, up to 1 hour
CPT-I	96423	Chemotherapy administration, intra-arterial; infusion technique, each additional hour (List separately in addition to code for primary procedure)
CPT-I	96425	Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump
CPT-I	96440	Chemotherapy administration into pleural cavity, requiring and including thoracentesis
CPT-I	96446	Chemotherapy administration into the peritoneal cavity via indwelling port or catheter
CPT-I	96450	Chemotherapy administration, into CNS (eg, intrathecal), requiring and including spinal puncture
CPT-I	96521	Refilling and maintenance of portable pump
CPT-I	96522	Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial)
CPT-I	96523	Irrigation of implanted venous access device for drug delivery systems

Type of Code	Code	Description
CPT-I	96542	Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents
CPT-I	96549	Unlisted chemotherapy procedure
CPT-I	96567	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitive drug(s), per day
CPT-I	96570	Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); first 30 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and gastrointestinal tract)
CPT-I	96571	Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); each additional 15 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and gastrointestinal tract)
CPT-I	96900	Actinotherapy (ultraviolet light)
CPT-I	96904	Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma
CPT-I	96910	Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B
CPT-I	96912	Photochemotherapy; psoralens and ultraviolet A (PUVA)

Type of Code	Code	Description
CPT-I	96913	Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings)
CPT-I	96920	Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm
CPT-I	96921	Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm
CPT-I	96922	Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm
CPT-I	96931	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion
CPT-I	96932	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion
CPT-I	96933	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion
CPT-I	96934	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (List separately in addition to code for primary procedure)
CPT-I	96935	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (List separately in addition to code for primary procedure)

Type of Code	Code	Description
CPT-I	96936	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (List separately in addition to code for primary procedure)
CPT-I	97012	Application of a modality to 1 or more areas; traction, mechanical
CPT-I	97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)
CPT-I	97016	Application of a modality to 1 or more areas; vasopneumatic devices
CPT-I	97018	Application of a modality to 1 or more areas; paraffin bath
CPT-I	97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)
CPT-I	97026	Application of a modality to 1 or more areas; infrared
CPT-I	97028	Application of a modality to 1 or more areas; ultraviolet
CPT-I	97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes
CPT-I	97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes
CPT-I	97034	Application of a modality to 1 or more areas; contrast baths, each 15 minutes
CPT-I	97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility

Type of Code	Code	Description
CPT-I	97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
CPT-I	97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)
CPT-I	97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)
CPT-I	97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes
CPT-I	97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)

Type of Code	Code	Description
CPT-I	97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
CPT-I	97150	Therapeutic procedure(s), group (2 or more individuals)
CPT-I	97161	Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.

Type of Code	Code	Description
CPT-I	97162	Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.
CPT-I	97163	Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.

Type of Code	Code	Description
CPT-I	97164	Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.
CPT-I	97165	Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.

Type of Code	Code	Description
CPT-I	97166	Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.

Type of Code	Code	Description
CPT-I	97167	Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.

Type of Code	Code	Description
CPT-I	97168	Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.
CPT-I	97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes
CPT-I	97597	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less

Type of Code	Code	Description
CPT-I	97598	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
CPT-I	97602	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session
CPT-I	97605	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters
CPT-I	97606	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters

Type of Code	Code	Description
CPT-I	97607	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters
CPT-I	97608	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters
CPT-I	97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes
CPT-I	97755	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes
CPT-I	97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes
CPT-I	97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes

Type of Code	Code	Description
CPT-I	97763	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes
CPT-I	97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
CPT-I	97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes
CPT-I	97804	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes
CPT-I	98925	Osteopathic manipulative treatment (OMT); 1-2 body regions involved
CPT-I	98926	Osteopathic manipulative treatment (OMT); 3-4 body regions involved
CPT-I	98927	Osteopathic manipulative treatment (OMT); 5-6 body regions involved
CPT-I	98928	Osteopathic manipulative treatment (OMT); 7-8 body regions involved
CPT-I	98929	Osteopathic manipulative treatment (OMT); 9-10 body regions involved
CPT-I	98940	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions
CPT-I	98941	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions
CPT-I	98942	Chiropractic manipulative treatment (CMT); spinal, 5 regions

Type of Code	Code	Description
CPT-I	98943	Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions
CPT-I	98960	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient
CPT-I	98961	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients
CPT-I	98962	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients
CPT-I	98966	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

Type of Code	Code	Description
CPT-I	98970	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
CPT-I	98971	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes
CPT-I	98972	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes
CPT-I-COVID	99072	Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other non-facility service(s), when performed during a Public Health Emergency, as defined by law, due to respiratory-transmitted infectious disease
CPT-I	99091	Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days
CPT-I	99100	Anesthesia for patient of extreme age, younger than 1 year and older than 70 (List separately in addition to code for primary anesthesia procedure)

Type of Code	Code	Description
CPT-I	99116	Anesthesia complicated by utilization of total body hypothermia (List separately in addition to code for primary anesthesia procedure)
CPT-I	99135	Anesthesia complicated by utilization of controlled hypotension (List separately in addition to code for primary anesthesia procedure)
CPT-I	99140	Anesthesia complicated by emergency conditions (specify) (List separately in addition to code for primary anesthesia procedure)
CPT-I	99151	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient younger than 5 years of age
CPT-I	99152	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older

Type of Code	Code	Description
CPT-I	99153	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)
CPT-I	99155	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient younger than 5 years of age
CPT-I	99156	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older
CPT-I	99157	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)

Type of Code	Code	Description
CPT-I	99170	Anogenital examination, magnified, in childhood for suspected trauma, including image recording when performed
CPT-I	99173	Screening test of visual acuity, quantitative, bilateral
CPT-I	99175	Ipecac or similar administration for individual emesis and continued observation until stomach adequately emptied of poison
CPT-I	99177	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis
CPT-I	99184	Initiation of selective head or total body hypothermia in the critically ill neonate, includes appropriate patient selection by review of clinical, imaging and laboratory data, confirmation of esophageal temperature probe location, evaluation of amplitude EEG, supervision of controlled hypothermia, and assessment of patient tolerance of cooling
CPT-I	99190	Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); each hour
CPT-I	99191	Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); 45 minutes
CPT-I	99192	Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); 30 minutes
CPT-I	99195	Phlebotomy, therapeutic (separate procedure)

Type of Code	Code	Description
CPT-I	99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.
CPT-I	99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.
CPT-I	99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.
CPT-I	99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.
CPT-I	99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional

Type of Code	Code	Description
CPT-I	99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.
CPT-I	99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.
CPT-I	99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.
CPT-I	99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.

Type of Code	Code	Description
CPT-I	99217	Observation care discharge day management (This code is to be utilized to report all services provided to a patient on discharge from outpatient hospital "observation status" if the discharge is on other than the initial date of "observation status." To report services to a patient designated as "observation status" or "inpatient status" and discharged on the same date, use the codes for Observation or Inpatient Care Services [including Admission and Discharge Services, 99234-99236 as appropriate.])
CPT-I	99218	Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.

Type of Code	Code	Description
CPT-I	99219	Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.
CPT-I	99220	Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.

Type of Code	Code	Description
CPT-I	99221	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.
CPT-I	99222	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.

Type of Code	Code	Description
CPT-I	99223	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.
CPT-I	99224	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: Problem focused interval history; Problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.

Type of Code	Code	Description
CPT-I	99225	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.
CPT-I	99226	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.

Type of Code	Code	Description
CPT-I	99231	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.
CPT-I	99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.

Type of Code	Code	Description
CPT-I	99233	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.
CPT-I	99234	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.

Type of Code	Code	Description
CPT-I	99235	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.
CPT-I	99236	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of high severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.
CPT-I	99238	Hospital discharge day management; 30 minutes or less

Type of Code	Code	Description
CPT-I	99239	Hospital discharge day management; more than 30 minutes
CPT-I	99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.
CPT-I	99242	Office consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.

Type of Code	Code	Description
CPT-I	99243	Office consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.
CPT-I	99244	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.

Type of Code	Code	Description
CPT-I	99245	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 80 minutes are spent face-to-face with the patient and/or family.
CPT-I	99251	Inpatient consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 20 minutes are spent at the bedside and on the patient's hospital floor or unit.

Type of Code	Code	Description
CPT-I	99252	Inpatient consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.
CPT-I	99253	Inpatient consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.

Type of Code	Code	Description
CPT-I	99254	Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 80 minutes are spent at the bedside and on the patient's hospital floor or unit.
CPT-I	99255	Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 110 minutes are spent at the bedside and on the patient's hospital floor or unit.

Type of Code	Code	Description
CPT-I	99281	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.
CPT-I	99282	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.

Type of Code	Code	Description
CPT-I	99283	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.
CPT-I	99284	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician, or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function.

Type of Code	Code	Description
CPT-I	99285	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.
CPT-I	99288	Physician or other qualified health care professional direction of emergency medical systems (EMS) emergency care, advanced life support
CPT-I	99291	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes
CPT-I	99292	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)

Type of Code	Code	Description
CPT-I	99304	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.
CPT-I	99305	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.

Type of Code	Code	Description
CPT-I	99306	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 45 minutes are spent at the bedside and on the patient's facility floor or unit.
CPT-I	99307	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 10 minutes are spent at the bedside and on the patient's facility floor or unit.

Type of Code	Code	Description
CPT-I	99308	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 15 minutes are spent at the bedside and on the patient's facility floor or unit.
CPT-I	99309	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.

Type of Code	Code	Description
CPT-I	99310	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.
CPT-I	99315	Nursing facility discharge day management; 30 minutes or less
CPT-I	99316	Nursing facility discharge day management; more than 30 minutes

Type of Code	Code	Description
CPT-I	99318	Evaluation and management of a patient involving an annual nursing facility assessment, which requires these 3 key components: A detailed interval history; A comprehensive examination; and Medical decision making that is of low to moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 30 minutes are spent at the bedside and on the patient's facility floor or unit.
CPT-I	99324	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 20 minutes are spent with the patient and/or family or caregiver.

Type of Code	Code	Description
CPT-I	99325	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent with the patient and/or family or caregiver.
CPT-I	99326	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent with the patient and/or family or caregiver.

Type of Code	Code	Description
CPT-I	99327	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent with the patient and/or family or caregiver.
CPT-I	99328	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent with the patient and/or family or caregiver.

Type of Code	Code	Description
CPT-I	99334	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 15 minutes are spent with the patient and/or family or caregiver.
CPT-I	99335	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent with the patient and/or family or caregiver.

Type of Code	Code	Description
CPT-I	99336	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent with the patient and/or family or caregiver.
CPT-I	99337	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 minutes are spent with the patient and/or family or caregiver.

Type of Code	Code	Description
CPT-I	99339	Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes
CPT-I	99340	Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more

Type of Code	Code	Description
CPT-I	99341	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.
CPT-I	99342	Home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.

Type of Code	Code	Description
CPT-I	99343	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.
CPT-I	99344	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.

Type of Code	Code	Description
CPT-I	99345	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent face-to-face with the patient and/or family.
CPT-I	99347	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.

Type of Code	Code	Description
CPT-I	99348	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.
CPT-I	99349	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.

Type of Code	Code	Description
CPT-I	99350	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 minutes are spent face-to-face with the patient and/or family.
CPT-I	99354	Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service; first hour (List separately in addition to code for outpatient Evaluation and Management or psychotherapy service, except with office or other outpatient services [99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215])
CPT-I	99355	Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)

Type of Code	Code	Description
CPT-I	99356	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient or observation Evaluation and Management service)
CPT-I	99357	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)
CPT-I	99358	Prolonged evaluation and management service before and/or after direct patient care; first hour
CPT-I	99359	Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (List separately in addition to code for prolonged service)
CPT-I	99360	Standby service, requiring prolonged attendance, each 30 minutes (eg, operative standby, standby for frozen section, for cesarean/high risk delivery, for monitoring EEG)
CPT-I	99366	Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professional
CPT-I	99367	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician

Type of Code	Code	Description
CPT-I	99368	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified health care professional
CPT-I	99377	Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes
CPT-I	99378	Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more

Type of Code	Code	Description
CPT-I	99379	Supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes
CPT-I	99380	Supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more

Type of Code	Code	Description
CPT-I	99381	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year)
CPT-I	99382	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years)
CPT-I	99383	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years)
CPT-I	99384	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)

Type of Code	Code	Description
CPT-I	99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years
CPT-I	99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years
CPT-I	99387	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 65 years and older
CPT-I	99391	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; infant (age younger than 1 year)

Type of Code	Code	Description
CPT-I	99392	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years)
CPT-I	99393	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years)
CPT-I	99394	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years)
CPT-I	99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years

Type of Code	Code	Description
CPT-I	99396	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years
CPT-I	99397	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 65 years and older
CPT-I	99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes
CPT-I	99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes
CPT-I	99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes
CPT-I	99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes
CPT-I	99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
CPT-I	99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes

Type of Code	Code	Description
CPT-I	99408	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes
CPT-I	99409	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes
CPT-I	99411	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes
CPT-I	99412	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes
CPT-I	99415	Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (List separately in addition to code for outpatient Evaluation and Management service)
CPT-I	99416	Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes (List separately in addition to code for prolonged service)

Type of Code	Code	Description
CPT-I	99417	Prolonged office or other outpatient evaluation and management service(s) beyond the minimum required time of the primary procedure which has been selected using total time, requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service, each 15 minutes of total time (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services)
CPT-I	99418	Prolonged inpatient or observation evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the inpatient and observation Evaluation and Management service)
CPT-I	99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
CPT-I	99422	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes
CPT-I	99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes

Type of Code	Code	Description
CPT-I	99439	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; each additional 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)
CPT-I	99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

Type of Code	Code	Description
CPT-I	99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion
CPT-I	99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion
CPT-I	99446	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review

Type of Code	Code	Description
CPT-I	99447	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review
CPT-I	99448	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review
CPT-I	99449	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review
CPT-I	99453	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment
CPT-I	99454	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days

Type of Code	Code	Description
CPT-I	99460	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant
CPT-I	99461	Initial care, per day, for evaluation and management of normal newborn infant seen in other than hospital or birthing center
CPT-I	99462	Subsequent hospital care, per day, for evaluation and management of normal newborn
CPT-I	99463	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant admitted and discharged on the same date
CPT-I	99464	Attendance at delivery (when requested by the delivering physician or other qualified health care professional) and initial stabilization of newborn
CPT-I	99465	Delivery/birthing room resuscitation, provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output
CPT-I	99466	Critical care face-to-face services, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or younger; first 30-74 minutes of hands-on care during transport
CPT-I	99467	Critical care face-to-face services, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or younger; each additional 30 minutes (List separately in addition to code for primary service)

Type of Code	Code	Description
CPT-I	99468	Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger
CPT-I	99469	Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger
CPT-I	99471	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age
CPT-I	99472	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age
CPT-I	99475	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age
CPT-I	99476	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age
CPT-I	99477	Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or younger, who requires intensive observation, frequent interventions, and other intensive care services
CPT-I	99478	Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1500 grams)
CPT-I	99479	Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight of 1500-2500 grams)

Type of Code	Code	Description
CPT-I	99480	Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams)
CPT-I	99485	Supervision by a control physician of interfacility transport care of the critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility and during the transport, including data interpretation and report; first 30 minutes
CPT-I	99486	Supervision by a control physician of interfacility transport care of the critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility and during the transport, including data interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)
CPT-I	99487	Complex chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored, moderate or high complexity medical decision making; first 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.

Type of Code	Code	Description
CPT-I	99489	Complex chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored, moderate or high complexity medical decision making; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)
CPT-I	99491	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.

Type of Code	Code	Description
CPT-I	99492	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional, initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan, review by the psychiatric consultant with modifications of the plan if recommended, entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant, and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.

Type of Code	Code	Description
CPT-I	99493	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation, participation in weekly caseload consultation with the psychiatric consultant, ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers, additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant, provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies, monitoring of patient outcomes using validated rating scales, and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.

Type of Code	Code	Description
CPT-I	99494	Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure)
CPT-I	99495	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of at least moderate complexity during the service period Face-to-face visit, within 14 calendar days of discharge
CPT-I	99496	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of high complexity during the service period Face-to-face visit, within 7 calendar days of discharge
CPT-I	99601	Home infusion/specialty drug administration, per visit (up to 2 hours)
CPT-I	99602	Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure)

Type of Code	Code	Description
CPT-I-COVID	0001A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted; first dose
CPT-II	0001F	Heart failure assessed (includes assessment of all the following components) (CAD): Blood pressure measured (2000F) Level of activity assessed (1003F) Clinical symptoms of volume overload (excess) assessed (1004F) Weight, recorded (2001F) Clinical signs of volume overload (excess) assessed (2002F)
CPT-I-COVID	0002A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted; second dose
CPT-MAAA	0002M	Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilizing serum, prognostic algorithm reported as quantitative scores for fibrosis, steatosis and alcoholic steatohepatitis (ASH)
CPT-I-COVID	0003A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted; third dose

Type of Code	Code	Description
CPT-MAAA	0003M	Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilizing serum, prognostic algorithm reported as quantitative scores for fibrosis, steatosis and nonalcoholic steatohepatitis (NASH)
CPT-I-COVID	0004A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted; booster dose
CPT-II	0005F	Osteoarthritis assessed (OA) Includes assessment of all the following components: Osteoarthritis symptoms and functional status assessed (1006F) Use of anti-inflammatory or over-the-counter (OTC) analgesic medications assessed (1007F) Initial examination of the involved joint(s) (includes visual inspection, palpation, range of motion) (2004F)
CPT-I-COVID	0011A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5 mL dosage; first dose
CPT-I-COVID	0012A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5 mL dosage; second dose

Type of Code	Code	Description
CPT-II	0012F	Community-acquired bacterial pneumonia assessment (includes all of the following components) (CAP): Co-morbid conditions assessed (1026F) Vital signs recorded (2010F) Mental status assessed (2014F) Hydration status assessed (2018F)
CPT-I-COVID	0013A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5 mL dosage; third dose
CPT-II	0014F	Comprehensive preoperative assessment performed for cataract surgery with intraocular lens (IOL) placement (includes assessment of all of the following components) (EC): Dilated fundus evaluation performed within 12 months prior to cataract surgery (2020F) Pre-surgical (cataract) axial length, corneal power measurement and method of intraocular lens power calculation documented (must be performed within 12 months prior to surgery) (3073F) Preoperative assessment of functional or medical indication(s) for surgery prior to the cataract surgery with intraocular lens placement (must be performed within 12 months prior to cataract surgery) (3325F)
CPT-II	0015F	Melanoma follow up completed (includes assessment of all of the following components) (ML): History obtained regarding new or changing moles (1050F) Complete physical skin exam performed (2029F) Patient counseled to perform a monthly self skin examination (5005F)

Type of Code	Code	Description
CPT-I-COVID	0031A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x1010 viral particles/0.5 mL dosage; single dose
CPT-I-COVID	0034A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x1010 viral particles/0.5 mL dosage; booster dose
CPT-I-COVID	0041A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage; first dose
CPT-I-COVID	0042A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage; second dose

Type of Code	Code	Description
CPT-I-COVID	0044A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage, booster dose
CPT-I-COVID	0051A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; first dose
CPT-I-COVID	0052A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; second dose
CPT-I-COVID	0053A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; third dose
CPT-I-COVID	0054A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, booster dose

Type of Code	Code	Description
CPT-I-COVID	0054A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; booster dose
CPT-I-COVID	0064A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, booster dose
CPT-I-COVID	0071A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose
CPT-I-COVID	0072A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second dose
CPT-I-COVID	0073A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; third dose

Type of Code	Code	Description
CPT-I-COVID	0074A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; booster dose
CPT-I-COVID	0081A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose
CPT-I-COVID	0082A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second dose
CPT-I-COVID	0083A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; third dose

Type of Code	Code	Description
CPT-I-COVID	0091A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; first dose, when administered to individuals 6 through 11 years
CPT-I-COVID	0092A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; second dose, when administered to individuals 6 through 11 years
CPT-I-COVID	0093A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; third dose, when administered to individuals 6 through 11 years
CPT-I-COVID	0094A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; booster dose, when administered to individuals 18 years and over
CPT-III	0095T	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)

Type of Code	Code	Description
CPT-III	0098T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)
CPT-I-COVID	0111A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage; first dose
CPT-I-COVID	0112A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage; second dose
CPT-I-COVID	0113A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage; third dose
CPT-I-COVID	0124A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, booster dose

Type of Code	Code	Description
CPT-I-COVID	0134A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, booster dose
CPT-I-COVID	0164A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, spike protein, bivalent, preservative free, 10 mcg/0.2 mL dosage, booster dose
CPT-III	0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)
CPT-III	0165T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)
CPT-I-COVID	0173A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, third dos
CPT-III	0449T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device

Type of Code	Code	Description
CPT-II	0500F	Initial prenatal care visit (report at first prenatal encounter with health care professional providing obstetrical care. Report also date of visit and, in a separate field, the date of the last menstrual period [LMP]) (Prenatal)
CPT-II	0501F	Prenatal flow sheet documented in medical record by first prenatal visit (documentation includes at minimum blood pressure, weight, urine protein, uterine size, fetal heart tones, and estimated date of delivery). Report also: date of visit and, in a separate field, the date of the last menstrual period [LMP] (Note: If reporting 0501F Prenatal flow sheet, it is not necessary to report 0500F Initial prenatal care visit) (Prenatal)
CPT-II	0502F	Subsequent prenatal care visit (Prenatal) [Excludes: patients who are seen for a condition unrelated to pregnancy or prenatal care (eg, an upper respiratory infection; patients seen for consultation only, not for continuing care)]
CPT-II	0503F	Postpartum care visit (Prenatal)
CPT-II	0505F	Hemodialysis plan of care documented (ESRD, P-ESRD)
CPT-II	0507F	Peritoneal dialysis plan of care documented (ESRD)
CPT-II	0509F	Urinary incontinence plan of care documented (GER)
CPT-II	0513F	Elevated blood pressure plan of care documented (CKD)
CPT-II	0514F	Plan of care for elevated hemoglobin level documented for patient receiving Erythropoiesis-Stimulating Agent therapy (ESA) (CKD)
CPT-II	0516F	Anemia plan of care documented (ESRD)

Type of Code	Code	Description
CPT-II	0517F	Glaucoma plan of care documented (EC)
CPT-II	0518F	Falls plan of care documented (GER)
CPT-II	0519F	Planned chemotherapy regimen, including at a minimum: drug(s) prescribed, dose, and duration, documented prior to initiation of a new treatment regimen (ONC)
CPT-II	0520F	Radiation dose limits to normal tissues established prior to the initiation of a course of 3D conformal radiation for a minimum of 2 tissue/organ (ONC)
CPT-II	0521F	Plan of care to address pain documented (COA) (ONC)
CPT-II	0525F	Initial visit for episode (BkP)
CPT-II	0526F	Subsequent visit for episode (BkP)
CPT-II	0528F	Recommended follow-up interval for repeat colonoscopy of at least 10 years documented in colonoscopy report (End/Polyp)
CPT-II	0529F	Interval of 3 or more years since patient's last colonoscopy, documented (End/Polyp)
CPT-II	0535F	Dyspnea management plan of care, documented (Pall Cr)
CPT-II	0540F	Glucorticoid Management Plan Documented (RA)
CPT-II	0545F	Plan for follow-up care for major depressive disorder, documented (MDD ADOL)
CPT-II	0550F	Cytopathology report on routine nongynecologic specimen finalized within two working days of accession date (PATH)
CPT-II	0551F	Cytopathology report on nongynecologic specimen with documentation that the specimen was non-routine (PATH)
CPT-II	0555F	Symptom management plan of care documented (HF)

