2021 Non-Covered Procedure Codes for Together with CCHP

Please use "Ctrl (or ⌘) + F" to locate your code.

Revision Log			
Date	**Codes Added**	**Codes Removed**	
6-1-2021	G2020; G2172; K1013; K1015		
1-1-2021		99421; 99422; 99423; A4604	
12-1-2020	G1020; G1021; G1022; G1023; K1006; K1007; K1009; Q9001; Q9002; Q9003; T2047		
10-31-2020		E0470 (Effective 11-1-2020)	
8-20-2020		96161	
8-1-2020		E2623; E2313; E2377; K0108; E2363; E2311; E2300; E2620 (Effective 8-1-2020)	
7-29-2020	0202U; 0223U; 0224U		
7-1-2020	G1012; G1013; G1014; G1015; G1016; G1017; G1018; G1019		
4-1-2020	0563T; 0564T; 0565T; 0566T; 0567T; 0568T; 0569T; 0570T; 0571T; 0572T; 0573T; 0574T; 0575T; 0576T; 0577T; 0578T; 0579T; 0580T; 0581T; 0582T; 0583T; 0584T; 0585T; 0586T; 0587T; 0588T; 0589T; 0590T; 0591T; 0592T; 0593T; 20560; 20561; 81522; 98970; 98971; 98972; 99421; 99422; 99423; 99458; 99473; 99474; B4187; C1734; C1824; C1839; C1982; C2596; G1000; G1001; G1002; G1003; G1004; G1005; G1006; G1007; G1008; G1009; G1010; G1011; G2021; G2022; G2058; G2061; G2062; G2063; G2064; G2065; G2066; G2067; G2068; G2069; G2070; G2071; G2072; G2073; G2074; G2075; G2076; G2077; G2078; G2079; G2080; K1001; K1002; K1003; K1004; K1005	0081U; 0085U; 0205T; 0206T; 0249T; 0254T; 0341T; 0357T; 0375T; 0377T; 0380T; 0399T; 0482T; 96155;G8649; G8653; G8657; G8665; G8669; G8673; G8861; G8978; G8979; G8980; G8981; G8982; G8983; G8984; G8985; G8986; G8987; G8988; G8989; G8990; G8991; G8992; G8993; G8994; G8995; G8996; G8997; G8998; G8999; G9017; G9018; G9019; G9020; G9033; G9034; G9035; G9036; G9158; G9159; G9160; G9161; G9162; G9163; G9164; G9165; G9166; G9167; G9168; G9169; G9170; G9171; G9172; G9173; G9174; G9175; G9176; G9186; G9472; G9742; G9743; G9941; G9944; G9947; M1000; M1001; M1002; M1030; M1042; M1044; M1047; M1048; M1050; M1053	
1-1-2020	J7331; J7332; 2023F, 2025F, 2033F, 3051F and 3052F		
12-1-2019	Q4205; Q4206; Q4208; Q4209; Q4210; Q4211; Q4212; Q4213; Q4214; Q4215; Q4216; Q4217; Q4218; Q4219; Q4220; Q4221; Q4222; Q4226		