Type of Code	Code	Description
CPT-II	0556F	Plan of care to achieve lipid control documented (CAD)
CPT-II	0557F	Plan of care to manage anginal symptoms documented (CAD)
CPT-II	0575F	HIV RNA control plan of care, documented (HIV)
CPT-II	0580F	Multidisciplinary care plan developed or updated (ALS)
CPT-II	0581F	Patient transferred directly from anesthetizing location to critical care unit (Peri2)
CPT-II	0582F	Patient not transferred directly from anesthetizing location to critical care unit (Peri2)
CPT-II	0583F	Transfer of care checklist used (Peri2)
CPT-II	0584F	Transfer of care checklist not used (Peri2)
CPT-III	0715T	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)
CPT-III	0722T	Quantitative computed tomography (CT) tissue characterization, including interpretation and report, obtained with concurrent CT examination of any structure contained in the concurrently acquired diagnostic imaging dataset (List separately in addition to code for primary procedure)
CPT-III	0724T	Quantitative magnetic resonance cholangiopancreatography (QMRCP) including data preparation and transmission, interpretation and report, obtained with diagnostic magnetic resonance imaging (MRI) examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure)

Type of Code	Code	Description
CPT-III	0735T	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with primary craniotomy (List separately in addition to code for primary procedure)
CPT-II	1000F	Tobacco use assessed (CAD, CAP, COPD, PV) (DM)
CPT-II	1002F	Anginal symptoms and level of activity assessed (NMA-No Measure Associated)
CPT-II	1003F	Level of activity assessed (NMA-No Measure Associated)
CPT-II	1004F	Clinical symptoms of volume overload (excess) assessed (NMA-No Measure Associated)
CPT-II	1005F	Asthma symptoms evaluated (includes documentation of numeric frequency of symptoms or patient completion of an asthma assessment tool/survey/questionnaire) (NMA-No Measure Associated)
CPT-II	1006F	Osteoarthritis symptoms and functional status assessed (may include the use of a standardized scale or the completion of an assessment questionnaire, such as the SF-36, AAOS Hip & Knee Questionnaire) (OA) [Instructions: Report when osteoarthritis is addressed during the patient encounter]
CPT-II	1007F	Use of anti-inflammatory or analgesic over-the-counter (OTC) medications for symptom relief assessed (OA)
CPT-II	1008F	Gastrointestinal and renal risk factors assessed for patients on prescribed or OTC non-steroidal anti-inflammatory drug (NSAID) (OA)
CPT-II	1010F	Severity of angina assessed by level of activity (CAD)
CPT-II	1011F	Angina present (CAD)

Type of Code	Code	Description
CPT-II	1012F	Angina absent (CAD)
CPT-II	1015F	Chronic obstructive pulmonary disease (COPD) symptoms assessed (Includes assessment of at least 1 of the following: dyspnea, cough/sputum, wheezing), or respiratory symptom assessment tool completed (COPD)
CPT-II	1018F	Dyspnea assessed, not present (COPD)
CPT-II	1019F	Dyspnea assessed, present (COPD)
CPT-II	1022F	Pneumococcus immunization status assessed (CAP, COPD)
CPT-II	1026F	Co-morbid conditions assessed (eg, includes assessment for presence or absence of: malignancy, liver disease, congestive heart failure, cerebrovascular disease, renal disease, chronic obstructive pulmonary disease, asthma, diabetes, other co-morbid conditions) (CAP)
CPT-II	1030F	Influenza immunization status assessed (CAP)
CPT-II	1031F	Smoking status and exposure to second hand smoke in the home assessed (Asthma)
CPT-II	1032F	Current tobacco smoker or currently exposed to secondhand smoke (Asthma)
CPT-II	1033F	Current tobacco non-smoker and not currently exposed to secondhand smoke (Asthma)
CPT-II	1034F	Current tobacco smoker (CAD, CAP, COPD, PV) (DM)
CPT-II	1035F	Current smokeless tobacco user (eg, chew, snuff) (PV)
CPT-II	1036F	Current tobacco non-user (CAD, CAP, COPD, PV) (DM) (IBD)
CPT-II	1038F	Persistent asthma (mild, moderate or severe) (Asthma)
CPT-II	1039F	Intermittent asthma (Asthma)

Type of Code	Code	Description
CPT-II	1040F	DSM-5 criteria for major depressive disorder documented at the initial evaluation (MDD, MDD ADOL)
CPT-II	1050F	History obtained regarding new or changing moles (ML)
CPT-II	1052F	Type, anatomic location, and activity all assessed (IBD)
CPT-II	1055F	Visual functional status assessed (EC)
CPT-II	1060F	Documentation of permanent or persistent or paroxysmal atrial fibrillation (STR)
CPT-II	1061F	Documentation of absence of permanent and persistent and paroxysmal atrial fibrillation (STR)
CPT-II	1065F	Ischemic stroke symptom onset of less than 3 hours prior to arrival (STR)
CPT-II	1066F	Ischemic stroke symptom onset greater than or equal to 3 hours prior to arrival (STR)
CPT-II	1070F	Alarm symptoms (involuntary weight loss, dysphagia, or gastrointestinal bleeding) assessed; none present (GERD)
CPT-II	1071F	Alarm symptoms (involuntary weight loss, dysphagia, or gastrointestinal bleeding) assessed; 1 or more present (GERD)
CPT-II	1090F	Presence or absence of urinary incontinence assessed (GER)
CPT-II	1091F	Urinary incontinence characterized (eg, frequency, volume, timing, type of symptoms, how bothersome) (GER)
CPT-II	1100F	Patient screened for future fall risk; documentation of 2 or more falls in the past year or any fall with injury in the past year (GER)

Type of Code	Code	Description
CPT-II	1101F	Patient screened for future fall risk; documentation of no falls in the past year or only 1 fall without injury in the past year (GER)
CPT-II	1110F	Patient discharged from an inpatient facility (eg, hospital, skilled nursing facility, or rehabilitation facility) within the last 60 days (GER)
CPT-II	1111F	Discharge medications reconciled with the current medication list in outpatient medical record (COA) (GER)
CPT-II	1116F	Auricular or periauricular pain assessed (AOE)
CPT-II	1118F	GERD symptoms assessed after 12 months of therapy (GERD)
CPT-II	1119F	Initial evaluation for condition (HEP C)(EPI, DSP)
CPT-II	1121F	Subsequent evaluation for condition (HEP C)(EPI)
CPT-II	1123F	Advance Care Planning discussed and documented advance care plan or surrogate decision maker documented in the medical record (DEM) (GER, Pall Cr)
CPT-II	1124F	Advance Care Planning discussed and documented in the medical record, patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan (DEM) (GER, Pall Cr)
CPT-II	1125F	Pain severity quantified; pain present (COA) (ONC)
CPT-II	1126F	Pain severity quantified; no pain present (COA) (ONC)
CPT-II	1127F	New episode for condition (NMA-No Measure Associated)
CPT-II	1128F	Subsequent episode for condition (NMA-No Measure Associated)

Type of Code	Code	Description
CPT-II	1130F	Back pain and function assessed, including all of the following: Pain assessment and functional status and patient history, including notation of presence or absence of "red flags" (warning signs) and assessment of prior treatment and response, and employment status (BkP)
CPT-II	1134F	Episode of back pain lasting 6 weeks or less (BkP)
CPT-II	1135F	Episode of back pain lasting longer than 6 weeks (BkP)
CPT-II	1136F	Episode of back pain lasting 12 weeks or less (BkP)
CPT-II	1137F	Episode of back pain lasting longer than 12 weeks (BkP)
CPT-II	1150F	Documentation that a patient has a substantial risk of death within 1 year (Pall Cr)
CPT-II	1151F	Documentation that a patient does not have a substantial risk of death within one year (Pall Cr)
CPT-II	1152F	Documentation of advanced disease diagnosis, goals of care prioritize comfort (Pall Cr)
CPT-II	1153F	Documentation of advanced disease diagnosis, goals of care do not prioritize comfort (Pall Cr)
CPT-II	1157F	Advance care plan or similar legal document present in the medical record (COA)
CPT-II	1158F	Advance care planning discussion documented in the medical record (COA)
CPT-II	1159F	Medication list documented in medical record (COA)
CPT-II	1160F	Review of all medications by a prescribing practitioner or clinical pharmacist (such as, prescriptions, OTCs, herbal therapies and supplements) documented in the medical record (COA)
CPT-II	1170F	Functional status assessed (COA) (RA)

Type of Code	Code	Description
CPT-II	1175F	Functional status for dementia assessed and results reviewed (DEM)
CPT-II	1180F	All specified thromboembolic risk factors assessed (AFIB)
CPT-II	1181F	Neuropsychiatric symptoms assessed and results reviewed (DEM)
CPT-II	1182F	Neuropsychiatric symptoms, one or more present (DEM)
CPT-II	1183F	Neuropsychiatric symptoms, absent (DEM)
CPT-II	1200F	Seizure type(s) and current seizure frequency(ies) documented (EPI)
CPT-II	1205F	Etiology of epilepsy or epilepsy syndrome(s) reviewed and documented (EPI)
CPT-II	1220F	Patient screened for depression (SUD)
CPT-II	1400F	Parkinson's disease diagnosis reviewed (Prkns)
CPT-II	1450F	Symptoms improved or remained consistent with treatment goals since last assessment (HF)
CPT-II	1451F	Symptoms demonstrated clinically important deterioration since last assessment (HF)
CPT-II	1460F	Qualifying cardiac event/diagnosis in previous 12 months (CAD)
CPT-II	1461F	No qualifying cardiac event/diagnosis in previous 12 months (CAD)
CPT-II	1490F	Dementia severity classified, mild (DEM)
CPT-II	1491F	Dementia severity classified, moderate (DEM)
CPT-II	1493F	Dementia severity classified, severe (DEM)
CPT-II	1494F	Cognition assessed and reviewed (DEM)
CPT-II	1500F	Symptoms and signs of distal symmetric polyneuropathy reviewed and documented (DSP)

Type of Code	Code	Description
CPT-II	1501F	Not initial evaluation for condition (DSP)
CPT-II	1502F	Patient queried about pain and pain interference with function using a valid and reliable instrument (DSP)
CPT-II	1503F	Patient queried about symptoms of respiratory insufficiency (ALS)
CPT-II	1504F	Patient has respiratory insufficiency (ALS)
CPT-II	1505F	Patient does not have respiratory insufficiency (ALS)
CPT-II	2000F	Blood pressure measured (CKD)(DM)
CPT-II	2001F	Weight recorded (PAG)
CPT-II	2002F	Clinical signs of volume overload (excess) assessed (NMA-No Measure Associated)
CPT-II	2004F	Initial examination of the involved joint(s) (includes visual inspection, palpation, range of motion) (OA) [Instructions: Report only for initial osteoarthritis visit or for visits for new joint involvement]
CPT-II	2010F	Vital signs (temperature, pulse, respiratory rate, and blood pressure) documented and reviewed (CAP) (EM)
CPT-II	2014F	Mental status assessed (CAP) (EM)
CPT-II	2015F	Asthma impairment assessed (Asthma)
CPT-II	2016F	Asthma risk assessed (Asthma)
CPT-II	2018F	Hydration status assessed (normal/mildly dehydrated/severely dehydrated) (CAP)
CPT-II	2019F	Dilated macular exam performed, including documentation of the presence or absence of macular thickening or hemorrhage and the level of macular degeneration severity (EC)
CPT-II	2020F	Dilated fundus evaluation performed within 12 months prior to cataract surgery (EC)

Type of Code	Code	Description
CPT-II	2021F	Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema and level of severity of retinopathy (EC)
CPT-II	2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy (DM)
CPT-II	2023F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM)
CPT-II	2024F	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy (DM)
CPT-II	2025F	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM)
CPT-II	2026F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; with evidence of retinopathy (DM)
CPT-II	2027F	Optic nerve head evaluation performed (EC)
CPT-II	2028F	Foot examination performed (includes examination through visual inspection, sensory exam with monofilament, and pulse exam - report when any of the 3 components are completed) (DM)
CPT-II	2029F	Complete physical skin exam performed (ML)
CPT-II	2030F	Hydration status documented, normally hydrated (PAG)

Type of Code	Code	Description
CPT-II	2031F	Hydration status documented, dehydrated (PAG)
CPT-II	2033F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; without evidence of retinopathy (DM)
CPT-II	2035F	Tympanic membrane mobility assessed with pneumatic otoscopy or tympanometry (OME)
CPT-II	2040F	Physical examination on the date of the initial visit for low back pain performed, in accordance with specifications (BkP)
CPT-II	2044F	Documentation of mental health assessment prior to intervention (back surgery or epidural steroid injection) or for back pain episode lasting longer than 6 weeks (BkP)
CPT-II	2050F	Wound characteristics including size and nature of wound base tissue and amount of drainage prior to debridement documented (CWC)
CPT-II	2060F	Patient interviewed directly on or before date of diagnosis of major depressive disorder (MDD ADOL)
CPT-II	3006F	Chest X-ray results documented and reviewed (CAP)
CPT-II	3008F	Body Mass Index (BMI), documented (PV)
CPT-II	3011F	Lipid panel results documented and reviewed (must include total cholesterol, HDL-C, triglycerides and calculated LDL-C) (CAD)
CPT-II	3014F	Screening mammography results documented and reviewed (PV)
CPT-II	3015F	Cervical cancer screening results documented and reviewed (PV)

Type of Code	Code	Description
CPT-II	3016F	Patient screened for unhealthy alcohol use using a systematic screening method (PV) (DSP)
CPT-II	3017F	Colorectal cancer screening results documented and reviewed (PV)
CPT-II	3018F	Pre-procedure risk assessment and depth of insertion and quality of the bowel prep and complete description of polyp(s) found, including location of each polyp, size, number and gross morphology and recommendations for follow-up in final colonoscopy report documented (End/Polyp)
CPT-II	3019F	Left ventricular ejection fraction (LVEF) assessment planned post discharge (HF)
CPT-II	3020F	Left ventricular function (LVF) assessment (eg, echocardiography, nuclear test, or ventriculography) documented in the medical record (Includes quantitative or qualitative assessment results) (NMA-No Measure Associated)
CPT-II	3021F	Left ventricular ejection fraction (LVEF) less than 40% or documentation of moderately or severely depressed left ventricular systolic function (CAD, HF)
CPT-II	3022F	Left ventricular ejection fraction (LVEF) greater than or equal to 40% or documentation as normal or mildly depressed left ventricular systolic function (CAD, HF)
CPT-II	3023F	Spirometry results documented and reviewed (COPD)
CPT-II	3025F	Spirometry test results demonstrate FEV1/FVC less than 70% with COPD symptoms (eg, dyspnea, cough/sputum, wheezing) (CAP, COPD)

Type of Code	Code	Description
CPT-II	3027F	Spirometry test results demonstrate FEV1/FVC greater than or equal to 70% or patient does not have COPD symptoms (COPD)
CPT-II	3028F	Oxygen saturation results documented and reviewed (includes assessment through pulse oximetry or arterial blood gas measurement) (CAP, COPD) (EM)
CPT-II	3035F	Oxygen saturation less than or equal to 88% or a PaO2 less than or equal to 55 mm Hg (COPD)
CPT-II	3037F	Oxygen saturation greater than 88% or PaO2 greater than 55 mm Hg (COPD)
CPT-II	3038F	Pulmonary function test performed within 12 months prior to surgery (Lung/Esop Cx)
CPT-II	3040F	Functional expiratory volume (FEV1) less than 40% of predicted value (COPD)
CPT-II	3042F	Functional expiratory volume (FEV1) greater than or equal to 40% of predicted value (COPD)
CPT-II	3044F	Most recent hemoglobin A1c (HbA1c) level less than 7.0% (DM)
CPT-II	3046F	Most recent hemoglobin A1c level greater than 9.0% (DM)
CPT-II	3048F	Most recent LDL-C less than 100 mg/dL (CAD) (DM)
CPT-II	3049F	Most recent LDL-C 100-129 mg/dL (CAD) (DM)
CPT-II	3050F	Most recent LDL-C greater than or equal to 130 mg/dL (CAD) (DM)
CPT-II	3051F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% (DM)
CPT-II	3052F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% (DM)

Type of Code	Code	Description
CPT-II	3055F	Left ventricular ejection fraction (LVEF) less than or equal to 35% (HF)
CPT-II	3056F	Left ventricular ejection fraction (LVEF) greater than 35% or no LVEF result available (HF)
CPT-II	3060F	Positive microalbuminuria test result documented and reviewed (DM)
CPT-II	3061F	Negative microalbuminuria test result documented and reviewed (DM)
CPT-II	3062F	Positive macroalbuminuria test result documented and reviewed (DM)
CPT-II	3066F	Documentation of treatment for nephropathy (eg, patient receiving dialysis, patient being treated for ESRD, CRF, ARF, or renal insufficiency, any visit to a nephrologist) (DM)
CPT-II	3072F	Low risk for retinopathy (no evidence of retinopathy in the prior year) (DM)
CPT-II	3073F	Pre-surgical (cataract) axial length, corneal power measurement and method of intraocular lens power calculation documented within 12 months prior to surgery (EC)
CPT-II	3074F	Most recent systolic blood pressure less than 130 mm Hg (DM) (HTN, CKD, CAD)
CPT-II	3075F	Most recent systolic blood pressure 130-139 mm Hg (DM) (HTN, CKD, CAD)
CPT-II	3077F	Most recent systolic blood pressure greater than or equal to 140 mm Hg (HTN, CKD, CAD) (DM)
CPT-II	3078F	Most recent diastolic blood pressure less than 80 mm Hg (HTN, CKD, CAD) (DM)

Type of Code	Code	Description
CPT-II	3079F	Most recent diastolic blood pressure 80-89 mm Hg (HTN, CKD, CAD) (DM)
CPT-II	3080F	Most recent diastolic blood pressure greater than or equal to 90 mm Hg (HTN, CKD, CAD) (DM)
CPT-II	3082F	Kt/V less than 1.2 (Clearance of urea [Kt]/volume [V]) (ESRD, P-ESRD)
CPT-II	3083F	Kt/V equal to or greater than 1.2 and less than 1.7 (Clearance of urea [Kt]/volume [V]) (ESRD, P-ESRD)
CPT-II	3084F	Kt/V greater than or equal to 1.7 (Clearance of urea [Kt]/volume [V]) (ESRD, P-ESRD)
CPT-II	3085F	Suicide risk assessed (MDD, MDD ADOL)
CPT-II	3088F	Major depressive disorder, mild (MDD)
CPT-II	3089F	Major depressive disorder, moderate (MDD)
CPT-II	3090F	Major depressive disorder, severe without psychotic features (MDD)
CPT-II	3091F	Major depressive disorder, severe with psychotic features (MDD)
CPT-II	3092F	Major depressive disorder, in remission (MDD)
CPT-II	3093F	Documentation of new diagnosis of initial or recurrent episode of major depressive disorder (MDD)
CPT-II	3095F	Central dual-energy X-ray absorptiometry (DXA) results documented (OP)(IBD)
CPT-II	3096F	Central dual-energy X-ray absorptiometry (DXA) ordered (OP)(IBD)
CPT-II	3100F	Carotid imaging study report (includes direct or indirect reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement) (STR, RAD)

Type of Code	Code	Description
CPT-II	3110F	Documentation in final CT or MRI report of presence or absence of hemorrhage and mass lesion and acute infarction (STR)
CPT-II	3111F	CT or MRI of the brain performed in the hospital within 24 hours of arrival or performed in an outpatient imaging center, to confirm initial diagnosis of stroke, TIA or intracranial hemorrhage (STR)
CPT-II	3112F	CT or MRI of the brain performed greater than 24 hours after arrival to the hospital or performed in an outpatient imaging center for purpose other than confirmation of initial diagnosis of stroke, TIA, or intracranial hemorrhage (STR)
CPT-II	3115F	Quantitative results of an evaluation of current level of activity and clinical symptoms (HF)
CPT-II	3117F	Heart failure disease specific structured assessment tool completed (HF)
CPT-II	3118F	New York Heart Association (NYHA) Class documented (HF)
CPT-II	3119F	No evaluation of level of activity or clinical symptoms (HF)
CPT-II	3120F	12-Lead ECG Performed (EM)
CPT-II	3126F	Esophageal biopsy report with a statement about dysplasia (present, absent, or indefinite, and if present, contains appropriate grading) (PATH)
CPT-II	3130F	Upper gastrointestinal endoscopy performed (GERD)
CPT-II	3132F	Documentation of referral for upper gastrointestinal endoscopy (GERD)

Type of Code	Code	Description
CPT-II	3140F	Upper gastrointestinal endoscopy report indicates suspicion of Barrett's esophagus (GERD)
CPT-II	3141F	Upper gastrointestinal endoscopy report indicates no suspicion of Barrett's esophagus (GERD)
CPT-II	3142F	Barium swallow test ordered (GERD)
CPT-II	3150F	Forceps esophageal biopsy performed (GERD)
CPT-II	3155F	Cytogenetic testing performed on bone marrow at time of diagnosis or prior to initiating treatment (HEM)
CPT-II	3160F	Documentation of iron stores prior to initiating erythropoietin therapy (HEM)
CPT-II	3170F	Baseline flow cytometry studies performed at time of diagnosis or prior to initiating treatment (HEM)
CPT-II	3200F	Barium swallow test not ordered (GERD)
CPT-II	3210F	Group A Strep Test Performed (PHAR)
CPT-II	3215F	Patient has documented immunity to Hepatitis A (HEP-C)
CPT-II	3216F	Patient has documented immunity to Hepatitis B (HEP-C)(IBD)
CPT-II	3218F	RNA testing for Hepatitis C documented as performed within 6 months prior to initiation of antiviral treatment for Hepatitis C (HEP-C)
CPT-II	3220F	Hepatitis C quantitative RNA testing documented as performed at 12 weeks from initiation of antiviral treatment (HEP-C)
CPT-II	3230F	Documentation that hearing test was performed within 6 months prior to tympanostomy tube insertion (OME)
CPT-II	3250F	Specimen site other than anatomic location of primary tumor (PATH)

Type of Code	Code	Description
CPT-II	3260F	pT category (primary tumor), pN category (regional lymph nodes), and histologic grade documented in pathology report (PATH)
CPT-II	3265F	Ribonucleic acid (RNA) testing for Hepatitis C viremia ordered or results documented (HEP C)
CPT-II	3266F	Hepatitis C genotype testing documented as performed prior to initiation of antiviral treatment for Hepatitis C (HEP C)
CPT-II	3267F	Pathology report includes pT category, pN category, Gleason score, and statement about margin status (PATH)
CPT-II	3268F	Prostate-specific antigen (PSA), and primary tumor (T) stage, and Gleason score documented prior to initiation of treatment (PRCA)
CPT-II	3269F	Bone scan performed prior to initiation of treatment or at any time since diagnosis of prostate cancer (PRCA)
CPT-II	3270F	Bone scan not performed prior to initiation of treatment nor at any time since diagnosis of prostate cancer (PRCA)
CPT-II	3271F	Low risk of recurrence, prostate cancer (PRCA)
CPT-II	3272F	Intermediate risk of recurrence, prostate cancer (PRCA)
CPT-II	3273F	High risk of recurrence, prostate cancer (PRCA)
CPT-II	3274F	Prostate cancer risk of recurrence not determined or neither low, intermediate nor high (PRCA)
CPT-II	3278F	Serum levels of calcium, phosphorus, intact Parathyroid Hormone (PTH) and lipid profile ordered (CKD)
CPT-II	3279F	Hemoglobin level greater than or equal to 13 g/dL (CKD, ESRD)

Type of Code	Code	Description
CPT-II	3280F	Hemoglobin level 11 g/dL to 12.9 g/dL (CKD, ESRD)
CPT-II	3281F	Hemoglobin level less than 11 g/dL (CKD, ESRD)
CPT-II	3284F	Intraocular pressure (IOP) reduced by a value of greater than or equal to 15% from the pre-intervention level (EC)
CPT-II	3285F	Intraocular pressure (IOP) reduced by a value less than 15% from the pre-intervention level (EC)
CPT-II	3288F	Falls risk assessment documented (GER)
CPT-II	3290F	Patient is D (Rh) negative and unsensitized (Pre-Cr)
CPT-II	3291F	Patient is D (Rh) positive or sensitized (Pre-Cr)
CPT-II	3292F	HIV testing ordered or documented and reviewed during the first or second prenatal visit (Pre-Cr)
CPT-II	3293F	ABO and Rh blood typing documented as performed (Pre-Cr)
CPT-II	3294F	Group B Streptococcus (GBS) screening documented as performed during week 35-37 gestation (Pre-Cr)
CPT-II	3300F	American Joint Committee on Cancer (AJCC) stage documented and reviewed (ONC)
CPT-II	3301F	Cancer stage documented in medical record as metastatic and reviewed (ONC)
CPT-II	3315F	Estrogen receptor (ER) or progesterone receptor (PR) positive breast cancer (ONC)
CPT-II	3316F	Estrogen receptor (ER) and progesterone receptor (PR) negative breast cancer (ONC)
CPT-II	3317F	Pathology report confirming malignancy documented in the medical record and reviewed prior to the initiation of chemotherapy (ONC)

Type of Code	Code	Description
CPT-II	3318F	Pathology report confirming malignancy documented in the medical record and reviewed prior to the initiation of radiation therapy (ONC)
CPT-II	3319F	1 of the following diagnostic imaging studies ordered: chest x-ray, CT, Ultrasound, MRI, PET, or nuclear medicine scans (ML)
CPT-II	3320F	None of the following diagnostic imaging studies ordered: chest X-ray, CT, Ultrasound, MRI, PET, or nuclear medicine scans (ML)
CPT-II	3321F	AJCC Cancer Stage 0 or IA Melanoma, documented (ML)
CPT-II	3322F	Melanoma greater than AJCC Stage 0 or IA (ML)
CPT-II	3323F	Clinical tumor, node and metastases (TNM) staging documented and reviewed prior to surgery (Lung/Esop Cx)
CPT-II	3324F	MRI or CT scan ordered, reviewed or requested (EPI)
CPT-II	3325F	Preoperative assessment of functional or medical indication(s) for surgery prior to the cataract surgery with intraocular lens placement (must be performed within 12 months prior to cataract surgery) (EC)
CPT-II	3328F	Performance status documented and reviewed within 2 weeks prior to surgery (Lung/Esop Cx)
CPT-II	3330F	Imaging study ordered (BkP)
CPT-II	3331F	Imaging study not ordered (BkP)
CPT-II	3340F	Mammogram assessment category of "incomplete: need additional imaging evaluation" documented (RAD)
CPT-II	3341F	Mammogram assessment category of "negative," documented (RAD)

Type of Code	Code	Description
CPT-II	3342F	Mammogram assessment category of "benign," documented (RAD)
CPT-II	3343F	Mammogram assessment category of "probably benign," documented (RAD)
CPT-II	3344F	Mammogram assessment category of "suspicious," documented (RAD)
CPT-II	3345F	Mammogram assessment category of "highly suggestive of malignancy," documented (RAD)
CPT-II	3350F	Mammogram assessment category of "known biopsy proven malignancy," documented (RAD)
CPT-II	3351F	Negative screen for depressive symptoms as categorized by using a standardized depression screening/assessment tool (MDD)
CPT-II	3352F	No significant depressive symptoms as categorized by using a standardized depression assessment tool (MDD)
CPT-II	3353F	Mild to moderate depressive symptoms as categorized by using a standardized depression screening/assessment tool (MDD)
CPT-II	3354F	Clinically significant depressive symptoms as categorized by using a standardized depression screening/assessment tool (MDD)
CPT-II	3370F	AJCC Breast Cancer Stage 0 documented (ONC)
CPT-II	3372F	AJCC Breast Cancer Stage I: T1mic, T1a or T1b (tumor size </= 1 cm) documented (ONC)
CPT-II	3374F	AJCC Breast Cancer Stage I: T1c (tumor size > 1 cm to 2 cm) documented (ONC)
CPT-II	3376F	AJCC Breast Cancer Stage II documented (ONC)
CPT-II	3378F	AJCC Breast Cancer Stage III documented (ONC)

Type of Code	Code	Description
CPT-II	3380F	AJCC Breast Cancer Stage IV documented (ONC)
CPT-II	3382F	AJCC colon cancer, Stage 0 documented (ONC)
CPT-II	3384F	AJCC colon cancer, Stage I documented (ONC)
CPT-II	3386F	AJCC colon cancer, Stage II documented (ONC)
CPT-II	3388F	AJCC colon cancer, Stage III documented (ONC)
CPT-II	3390F	AJCC colon cancer, Stage IV documented (ONC)
CPT-II	3394F	Quantitative HER2 immunohistochemistry (IHC) evaluation of breast cancer consistent with the scoring system defined in the ASCO/CAP guidelines (PATH)
CPT-II	3395F	Quantitative non-HER2 immunohistochemistry (IHC) evaluation of breast cancer (eg, testing for estrogen or progesterone receptors [ER/PR]) performed (PATH)
CPT-II	3450F	Dyspnea screened, no dyspnea or mild dyspnea (Pall Cr)
CPT-II	3451F	Dyspnea screened, moderate or severe dyspnea (Pall Cr)
CPT-II	3452F	Dyspnea not screened (Pall Cr)
CPT-II	3455F	TB screening performed and results interpreted within six months prior to initiation of first-time biologic disease modifying anti-rheumatic drug therapy for RA (RA)
CPT-II	3470F	Rheumatoid arthritis (RA) disease activity, low (RA)
CPT-II	3471F	Rheumatoid arthritis (RA) disease activity, moderate (RA)
CPT-II	3472F	Rheumatoid arthritis (RA) disease activity, high (RA)
CPT-II	3475F	Disease prognosis for rheumatoid arthritis assessed, poor prognosis documented (RA)
CPT-II	3476F	Disease prognosis for rheumatoid arthritis assessed, good prognosis documented (RA)
CPT-II	3490F	History of AIDS-defining condition (HIV)

Type of Code	Code	Description
CPT-II	3491F	HIV indeterminate (infants of undetermined HIV status born of HIV-infected mothers) (HIV)
CPT-II	3492F	History of nadir CD4+ cell count <350 cells/mm3 (HIV)
CPT-II	3493F	No history of nadir CD4+ cell count <350 cells/mm3 and no history of AIDS-defining condition (HIV)
CPT-II	3494F	CD4+ cell count <200 cells/mm3 (HIV)
CPT-II	3495F	CD4+ cell count 200 - 499 cells/mm3 (HIV)
CPT-II	3496F	CD4+ cell count >/=500 cells/mm3 (HIV)
CPT-II	3497F	CD4+ cell percentage <15% (HIV)
CPT-II	3498F	CD4+ cell percentage >/=15% (HIV)
CPT-II	3500F	CD4+ cell count or CD4+ cell percentage documented as performed (HIV)
CPT-II	3502F	HIV RNA viral load below limits of quantification (HIV)
CPT-II	3503F	HIV RNA viral load not below limits of quantification (HIV)
CPT-II	3510F	Documentation that tuberculosis (TB) screening test performed and results interpreted (HIV) (IBD)
CPT-II	3511F	Chlamydia and gonorrhea screenings documented as performed (HIV)
CPT-II	3512F	Syphilis screening documented as performed (HIV)
CPT-II	3513F	Hepatitis B screening documented as performed (HIV)
CPT-II	3514F	Hepatitis C screening documented as performed (HIV)
CPT-II	3515F	Patient has documented immunity to Hepatitis C (HIV)
CPT-II	3517F	Hepatitis B Virus (HBV) status assessed and results interpreted within one year prior to receiving a first course of anti-TNF (tumor necrosis factor) therapy (IBD)
CPT-II	3520F	Clostridium difficile testing performed (IBD)
CPT-II	3550F	Low risk for thromboembolism (AFIB)

Type of Code	Code	Description
CPT-II	3551F	Intermediate risk for thromboembolism (AFIB)
CPT-II	3552F	High risk for thromboembolism (AFIB)
CPT-II	3555F	Patient had International Normalized Ratio (INR) measurement performed (AFIB)
CPT-II	3570F	Final report for bone scintigraphy study includes correlation with existing relevant imaging studies (eg, X ray, MRI, CT) corresponding to the same anatomical region in question (NUC_MED)
CPT-II	3572F	Patient considered to be potentially at risk for fracture in a weight-bearing site (NUC_MED)
CPT-II	3573F	Patient not considered to be potentially at risk for fracture in a weight-bearing site (NUC_MED)
CPT-II	3650F	Electroencephalogram (EEG) ordered, reviewed or requested (EPI)
CPT-II	3700F	Psychiatric disorders or disturbances assessed (Prkns)
CPT-II	3720F	Cognitive impairment or dysfunction assessed (Prkns)
CPT-II	3725F	Screening for depression performed (DEM)
CPT-II	3750F	Patient not receiving dose of corticosteroids greater than or equal to 10mg/day for 60 or greater consecutive days (IBD)
CPT-II	3751F	Electrodiagnostic studies for distal symmetric polyneuropathy conducted (or requested), documented, and reviewed within 6 months of initial evaluation for condition (DSP)
CPT-II	3752F	Electrodiagnostic studies for distal symmetric polyneuropathy not conducted (or requested), documented, or reviewed within 6 months of initial evaluation for condition (DSP)

Type of Code	Code	Description
CPT-II	3753F	Patient has clear clinical symptoms and signs that are highly suggestive of neuropathy AND cannot be attributed to another condition, AND has an obvious cause for the neuropathy (DSP)
CPT-II	3754F	Screening tests for diabetes mellitus reviewed, requested, or ordered (DSP)
CPT-II	3755F	Cognitive and behavioral impairment screening performed (ALS)
CPT-II	3756F	Patient has pseudobulbar affect, sialorrhea, or ALS-related symptoms (ALS)
CPT-II	3757F	Patient does not have pseudobulbar affect, sialorrhea, or ALS-related symptoms (ALS)
CPT-II	3758F	Patient referred for pulmonary function testing or peak cough expiratory flow (ALS)
CPT-II	3759F	Patient screened for dysphagia, weight loss, and impaired nutrition, and results documented (ALS)
CPT-II	3760F	Patient exhibits dysphagia, weight loss, or impaired nutrition (ALS)
CPT-II	3761F	Patient does not exhibit dysphagia, weight loss, or impaired nutrition (ALS)
CPT-II	3762F	Patient is dysarthric (ALS)
CPT-II	3763F	Patient is not dysarthric (ALS)
CPT-II	3775F	Adenoma(s) or other neoplasm detected during screening colonoscopy (SCADR)
CPT-II	3776F	Adenoma(s) or other neoplasm not detected during screening colonoscopy (SCADR)
CPT-II	4000F	Tobacco use cessation intervention, counseling (COPD, CAP, CAD, Asthma) (DM) (PV)

Type of Code	Code	Description
CPT-II	4001F	Tobacco use cessation intervention, pharmacologic therapy (COPD, CAD, CAP, PV, Asthma) (DM) (PV)
CPT-II	4003F	Patient education, written/oral, appropriate for patients with heart failure, performed (NMA-No measure Associated)
CPT-II	4004F	Patient screened for tobacco use and received tobacco cessation intervention (counseling, pharmacotherapy, or both), if identified as a tobacco user (PV, CAD)
CPT-II	4005F	Pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed (OP) (IBD)
CPT-II	4008F	Beta-blocker therapy prescribed or currently being taken (CAD,HF)
CPT-II	4010F	Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) therapy prescribed or currently being taken (CAD, CKD, HF) (DM)
CPT-II	4011F	Oral antiplatelet therapy prescribed (CAD)
CPT-II	4012F	Warfarin therapy prescribed (NMA-No Measure Associated)
CPT-II	4013F	Statin therapy prescribed or currently being taken (CAD)
CPT-II	4014F	Written discharge instructions provided to heart failure patients discharged home (Instructions include all of the following components: activity level, diet, discharge medications, follow-up appointment, weight monitoring, what to do if symptoms worsen) (NMA-No Measure Associated)

Type of Code	Code	Description
CPT-II	4015F	Persistent asthma, preferred long term control medication or an acceptable alternative treatment, prescribed (NMA-No Measure Associated)
CPT-II	4016F	Anti-inflammatory/analgesic agent prescribed (OA) (Use for prescribed or continued medication[s], including over-the-counter medication[s])
CPT-II	4017F	Gastrointestinal prophylaxis for NSAID use prescribed (OA)
CPT-II	4018F	Therapeutic exercise for the involved joint(s) instructed or physical or occupational therapy prescribed (OA)
CPT-II	4019F	Documentation of receipt of counseling on exercise and either both calcium and vitamin D use or counseling regarding both calcium and vitamin D use (OP)
CPT-II	4025F	Inhaled bronchodilator prescribed (COPD)
CPT-II	4030F	Long-term oxygen therapy prescribed (more than 15 hours per day) (COPD)
CPT-II	4033F	Pulmonary rehabilitation exercise training recommended (COPD)
CPT-II	4035F	Influenza immunization recommended (COPD) (IBD)
CPT-II	4037F	Influenza immunization ordered or administered (COPD, PV, CKD, ESRD)(IBD)
CPT-II	4040F	Pneumococcal vaccine administered or previously received (COPD) (PV) (IBD)
CPT-II	4041F	Documentation of order for cefazolin OR cefuroxime for antimicrobial prophylaxis (PERI 2)
CPT-II	4042F	Documentation that prophylactic antibiotics were neither given within 4 hours prior to surgical incision nor given intraoperatively (PERI 2)

Type of Code	Code	Description
CPT-II	4043F	Documentation that an order was given to discontinue prophylactic antibiotics within 48 hours of surgical end time, cardiac procedures (PERI 2)
CPT-II	4044F	Documentation that an order was given for venous thromboembolism (VTE) prophylaxis to be given within 24 hours prior to incision time or 24 hours after surgery end time (PERI 2)
CPT-II	4045F	Appropriate empiric antibiotic prescribed (CAP), (EM)
CPT-II	4046F	Documentation that prophylactic antibiotics were given within 4 hours prior to surgical incision or given intraoperatively (PERI 2)
CPT-II	4047F	Documentation of order for prophylactic parenteral antibiotics to be given within 1 hour (if fluoroquinolone or vancomycin, 2 hours) prior to surgical incision (or start of procedure when no incision is required) (PERI 2)
CPT-II	4048F	Documentation that administration of prophylactic parenteral antibiotic was initiated within 1 hour (if fluoroquinolone or vancomycin, 2 hours) prior to surgical incision (or start of procedure when no incision is required) as ordered (PERI 2)
CPT-II	4049F	Documentation that order was given to discontinue prophylactic antibiotics within 24 hours of surgical end time, non-cardiac procedure (PERI 2)
CPT-II	4050F	Hypertension plan of care documented as appropriate (NMA-No Measure Associated)
CPT-II	4051F	Referred for an arteriovenous (AV) fistula (ESRD, CKD)
CPT-II	4052F	Hemodialysis via functioning arteriovenous (AV) fistula (ESRD)

Type of Code	Code	Description
CPT-II	4053F	Hemodialysis via functioning arteriovenous (AV) graft (ESRD)
CPT-II	4054F	Hemodialysis via catheter (ESRD)
CPT-II	4055F	Patient receiving peritoneal dialysis (ESRD)
CPT-II	4056F	Appropriate oral rehydration solution recommended (PAG)
CPT-II	4058F	Pediatric gastroenteritis education provided to caregiver (PAG)
CPT-II	4060F	Psychotherapy services provided (MDD, MDD ADOL)
CPT-II	4062F	Patient referral for psychotherapy documented (MDD, MDD ADOL)
CPT-II	4063F	Antidepressant pharmacotherapy considered and not prescribed (MDD ADOL)
CPT-II	4064F	Antidepressant pharmacotherapy prescribed (MDD, MDD ADOL)
CPT-II	4065F	Antipsychotic pharmacotherapy prescribed (MDD)
CPT-II	4066F	Electroconvulsive therapy (ECT) provided (MDD)
CPT-II	4067F	Patient referral for electroconvulsive therapy (ECT) documented (MDD)
CPT-II	4069F	Venous thromboembolism (VTE) prophylaxis received (IBD)
CPT-II	4070F	Deep vein thrombosis (DVT) prophylaxis received by end of hospital day 2 (STR)
CPT-II	4073F	Oral antiplatelet therapy prescribed at discharge (STR)
CPT-II	4075F	Anticoagulant therapy prescribed at discharge (STR)
CPT-II	4077F	Documentation that tissue plasminogen activator (t-PA) administration was considered (STR)

Type of Code	Code	Description
CPT-II	4079F	Documentation that rehabilitation services were considered (STR)
CPT-II	4084F	Aspirin received within 24 hours before emergency department arrival or during emergency department stay (EM)
CPT-II	4086F	Aspirin or clopidogrel prescribed or currently being taken (CAD)
CPT-II	4090F	Patient receiving erythropoietin therapy (HEM)
CPT-II	4095F	Patient not receiving erythropoietin therapy (HEM)
CPT-II	4100F	Bisphosphonate therapy, intravenous, ordered or received (HEM)
CPT-II	4110F	Internal mammary artery graft performed for primary, isolated coronary artery bypass graft procedure (CABG)
CPT-II	4115F	Beta blocker administered within 24 hours prior to surgical incision (CABG)
CPT-II	4120F	Antibiotic prescribed or dispensed (URI, PHAR), (A-BRONCH)
CPT-II	4124F	Antibiotic neither prescribed nor dispensed (URI, PHAR), (A-BRONCH)
CPT-II	4130F	Topical preparations (including OTC) prescribed for acute otitis externa (AOE)
CPT-II	4131F	Systemic antimicrobial therapy prescribed (AOE)
CPT-II	4132F	Systemic antimicrobial therapy not prescribed (AOE)
CPT-II	4133F	Antihistamines or decongestants prescribed or recommended (OME)
CPT-II	4134F	Antihistamines or decongestants neither prescribed nor recommended (OME)
CPT-II	4135F	Systemic corticosteroids prescribed (OME)

Type of Code	Code	Description
CPT-II	4136F	Systemic corticosteroids not prescribed (OME)
CPT-II	4140F	Inhaled corticosteroids prescribed (Asthma)
CPT-II	4142F	Corticosteroid sparing therapy prescribed (IBD)
CPT-II	4144F	Alternative long-term control medication prescribed (Asthma)
CPT-II	4145F	Two or more anti-hypertensive agents prescribed or currently being taken (CAD, HTN)
CPT-II	4148F	Hepatitis A vaccine injection administered or previously received (HEP-C)
CPT-II	4149F	Hepatitis B vaccine injection administered or previously received (HEP-C, HIV) (IBD)
CPT-II	4150F	Patient receiving antiviral treatment for Hepatitis C (HEP-C)
CPT-II	4151F	Patient did not start or is not receiving antiviral treatment for Hepatitis C during the measurement period (HEP-C)
CPT-II	4153F	Combination peginterferon and ribavirin therapy prescribed (HEP-C)
CPT-II	4155F	Hepatitis A vaccine series previously received (HEP-C)
CPT-II	4157F	Hepatitis B vaccine series previously received (HEP-C)
CPT-II	4158F	Patient counseled about risks of alcohol use (HEP-C)
CPT-II	4159F	Counseling regarding contraception received prior to initiation of antiviral treatment (HEP-C)

Type of Code	Code	Description
CPT-II	4163F	Patient counseling at a minimum on all of the following treatment options for clinically localized prostate cancer: active surveillance, and interstitial prostate brachytherapy, and external beam radiotherapy, and radical prostatectomy, provided prior to initiation of treatment (PRCA)
CPT-II	4164F	Adjuvant (ie, in combination with external beam radiotherapy to the prostate for prostate cancer) hormonal therapy (gonadotropin-releasing hormone [GnRH] agonist or antagonist) prescribed/administered (PRCA)
CPT-II	4165F	3-dimensional conformal radiotherapy (3D-CRT) or intensity modulated radiation therapy (IMRT) received (PRCA)
CPT-II	4167F	Head of bed elevation (30-45 degrees) on first ventilator day ordered (CRIT)
CPT-II	4168F	Patient receiving care in the intensive care unit (ICU) and receiving mechanical ventilation, 24 hours or less (CRIT)
CPT-II	4169F	Patient either not receiving care in the intensive care unit (ICU) OR not receiving mechanical ventilation OR receiving mechanical ventilation greater than 24 hours (CRIT)
CPT-II	4171F	Patient receiving erythropoiesis-stimulating agents (ESA) therapy (CKD)
CPT-II	4172F	Patient not receiving erythropoiesis-stimulating agents (ESA) therapy (CKD)

Type of Code	Code	Description
CPT-II	4174F	Counseling about the potential impact of glaucoma on visual functioning and quality of life, and importance of treatment adherence provided to patient and/or caregiver(s) (EC)
CPT-II	4175F	Best-corrected visual acuity of 20/40 or better (distance or near) achieved within the 90 days following cataract surgery (EC)
CPT-II	4176F	Counseling about value of protection from UV light and lack of proven efficacy of nutritional supplements in prevention or progression of cataract development provided to patient and/or caregiver(s) (NMA-No Measure Associated)
CPT-II	4177F	Counseling about the benefits and/or risks of the Age-Related Eye Disease Study (AREDS) formulation for preventing progression of age-related macular degeneration (AMD) provided to patient and/or caregiver(s) (EC)
CPT-II	4178F	Anti-D immune globulin received between 26 and 30 weeks gestation (Pre-Cr)
CPT-II	4179F	Tamoxifen or aromatase inhibitor (AI) prescribed (ONC)
CPT-II	4180F	Adjuvant chemotherapy referred, prescribed, or previously received for Stage III colon cancer (ONC)
CPT-II	4181F	Conformal radiation therapy received (NMA-No Measure Associated)
CPT-II	4182F	Conformal radiation therapy not received (NMA-No Measure Associated)

Type of Code	Code	Description
CPT-II	4185F	Continuous (12-months) therapy with proton pump inhibitor (PPI) or histamine H2 receptor antagonist (H2RA) received (GERD)
CPT-II	4186F	No continuous (12-months) therapy with either proton pump inhibitor (PPI) or histamine H2 receptor antagonist (H2RA) received (GERD)
CPT-II	4187F	Disease modifying anti-rheumatic drug therapy prescribed or dispensed (RA)
CPT-II	4188F	Appropriate angiotensin converting enzyme (ACE)/angiotensin receptor blockers (ARB) therapeutic monitoring test ordered or performed (AM)
CPT-II	4189F	Appropriate digoxin therapeutic monitoring test ordered or performed (AM)
CPT-II	4190F	Appropriate diuretic therapeutic monitoring test ordered or performed (AM)
CPT-II	4191F	Appropriate anticonvulsant therapeutic monitoring test ordered or performed (AM)
CPT-II	4192F	Patient not receiving glucocorticoid therapy (RA)
CPT-II	4193F	Patient receiving <10 mg daily prednisone (or equivalent), or RA activity is worsening, or glucocorticoid use is for less than 6 months (RA)
CPT-II	4194F	Patient receiving >/=10 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity (RA)
CPT-II	4195F	Patient receiving first-time biologic disease modifying anti-rheumatic drug therapy for rheumatoid arthritis (RA)
CPT-II	4196F	Patient not receiving first-time biologic disease modifying anti-rheumatic drug therapy for rheumatoid arthritis (RA)