	(considered Experimental & Investigational)		
10-24-2019	0105U; 0106U; 0107U; 0108U; 0109U; 0110U; 0111U; 0112U; 0113U; 0114U; 0115U; 0116U; 0117U; 0118U; 0119U; 0120U; 0121U; 0122U; 0123U; 0124U; 0125U; 0126U; 0127U; 0128U (considered Experimental & Investigational). Effective December 1, 2019		
10-14-2019		93740; A4555; A4575; A4639; A9155; A9272; E0221; E0675; E0762; G0276; G0460; G9147; M0075; M0076; M0100; M0300; P9020; S1034; S1035; S1036; S1037; S3650; S3722; S3800; S8130; S8131; S8940 (Effective January 1, 2019) Added to Experimental & Investigational List below	
6-1-2019	J7318; J7320; J7321; J7322; J7323; J7324; J7325; J7326; J7327; J7328; J7329	Effective July 1, 2019	
5-2-2019		E0156	
5-1-2019	0001U; 0002U; 0003U; 0005U; 0006U; 0007U; 0008U; 0009U; 0010U; 0011U; 0012U; 0013U; 0014U; 0016U; 0017U; 0018U; 0019U; 0021U; 0022U; 0023U; 0024U; 0025U; 0026U; 0027U; 0029U; 0030U; 0031U; 0032U; 0033U; 0034U; 0035U; 0036U; 0037U; 0038U; 0039U; 0040U; 0041U; 0042U; 0043U; 0044U; 0045U; 0046U; 0047U; 0048U; 0049U; 0050U; 0051U; 0052U; 0053U; 0054U; 0055U; 0056U; 0058U; 0059U; 0060U; 0061U; 0062U; 0063U; 0064U; 0065U; 0066U; 0067U; 0068U; 0069U; 0070U; 0071U; 0072U; 0073U; 0074U; 0075U; 0076U; 0077U; 0078U; 0079U; 0080U; 0081U; 0082U; 0083U	Effective June 1, 2019	
5-1-2019	G2001; G2002; G2003; G2004; G2005; G2006; G2007; G2008; G2009; G2013; G2014; G2015	Effective June 1, 2019	
2-19-2019	A4563; C1823; C1890; C8937; C9751; C9752; C9753; L8701; L8702; J3591; G0068; G0069; G0070; G0071; G0076; G0077; G0078; G0079; G0080; G0081; G0082; G0083; G0084; G0085; G0086; G0087; A6460; A6461; J7318; J7329; L8608; M1000; M1001; M1002; M1003; M1004; M1005; M1006; M1007; M1008; M1009; M1010; M1011; M1012; M1013; M1014; M1015; M1016; M1017; M1018; M1019; M1020; M1022; M1023; M1024; M1025; M1026; M1027; M1028; M1029; M1030; M1031; M1032; M1033; M1034; M1035; M1036; M1037; M1038; M1039; M1040; M1041; M1042; M1043; M1044; M1045; M1046; M1047; M1048; M1049; M1050; M1051; M1052; M1053; M1054; M1055; M1056; M1057; M1058; M1059; M1060; M1061; M1062; M1063; M1064; M1065; M1066; M1067; M1068;		

	M1069; M1070; M1071; T4545; V5171; V5172; V5181; V5211; V5212; V5213; V5214; V5215; V5221 (Effective March 1, 2019)	
1-15-2019		98960; 98961; 98962
1-1-2019	0509T; 0510T; 0511T; 0512T; 0513T; 0514T; 0515T; 0516T; 0517T; 0518T; 0520T; 0521T; 0522T; 0523T; 0524T; 0525T; 0526T 0527T; 0528T; 0529T; 0530T; 0531T; 0532T 0533T; 0534T; 0535T; 0536T; 0541T; 0542T; 33289; 76391; 76978; 76979; 76981; 76985; 76983; 99457	77061, 77062, 77063; Codes that expired: 0159T; 0188T; 0189T; 0190T; 0195T; 0196T; 0337T; 0346T; 0371T; 0374T; 0387T; 0388T; 0389T; 0390T; 0391T; 0406T; 0407T; 99090
12-4-2018	90867, 90868, and 90869 (Effective 01-04-2019)	
11-1-2018		0295T; 0296T; 0297T; 0298T
1-1-2018		Moved to No Prior Auth list: A9500; A9501; A9502; A9503; A9504; A9505; A9507; A9508; A9509; A9510; A9512; A9515; A9516; A9517; A9520; A9521; A9524; A9526; A9527; A9528; A9529; A9530; A9531; A9532; A9536; A9537; A9538; A9539; A9540; A9541; A9542; A9543; A9544; A9545; A9546; A9547; A9548; A9550; A9551; A9552; A9553; A9554; A9555; A9556; A9557; A9558; A9559; A9560; A9561; A9562; A9563; A9564; A9566; A9567; A9568; A9569; A9570; A9571; A9572; A9575; A9576; A9577; A9578; A9579; A9580; A9581; A9582; A9583; A9584; A9585; A9586; A9587; A9600; A9604; A9606; A9700
1-1-2018		99000; 99001