Type of Code	Code	Description
CPT-II	4200F	External beam radiotherapy as primary therapy to prostate with or without nodal irradiation (PRCA)
CPT-II	4201F	External beam radiotherapy with or without nodal irradiation as adjuvant or salvage therapy for prostate cancer patient (PRCA)
CPT-II	4210F	Angiotensin converting enzyme (ACE) or angiotensin receptor blockers (ARB) medication therapy for 6 months or more (MM)
CPT-II	4220F	Digoxin medication therapy for 6 months or more (MM)
CPT-II	4221F	Diuretic medication therapy for 6 months or more (MM)
CPT-II	4230F	Anticonvulsant medication therapy for 6 months or more (MM)
CPT-II	4240F	Instruction in therapeutic exercise with follow-up provided to patients during episode of back pain lasting longer than 12 weeks (BkP)
CPT-II	4242F	Counseling for supervised exercise program provided to patients during episode of back pain lasting longer than 12 weeks (BkP)
CPT-II	4245F	Patient counseled during the initial visit to maintain or resume normal activities (BkP)
CPT-II	4248F	Patient counseled during the initial visit for an episode of back pain against bed rest lasting 4 days or longer (BkP)
CPT-II	4250F	Active warming used intraoperatively for the purpose of maintaining normothermia, or at least 1 body temperature equal to or greater than 36 degrees Centigrade (or 96.8 degrees Fahrenheit) recorded within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time (CRIT)

Type of Code	Code	Description
CPT-II	4255F	Duration of general or neuraxial anesthesia 60 minutes or longer, as documented in the anesthesia record (CRIT) (Peri2)
CPT-II	4256F	Duration of general or neuraxial anesthesia less than 60 minutes, as documented in the anesthesia record (CRIT) (Peri2)
CPT-II	4260F	Wound surface culture technique used (CWC)
CPT-II	4261F	Technique other than surface culture of the wound exudate used (eg, Levine/deep swab technique, semi-quantitative or quantitative swab technique) or wound surface culture technique not used (CWC)
CPT-II	4265F	Use of wet to dry dressings prescribed or recommended (CWC)
CPT-II	4266F	Use of wet to dry dressings neither prescribed nor recommended (CWC)
CPT-II	4267F	Compression therapy prescribed (CWC)
CPT-II	4268F	Patient education regarding the need for long term compression therapy including interval replacement of compression stockings received (CWC)
CPT-II	4269F	Appropriate method of offloading (pressure relief) prescribed (CWC)
CPT-II	4270F	Patient receiving potent antiretroviral therapy for 6 months or longer (HIV)
CPT-II	4271F	Patient receiving potent antiretroviral therapy for less than 6 months or not receiving potent antiretroviral therapy (HIV)
CPT-II	4274F	Influenza immunization administered or previously received (HIV) (P-ESRD)

Type of Code	Code	Description
CPT-II	4276F	Potent antiretroviral therapy prescribed (HIV)
CPT-II	4279F	Pneumocystis jiroveci pneumonia prophylaxis prescribed (HIV)
CPT-II	4280F	Pneumocystis jiroveci pneumonia prophylaxis prescribed within 3 months of low CD4+ cell count or percentage (HIV)
CPT-II	4290F	Patient screened for injection drug use (HIV)
CPT-II	4293F	Patient screened for high-risk sexual behavior (HIV)
CPT-II	4300F	Patient receiving warfarin therapy for nonvalvular atrial fibrillation or atrial flutter (AFIB)
CPT-II	4301F	Patient not receiving warfarin therapy for nonvalvular atrial fibrillation or atrial flutter (AFIB)
CPT-II	4305F	Patient education regarding appropriate foot care and daily inspection of the feet received (CWC)
CPT-II	4306F	Patient counseled regarding psychosocial and pharmacologic treatment options for opioid addiction (SUD)
CPT-II	4320F	Patient counseled regarding psychosocial and pharmacologic treatment options for alcohol dependence (SUD)
CPT-II	4322F	Caregiver provided with education and referred to additional resources for support (DEM)
CPT-II	4324F	Patient (or caregiver) queried about Parkinson's disease medication related motor complications (Prkns)
CPT-II	4325F	Medical and surgical treatment options reviewed with patient (or caregiver) (Prkns)
CPT-II	4326F	Patient (or caregiver) queried about symptoms of autonomic dysfunction (Prkns)

Type of Code	Code	Description
CPT-II	4328F	Patient (or caregiver) queried about sleep disturbances (Prkns)
CPT-II	4330F	Counseling about epilepsy specific safety issues provided to patient (or caregiver(s)) (EPI)
CPT-II	4340F	Counseling for women of childbearing potential with epilepsy (EPI)
CPT-II	4350F	Counseling provided on symptom management, end of life decisions, and palliation (DEM)
CPT-II	4400F	Rehabilitative therapy options discussed with patient (or caregiver) (Prkns)
CPT-II	4450F	Self-care education provided to patient (HF)
CPT-II	4470F	Implantable cardioverter-defibrillator (ICD) counseling provided (HF)
CPT-II	4480F	Patient receiving ACE inhibitor/ARB therapy and beta-blocker therapy for 3 months or longer (HF)
CPT-II	4481F	Patient receiving ACE inhibitor/ARB therapy and beta-blocker therapy for less than 3 months or patient not receiving ACE inhibitor/ARB therapy and beta-blocker therapy (HF)
CPT-II	4500F	Referred to an outpatient cardiac rehabilitation program (CAD)
CPT-II	4510F	Previous cardiac rehabilitation for qualifying cardiac event completed (CAD)
CPT-II	4525F	Neuropsychiatric intervention ordered (DEM)
CPT-II	4526F	Neuropsychiatric intervention received (DEM)
CPT-II	4540F	Disease modifying pharmacotherapy discussed (ALS)
CPT-II	4541F	Patient offered treatment for pseudobulbar affect, sialorrhea, or ALS-related symptoms (ALS)

Type of Code	Code	Description
CPT-II	4550F	Options for noninvasive respiratory support discussed with patient (ALS)
CPT-II	4551F	Nutritional support offered (ALS)
CPT-II	4552F	Patient offered referral to a speech language pathologist (ALS)
CPT-II	4553F	Patient offered assistance in planning for end of life issues (ALS)
CPT-II	4554F	Patient received inhalational anesthetic agent (Peri2)
CPT-II	4555F	Patient did not receive inhalational anesthetic agent (Peri2)
CPT-II	4556F	Patient exhibits 3 or more risk factors for post-operative nausea and vomiting (Peri2)
CPT-II	4557F	Patient does not exhibit 3 or more risk factors for post-operative nausea and vomiting (Peri2)
CPT-II	4558F	Patient received at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and intraoperatively (Peri2)
CPT-II	4559F	At least 1 body temperature measurement equal to or greater than 35.5 degrees Celsius (or 95.9 degrees Fahrenheit) recorded within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time (Peri2)
CPT-II	4560F	Anesthesia technique did not involve general or neuraxial anesthesia (Peri2)
CPT-II	4561F	Patient has a coronary artery stent (Peri2)
CPT-II	4562F	Patient does not have a coronary artery stent (Peri2)
CPT-II	4563F	Patient received aspirin within 24 hours prior to anesthesia start time (Peri2)

Type of Code	Code	Description
CPT-II	5005F	Patient counseled on self-examination for new or changing moles (ML)
CPT-II	5010F	Findings of dilated macular or fundus exam communicated to the physician or other qualified health care professional managing the diabetes care (EC)
CPT-II	5015F	Documentation of communication that a fracture occurred and that the patient was or should be tested or treated for osteoporosis (OP)
CPT-II	5020F	Treatment summary report communicated to physician(s) or other qualified health care professional(s) managing continuing care and to the patient within 1 month of completing treatment (ONC)
CPT-II	5050F	Treatment plan communicated to provider(s) managing continuing care within 1 month of diagnosis (ML)
CPT-II	5060F	Findings from diagnostic mammogram communicated to practice managing patient's on-going care within 3 business days of exam interpretation (RAD)
CPT-II	5062F	Findings from diagnostic mammogram communicated to the patient within 5 days of exam interpretation (RAD)
CPT-II	5100F	Potential risk for fracture communicated to the referring physician or other qualified health care professional within 24 hours of completion of the imaging study (NUC_MED)
CPT-II	5200F	Consideration of referral for a neurological evaluation of appropriateness for surgical therapy for intractable epilepsy within the past 3 years (EPI)
CPT-II	5250F	Asthma discharge plan provided to patient (Asthma)

Type of Code	Code	Description
CPT-II	6005F	Rationale (eg, severity of illness and safety) for level of care (eg, home, hospital) documented (CAP)
CPT-II	6010F	Dysphagia screening conducted prior to order for or receipt of any foods, fluids, or medication by mouth (STR)
CPT-II	6015F	Patient receiving or eligible to receive foods, fluids, or medication by mouth (STR)
CPT-II	6020F	NPO (nothing by mouth) ordered (STR)
CPT-II	6030F	All elements of maximal sterile barrier technique, hand hygiene, skin preparation and, if ultrasound is used, sterile ultrasound techniques followed (CRIT)
CPT-II	6040F	Use of appropriate radiation dose reduction devices OR manual techniques for appropriate moderation of exposure, documented (RAD)
CPT-II	6045F	Radiation exposure or exposure time in final report for procedure using fluoroscopy, documented (RAD)
CPT-II	6070F	Patient queried and counseled about anti-epileptic drug (AED) side effects (EPI)
CPT-II	6080F	Patient (or caregiver) queried about falls (Prkns, DSP)
CPT-II	6090F	Patient (or caregiver) counseled about safety issues appropriate to patient's stage of disease (Prkns)
CPT-II	6100F	Timeout to verify correct patient, correct site, and correct procedure, documented (PATH)
CPT-II	6101F	Safety counseling for dementia provided (DEM)
CPT-II	6102F	Safety counseling for dementia ordered (DEM)
CPT-II	6110F	Counseling provided regarding risks of driving and the alternatives to driving (DEM)
CPT-II	6150F	Patient not receiving a first course of anti-TNF (tumor necrosis factor) therapy (IBD)

Type of Code	Code	Description
CPT-II	7010F	Patient information entered into a recall system that includes: target date for the next exam specified and a process to follow up with patients regarding missed or unscheduled appointments (ML)
CPT-II	7020F	Mammogram assessment category (eg, Mammography Quality Standards Act [MQSA], Breast Imaging Reporting and Data System [BI-RADS], or FDA approved equivalent categories) entered into an internal database to allow for analysis of abnormal interpretation (recall) rate (RAD)
CPT-II	7025F	Patient information entered into a reminder system with a target due date for the next mammogram (RAD)
CPT-II	9001F	Aortic aneurysm less than 5.0 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT (NMA-No Measure Associated)
CPT-II	9002F	Aortic aneurysm 5.0 - 5.4 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT (NMA-No Measure Associated)
CPT-II	9003F	Aortic aneurysm 5.5 - 5.9 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT (NMA-No Measure Associated)
CPT-II	9004F	Aortic aneurysm 6.0 cm or greater maximum diameter on centerline formatted CT or minor diameter on axial formatted CT (NMA-No Measure Associated)
CPT-II	9005F	Asymptomatic carotid stenosis: No history of any transient ischemic attack or stroke in any carotid or vertebrobasilar territory (NMA-No Measure Associated)

Type of Code	Code	Description
CPT-II	9006F	Symptomatic carotid stenosis: Ipsilateral carotid territory TIA or stroke less than 120 days prior to procedure (NMA-No Measure Associated)
CPT-II	9007F	Other carotid stenosis: Ipsilateral TIA or stroke 120 days or greater prior to procedure or any prior contralateral carotid territory or vertebrobasilar TIA or stroke (NMA-No Measure Associated)
HCPCS	A0382	BLS routine disposable supplies
HCPCS	A0384	BLS specialized service disposable supplies; defibrillation (used by ALS ambulances and BLS ambulances in jurisdictions where defibrillation is permitted in BLS ambulances)
HCPCS	A0392	ALS specialized service disposable supplies; defibrillation (to be used only in jurisdictions where defibrillation cannot be performed in BLS ambulances)
HCPCS	A0394	ALS specialized service disposable supplies; IV drug therapy
HCPCS	A0396	ALS specialized service disposable supplies; esophageal intubation
HCPCS	A0398	ALS routine disposable supplies
HCPCS	A0420	Ambulance waiting time (ALS or BLS), one half (1/2) hour increments
HCPCS	A0422	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation
HCPCS	A0424	Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); (requires medical review)
HCPCS	A0425	Ground mileage, per statute mile

Type of Code	Code	Description
HCPCS	A0427	Ambulance service, advanced life support, emergency transport, level 1 (ALS 1 - emergency)
HCPCS	A0429	Ambulance service, basic life support, emergency transport (BLS, emergency)
HCPCS	A0430	Ambulance service, conventional air services, transport, one way (fixed wing)
HCPCS	A0431	Ambulance service, conventional air services, transport, one way (rotary wing)
HCPCS	A0432	Paramedic intercept (pi), rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third party payers
HCPCS	A0433	Advanced life support, level 2 (ALS 2)
HCPCS	A0435	Fixed wing air mileage, per statute mile
HCPCS	A0436	Rotary wing air mileage, per statute mile
HCPCS	A0998	Ambulance response and treatment, no transport
HCPCS	A4206	Syringe with needle, sterile, 1 cc or less, each
HCPCS	A4207	Syringe with needle, sterile 2 cc, each
HCPCS	A4208	Syringe with needle, sterile 3 cc, each
HCPCS	A4209	Syringe with needle, sterile 5 cc or greater, each
HCPCS	A4210	Needle-free injection device, each
HCPCS	A4211	Supplies for self-administered injections
HCPCS	A4212	Non-coring needle or stylet with or without catheter
HCPCS	A4213	Syringe, sterile, 20 cc or greater, each
HCPCS	A4215	Needle, sterile, any size, each
HCPCS	A4216	Sterile water, saline and/or dextrose, diluent/flush, 10 ml
HCPCS	A4217	Sterile water/saline, 500 ml
HCPCS	A4218	Sterile saline or water, metered dose dispenser, 10 ml

Type of Code	Code	Description
HCPCS	A4221	Supplies for maintenance of non-insulin drug infusion catheter, per week (list drugs separately)
HCPCS	A4222	Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately)
HCPCS	A4223	Infusion supplies not used with external infusion pump, per cassette or bag (list drugs separately)
HCPCS	A4230	Infusion set for external insulin pump, non needle cannula type
HCPCS	A4231	Infusion set for external insulin pump, needle type
HCPCS	A4232	Syringe with needle for external insulin pump, sterile, 3 cc
HCPCS	A4233	Replacement battery, alkaline (other than J cell), for use with medically necessary home blood glucose monitor owned by patient, each
HCPCS	A4234	Replacement battery, alkaline, J cell, for use with medically necessary home blood glucose monitor owned by patient, each
HCPCS	A4235	Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each
HCPCS	A4236	Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each
HCPCS	A4244	Alcohol or peroxide, per pint
HCPCS	A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips
HCPCS	A4255	Platforms for home blood glucose monitor, 50 per box
HCPCS	A4256	Normal, low and high calibrator solution/chips
HCPCS	A4258	Spring-powered device for lancet, each

Type of Code	Code	Description
HCPCS	A4259	Lancets, per box of 100
HCPCS	A4261	Cervical cap for contraceptive use
HCPCS	A4262	Temporary, absorbable lacrimal duct implant, each
HCPCS	A4263	Permanent, long term, non-dissolvable lacrimal duct implant, each
HCPCS	A4264	Permanent implantable contraceptive intratubal occlusion device(s) and delivery system
HCPCS	A4266	Diaphragm for contraceptive use
HCPCS	A4270	Disposable endoscope sheath, each
HCPCS	A4280	Adhesive skin support attachment for use with external breast prosthesis, each
HCPCS	A4290	Sacral nerve stimulation test lead, each
HCPCS	A4300	Implantable access catheter, (e.g., venous, arterial, epidural subarachnoid, or peritoneal, etc.) external access
HCPCS	A4301	Implantable access total catheter, port/reservoir (e.g., venous, arterial, epidural, subarachnoid, peritoneal, etc.)
HCPCS	A4306	Disposable drug delivery system, flow rate of less than 50 ml per hour
HCPCS	A4310	Insertion tray without drainage bag and without catheter (accessories only)
HCPCS	A4311	Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)
HCPCS	A4312	Insertion tray without drainage bag with indwelling catheter, Foley type, two-way, all silicone
HCPCS	A4313	Insertion tray without drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation

Type of Code	Code	Description
HCPCS	A4314	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)
HCPCS	A4315	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way, all silicone
HCPCS	A4316	Insertion tray with drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation
HCPCS	A4320	Irrigation tray with bulb or piston syringe, any purpose
HCPCS	A4321	Therapeutic agent for urinary catheter irrigation
HCPCS	A4322	Irrigation syringe, bulb or piston, each
HCPCS	A4326	Male external catheter with integral collection chamber, any type, each
HCPCS	A4327	Female external urinary collection device; meatal cup, each
HCPCS	A4328	Female external urinary collection device; pouch, each
HCPCS	A4330	Perianal fecal collection pouch with adhesive, each
HCPCS	A4331	Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each
HCPCS	A4332	Lubricant, individual sterile packet, each
HCPCS	A4333	Urinary catheter anchoring device, adhesive skin attachment, each
HCPCS	A4334	Urinary catheter anchoring device, leg strap, each
HCPCS	A4335	Incontinence supply; miscellaneous
HCPCS	A4336	Incontinence supply, urethral insert, any type, each
HCPCS	A4337	Incontinence supply, rectal insert, any type, each

Type of Code	Code	Description
HCPCS	A4338	Indwelling catheter; Foley type, two-way latex with coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each
HCPCS	A4340	Indwelling catheter; specialty type, (e.g., Coude, mushroom, wing, etc.), each
HCPCS	A4344	Indwelling catheter, Foley type, two-way, all silicone, each
HCPCS	A4346	Indwelling catheter; Foley type, three way for continuous irrigation, each
HCPCS	A4349	Male external catheter, with or without adhesive, disposable, each
HCPCS	A4351	Intermittent urinary catheter; straight tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each
HCPCS	A4352	Intermittent urinary catheter; coude (curved) tip, with or without coating (teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each
HCPCS	A4353	Intermittent urinary catheter, with insertion supplies
HCPCS	A4354	Insertion tray with drainage bag but without catheter
HCPCS	A4355	Irrigation tubing set for continuous bladder irrigation through a three-way indwelling Foley catheter, each
HCPCS	A4356	external urethral clamp or compression device (not to be used for catheter clamp), each
HCPCS	A4357	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each
HCPCS	A4358	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each

Type of Code	Code	Description
HCPCS	A4360	Disposable external urethral clamp or compression device, with pad and/or pouch, each
HCPCS	A4361	Ostomy faceplate, each
HCPCS	A4362	Skin barrier; solid, 4 x 4 or equivalent; each
HCPCS	A4363	Ostomy clamp, any type, replacement only, each
HCPCS	A4364	Adhesive, liquid or equal, any type, per oz
HCPCS	A4366	Ostomy vent, any type, each
HCPCS	A4367	Ostomy belt, each
HCPCS	A4368	Ostomy filter, any type, each
HCPCS	A4369	Ostomy skin barrier, liquid (spray, brush, etc.), per oz
HCPCS	A4371	Ostomy skin barrier, powder, per oz
HCPCS	A4372	Ostomy skin barrier, solid 4 x 4 or equivalent, standard wear, with built-in convexity, each
HCPCS	A4373	Ostomy skin barrier, with flange (solid, flexible or accordion), with built-in convexity, any size, each
HCPCS	A4375	Ostomy pouch, drainable, with faceplate attached, plastic, each
HCPCS	A4376	Ostomy pouch, drainable, with faceplate attached, rubber, each
HCPCS	A4377	Ostomy pouch, drainable, for use on faceplate, plastic, each
HCPCS	A4378	Ostomy pouch, drainable, for use on faceplate, rubber, each
HCPCS	A4379	Ostomy pouch, urinary, with faceplate attached, plastic, each
HCPCS	A4380	Ostomy pouch, urinary, with faceplate attached, rubber, each

Type of Code	Code	Description
HCPCS	A4381	Ostomy pouch, urinary, for use on faceplate, plastic, each
HCPCS	A4382	Ostomy pouch, urinary, for use on faceplate, heavy plastic, each
HCPCS	A4383	Ostomy pouch, urinary, for use on faceplate, rubber, each
HCPCS	A4384	Ostomy faceplate equivalent, silicone ring, each
HCPCS	A4385	Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, without built-in convexity, each
HCPCS	A4387	Ostomy pouch, closed, with barrier attached, with built-in convexity (1 piece), each
HCPCS	A4388	Ostomy pouch, drainable, with extended wear barrier attached, (1 piece), each
HCPCS	A4389	Ostomy pouch, drainable, with barrier attached, with built-in convexity (1 piece), each
HCPCS	A4390	Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each
HCPCS	A4391	Ostomy pouch, urinary, with extended wear barrier attached (1 piece), each
HCPCS	A4392	Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each
HCPCS	A4393	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each
HCPCS	A4394	Ostomy deodorant, with or without lubricant, for use in ostomy pouch, per fluid ounce
HCPCS	A4395	Ostomy deodorant for use in ostomy pouch, solid, per tablet
HCPCS	A4396	Ostomy belt with peristomal hernia support

Type of Code	Code	Description
HCPCS	A4398	Ostomy irrigation supply; bag, each
HCPCS	A4399	Ostomy irrigation supply; cone/catheter, with or without brush
HCPCS	A4400	Ostomy irrigation set
HCPCS	A4402	Lubricant, per ounce
HCPCS	A4404	Ostomy ring, each
HCPCS	A4405	Ostomy skin barrier, non-pectin based, paste, per ounce
HCPCS	A4406	Ostomy skin barrier, pectin-based, paste, per ounce
HCPCS	A4407	Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each
HCPCS	A4408	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches, each
HCPCS	A4409	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 x 4 inches or smaller, each
HCPCS	A4410	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 x 4 inches, each
HCPCS	A4411	Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, with built-in convexity, each
HCPCS	A4412	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), without filter, each
HCPCS	A4413	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), with filter, each

Type of Code	Code	Description
HCPCS	A4414	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 x 4 inches or smaller, each
HCPCS	A4415	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4 x 4 inches, each
HCPCS	A4416	Ostomy pouch, closed, with barrier attached, with filter (1 piece), each
HCPCS	A4417	Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (1 piece), each
HCPCS	A4418	Ostomy pouch, closed; without barrier attached, with filter (1 piece), each
HCPCS	A4419	Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (2 piece), each
HCPCS	A4420	Ostomy pouch, closed; for use on barrier with locking flange (2 piece), each
HCPCS	A4421	Ostomy supply; miscellaneous
HCPCS	A4422	Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each
HCPCS	A4423	Ostomy pouch, closed; for use on barrier with locking flange, with filter (2 piece), each
HCPCS	A4424	Ostomy pouch, drainable, with barrier attached, with filter (1 piece), each
HCPCS	A4425	Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (2 piece system), each
HCPCS	A4426	Ostomy pouch, drainable; for use on barrier with locking flange (2 piece system), each

Type of Code	Code	Description
HCPCS	A4427	Ostomy pouch, drainable; for use on barrier with locking flange, with filter (2 piece system), each
HCPCS	A4428	Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (1 piece), each
HCPCS	A4429	Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each
HCPCS	A4430	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each
HCPCS	A4431	Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (1 piece), each
HCPCS	A4432	Ostomy pouch, urinary; for use on barrier with non-locking flange, with faucet-type tap with valve (2 piece), each
HCPCS	A4433	Ostomy pouch, urinary; for use on barrier with locking flange (2 piece), each
HCPCS	A4434	Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (2 piece), each
HCPCS	A4435	Ostomy pouch, drainable, high output, with extended wear barrier (one-piece system), with or without filter, each
HCPCS	A4436	Irrigation supply; sleeve, reusable, per month
HCPCS	A4437	Irrigation supply; sleeve, disposable, per month
HCPCS	A4459	Manual pump-operated enema system, includes balloon, catheter and all accessories, reusable, any type
HCPCS	A4481	Tracheostoma filter, any type, any size, each
HCPCS	A4565	Slings

Type of Code	Code	Description
HCPCS	A4566	Shoulder sling or vest design, abduction restrainer, with or without swathe control, prefabricated, includes fitting and adjustment
HCPCS	A4570	Splint
HCPCS	A4580	Cast supplies (e.g., plaster)
HCPCS	A4590	Special casting material (e.g., fiberglass)
HCPCS	A4604	Tubing with integrated heating element for use with positive airway pressure device
HCPCS	A4605	Tracheal suction catheter, closed system, each
HCPCS	A4606	Oxygen probe for use with oximeter device, replacement
HCPCS	A4608	Transtracheal oxygen catheter, each
HCPCS	A4614	Peak expiratory flow rate meter, hand held
HCPCS	A4615	Cannula, nasal
HCPCS	A4616	Tubing (oxygen), per foot
HCPCS	A4617	Mouth piece
HCPCS	A4618	Breathing circuits
HCPCS	A4619	Face tent
HCPCS	A4620	Variable concentration mask
HCPCS	A4623	Tracheostomy, inner cannula
HCPCS	A4624	Tracheal suction catheter, any type other than closed system, each
HCPCS	A4625	Tracheostomy care kit for new tracheostomy
HCPCS	A4626	Tracheostomy cleaning brush, each
HCPCS	A4627	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler
HCPCS	A4628	Oropharyngeal suction catheter, each
HCPCS	A4629	Tracheostomy care kit for established tracheostomy

Type of Code	Code	Description
HCPCS	A4657	Syringe, with or without needle, each
HCPCS	A4671	Disposable cycler set used with cycler dialysis machine, each
HCPCS	A4672	Drainage extension line, sterile, for dialysis, each
HCPCS	A4673	Extension line with easy lock connectors, used with dialysis
HCPCS	A4674	Chemicals/antiseptics solution used to clean/sterilize dialysis equipment, per 8 oz
HCPCS	A4680	Activated carbon filter for hemodialysis, each
HCPCS	A4690	Dialyzer (artificial kidneys), all types, all sizes, for hemodialysis, each
HCPCS	A4706	Bicarbonate concentrate, solution, for hemodialysis, per gallon
HCPCS	A4707	Bicarbonate concentrate, powder, for hemodialysis, per packet
HCPCS	A4708	Acetate concentrate solution, for hemodialysis, per gallon
HCPCS	A4709	Acid concentrate, solution, for hemodialysis, per gallon
HCPCS	A4714	Treated water (deionized, distilled, or reverse osmosis) for peritoneal dialysis, per gallon
HCPCS	A4719	"Y set" tubing for peritoneal dialysis
HCPCS	A4720	Dialysate solution, any concentration of dextrose, fluid volume greater than 249 cc, but less than or equal to 999 cc, for peritoneal dialysis
HCPCS	A4721	Dialysate solution, any concentration of dextrose, fluid volume greater than 999 cc but less than or equal to 1999 cc, for peritoneal dialysis

Type of Code	Code	Description
HCPCS	A4722	Dialysate solution, any concentration of dextrose, fluid volume greater than 1999 cc but less than or equal to 2999 cc, for peritoneal dialysis
HCPCS	A4723	Dialysate solution, any concentration of dextrose, fluid volume greater than 2999 cc but less than or equal to 3999 cc, for peritoneal dialysis
HCPCS	A4724	Dialysate solution, any concentration of dextrose, fluid volume greater than 3999 cc but less than or equal to 4999 cc, for peritoneal dialysis
HCPCS	A4725	Dialysate solution, any concentration of dextrose, fluid volume greater than 4999 cc but less than or equal to 5999 cc, for peritoneal dialysis
HCPCS	A4726	Dialysate solution, any concentration of dextrose, fluid volume greater than 5999 cc, for peritoneal dialysis
HCPCS	A4728	Dialysate solution, non-dextrose containing, 500 ml
HCPCS	A4730	Fistula cannulation set for hemodialysis, each
HCPCS	A4736	Topical anesthetic, for dialysis, per gram
HCPCS	A4737	Injectable anesthetic, for dialysis, per 10 ml
HCPCS	A4740	Shunt accessory, for hemodialysis, any type, each
HCPCS	A4750	Blood tubing, arterial or venous, for hemodialysis, each
HCPCS	A4755	Blood tubing, arterial and venous combined, for hemodialysis, each
HCPCS	A4760	Dialysate solution test kit, for peritoneal dialysis, any type, each
HCPCS	A4765	Dialysate concentrate, powder, additive for peritoneal dialysis, per packet
HCPCS	A4766	Dialysate concentrate, solution, additive for peritoneal dialysis, per 10 ml

Type of Code	Code	Description
HCPCS	A4770	Blood collection tube, vacuum, for dialysis, per 50
HCPCS	A4771	Serum clotting time tube, for dialysis, per 50
HCPCS	A4772	Blood glucose test strips, for dialysis, per 50
HCPCS	A4773	Occult blood test strips, for dialysis, per 50
HCPCS	A4774	Ammonia test strips, for dialysis, per 50
HCPCS	A4802	Protamine sulfate, for hemodialysis, per 50 mg
HCPCS	A4860	Disposable catheter tips for peritoneal dialysis, per 10
HCPCS	A4911	Drain bag/bottle, for dialysis, each
HCPCS	A4913	Miscellaneous dialysis supplies, not otherwise specified
HCPCS	A4918	Venous pressure clamp, for hemodialysis, each
HCPCS	A5051	Ostomy pouch, closed; with barrier attached (1 piece), each
HCPCS	A5052	Ostomy pouch, closed; without barrier attached (1 piece), each
HCPCS	A5053	Ostomy pouch, closed; for use on faceplate, each
HCPCS	A5054	Ostomy pouch, closed; for use on barrier with flange (2 piece), each
HCPCS	A5055	Stoma cap
HCPCS	A5056	Ostomy pouch, drainable, with extended wear barrier attached, with filter, (1 piece), each
HCPCS	A5057	Ostomy pouch, drainable, with extended wear barrier attached, with built in convexity, with filter, (1 piece), each
HCPCS	A5061	Ostomy pouch, drainable; with barrier attached, (1 piece), each
HCPCS	A5062	Ostomy pouch, drainable; without barrier attached (1 piece), each

Type of Code	Code	Description
HCPCS	A5063	Ostomy pouch, drainable; for use on barrier with flange (2 piece system), each
HCPCS	A5071	Ostomy pouch, urinary; with barrier attached (1 piece), each
HCPCS	A5072	Ostomy pouch, urinary; without barrier attached (1 piece), each
HCPCS	A5073	Ostomy pouch, urinary; for use on barrier with flange (2 piece), each
HCPCS	A5081	Stoma plug or seal, any type
HCPCS	A5082	Continent device; catheter for continent stoma
HCPCS	A5083	Continent device, stoma absorptive cover for continent stoma
HCPCS	A5093	Ostomy accessory; convex insert
HCPCS	A5102	Bedside drainage bottle with or without tubing, rigid or expandable, each
HCPCS	A5105	Urinary suspensory with leg bag, with or without tube, each
HCPCS	A5112	Urinary drainage bag, leg or abdomen, latex, with or without tube, with straps, each
HCPCS	A5113	Leg strap; latex, replacement only, per set
HCPCS	A5114	Leg strap; foam or fabric, replacement only, per set
HCPCS	A5120	Skin barrier, wipes or swabs, each
HCPCS	A5121	Skin barrier; solid, 6 x 6 or equivalent, each
HCPCS	A5122	Skin barrier; solid, 8 x 8 or equivalent, each
HCPCS	A5126	Adhesive or non-adhesive; disk or foam pad
HCPCS	A5131	Appliance cleaner, incontinence and ostomy appliances, per 16 oz.

Type of Code	Code	Description
HCPCS	A5200	Percutaneous catheter/tube anchoring device, adhesive skin attachment
HCPCS	A6010	Collagen based wound filler, dry form, sterile, per gram of collagen
HCPCS	A6011	Collagen based wound filler, gel/paste, per gram of collagen
HCPCS	A6021	Collagen dressing, sterile, size 16 sq. in. or less, each
HCPCS	A6022	Collagen dressing, sterile, size more than 16 sq. in. but less than or equal to 48 sq. in., each
HCPCS	A6023	Collagen dressing, sterile, size more than 48 sq. in., each
HCPCS	A6024	Collagen dressing wound filler, sterile, per 6 inches
HCPCS	A6025	Gel sheet for dermal or epidermal application, (e.g., silicone, hydrogel, other), each
HCPCS	A6154	Wound pouch, each
HCPCS	A6196	Alginate or other fiber gelling dressing, wound cover, sterile, pad size 16 sq. in. or less, each dressing
HCPCS	A6197	Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each dressing
HCPCS	A6198	Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 48 sq. in., each dressing
HCPCS	A6199	Alginate or other fiber gelling dressing, wound filler, sterile, per 6 inches
HCPCS	A6203	Composite dressing, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
HCPCS	A6204	Composite dressing, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing

Type of Code	Code	Description
HCPCS	A6205	Composite dressing, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing
HCPCS	A6206	Contact layer, sterile, 16 sq. in. or less, each dressing
HCPCS	A6207	Contact layer, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing
HCPCS	A6208	Contact layer, sterile, more than 48 sq. in., each dressing
HCPCS	A6209	Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
HCPCS	A6210	Foam dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
HCPCS	A6211	Foam dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
HCPCS	A6212	Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
HCPCS	A6213	Foam dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
HCPCS	A6214	Foam dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing
HCPCS	A6215	Foam dressing, wound filler, sterile, per gram
HCPCS	A7000	Canister, disposable, used with suction pump, each
HCPCS	A7002	Tubing, used with suction pump, each
HCPCS	A7003	Administration set, with small volume nonfiltered pneumatic nebulizer, disposable
HCPCS	A7004	Small volume nonfiltered pneumatic nebulizer, disposable
HCPCS	A7005	Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable

Type of Code	Code	Description
HCPCS	A7006	Administration set, with small volume filtered pneumatic nebulizer
HCPCS	A7007	Large volume nebulizer, disposable, unfilled, used with aerosol compressor
HCPCS	A7008	Large volume nebulizer, disposable, prefilled, used with aerosol compressor
HCPCS	A7009	Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer
HCPCS	A7010	Corrugated tubing, disposable, used with large volume nebulizer, 100 feet
HCPCS	A7012	Water collection device, used with large volume nebulizer
HCPCS	A7013	Filter, disposable, used with aerosol compressor or ultrasonic generator
HCPCS	A7014	Filter, nondisposable, used with aerosol compressor or ultrasonic generator
HCPCS	A7015	Aerosol mask, used with DME nebulizer
HCPCS	A7016	Dome and mouthpiece, used with small volume ultrasonic nebulizer
HCPCS	A7017	Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen
HCPCS	A7018	Water, distilled, used with large volume nebulizer, 1000 ml
HCPCS	A7020	Interface for cough stimulating device, includes all components, replacement only
HCPCS	A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each
HCPCS	A7028	Oral cushion for combination oral/nasal mask, replacement only, each

Type of Code	Code	Description
HCPCS	A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair
HCPCS	A7030	Full face mask used with positive airway pressure device, each
HCPCS	A7031	Face mask interface, replacement for full face mask, each
HCPCS	A7032	Cushion for use on nasal mask interface, replacement only, each
HCPCS	A7033	Pillow for use on nasal cannula type interface, replacement only, pair
HCPCS	A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap
HCPCS	A7035	Headgear used with positive airway pressure device
HCPCS	A7036	Chinstrap used with positive airway pressure device
HCPCS	A7037	Tubing used with positive airway pressure device
HCPCS	A7038	Filter, disposable, used with positive airway pressure device
HCPCS	A7039	Filter, non disposable, used with positive airway pressure device
HCPCS	A7040	One way chest drain valve
HCPCS	A7041	Water seal drainage container and tubing for use with implanted chest tube
HCPCS	A7044	Oral interface used with positive airway pressure device, each
HCPCS	A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only

Type of Code	Code	Description
HCPCS	A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each
HCPCS	A7047	Oral interface used with respiratory suction pump, each
HCPCS	A7048	Vacuum drainage collection unit and tubing kit, including all supplies needed for collection unit change, for use with implanted catheter, each
HCPCS	A7501	Tracheostoma valve, including diaphragm, each
HCPCS	A7502	Replacement diaphragm/faceplate for tracheostoma valve, each
HCPCS	A7503	Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each
HCPCS	A7504	Filter for use in a tracheostoma heat and moisture exchange system, each
HCPCS	A7505	Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each
HCPCS	A7506	Adhesive disc for use in a heat and moisture exchange system and/or with tracheostoma valve, any type each
HCPCS	A7507	Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each
HCPCS	A7508	Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each
HCPCS	A7509	Filter holder and integrated filter housing, and adhesive, for use as a tracheostoma heat and moisture exchange system, each

Type of Code	Code	Description
HCPCS	A7520	Tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (PVC), silicone or equal, each
HCPCS	A7521	Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each
HCPCS	A7522	Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each
HCPCS	A7523	Tracheostomy shower protector, each
HCPCS	A7524	Tracheostoma stent/stud/button, each
HCPCS	A7525	Tracheostomy mask, each
HCPCS	A7526	Tracheostomy tube collar/holder, each
HCPCS	A7527	Tracheostomy/laryngectomy tube plug/stop, each
HCPCS	A8000	Helmet, protective, soft, prefabricated, includes all components and accessories
HCPCS	A8001	Helmet, protective, hard, prefabricated, includes all components and accessories
HCPCS	A9276	Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, one unit = 1 day supply
HCPCS	A9277	Transmitter; external, for use with interstitial continuous glucose monitoring system
HCPCS	A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose
HCPCS	A9501	Technetium Tc-99m teboroxime, diagnostic, per study dose
HCPCS	A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose
HCPCS	A9503	Technetium Tc-99m medronate, diagnostic, per study dose, up to 30 millicuries

Type of Code	Code	Description
HCPCS	A9504	Technetium Tc-99m apcitide, diagnostic, per study dose, up to 20 millicuries
HCPCS	A9505	Thallium Tl-201 thallous chloride, diagnostic, per millicurie
HCPCS	A9507	Indium In-111 capromab pendetide, diagnostic, per study dose, up to 10 millicuries
HCPCS	A9508	Iodine I-131 iobenguane sulfate, diagnostic, per 0.5 millicurie
HCPCS	A9509	Iodine I-123 sodium iodide, diagnostic, per millicurie
HCPCS	A9510	Technetium Tc-99m disofenin, diagnostic, per study dose, up to 15 millicuries
HCPCS	A9512	Technetium Tc-99m pertechnetate, diagnostic, per millicurie
HCPCS	A9515	Choline C-11, diagnostic, per study dose up to 20 millicuries
HCPCS	A9516	Iodine I-123 sodium iodide, diagnostic, per 100 microcuries, up to 999 microcuries
HCPCS	A9517	Iodine I-131 sodium iodide capsule(s), therapeutic, per millicurie
HCPCS	A9520	Technetium Tc-99m tilmanocept, diagnostic, up to 0.5 millicuries
HCPCS	A9521	Technetium Tc-99m exametazime, diagnostic, per study dose, up to 25 millicuries
HCPCS	A9524	Iodine I-131 iodinated serum albumin, diagnostic, per 5 microcuries
HCPCS	A9526	Nitrogen N-13 ammonia, diagnostic, per study dose, up to 40 millicuries
HCPCS	A9527	Iodine I-125, sodium iodide solution, therapeutic, per millicurie

Type of Code	Code	Description
HCPCS	A9528	Iodine I-131 sodium iodide capsule(s), diagnostic, per millicurie
HCPCS	A9529	Iodine I-131 sodium iodide solution, diagnostic, per millicurie
HCPCS	A9530	Iodine I-131 sodium iodide solution, therapeutic, per millicurie
HCPCS	A9531	Iodine I-131 sodium iodide, diagnostic, per microcurie (up to 100 microcuries)
HCPCS	A9532	Iodine I-125 serum albumin, diagnostic, per 5 microcuries
HCPCS	A9536	Technetium Tc-99m depreotide, diagnostic, per study dose, up to 35 millicuries
HCPCS	A9537	Technetium Tc-99m mebrofenin, diagnostic, per study dose, up to 15 millicuries
HCPCS	A9538	Technetium Tc-99m pyrophosphate, diagnostic, per study dose, up to 25 millicuries
HCPCS	A9539	Technetium Tc-99m pentetate, diagnostic, per study dose, up to 25 millicuries
HCPCS	A9540	Technetium Tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 millicuries
HCPCS	A9541	Technetium Tc-99m sulfur colloid, diagnostic, per study dose, up to 20 millicuries
HCPCS	A9542	Indium In-111 ibritumomab tiuxetan, diagnostic, per study dose, up to 5 millicuries
HCPCS	A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries
HCPCS	A9546	Cobalt Co-57/58, cyanocobalamin, diagnostic, per study dose, up to 1 microcurie
HCPCS	A9547	Indium In-111 oxyquinoline, diagnostic, per 0.5 millicurie

Type of Code	Code	Description
HCPCS	A9548	Indium In-111 pentetate, diagnostic, per 0.5 millicurie
HCPCS	A9550	Technetium Tc-99m sodium gluceptate, diagnostic, per study dose, up to 25 millicurie
HCPCS	A9551	Technetium Tc-99m succimer, diagnostic, per study dose, up to 10 millicuries
HCPCS	A9553	Chromium Cr-51 sodium chromate, diagnostic, per study dose, up to 250 microcuries
HCPCS	A9554	Iodine I-125 sodium iothalamate, diagnostic, per study dose, up to 10 microcuries
HCPCS	A9555	Rubidium Rb-82, diagnostic, per study dose, up to 60 millicuries
HCPCS	A9556	Gallium Ga-67 citrate, diagnostic, per millicurie
HCPCS	A9557	Technetium Tc-99m bicisate, diagnostic, per study dose, up to 25 millicuries
HCPCS	A9558	Xenon Xe-133 gas, diagnostic, per 10 millicuries
HCPCS	A9559	Cobalt Co-57 cyanocobalamin, oral, diagnostic, per study dose, up to 1 microcurie
HCPCS	A9560	Technetium Tc-99m labeled red blood cells, diagnostic, per study dose, up to 30 millicuries
HCPCS	A9561	Technetium Tc-99m oxidronate, diagnostic, per study dose, up to 30 millicuries
HCPCS	A9562	Technetium Tc-99m mertiatide, diagnostic, per study dose, up to 15 millicuries
HCPCS	A9563	Sodium phosphate P-32, therapeutic, per millicurie
HCPCS	A9564	Chromic phosphate P-32 suspension, therapeutic, per millicurie
HCPCS	A9566	Technetium Tc-99m fanolesomab, diagnostic, per study dose, up to 25 millicuries

Type of Code	Code	Description
HCPCS	A9567	Technetium Tc-99m pentetate, diagnostic, aerosol, per study dose, up to 75 millicuries
HCPCS	A9568	Technetium Tc-99m arcitumomab, diagnostic, per study dose, up to 45 millicuries
HCPCS	A9569	Technetium Tc-99m exametazime labeled autologous white blood cells, diagnostic, per study dose
HCPCS	A9570	Indium In-111 labeled autologous white blood cells, diagnostic, per study dose
HCPCS	A9571	Indium In-111 labeled autologous platelets, diagnostic, per study dose
HCPCS	A9572	Indium In-111 pentetreotide, diagnostic, per study dose, up to 6 millicuries
HCPCS	A9575	Injection, gadoterate meglumine, 0.1 ml
HCPCS	A9576	Injection, gadoteridol, (ProHance multipack), per ml
HCPCS	A9577	Injection, gadobenate dimeglumine (MultiHance), per ml
HCPCS	A9578	Injection, gadobenate dimeglumine (MultiHance multipack), per ml
HCPCS	A9579	Injection, gadolinium-based magnetic resonance contrast agent, not otherwise specified (NOS), per ml
HCPCS	A9580	Sodium fluoride F-18, diagnostic, per study dose, up to 30 millicuries
HCPCS	A9581	Injection, gadoxetate disodium, 1 ml
HCPCS	A9582	Iodine I-123 iobenguane, diagnostic, per study dose, up to 15 millicuries
HCPCS	A9583	Injection, gadofosveset trisodium, 1 ml
HCPCS	A9584	Iodine I-123 ioflupane, diagnostic, per study dose, up to 5 millicuries
HCPCS	A9585	Injection, gadobutrol, 0.1 ml

Type of Code	Code	Description
HCPCS	A9586	Florbetapir F18, diagnostic, per study dose, up to 10 millicuries
HCPCS	A9587	Gallium Ga-68, dotatate, diagnostic, 0.1 millicurie
HCPCS	A9588	Fluciclovine F-18, diagnostic, 1 millicurie
HCPCS	A9589	Instillation, hexaminolevulinate hydrochloride, 100 mg
HCPCS	A9590	Iodine I-131, iobenguane, 1 millicurie
HCPCS	A9591	Fluoroestradiol F 18, diagnostic, 1 millicurie
HCPCS	A9592	Copper cu-64, dotatate, diagnostic, 1 millicurie
HCPCS	A9595	Piflufolastat F-18, diagnostic, 1 millicurie
HCPCS	A9596	Gallium GA-68 gozetotide, diagnostic, (Illuccix), 1 millicurie
HCPCS	A9600	Strontium Sr-89 chloride, therapeutic, per millicurie
HCPCS	A9601	Flortaucipir F 18 injection, diagnostic, 1 millicurie
HCPCS	A9602	Fluorodopa f-18, diagnostic, per millicurie
HCPCS	A9604	Samarium Sm-153 lexidronam, therapeutic, per treatment dose, up to 150 millicuries
HCPCS	A9606	Radium Ra-223 dichloride, therapeutic, per microcurie
HCPCS	A9700	Supply of injectable contrast material for use in echocardiography, per study
HCPCS	B4034	Enteral feeding supply kit; syringe fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape
HCPCS	B4035	Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape

Type of Code	Code	Description
HCPCS	B4036	Enteral feeding supply kit; gravity fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape
HCPCS	B4081	Nasogastric tubing with stylet
HCPCS	B4082	Nasogastric tubing without stylet
HCPCS	B4083	Stomach tube - Levine type
HCPCS	B4087	Gastrostomy/jejunostomy tube, standard, any material, any type, each
HCPCS	B4088	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each
HCPCS	B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, each
HCPCS	B4164	Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 unit) - home mix
HCPCS	B4168	Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit) - home mix
HCPCS	B4172	Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) - home mix
HCPCS	B4176	Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit) - home mix
HCPCS	B4178	Parenteral nutrition solution: amino acid, greater than 8.5% (500 ml = 1 unit) - home mix
HCPCS	B4180	Parenteral nutrition solution; carbohydrates (dextrose), greater than 50% (500 ml = 1 unit) - home mix
HCPCS	B4185	Parenteral nutrition solution, not otherwise specified, 10 grams lipids

Type of Code	Code	Description
HCPCS	B4189	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 grams of protein - premix
HCPCS	B4193	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein - premix
HCPCS	B4197	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 grams of protein - premix
HCPCS	B4199	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein - premix
HCPCS	B4216	Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes), home mix, per day
HCPCS	B4220	Parenteral nutrition supply kit; premix, per day
HCPCS	B4222	Parenteral nutrition supply kit; home mix, per day
HCPCS	B4224	Parenteral nutrition administration kit, per day
HCPCS	B5000	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal-Aminosyn-RF, NephrAmine, RenAmine-premix

Type of Code	Code	Description
HCPCS	B5100	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic-HepatAmine-premix
HCPCS	B5200	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress-branch chain amino acids-FreAmine-HBC-premix
HCPCS	B9002	Enteral nutrition infusion pump, any type
HCPCS	B9004	Parenteral nutrition infusion pump, portable
HCPCS	B9006	Parenteral nutrition infusion pump, stationary
HCPCS	B9998	NOC for enteral supplies
HCPCS	B9999	NOC for parenteral supplies
HCPCS	C1713	Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)
HCPCS	C1714	Catheter, transluminal atherectomy, directional
HCPCS	C1715	Brachytherapy needle
HCPCS	C1721	Cardioverter-defibrillator, dual chamber (implantable)
HCPCS	C1722	Cardioverter-defibrillator, single chamber (implantable)
HCPCS	C1724	Catheter, transluminal atherectomy, rotational
HCPCS	C1725	Catheter, transluminal angioplasty, non-laser (may include guidance, infusion/perfusion capability)
HCPCS	C1726	Catheter, balloon dilatation, non-vascular
HCPCS	C1727	Catheter, balloon tissue dissector, non-vascular (insertable)
HCPCS	C1728	Catheter, brachytherapy seed administration
HCPCS	C1729	Catheter, drainage

Type of Code	Code	Description
HCPCS	C1730	Catheter, electrophysiology, diagnostic, other than 3D mapping (19 or fewer electrodes)
HCPCS	C1731	Catheter, electrophysiology, diagnostic, other than 3D mapping (20 or more electrodes)
HCPCS	C1732	Catheter, electrophysiology, diagnostic/ablation, 3D or vector mapping
HCPCS	C1733	Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, other than cool-tip
HCPCS	C1748	Endoscope, single-use (i.e. disposable), upper GI, imaging/illumination device (insertable)
HCPCS	C1749	Endoscope, retrograde imaging/illumination colonoscope device (implantable)
HCPCS	C1750	Catheter, hemodialysis/peritoneal, long-term
HCPCS	C1751	Catheter, infusion, inserted peripherally, centrally or midline (other than hemodialysis)
HCPCS	C1752	Catheter, hemodialysis/peritoneal, short-term
HCPCS	C1753	Catheter, intravascular ultrasound
HCPCS	C1755	Catheter, intraspinal
HCPCS	C1756	Catheter, pacing, transesophageal
HCPCS	C1757	Catheter, thrombectomy/embolectomy
HCPCS	C1758	Catheter, ureteral
HCPCS	C1759	Catheter, intracardiac echocardiography
HCPCS	C1760	Closure device, vascular (implantable/insertable)
HCPCS	C1762	Connective tissue, human (includes fascia lata)
HCPCS	C1763	Connective tissue, non-human (includes synthetic)
HCPCS	C1764	Event recorder, cardiac (implantable)
HCPCS	C1765	Adhesion barrier

Type of Code	Code	Description
HCPCS	C1766	Introducer/sheath, guiding, intracardiac electrophysiological, steerable, other than peel-away
HCPCS	C1768	Graft, vascular
HCPCS	C1769	Guide wire
HCPCS	C1770	Imaging coil, magnetic resonance (insertable)
HCPCS	C1771	Repair device, urinary, incontinence, with sling graft
HCPCS	C1772	Infusion pump, programmable (implantable)
HCPCS	C1773	Retrieval device, insertable (used to retrieve fractured medical devices)
HCPCS	C1776	Joint device (implantable)
HCPCS	C1777	Lead, cardioverter-defibrillator, endocardial single coil (implantable)
HCPCS	C1779	Lead, pacemaker, transvenous vdd single pass
HCPCS	C1780	Lens, intraocular (new technology)
HCPCS	C1781	Mesh (implantable)
HCPCS	C1782	Morcellator
HCPCS	C1783	Ocular implant, aqueous drainage assist device
HCPCS	C1784	Ocular device, intraoperative, detached retina
HCPCS	C1785	Pacemaker, dual chamber, rate-responsive (implantable)
HCPCS	C1786	Pacemaker, single chamber, rate-responsive (implantable)
HCPCS	C1787	Patient programmer, neurostimulator
HCPCS	C1788	Port, indwelling (implantable)
HCPCS	C1789	Prosthesis, breast (implantable)
HCPCS	C1814	Retinal tamponade device, silicone oil
HCPCS	C1815	Prosthesis, urinary sphincter (implantable)

Type of Code	Code	Description
HCPCS	C1817	Septal defect implant system, intracardiac
HCPCS	C1818	Integrated keratoprosthesis
HCPCS	C1819	Surgical tissue localization and excision device (implantable)
HCPCS	C1830	Powered bone marrow biopsy needle
HCPCS	C1840	Lens, intraocular (telescopic)
HCPCS	C1874	Stent, coated/covered, with delivery system
HCPCS	C1875	Stent, coated/covered, without delivery system
HCPCS	C1876	Stent, non-coated/non-covered, with delivery system
HCPCS	C1877	Stent, non-coated/non-covered, without delivery system
HCPCS	C1878	Material for vocal cord medialization, synthetic (implantable)
HCPCS	C1880	Vena cava filter
HCPCS	C1881	Dialysis access system (implantable)
HCPCS	C1882	Cardioverter-defibrillator, other than single or dual chamber (implantable)
HCPCS	C1884	Embolization protective system
HCPCS	C1885	Catheter, transluminal angioplasty, laser
HCPCS	C1886	Catheter, extravascular tissue ablation, any modality (insertable)
HCPCS	C1887	Catheter, guiding (may include infusion/perfusion capability)
HCPCS	C1888	Catheter, ablation, non-cardiac, endovascular (implantable)
HCPCS	C1891	Infusion pump, non-programmable, permanent (implantable)

Type of Code	Code	Description
HCPCS	C1892	Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, peel-away
HCPCS	C1893	Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, other than peel-away
HCPCS	C1894	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, non-laser
HCPCS	C1895	Lead, cardioverter-defibrillator, endocardial dual coil (implantable)
HCPCS	C1896	Lead, cardioverter-defibrillator, other than endocardial single or dual coil (implantable)
HCPCS	C1898	Lead, pacemaker, other than transvenous VDD single pass
HCPCS	C1899	Lead, pacemaker/cardioverter-defibrillator combination (implantable)
HCPCS	C1900	Lead, left ventricular coronary venous system
HCPCS	C2613	Lung biopsy plug with delivery system
HCPCS	C2614	Probe, percutaneous lumbar discectomy
HCPCS	C2615	Sealant, pulmonary, liquid
HCPCS	C2617	Stent, non-coronary, temporary, without delivery system
HCPCS	C2618	Probe/needle, cryoablation
HCPCS	C2619	Pacemaker, dual chamber, non rate-responsive (implantable)
HCPCS	C2620	Pacemaker, single chamber, non rate-responsive (implantable)
HCPCS	C2621	Pacemaker, other than single or dual chamber (implantable)
HCPCS	C2622	Prosthesis, penile, non-inflatable

Type of Code	Code	Description
HCPCS	C2623	Catheter, transluminal angioplasty, drug-coated, non-laser
HCPCS	C2625	Stent, non-coronary, temporary, with delivery system
HCPCS	C2626	Infusion pump, non-programmable, temporary (implantable)
HCPCS	C2627	Catheter, suprapubic/cystoscopic
HCPCS	C2629	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, laser
HCPCS	C2630	Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, cool-tip
HCPCS	C2631	Repair device, urinary, incontinence, without sling graft
HCPCS	C5271	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
HCPCS	C5272	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)
HCPCS	C5273	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children

Type of Code	Code	Description
HCPCS	C5274	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
HCPCS	C5275	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
HCPCS	C5276	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)
HCPCS	C5277	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children

Type of Code	Code	Description
HCPCS	C5278	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
HCPCS	C8900	Magnetic resonance angiography with contrast, abdomen
HCPCS	C8901	Magnetic resonance angiography without contrast, abdomen
HCPCS	C8902	Magnetic resonance angiography without contrast followed by with contrast, abdomen
HCPCS	C8903	Magnetic resonance imaging with contrast, breast; unilateral
HCPCS	C8905	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral
HCPCS	C8906	Magnetic resonance imaging with contrast, breast; bilateral
HCPCS	C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral
HCPCS	C8909	Magnetic resonance angiography with contrast, chest (excluding myocardium)
HCPCS	C8910	Magnetic resonance angiography without contrast, chest (excluding myocardium)
HCPCS	C8911	Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium)

Type of Code	Code	Description
HCPCS	C8912	Magnetic resonance angiography with contrast, lower extremity
HCPCS	C8913	Magnetic resonance angiography without contrast, lower extremity
HCPCS	C8914	Magnetic resonance angiography without contrast followed by with contrast, lower extremity
HCPCS	C8918	Magnetic resonance angiography with contrast, pelvis
HCPCS	C8919	Magnetic resonance angiography without contrast, pelvis
HCPCS	C8920	Magnetic resonance angiography without contrast followed by with contrast, pelvis
HCPCS	C8921	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; complete
HCPCS	C8922	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; follow-up or limited study
HCPCS	C8923	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color doppler echocardiography
HCPCS	C8924	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study

Type of Code	Code	Description
HCPCS	C8925	Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, real time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report
HCPCS	C8926	Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report
HCPCS	C8927	Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis
HCPCS	C8928	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report

Type of Code	Code	Description
HCPCS	C8929	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral doppler echocardiography, and with color flow doppler echocardiography
HCPCS	C8930	Transthoracic echocardiography, with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with physician supervision
HCPCS	C8931	Magnetic resonance angiography with contrast, spinal canal and contents
HCPCS	C8932	Magnetic resonance angiography without contrast, spinal canal and contents
HCPCS	C8933	Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents
HCPCS	C8934	Magnetic resonance angiography with contrast, upper extremity
HCPCS	C8935	Magnetic resonance angiography without contrast, upper extremity
HCPCS	C8936	Magnetic resonance angiography without contrast followed by with contrast, upper extremity

Type of Code	Code	Description
HCPCS	C8957	Intravenous infusion for therapy/diagnosis; initiation of prolonged infusion (more than 8 hours), requiring use of portable or implantable pump
HCPCS	C9352	Microporous collagen implantable tube (NeuraGen Nerve Guide), per centimeter length
HCPCS	C9353	Microporous collagen implantable slit tube (NeuraWrap Nerve Protector), per centimeter length
HCPCS	C9354	Acellular pericardial tissue matrix of non-human origin (Veritas), per square centimeter
HCPCS	C9355	Collagen nerve cuff (NeuroMatrix), per 0.5 centimeter length
HCPCS	C9356	Tendon, porous matrix of cross-linked collagen and glycosaminoglycan matrix (TenoGlide Tendon Protector Sheet), per square centimeter
HCPCS	C9358	Dermal substitute, native, non-denatured collagen, fetal bovine origin (SurgiMend Collagen Matrix), per 0.5 square centimeters
HCPCS	C9359	Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Putty, Integra OS Osteoconductive Scaffold Putty), per 0.5 cc
HCPCS-COVID	C9507	Fresh frozen plasma, high titer COVID-19 convalescent, frozen within 8 hours of collection, each unit
HCPCS	C9600	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch

Type of Code	Code	Description
HCPCS	C9601	Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)
HCPCS	C9602	Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch
HCPCS	C9603	Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)
HCPCS	C9604	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel
HCPCS	C9605	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure)

Type of Code	Code	Description
HCPCS	C9606	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel
HCPCS	C9607	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel
HCPCS	C9608	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure)
HCPCS	C9728	Placement of interstitial device(s) for radiation therapy/surgery guidance (e.g., fiducial markers, dosimeter), for other than the following sites (any approach): abdomen, pelvis, prostate, retroperitoneum, thorax, single or multiple
HCPCS	C9733	Non-ophthalmic fluorescent vascular angiography
HCPCS	C9738	Adjunctive blue light cystoscopy with fluorescent imaging agent (List separately in addition to code for primary procedure)

Type of Code	Code	Description
HCPCS	C9759	Transcatheter intraoperative blood vessel microinfusion(s) (e.g., intraluminal, vascular wall and/or perivascular) therapy, any vessel, including radiological supervision and interpretation, when performed
HCPCS	C9762	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging
HCPCS	C9763	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging
HCPCS	C9764	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed
HCPCS	C9765	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed
HCPCS	C9766	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed
HCPCS	C9767	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed

Type of Code	Code	Description
HCPCS	C9768	Endoscopic ultrasound-guided direct measurement of hepatic portosystemic pressure gradient by any method (List separately in addition to code for primary procedure)
HCPCS	C9769	Cystourethroscopy, with insertion of temporary prostatic implant/stent with fixation/anchor and incisional struts
HCPCS	C9772	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel (s), when performed
HCPCS	C9773	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed
HCPCS	C9774	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel (s), when performed
HCPCS	C9775	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel (s), when performed
HCPCS-COVID	C9803	Hospital outpatient clinic visit specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) coronavirus disease [COVID-19], any specimen source
HCPCS	E0585	Nebulizer, with compressor and heater

Type of Code	Code	Description
HCPCS	E0602	Breast pump, manual, any type
HCPCS	E0603	Breast pump, electric (AC and/or DC), any type
HCPCS	E1634	Peritoneal dialysis clamps, each
HCPCS	E2402	Negative pressure wound therapy electrical pump, stationary or portable
HCPCS	G0008	Administration of influenza virus vaccine
HCPCS	G0009	Administration of pneumococcal vaccine
HCPCS	G0010	Administration of hepatitis B vaccine
HCPCS	G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination
HCPCS	G0102	Prostate cancer screening; digital rectal examination
HCPCS	G0103	Prostate cancer screening; prostate specific antigen test (PSA)
HCPCS	G0104	Colorectal cancer screening; flexible sigmoidoscopy
HCPCS	G0105	Colorectal cancer screening; colonoscopy on individual at high risk
HCPCS	G0106	Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema
HCPCS	G0108	Diabetes outpatient self-management training services, individual, per 30 minutes
HCPCS	G0109	Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes
HCPCS	G0117	Glaucoma screening for high risk patients furnished by an optometrist or ophthalmologist
HCPCS	G0118	Glaucoma screening for high risk patient furnished under the direct supervision of an optometrist or ophthalmologist

Type of Code	Code	Description
HCPCS	G0120	Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema.
HCPCS	G0121	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk
HCPCS	G0122	Colorectal cancer screening; barium enema
HCPCS	G0123	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision
HCPCS	G0124	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician
HCPCS	G0127	Trimming of dystrophic nails, any number
HCPCS	G0128	Direct (face-to-face with patient) skilled nursing services of a registered nurse provided in a comprehensive outpatient rehabilitation facility, each 10 minutes beyond the first 5 minutes
HCPCS	G0129	Occupational therapy services requiring the skills of a qualified occupational therapist, furnished as a component of a partial hospitalization treatment program, per session (45 minutes or more)
HCPCS	G0130	Single energy x-ray absorptiometry (SEXA) bone density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)
HCPCS	G0141	Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician

Type of Code	Code	Description
HCPCS	G0143	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening by cytotechnologist under physician supervision
HCPCS	G0144	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system, under physician supervision
HCPCS	G0145	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening under physician supervision
HCPCS	G0147	Screening cytopathology smears, cervical or vaginal, performed by automated system under physician supervision
HCPCS	G0148	Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening
HCPCS	G0168	Wound closure utilizing tissue adhesive(s) only
HCPCS	G0175	Scheduled interdisciplinary team conference (minimum of three exclusive of patient care nursing staff) with patient present

Type of Code	Code	Description
HCPCS	G0182	Physician supervision of a patient under a Medicare-approved hospice (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more
HCPCS	G0186	Destruction of localized lesion of choroid (for example, choroidal neovascularization); photocoagulation, feeder vessel technique (one or more sessions)
HCPCS	G0237	Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes (includes monitoring)
HCPCS	G0238	Therapeutic procedures to improve respiratory function, other than described by G0237, one on one, face to face, per 15 minutes (includes monitoring)
HCPCS	G0239	Therapeutic procedures to improve respiratory function or increase strength or endurance of respiratory muscles, two or more individuals (includes monitoring)

Type of Code	Code	Description
HCPCS	G0245	Initial physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) which must include: (1) the diagnosis of LOPS, (2) a patient history, (3) a physical examination that consists of at least the following elements: (a) visual inspection of the forefoot, hindfoot and toe web spaces, (b) evaluation of a protective sensation, (c) evaluation of foot structure and biomechanics, (d) evaluation of vascular status and skin integrity, and (e) evaluation and recommendation of footwear and (4) patient education
HCPCS	G0246	Follow-up physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to include at least the following: (1) a patient history, (2) a physical examination that includes: (a) visual inspection of the forefoot, hindfoot and toe web spaces, (b) evaluation of protective sensation, (c) evaluation of foot structure and biomechanics, (d) evaluation of vascular status and skin integrity, and (e) evaluation and recommendation of footwear, and (3) patient education
HCPCS	G0247	Routine foot care by a physician of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to include, the local care of superficial wounds (i.e. superficial to muscle and fascia) and at least the following if present: (1) local care of superficial wounds, (2) debridement of corns and calluses, and (3) trimming and debridement of nails

Type of Code	Code	Description
HCPCS	G0248	Demonstration, prior to initiation of home INR monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria, under the direction of a physician; includes: face-to-face demonstration of use and care of the inr monitor, obtaining at least one blood sample, provision of instructions for reporting home INR test results, and documentation of patient's ability to perform testing and report results
HCPCS	G0249	Provision of test materials and equipment for home INR monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; includes: provision of materials for use in the home and reporting of test results to physician; testing not occurring more frequently than once a week; testing materials, billing units of service include 4 tests
HCPCS	G0250	Physician review, interpretation, and patient management of home INR testing for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; testing not occurring more frequently than once a week; billing units of service include 4 tests
HCPCS	G0255	Current perception threshold/sensory nerve conduction test, (SNCT) per limb, any nerve
HCPCS	G0257	Unscheduled or emergency dialysis treatment for an ESRD patient in a hospital outpatient department that is not certified as an ESRD facility

Type of Code	Code	Description
HCPCS	G0259	Injection procedure for sacroiliac joint; arthrography
HCPCS	G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography
HCPCS	G0268	Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing
HCPCS	G0269	Placement of occlusive device into either a venous or arterial access site, post surgical or interventional procedure (e.g., angioseal plug, vascular plug)
HCPCS	G0270	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face to face with the patient, each 15 minutes
HCPCS	G0271	Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (2 or more individuals), each 30 minutes

Type of Code	Code	Description
HCPCS	G0278	Iliac and/or femoral artery angiography, non-selective, bilateral or ipsilateral to catheter insertion, performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement of the catheter in the distal aorta or ipsilateral femoral or iliac artery, injection of dye, production of permanent images, and radiologic supervision and interpretation (List separately in addition to primary procedure)
HCPCS	G0288	Reconstruction, computed tomographic angiography of aorta for surgical planning for vascular surgery
HCPCS	G0289	Arthroscopy, knee, surgical, for removal of loose body, foreign body, debridement/shaving of articular cartilage (chondroplasty) at the time of other surgical knee arthroscopy in a different compartment of the same knee
HCPCS	G0293	Noncovered surgical procedure(s) using conscious sedation, regional, general or spinal anesthesia in a Medicare qualifying clinical trial, per day
HCPCS	G0294	Noncovered procedure(s) using either no anesthesia or local anesthesia only, in a Medicare qualifying clinical trial, per day
HCPCS	G0296	Counseling visit to discuss need for lung cancer screening using low dose CT scan (LDCT) (service is for eligibility determination and shared decision making)
HCPCS	G0306	Complete CBC, automated (HGB, HCT, RBC, WBC, without platelet count) and automated WBC differential count

Type of Code	Code	Description
HCPCS	G0307	Complete (CBC), automated (HGB, HCT, RBC, WBC; without platelet count)
HCPCS	G0328	Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous
HCPCS	G0333	Pharmacy dispensing fee for inhalation drug(s); initial 30-day supply as a beneficiary
HCPCS	G0337	Hospice evaluation and counseling services, pre-election
HCPCS	G0380	Level 1 hospital emergency department visit provided in a type B emergency department; (the ED must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) it is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) during the calendar year immediately preceding the calendar year in which a determination under 42 CFR 489.24 is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment)

Type of Code	Code	Description
HCPCS	G0381	Level 2 hospital emergency department visit provided in a type B emergency department; (the ED must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) it is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) during the calendar year immediately preceding the calendar year in which a determination under 42 CFR 489.24 is being made, basED on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment)

Type of Code	Code	Description
HCPCS	G0382	Level 3 hospital emergency department visit provided in a type B emergency department; (the ED must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) it is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) during the calendar year immediately preceding the calendar year in which a determination under 42 CFR 489.24 is being made, basED on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment)

Type of Code	Code	Description
HCPCS	G0383	Level 4 hospital emergency department visit provided in a type B emergency department; (the ED must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) it is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) during the calendar year immediately preceding the calendar year in which a determination under 42 CFR 489.24 is being made, basED on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment)

Type of Code	Code	Description
HCPCS	G0384	Level 5 hospital emergency department visit provided in a type B emergency department; (the ED must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) it is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) during the calendar year immediately preceding the calendar year in which a determination under 42 CFR 489.24 is being made, basED on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment)
HCPCS	G0390	Trauma response team associated with hospital critical care service
HCPCS	G0396	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., AUDIT, DAST), and brief intervention 15 to 30 minutes
HCPCS	G0397	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., AUDIT, DAST), and intervention, greater than 30 minutes

Type of Code	Code	Description
HCPCS	G0398	Home sleep study test (HST) with type II portable monitor, unattended; minimum of 7 channels: EEG, EOG, EMG, ECG/heart rate, airflow, respiratory effort and oxygen saturation
HCPCS	G0399	Home sleep test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ECG/heart rate and 1 oxygen saturation
HCPCS	G0400	Home sleep test (HST) with type IV portable monitor, unattended; minimum of 3 channels
HCPCS	G0403	Electrocardiogram, routine ECG with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report
HCPCS	G0404	Electrocardiogram, routine ECG with 12 leads; tracing only, without interpretation and report, performed as a screening for the initial preventive physical examination
HCPCS	G0405	Electrocardiogram, routine ECG with 12 leads; interpretation and report only, performed as a screening for the initial preventive physical examination
HCPCS	G0409	Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each 15 minutes, face-to-face; individual (services provided by a CORF-qualified social worker or psychologist in a CORF)
HCPCS	G0410	Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 minutes

Type of Code	Code	Description
HCPCS	G0411	Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50 minutes
HCPCS	G0412	Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s), unilateral or bilateral for pelvic bone fracture patterns which do not disrupt the pelvic ring includes internal fixation, when performed
HCPCS	G0413	Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, (includes ilium, sacroiliac joint and/or sacrum)
HCPCS	G0414	Open treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, includes internal fixation when performed (includes pubic symphysis and/or superior/inferior rami)
HCPCS	G0415	Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, includes internal fixation, when performed (includes ilium, sacroiliac joint and/or sacrum)
HCPCS	G0416	Surgical pathology, gross and microscopic examinations, for prostate needle biopsy, any method
HCPCS	G0422	Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, per session
HCPCS	G0423	Intensive cardiac rehabilitation; with or without continuous ECG monitoring; without exercise, per session
HCPCS	G0432	Infectious agent antibody detection by enzyme immunoassay (EIA) technique, HIV-1 and/or HIV-2, screening

Type of Code	Code	Description
HCPCS	G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening
HCPCS	G0435	Infectious agent antibody detection by rapid antibody test, HIV-1 and/or HIV-2, screening
HCPCS	G0438	Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit
HCPCS	G0439	Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit
HCPCS	G0442	Annual alcohol misuse screening, 15 minutes
HCPCS	G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes
HCPCS	G0444	Annual depression screening, 15 minutes
HCPCS	G0445	High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes
HCPCS	G0446	Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes
HCPCS	G0447	Face-to-face behavioral counseling for obesity, 15 minutes
HCPCS	G0448	Insertion or replacement of a permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber with insertion of pacing electrode, cardiac venous system, for left ventricular pacing

Type of Code	Code	Description
HCPCS	G0451	Development testing, with interpretation and report, per standardized instrument form
HCPCS	G0452	Molecular pathology procedure; physician interpretation and report
HCPCS	G0453	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure)
HCPCS	G0463	Hospital outpatient clinic visit for assessment and management of a patient
HCPCS	G0466	Federally qualified health center (FQHC) visit, new patient; a medically-necessary, face-to-face encounter (one-on-one) between a new patient and a FQHC practitioner during which time one or more FQHC services are rendered and includes a typical bundle of Medicare-covered services that would be furnished per diem to a patient receiving a FQHC visit
HCPCS	G0467	Federally qualified health center (FQHC) visit, established patient; a medically-necessary, face-to-face encounter (one-on-one) between an established patient and a FQHC practitioner during which time one or more FQHC services are rendered and includes a typical bundle of Medicare-covered services that would be furnished per diem to a patient receiving a FQHC visit

Type of Code	Code	Description
HCPCS	G0468	Federally qualified health center (FQHC) visit, ippe or awv; a FQHC visit that includes an initial preventive physical examination (IPPE) or annual wellness visit (AWV) and includes a typical bundle of Medicare-covered services that would be furnished per diem to a patient receiving an IPPE OR AWV
HCPCS	G0469	Federally qualified health center (FQHC) visit, mental health, new patient; a medically-necessary, face-to-face mental health encounter (one-on-one) between a new patient and a FQHC practitioner during which time one or more FQHC services are rendered and includes a typical bundle of Medicare-covered services that would be furnished per diem to a patient receiving a mental health visit
HCPCS	G0470	Federally qualified health center (FQHC) visit, mental health, established patient; a medically-necessary, face-to-face mental health encounter (one-on-one) between an established patient and a FQHC practitioner during which time one or more FQHC services are rendered and includes a typical bundle of Medicare-covered services that would be furnished per diem to a patient receiving a mental health visit
HCPCS	G0472	Hepatitis C antibody screening, for individual at high risk and other covered indication(s)
HCPCS	G0475	HIV antigen/antibody, combination assay, screening

Type of Code	Code	Description
HCPCS	G0476	Infectious agent detection by nucleic acid (DNA or RNA); human papillomavirus (HPV), high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) for cervical cancer screening, must be performed in addition to PAP test
HCPCS	G0499	Hepatitis B screening in non-pregnant, high risk individual includes hepatitis B surface antigen (HBSAG), antibodies to hbsag (anti-HBS) and antibodies to hepatitis B core antigen (anti-HBC), and is followed by a neutralizing confirmatory test, when performed, only for an initially reactive HBSAG result
HCPCS	G0500	Moderate sedation services provided by the same physician or other qualified health care professional performing a gastrointestinal endoscopic service that sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intra-service time; patient age 5 years or older (additional time may be reported with 99153, as appropriate)
HCPCS	G0516	Insertion of non-biodegradable drug delivery implants, 4 or more (services for subdermal rod implant)
HCPCS	G0517	Removal of non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)
HCPCS	G0518	Removal with reinsertion, non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)

Type of Code	Code	Description
HCPCS	G2011	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., AUDIT, DAST), and brief intervention, 5-14 minutes
HCPCS-COVID	G2023	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), any specimen source
HCPCS-COVID	G2024	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) from an individual in a SNF or by a laboratory on behalf of a HHA, any specimen source
HCPCS	G2081	Patients age 66 and older in institutional special needs plans (SNP) or residing in long-term care with a POS code 32, 33, 34, 54 or 56 for more than 90 consecutive days during the measurement period
HCPCS	G2090	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period
HCPCS	G2091	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period

Type of Code	Code	Description
HCPCS	G2092	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) or angiotensin receptor-neprilysin inhibitor (ARNI) therapy prescribed or currently being taken
HCPCS	G2093	Documentation of medical reason(s) for not prescribing ACE inhibitor or ARB or ARNI therapy (e.g., hypotensive patients who are at immediate risk of cardiogenic shock, hospitalized patients who have experienced marked azotemia, allergy, intolerance, other medical reasons)
HCPCS	G2094	Documentation of patient reason(s) for not prescribing ACE inhibitor or ARB or ARNI therapy (e.g., patient declined, other patient reasons)
HCPCS	G2095	Documentation of system reason(s) for not prescribing ACE inhibitor or ARB or ARNI therapy (e.g., other system reasons)
HCPCS	G2096	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) or angiotensin receptor-neprilysin inhibitor (ARNI) therapy was not prescribed, reason not given

Type of Code	Code	Description
HCPCS	G2097	Episodes where the patient had a competing diagnosis on or within three days after the episode date (e.g., intestinal infection, pertussis, bacterial infection, lyme disease, otitis media, acute sinusitis, chronic sinusitis, infection of the adenoids, prostatitis, cellulitis, mastoiditis, or bone infections, acute lymphadenitis, impetigo, skin staph infections, pneumonia/gonococcal infections, venereal disease (syphilis, chlamydia, inflammatory diseases [female reproductive organs]), infections of the kidney, cystitis or UTI)
HCPCS	G2098	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period
HCPCS	G2099	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period
HCPCS	G2100	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period

Type of Code	Code	Description
HCPCS	G2101	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period
HCPCS	G2105	Patient age 66 or older in institutional special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54 or 56 for more than 90 consecutive days during the measurement period
HCPCS	G2106	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period
HCPCS	G2107	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period

Type of Code	Code	Description
HCPCS	G2108	Patient age 66 or older in institutional special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54 or 56 for more than 90 consecutive days during the measurement period
HCPCS	G2109	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period
HCPCS	G2110	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period
HCPCS	G2112	Patient receiving <=5 mg daily prednisone (or equivalent), or RA activity is worsening, or glucocorticoid use is for less than 6 months
HCPCS	G2113	Patient receiving >5 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity
HCPCS	G2115	Patients 66 - 80 years of age with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period

Type of Code	Code	Description
HCPCS	G2116	Patients 66 - 80 years of age with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period
HCPCS	G2118	Patients 81 years of age and older with at least one claim/encounter for frailty during the measurement period
HCPCS	G2121	Depression, anxiety, apathy, and psychosis assessed
HCPCS	G2122	Depression, anxiety, apathy, and psychosis not assessed
HCPCS	G2125	Patients 81 years of age and older with at least one claim/encounter for frailty during the six months prior to the measurement period through december 31 of the measurement period
HCPCS	G2126	Patients 66 - 80 years of age with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period

Type of Code	Code	Description
HCPCS	G2127	Patients 66 - 80 years of age with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period
HCPCS	G2128	Documentation of medical reason(s) for not on a daily aspirin or other antiplatelet (e.g. history of gastrointestinal bleed, intra-cranial bleed, blood disorders, idiopathic thrombocytopenic purpura (ITP), gastric bypass or documentation of active anticoagulant use during the measurement period)
HCPCS	G2129	Procedure-related bp's not taken during an outpatient visit. examples include same day surgery, ambulatory service center, G.I. lab, dialysis, infusion center, chemotherapy
HCPCS	G2136	Back pain measured by the visual analog scale (vas) at three months (6 - 20 weeks) postoperatively was less than or equal to 3.0 or back pain measured by the visual analog scale (vas) within three months preoperatively and at three months (6 - 20 weeks) postoperatively demonstrated an improvement of 5.0 points or greater
HCPCS	G2137	Back pain measured by the visual analog scale (VAS) at three months (6-20 weeks) postoperatively was greater than 3.0 and back pain measured by the visual analog scale (VAS) within three months preoperatively and at three months (6-20 weeks) postoperatively demonstrated a change of less than an improvement of 5.0 points

Type of Code	Code	Description
HCPCS	G2138	Back pain as measured by the visual analog scale (vas) at one year (9 to 15 months) postoperatively was less than or equal to 3.0 or back pain measured by the visual analog scale (vas) within three months preoperatively and at one year (9 to 15 months) postoperatively demonstrated a change of 5.0 points or greater
HCPCS	G2139	Back pain measured by the visual analog scale (VAS) pain at one year (9 to 15 months) postoperatively was greater than 3.0 and back pain measured by the visual analog scale (VAS) within three months preoperatively and at one year (9 to 15 months) postoperatively demonstrated a change of less than 5.0
HCPCS	G2140	Leg pain measured by the visual analog scale (VAS) at three months (6 - 20 weeks) postoperatively was less than or equal to 3.0 or leg pain measured by the visual analog scale (VAS) within three months preoperatively and at three months (6 - 20 weeks) postoperatively demonstrated an improvement of 5.0 points or greater
HCPCS	G2141	Leg pain measured by the visual analog scale (VAS) at three months (6-20 weeks) postoperatively was greater than 3.0 and leg pain measured by the visual analog scale (VAS) within three months preoperatively and at three months (6-20 weeks) postoperatively demonstrated less than an improvement of 5.0 points

Type of Code	Code	Description
HCPCS	G2142	Functional status measured by the Oswestry Disability Index (ODI version 2.1a) at one year (9 to 15 months) postoperatively was less than or equal to 22 or functional status measured by the ODI version 2.1a within three months preoperatively and at one year (9 to 15 months) postoperatively demonstrated an improvement of 30 points or greater
HCPCS	G2143	Functional status measured by the Oswestry Disability Index (ODI version 2.1a) at one year (9 to 15 months) postoperatively was greater than 22 and functional status measured by the ODI version 2.1a within three months preoperatively and at one year (9 to 15 months) postoperatively demonstrated an improvement of less than 30 points
HCPCS	G2144	Functional status measured by the Oswestry Disability Index (ODI version 2.1a) at three months (6 - 20 weeks) postoperatively was less than or equal to 22 or functional status measured by the ODI version 2.1a within three months preoperatively and at three months (6 - 20 weeks) postoperatively demonstrated an improvement of 30 points or greater
HCPCS	G2145	Functional status measured by the Oswestry Disability Index (ODI version 2.1a) at three months (6 - 20 weeks) postoperatively was greater than 22 and functional status measured by the ODI version 2.1a within three months preoperatively and at three months (6 - 20 weeks) postoperatively demonstrated an improvement of less than 30 points

Type of Code	Code	Description
HCPCS	G2146	Leg pain as measured by the visual analog scale (VAS) at one year (9 to 15 months) postoperatively was less than or equal to 3.0 or leg pain measured by the visual analog scale (VAS) within three months preoperatively and at one year (9 to 15 months) postoperatively demonstrated an improvement of 5.0 points or greater
HCPCS	G2147	Leg pain measured by the visual analog scale (VAS) at one year (9 to 15 months) postoperatively was greater than 3.0 and leg pain measured by the visual analog scale (VAS) within three months preoperatively and at one year (9 to 15 months) postoperatively demonstrated less than an improvement of 5.0 points
HCPCS	G2148	Multimodal pain management was used
HCPCS	G2149	Documentation of medical reason(s) for not using multimodal pain management (e.g., allergy to multiple classes of analgesics, intubated patient, hepatic failure, patient reports no pain during PACU stay, other medical reason(s))
HCPCS	G2150	Multimodal pain management was not used
HCPCS	G2151	Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care
HCPCS	G2152	Risk-adjusted functional status change residual score for the neck impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0)

Type of Code	Code	Description
HCPCS	G2167	Risk-adjusted functional status change residual score for the neck impairment successfully calculated and the score was less than zero (< 0)
HCPCS	G2170	Percutaneous arteriovenous fistula creation (AVF), direct, any site, by tissue approximation using thermal resistance energy, and secondary procedures to redirect blood flow (e.g., transluminal balloon angioplasty, coil embolization) when performed, and includes all imaging and radiologic guidance, supervision and interpretation, when performed
HCPCS	G2171	Percutaneous arteriovenous fistula creation (AVF), direct, any site, using magnetic-guided arterial and venous catheters and radiofrequency energy, including flow-directing procedures (e.g., vascular coil embolization with radiologic supervision and interpretation, when performed) and fistulogram(s), angiography, enography, and/or ultrasound, with radiologic supervision and interpretation, when performed
HCPCS	G2173	URI episodes where the patient had a comorbid condition during the 12 months prior to or on the episode date (e.g., tuberculosis, neutropenia, cystic fibrosis, chronic bronchitis, pulmonary edema, respiratory failure, rheumatoid lung disease)
HCPCS	G2174	URI episodes when the patient had an active prescription of antibiotics (table 1) in the 30 days prior to the episode date

Type of Code	Code	Description
HCPCS	G2175	Episodes where the patient had a comorbid condition during the 12 months prior to or on the episode date (e.g., tuberculosis, neutropenia, cystic fibrosis, chronic bronchitis, pulmonary edema, respiratory failure, rheumatoid lung disease)
HCPCS	G2176	Outpatient, ED, or observation visits that result in an inpatient admission
HCPCS	G2177	Acute bronchitis/bronchiolitis episodes when the patient had a new or refill prescription of antibiotics (table 1) in the 30 days prior to the episode date
HCPCS	G2178	Clinician documented that patient was not an eligible candidate for lower extremity neurological exam measure, for example patient bilateral amputee; patient has condition that would not allow them to accurately respond to a neurological exam (dementia, alzheimer's, etc.); patient has previously documented diabetic peripheral neuropathy with loss of protective sensation
HCPCS	G2179	Clinician documented that patient had medical reason for not performing lower extremity neurological exam
HCPCS	G2180	Clinician documented that patient was not an eligible candidate for evaluation of footwear as patient is bilateral lower extremity amputee
HCPCS	G2181	BMI not documented due to medical reason or patient refusal of height or weight measurement
HCPCS	G2182	Patient receiving first-time biologic disease modifying anti-rheumatic drug therapy
HCPCS	G2183	Documentation patient unable to communicate and informant not available

Type of Code	Code	Description
HCPCS	G2184	Patient does not have a caregiver
HCPCS	G2185	Documentation caregiver is trained and certified in dementia care
HCPCS	G2186	Patient /caregiver dyad has been referred to appropriate resources and connection to those resources is confirmed
HCPCS	G2187	Patients with clinical indications for imaging of the head: head trauma
HCPCS	G2188	Patients with clinical indications for imaging of the head: new or change in headache above 50 years of age
HCPCS	G2189	Patients with clinical indications for imaging of the head: abnormal neurologic exam
HCPCS	G2190	Patients with clinical indications for imaging of the head: headache radiating to the neck
HCPCS	G2191	Patients with clinical indications for imaging of the head: positional headaches
HCPCS	G2192	Patients with clinical indications for imaging of the head: temporal headaches in patients over 55 years of age
HCPCS	G2193	Patients with clinical indications for imaging of the head: new onset headache in pre-school children or younger (<6 years of age)
HCPCS	G2194	Patients with clinical indications for imaging of the head: new onset headache in pediatric patients with disabilities for which headache is a concern as inferred from behavior
HCPCS	G2195	Patients with clinical indications for imaging of the head: occipital headache in children

Type of Code	Code	Description
HCPCS	G2196	Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method
HCPCS	G2197	Patient screened for unhealthy alcohol use using a systematic screening method and not identified as an unhealthy alcohol user
HCPCS	G2198	Documentation of medical reason(s) for not screening for unhealthy alcohol use using a systematic screening method (e.g., limited life expectancy, other medical reasons)
HCPCS	G2199	Patient not screened for unhealthy alcohol use using a systematic screening method, reason not given
HCPCS	G2200	Patient identified as an unhealthy alcohol user received brief counseling
HCPCS	G2201	Documentation of medical reason(s) for not providing brief counseling (e.g., limited life expectancy, other medical reasons)
HCPCS	G2202	Patient did not receive brief counseling if identified as an unhealthy alcohol user, reason not given
HCPCS	G2203	Documentation of medical reason(s) for not providing brief counseling if identified as an unhealthy alcohol user (e.g., limited life expectancy, other medical reasons)
HCPCS	G2204	Patients between 50 and 85 years of age who received a screening colonoscopy during the performance period
HCPCS	G2205	Patients with pregnancy during adjuvant treatment course
HCPCS	G2206	Patient received adjuvant treatment course including both chemotherapy and HER2-targeted therapy

Type of Code	Code	Description
HCPCS	G2207	Reason for not administering adjuvant treatment course including both chemotherapy and HER2-targeted therapy (e.g. poor performance status (ECOG 3-4; Karnofsky =50), cardiac contraindications, insufficient renal function, insufficient hepatic function, other active or secondary cancer diagnoses, other medical contraindications, patients who died during initial treatment course or transferred during or after initial treatment course)
HCPCS	G2208	Patient did not receive adjuvant treatment course including both chemotherapy and HER2-targeted therapy
HCPCS	G2209	Patient refused to participate
HCPCS	G2210	Risk-adjusted functional status change residual score for the neck impairment not measured because the patient did not complete the neck FS PROM at initial evaluation and/or near discharge, reason not given
HCPCS	G2211	Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious condition or a complex condition. (add-on code, list separately in addition to office/outpatient evaluation and management visit, new or established)

Type of Code	Code	Description
HCPCS	G2212	Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (List separately in addition to CPT codes 99205, 99215 for office or other outpatient evaluation and management services) (Do not report G2212 on the same date of service as 99354, 99355, 99358, 99359, 99415, 99416). (Do not report G2212 for any time unit less than 15 minutes)
HCPCS	G2213	Initiation of medication for the treatment of opioid use disorder in the emergency department setting, including assessment, referral to ongoing care, and arranging access to supportive services (List separately in addition to code for primary procedure)
HCPCS	G2214	Initial or subsequent psychiatric collaborative care management, first 30 minutes in a month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional
HCPCS	G2215	Take-home supply of nasal naloxone; 2-pack of 4mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure

Type of Code	Code	Description
HCPCS	G2216	Take-home supply of injectable naloxone (provision of the services by a medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure
HCPCS	G2250	Remote assessment of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment
HCPCS	G2251	Brief communication technology-based service, e.g. virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion
HCPCS	G2252	Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion

Type of Code	Code	Description
HCPCS	G6001	Ultrasonic guidance for placement of radiation therapy fields
HCPCS	G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy
HCPCS	G6015	Intensity modulated treatment delivery, single or multiple fields/arcs,via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session
HCPCS	G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg, 3D positional tracking, gating, 3D surface tracking), each fraction of treatment
HCPCS	G8961	Cardiac stress imaging test primarily performed on low-risk surgery patient for preoperative evaluation within 30 days preceding this surgery
HCPCS	G8962	Cardiac stress imaging test performed on patient for any reason including those who did not have low risk surgery or test that was performed more than 30 days preceding low risk surgery
HCPCS	G8963	Cardiac stress imaging performed primarily for monitoring of asymptomatic patient who had PCI within 2 years
HCPCS	G8964	Cardiac stress imaging test performed primarily for any other reason than monitoring of asymptomatic patient who had PCI within 2 years (e.g., symptomatic patient, patient greater than 2 years since PCI, initial evaluation, etc)
HCPCS	G8965	Cardiac stress imaging test primarily performed on low CHD risk patient for initial detection and risk assessment

Type of Code	Code	Description
HCPCS	G8966	Cardiac stress imaging test performed on symptomatic or higher than low CHD risk patient or for any reason other than initial detection and risk assessment
HCPCS	H0001	Alcohol and/or drug assessment
HCPCS	H0002	Behavioral health screening to determine eligibility for admission to treatment program
HCPCS	H0003	Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs
HCPCS	H0005	Alcohol and/or drug services; group counseling by a clinician
HCPCS	H0007	Alcohol and/or drug services; crisis intervention (outpatient)
HCPCS	H0020	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)
HCPCS	H0049	Alcohol and/or drug screening
HCPCS	H0050	Alcohol and/or drug services, brief intervention, per 15 minutes
HCPCS	H2011	Crisis intervention service, per 15 minutes
HCPCS	J0179	Injection, brolucizumab-dbll, 1 mg
HCPCS	J0841	Injection, crotalidae immune F(ab')2 (equine), 120 mg
HCPCS	J1050	Injection, medroxyprogesterone acetate, 1 mg
HCPCS	J7296	Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg
HCPCS	J7300	Intrauterine copper contraceptive
HCPCS	J7301	Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg
HCPCS	J7304	Contraceptive supply, hormone containing patch, each

Type of Code	Code	Description
HCPCS	J7306	Levonorgestrel (contraceptive) implant system, including implants and supplies
HCPCS	J7307	Etonogestrel (contraceptive) implant system, including implant and supplies
HCPCS	J7308	Aminolevulinic acid HCl for topical administration, 20%, single unit dosage form (354 mg)
HCPCS	J9309	Injection, polatuzumab vedotin-piiq, 1 mg
HCPCS	L2106	Ankle foot orthosis, fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated
HCPCS	L2108	Ankle foot orthosis, fracture orthosis, tibial fracture cast orthosis, custom fabricated
HCPCS	L2112	Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment
HCPCS	L2114	Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment
HCPCS	L2116	Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment
HCPCS	L2126	Knee ankle foot orthosis, fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated
HCPCS	L2128	Knee ankle foot orthosis, fracture orthosis, femoral fracture cast orthosis, custom fabricated
HCPCS	L2132	KAFO, fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment

Type of Code	Code	Description
HCPCS	L2134	KAFO, fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment
HCPCS	L2136	KAFO, fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment
HCPCS	L2180	Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints
HCPCS	L2182	Addition to lower extremity fracture orthosis, drop lock knee joint
HCPCS	L2184	Addition to lower extremity fracture orthosis, limited motion knee joint
HCPCS	L2186	Addition to lower extremity fracture orthosis, adjustable motion knee joint, Lerman type
HCPCS	L2188	Addition to lower extremity fracture orthosis, quadrilateral brim
HCPCS	L2190	Addition to lower extremity fracture orthosis, waist belt
HCPCS	L2840	Addition to lower extremity orthosis, tibial length sock, fracture or equal, each
HCPCS	L2850	Addition to lower extremity orthosis, femoral length sock, fracture or equal, each
HCPCS	L3917	Hand orthosis, metacarpal fracture orthosis, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
HCPCS	L3980	Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustment
HCPCS	L3982	Upper extremity fracture orthosis, radius/ulnar, prefabricated, includes fitting and adjustment

Type of Code	Code	Description
HCPCS	L3984	Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustment
HCPCS	L3995	Addition to upper extremity orthosis, sock, fracture or equal, each
HCPCS	L7600	Prosthetic donning sleeve, any material, each
HCPCS	L8000	Breast prosthesis, mastectomy bra, without integrated breast prosthesis form, any size, any type
HCPCS	L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral, any size, any type
HCPCS	L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral, any size, any type
HCPCS	L8010	Breast prosthesis, mastectomy sleeve
HCPCS	L8015	External breast prosthesis garment, with mastectomy form, post mastectomy
HCPCS	L8020	Breast prosthesis, mastectomy form
HCPCS	L8030	Breast prosthesis, silicone or equal, without integral adhesive
HCPCS	L8031	Breast prosthesis, silicone or equal, with integral adhesive
HCPCS	L8032	Nipple prosthesis, prefabricated, reusable, any type, each
HCPCS	L8033	Nipple prosthesis, custom fabricated, reusable, any material, any type, each
HCPCS	L8035	Custom breast prosthesis, post mastectomy, molded to patient model
HCPCS	L8039	Breast prosthesis, not otherwise specified
HCPCS	L8400	Prosthetic sheath, below knee, each
HCPCS	L8410	Prosthetic sheath, above knee, each
HCPCS	L8415	Prosthetic sheath, upper limb, each

Type of Code	Code	Description
HCPCS	L8417	Prosthetic sheath/sock, including a gel cushion layer, below knee or above knee, each
HCPCS	L8420	Prosthetic sock, multiple ply, below knee, each
HCPCS	L8430	Prosthetic sock, multiple ply, above knee, each
HCPCS	L8435	Prosthetic sock, multiple ply, upper limb, each
HCPCS	L8440	Prosthetic shrinker, below knee, each
HCPCS	L8460	Prosthetic shrinker, above knee, each
HCPCS	L8465	Prosthetic shrinker, upper limb, each
HCPCS	L8470	Prosthetic sock, single ply, fitting, below knee, each
HCPCS	L8480	Prosthetic sock, single ply, fitting, above knee, each
HCPCS	L8485	Prosthetic sock, single ply, fitting, upper limb, each
HCPCS	L8512	Gelatin capsules or equivalent, for use with tracheoesophageal voice prosthesis, replacement only, per 10
HCPCS	L8513	Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each
HCPCS	L8514	Tracheoesophageal puncture dilator, replacement only, each
HCPCS	L8515	Gelatin capsule, application device for use with tracheoesophageal voice prosthesis, each
HCPCS	L8630	Metacarpophalangeal joint implant
HCPCS	L8641	Metatarsal joint implant
HCPCS	L8642	Hallux implant
HCPCS	L8658	Interphalangeal joint spacer, silicone or equal, each

Type of Code	Code	Description
HCPCS	L8659	Interphalangeal finger joint replacement, 2 or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon) for surgical implantation, any size
HCPCS-COVID	M0201	COVID-19 vaccine administration inside a patient's home; reported only once per individual home per date of service when only COVID-19 vaccine administration is performed at the patient's home
HCPCS-COVID	M0249	Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with COVID-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, first dose
HCPCS-COVID	M0250	Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with COVID-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, second dose
HCPCS	M1106	The start of an episode of care documented in the medical record
HCPCS	M1107	Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care

Type of Code	Code	Description
HCPCS	M1108	Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record
HCPCS	M1109	Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery
HCPCS	M1110	Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown)
HCPCS	M1111	The start of an episode of care documented in the medical record
HCPCS	M1112	Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care
HCPCS	M1113	Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record
HCPCS	M1114	Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery
HCPCS	M1115	Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown)

Type of Code	Code	Description
HCPCS	M1116	The start of an episode of care documented in the medical record
HCPCS	M1117	Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care
HCPCS	M1118	Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record
HCPCS	M1119	Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery
HCPCS	M1120	Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown)
HCPCS	M1121	The start of an episode of care documented in the medical record
HCPCS	M1122	Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care
HCPCS	M1123	Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record

Type of Code	Code	Description
HCPCS	M1124	Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery
HCPCS	M1125	Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown)
HCPCS	M1126	The start of an episode of care documented in the medical record
HCPCS	M1127	Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care
HCPCS	M1128	Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record
HCPCS	M1129	Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery
HCPCS	M1130	Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown)
HCPCS	M1131	Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care

Type of Code	Code	Description
HCPCS	M1132	Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record
HCPCS	M1133	Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery
HCPCS	M1134	Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown)
HCPCS	M1135	The start of an episode of care documented in the medical record
HCPCS	M1141	Functional status was not measured by the Oxford Knee Score (OKS) or the knee injury and osteoarthritis outcome score joint replacement (KOOS, JR.) at one year (9 to 15 months) postoperatively
HCPCS	M1142	Emergent cases
HCPCS	M1143	Initiated episode of rehabilitation therapy, medical, or chiropractic care for neck impairment
HCPCS	M1146	Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record
HCPCS	M1147	Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery

Type of Code	Code	Description
HCPCS	M1148	Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown)
HCPCS	M1149	Patient unable to complete the neck FS PROM at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility, and an adequate proxy is not available
HCPCS	P3000	Screening papanicolaou smear, cervical or vaginal, up to three smears, by technician under physician supervision
HCPCS	P3001	Screening papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by physician
HCPCS	P7001	Culture, bacterial, urine; quantitative, sensitivity study
HCPCS	P9010	Blood (whole), for transfusion, per unit
HCPCS	P9011	Blood, split unit
HCPCS	P9012	Cryoprecipitate, each unit
HCPCS	P9016	Red blood cells, leukocytes reduced, each unit
HCPCS	P9017	Fresh frozen plasma (single donor), frozen within 8 hours of collection, each unit
HCPCS	P9019	Platelets, each unit
HCPCS	P9020	Platelet rich plasma, each unit
HCPCS	P9021	Red blood cells, each unit
HCPCS	P9022	Red blood cells, washed, each unit
HCPCS	P9023	Plasma, pooled multiple donor, solvent/detergent treated, frozen, each unit
HCPCS	P9025	Plasma, cryoprecipitate reduced, pathogen reduced, each unit

Type of Code	Code	Description
HCPCS	P9026	Cryoprecipitated fibrinogen complex, pathogen reduced, each unit
HCPCS	P9031	Platelets, leukocytes reduced, each unit
HCPCS	P9032	Platelets, irradiated, each unit
HCPCS	P9033	Platelets, leukocytes reduced, irradiated, each unit
HCPCS	P9034	Platelets, pheresis, each unit
HCPCS	P9035	Platelets, pheresis, leukocytes reduced, each unit
HCPCS	P9036	Platelets, pheresis, irradiated, each unit
HCPCS	P9037	Platelets, pheresis, leukocytes reduced, irradiated, each unit
HCPCS	P9038	Red blood cells, irradiated, each unit
HCPCS	P9039	Red blood cells, deglycerolized, each unit
HCPCS	P9040	Red blood cells, leukocytes reduced, irradiated, each unit
HCPCS	P9041	Infusion, albumin (human), 5%, 50 ml
HCPCS	P9043	Infusion, plasma protein fraction (human), 5%, 50 ml
HCPCS	P9044	Plasma, cryoprecipitate reduced, each unit
HCPCS	P9045	Infusion, albumin (human), 5%, 250 ml
HCPCS	P9046	Infusion, albumin (human), 25%, 20 ml
HCPCS	P9047	Infusion, albumin (human), 25%, 50 ml
HCPCS	P9048	Infusion, plasma protein fraction (human), 5%, 250 ml
HCPCS	P9050	Granulocytes, pheresis, each unit
HCPCS	P9051	Whole blood or red blood cells, leukocytes reduced, CMV-negative, each unit
HCPCS	P9052	Platelets, HLA-matched leukocytes reduced, apheresis/pheresis, each unit

Type of Code	Code	Description
HCPCS	P9053	Platelets, pheresis, leukocytes reduced, CMV-negative, irradiated, each unit
HCPCS	P9054	Whole blood or red blood cells, leukocytes reduced, frozen, deglycerol, washed, each unit
HCPCS	P9055	Platelets, leukocytes reduced, CMV-negative, apheresis/pheresis, each unit
HCPCS	P9056	Whole blood, leukocytes reduced, irradiated, each unit
HCPCS	P9057	Red blood cells, frozen/deglycerolized/washed, leukocytes reduced, irradiated, each unit
HCPCS	P9058	Red blood cells, leukocytes reduced, CMV-negative, irradiated, each unit
HCPCS	P9059	Fresh frozen plasma between 8-24 hours of collection, each unit
HCPCS	P9060	Fresh frozen plasma, donor retested, each unit
HCPCS	P9070	Plasma, pooled multiple donor, pathogen reduced, frozen, each unit
HCPCS	P9071	Plasma (single donor), pathogen reduced, frozen, each unit
HCPCS	P9073	Platelets, pheresis, pathogen-reduced, each unit
HCPCS	P9100	Pathogen(s) test for platelets
HCPCS	P9615	Catheterization for collection of specimen(s) (multiple patients)
HCPCS	Q0081	Infusion therapy, using other than chemotherapeutic drugs, per visit
HCPCS	Q0083	Chemotherapy administration by other than infusion technique only (e.g., subcutaneous, intramuscular, push), per visit

Type of Code	Code	Description
HCPCS	Q0084	Chemotherapy administration by infusion technique only, per visit
HCPCS	Q0085	Chemotherapy administration by both infusion technique and other technique(s) (e.g., subcutaneous, intramuscular, push), per visit
HCPCS	Q0091	Screening papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory
HCPCS	Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use)
HCPCS	Q0139	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for ESRD on dialysis)
HCPCS	Q0164	Prochlorperazine maleate, 5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
HCPCS	Q0166	Granisetron hydrochloride, 1 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 24 hour dosage regimen
HCPCS	Q0167	Dronabinol, 2.5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen

Type of Code	Code	Description
HCPCS	Q0169	Promethazine hydrochloride, 12.5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
HCPCS	Q0173	Trimethobenzamide hydrochloride, 250 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
HCPCS	Q0174	Thiethylperazine maleate, 10 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
HCPCS	Q0175	Perphenazine, 4 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
HCPCS	Q0177	Hydroxyzine pamoate, 25 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen

Type of Code	Code	Description
HCPCS	Q0180	Dolasetron mesylate, 100 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 24 hour dosage regimen
HCPCS	Q0181	Unspecified oral dosage form, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for a IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
HCPCS	Q2034	Influenza virus vaccine, split virus, for intramuscular use (Agriflu)
HCPCS	Q2035	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Afluria)
HCPCS	Q2036	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Flulaval)
HCPCS	Q2037	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluvirin)
HCPCS	Q2038	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone)
HCPCS	Q2039	Influenza virus vaccine, not otherwise specified
HCPCS	Q3001	Radioelements for brachytherapy, any type, each
HCPCS	Q4001	Casting supplies, body cast adult, with or without head, plaster

Type of Code	Code	Description
HCPCS	Q4002	Cast supplies, body cast adult, with or without head, fiberglass
HCPCS	Q4003	Cast supplies, shoulder cast, adult (11 years +), plaster
HCPCS	Q4004	Cast supplies, shoulder cast, adult (11 years +), fiberglass
HCPCS	Q4005	Cast supplies, long arm cast, adult (11 years +), plaster
HCPCS	Q4006	Cast supplies, long arm cast, adult (11 years +), fiberglass
HCPCS	Q4007	Cast supplies, long arm cast, pediatric (0-10 years), plaster
HCPCS	Q4008	Cast supplies, long arm cast, pediatric (0-10 years), fiberglass
HCPCS	Q4009	Cast supplies, short arm cast, adult (11 years +), plaster
HCPCS	Q4010	Cast supplies, short arm cast, adult (11 years +), fiberglass
HCPCS	Q4011	Cast supplies, short arm cast, pediatric (0-10 years), plaster
HCPCS	Q4012	Cast supplies, short arm cast, pediatric (0-10 years), fiberglass
HCPCS	Q4013	Cast supplies, gauntlet cast (includes lower forearm and hand), adult (11 years +), plaster
HCPCS	Q4014	Cast supplies, gauntlet cast (includes lower forearm and hand), adult (11 years +), fiberglass
HCPCS	Q4015	Cast supplies, gauntlet cast (includes lower forearm and hand), pediatric (0-10 years), plaster
HCPCS	Q4016	Cast supplies, gauntlet cast (includes lower forearm and hand), pediatric (0-10 years), fiberglass
HCPCS	Q4017	Cast supplies, long arm splint, adult (11 years +), plaster
HCPCS	Q4018	Cast supplies, long arm splint, adult (11 years +), fiberglass

Type of Code	Code	Description
HCPCS	Q4019	Cast supplies, long arm splint, pediatric (0-10 years), plaster
HCPCS	Q4020	Cast supplies, long arm splint, pediatric (0-10 years), fiberglass
HCPCS	Q4021	Cast supplies, short arm splint, adult (11 years +), plaster
HCPCS	Q4022	Cast supplies, short arm splint, adult (11 years +), fiberglass
HCPCS	Q4023	Cast supplies, short arm splint, pediatric (0-10 years), plaster
HCPCS	Q4024	Cast supplies, short arm splint, pediatric (0-10 years), fiberglass
HCPCS	Q4025	Cast supplies, hip spica (one or both legs), adult (11 years +), plaster
HCPCS	Q4026	Cast supplies, hip spica (one or both legs), adult (11 years +), fiberglass
HCPCS	Q4027	Cast supplies, hip spica (one or both legs), pediatric (0-10 years), plaster
HCPCS	Q4028	Cast supplies, hip spica (one or both legs), pediatric (0-10 years), fiberglass
HCPCS	Q4029	Cast supplies, long leg cast, adult (11 years +), plaster
HCPCS	Q4030	Cast supplies, long leg cast, adult (11 years +), fiberglass
HCPCS	Q4031	Cast supplies, long leg cast, pediatric (0-10 years), plaster
HCPCS	Q4032	Cast supplies, long leg cast, pediatric (0-10 years), fiberglass
HCPCS	Q4033	Cast supplies, long leg cylinder cast, adult (11 years +), plaster

Type of Code	Code	Description
HCPCS	Q4034	Cast supplies, long leg cylinder cast, adult (11 years +), fiberglass
HCPCS	Q4035	Cast supplies, long leg cylinder cast, pediatric (0-10 years), plaster
HCPCS	Q4036	Cast supplies, long leg cylinder cast, pediatric (0-10 years), fiberglass
HCPCS	Q4037	Cast supplies, short leg cast, adult (11 years +), plaster
HCPCS	Q4038	Cast supplies, short leg cast, adult (11 years +), fiberglass
HCPCS	Q4039	Cast supplies, short leg cast, pediatric (0-10 years), plaster
HCPCS	Q4040	Cast supplies, short leg cast, pediatric (0-10 years), fiberglass
HCPCS	Q4041	Cast supplies, long leg splint, adult (11 years +), plaster
HCPCS	Q4042	Cast supplies, long leg splint, adult (11 years +), fiberglass
HCPCS	Q4043	Cast supplies, long leg splint, pediatric (0-10 years), plaster
HCPCS	Q4044	Cast supplies, long leg splint, pediatric (0-10 years), fiberglass
HCPCS	Q4045	Cast supplies, short leg splint, adult (11 years +), plaster
HCPCS	Q4046	Cast supplies, short leg splint, adult (11 years +), fiberglass
HCPCS	Q4047	Cast supplies, short leg splint, pediatric (0-10 years), plaster
HCPCS	Q4048	Cast supplies, short leg splint, pediatric (0-10 years), fiberglass
HCPCS	Q4081	Injection, epoetin alfa, 100 units (for ESRD on dialysis)
HCPCS	Q9951	Low osmolar contrast material, 400 or greater mg/ml iodine concentration, per ml

Type of Code	Code	Description
HCPCS	Q9953	Injection, iron-based magnetic resonance contrast agent, per ml
HCPCS	Q9954	Oral magnetic resonance contrast agent, per 100 ml
HCPCS	Q9955	Injection, perflexane lipid microspheres, per ml
HCPCS	Q9956	Injection, octafluoropropane microspheres, per ml
HCPCS	Q9957	Injection, perflutren lipid microspheres, per ml
HCPCS	Q9958	High osmolar contrast material, up to 149 mg/ml iodine concentration, per ml
HCPCS	Q9959	High osmolar contrast material, 150-199 mg/ml iodine concentration, per ml
HCPCS	Q9960	High osmolar contrast material, 200-249 mg/ml iodine concentration, per ml
HCPCS	Q9961	High osmolar contrast material, 250-299 mg/ml iodine concentration, per ml
HCPCS	Q9962	High osmolar contrast material, 300-349 mg/ml iodine concentration, per ml
HCPCS	Q9963	High osmolar contrast material, 350-399 mg/ml iodine concentration, per ml
HCPCS	Q9964	High osmolar contrast material, 400 or greater mg/ml iodine concentration, per ml
HCPCS	Q9965	Low osmolar contrast material, 100-199 mg/ml iodine concentration, per ml
HCPCS	Q9966	Low osmolar contrast material, 200-299 mg/ml iodine concentration, per ml
HCPCS	Q9967	Low osmolar contrast material, 300-399 mg/ml iodine concentration, per ml
HCPCS	Q9968	Injection, non-radioactive, non-contrast, visualization adjunct (e.g., methylene blue, isosulfan blue), 1 mg

Type of Code	Code	Description
HCPCS	Q9969	Tc-99m from non-highly enriched uranium source, full cost recovery add-on, per study dose
HCPCS	S0255	Hospice referral visit (advising patient and family of care options) performed by nurse, social worker, or other designated staff
HCPCS	S0302	Completed early periodic screening diagnosis and treatment (EPSDT) service (list in addition to code for appropriate evaluation and management service)
HCPCS	S0310	Hospitalist services (List separately in addition to code for appropriate evaluation and management service)
HCPCS	S0395	Impression casting of a foot performed by a practitioner other than the manufacturer of the orthotic
HCPCS	S0400	Global fee for extracorporeal shock wave lithotripsy treatment of kidney stone(s)
HCPCS	S0601	Screening proctoscopy
HCPCS	S0610	Annual gynecological examination, new patient
HCPCS	S0612	Annual gynecological examination, established patient
HCPCS	S0613	Annual gynecological examination; clinical breast examination without pelvic evaluation
HCPCS	S0618	Audiometry for hearing aid evaluation to determine the level and degree of hearing loss
HCPCS	S0630	Removal of sutures; by a physician other than the physician who originally closed the wound
HCPCS	S2066	Breast reconstruction with gluteal artery perforator (GAP) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral

Type of Code	Code	Description
HCPCS	S2067	Breast reconstruction of a single breast with "stacked" deep inferior epigastric perforator (DIEP) flap(s) and/or gluteal artery perforator (GAP) flap(s), including harvesting of the flap(s), microvascular transfer, closure of donor site(s) and shaping the flap into a breast, unilateral
HCPCS	S2068	Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SIEA) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral
HCPCS	S2115	Osteotomy, periacetabular, with internal fixation
HCPCS	S2225	Myringotomy, laser-assisted
HCPCS	S2342	Nasal endoscopy for post-operative debridement following functional endoscopic sinus surgery, nasal and/or sinus cavity(s), unilateral or bilateral
HCPCS	S3620	Newborn metabolic screening panel, includes test kit, postage and the laboratory tests specified by the state for inclusion in this panel (e.g., galactose; hemoglobin, electrophoresis; hydroxyprogesterone, 17-d; phenylalanine (PKU); and thyroxine, total)
HCPCS	S4005	Interim labor facility global (labor occurring but not resulting in delivery)
HCPCS	S4989	Contraceptive intrauterine device (e.g., Progestacert IUD), including implants and supplies
HCPCS	S4993	Contraceptive pills for birth control
HCPCS	S5035	Home infusion therapy, routine service of infusion device (e.g., pump maintenance)

Type of Code	Code	Description
HCPCS	S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy
HCPCS	S8037	Magnetic resonance cholangiopancreatography (MRCP)
HCPCS	S8042	Magnetic resonance imaging (MRI), low-field
HCPCS	S8100	Holding chamber or spacer for use with an inhaler or nebulizer; without mask
HCPCS	S8101	Holding chamber or spacer for use with an inhaler or nebulizer; with mask
HCPCS	S8210	Mucus trap
HCPCS	S8265	Haberman feeder for cleft lip/palate
HCPCS	S8490	Insulin syringes (100 syringes, any size)
HCPCS	S9088	Services provided in an urgent care center (list in addition to code for service)
HCPCS	S9152	Speech therapy, re-evaluation
HCPCS	S9359	Home infusion therapy, anti-tumor necrosis factor intravenous therapy; (e.g., Infliximab); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
HCPCS	S9365	Home infusion therapy, total parenteral nutrition (TPN); one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem

Type of Code	Code	Description
HCPCS	S9366	Home infusion therapy, total parenteral nutrition (TPN); more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem
HCPCS	S9367	Home infusion therapy, total parenteral nutrition (TPN); more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem
HCPCS	S9368	Home infusion therapy, total parenteral nutrition (TPN); more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem
HCPCS	S9374	Home infusion therapy, hydration therapy; one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

Type of Code	Code	Description
HCPCS	S9375	Home infusion therapy, hydration therapy; more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
HCPCS	S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
HCPCS	S9470	Nutritional counseling, dietitian visit
HCPCS	S9472	Cardiac rehabilitation program, non-physician provider, per diem
HCPCS	S9473	Pulmonary rehabilitation program, non-physician provider, per diem
HCPCS	S9484	Crisis intervention mental health services, per hour
HCPCS	S9485	Crisis intervention mental health services, per diem
HCPCS	S9500	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
HCPCS	S9501	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

Type of Code	Code	Description
HCPCS	S9502	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
HCPCS	S9503	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 6 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
HCPCS	S9504	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 4 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
HCPCS	S9988 - Q1	Services provided as part of a Phase I clinical trial
HCPCS	S9990 - Q1	Services provided as part of a Phase II clinical trial
HCPCS	S9991 - Q1	Services provided as part of a Phase III clinical trial
HCPCS-COVID	U0001	CDC 2019 novel Coronavirus (2019-nCoV) real-time RT-PCR diagnostic panel
HCPCS-COVID	U0002	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC
HCPCS-COVID	U0003	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique, making use of high throughput technologies as described by CMS-2020-01-R

Type of Code	Code	Description
HCPCS-COVID	U0004	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R
HCPCS-COVID	U0005	Infectious agent detection by nucleic acid (DNA or RNA); Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), amplified probe technique, CDC or non-CDC, making use of high throughput technologies, completed within 2 calendar days from date of specimen collection (List separately in addition to either HCPCS code U0003 or U0004) as described by CMS-2020-01-R2
HCPCS	V2630	Anterior chamber intraocular lens
HCPCS	V2631	Iris supported intraocular lens
HCPCS	V2632	Posterior chamber intraocular lens
HCPCS	V5362	Speech screening
HCPCS	V5363	Language screening
HCPCS	V5364	Dysphagia screening