1-1-2018	0042T; 0054T; 0055T; 0071T; 0072T; 0075T; 0076T; 0085T; 0095T; 0098T; 0100T; 0101T; 0102T; 0106T; 0107T; 0108T; 0109T; 0110T; 0111T; 0126T; 0159T; 0163T; 0164T; 0165T; 0174T; 0175T; 0184T; 0188T; 0189T; 0190T; 0191T; 0195T; 0196T; 0198T; 0200T; 0201T; 0202T; 0205T; 0206T; 0207T; 0208T; 0209T; 0210T; 0211T; 0212T; 0213T; 0214T; 0215T; 0216T; 0217T; 0218T; 0219T; 0220T; 0221T; 0222T; 0228T; 0229T; 0230T; 0231T; 0232T; 0234T; 0235T; 0236T; 0237T; 0238T; 0249T; 0253T; 0254T; 0266T; 0267T; 0268T; 0269T; 0270T; 0271T; 0272T; 0273T; 0278T; 0290T; 0295T; 0296T; 0297T; 0298T; 0308T; 0312T; 0313T; 0314T; 0315T; 0316T; 0317T; 0329T; 0330T; 0331T; 0332T; 0333T; 0335T; 0337T; 0338T; 0339T; 0341T; 0342T; 0345T; 0346T; 0347T; 0348T; 0349T; 0350T; 0351T; 0353T; 0355T; 0356T; 0371T; 0373T; 0374T; 0375T; 0376T; 0377T; 0378T; 0379T; 0380T; 0381T; 0382T; 0383T; 0384T; 0385T; 0386T; 0387T; 0388T; 0389T; 0390T; 0391T; 0396T; 0397T; 0398T; 0399T; 0400T; 0401T; 0402T; 0403T; 0404T; 0405T; 0406T; 0407T; 0469T; 0470T; 0471T; 0472T; 0473T; 0474T; 0475T; 0476T; 0477T; 0478T; 0479T; 0480T; 0481T; 0482T; 0483T; 0484T; 0485T; 0486T; 0487T; 0488T; 0489T; 0490T; 0491T; 0492T; 0493T; 0494T; 0495T; 0496T; 0497T; 0498T; 0499T; 0500T; 0501T; 0502F; 0502T; 0503T; 0504T; 64912; 64913; 77061; 77062; 77063; 96573; 96574; 99483; 99484; 99492; 99493; 99494; G0279; G0511; G0512; G0513; G0514; G9890; G9891; G9892; G9893; G9894; G9895; G9896; G9897; G9898; G9899; G9900; G9901; G9902; G9903; G9904; G9905; G9906; G9907; G9908; G9909; G9910; G9911; G9912; G9913; G9914; G9915; G9916; G9917; G9918; G9919; G9920; G9921; G9922; G9923; G9924; G9925; G9926; G9927; G9928; G9929; G9930; G9931; G9932; G9933; G9934; G9935; G9936; G9937; G9938; G9939; G9940; G9941; G9942; G9943; G9944; G9945; G9946; G9947; G9948; G9949; G9954; G9955; G9956; G9957; G9958; G9959; G9960; G9961; G9962; G9963; G9964; G9965; G9966; G9967; G9968; G9969; G9970; G9974; G9975; G9976; G9977; L3761; Q4176; Q4177; Q4178; Q4179; Q4180; Q4181; Q4182;	0438T; A9599; G0502; G0503; G0504; G0505; G0507; G8696; G8697; G8698; G8879; G8947; G8971; G8972; G9381; G9496
12-1-2017		E0110; E0111; E0114
5-1-2017	2017 CPT codes have been added	A9472
3-1-2017		A9276; A9277; A9278; 99183; G0277

2021 Non-Covered Procedure Codes for Together with CCHP

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NON-COVERED PROCEDURE CODE	DESCRIPTION
0001U	RBC DNA HEA 35 AG 11 BLD GRP
0002U	ONC CLRCT 3 UR METAB ALG PLP
0003U	ONC OVAR 5 PRTN SER ALG SCOR
0005U	ONCO PRST8 3 GENE UR ALG
0007U	RX TEST PRSMV UR W/DEF CONF
0008U	HPYLORI DETCJ ABX RSTNC DNA
0009U	ONC BRST CA ERBB2 AMP/NONAMP
0010U	NFCT DS STRN TYP WHL GEN SEQ
0011U	RX MNTR LC-MS/MS ORAL FLUID
0012U	GERMLN DO GENE REARGMT DETCJ
0013U	ONC SLD ORG NEO GENE REARGMT
0014U	HEM HMTLMF NEO GENE REARGMT
0016U	ONC HMTLMF NEO RNA BCR/ABL1
0017U	ONC HMTLMF NEO JAK2 MUT DNA
0018U	ONC THYR 10 MICRORNA SEQ ALG
0019U	ONC RNA TISS PREDICT ALG
0021U	ONC PRST8 DETCJ 8 AUTOANTB
0022U	TRGT GEN SEQ DNA&RNA 23 GENE
0023U	ONC AML DNA DETCJ/NONDETCJ
0024U	GLYCA NUC MR SPECTRSC QUAN
0025U	TENOFOVIR LIQ CHROM UR QUAN
0026U	ONC THYR DNA&MRNA 112 GENES
0027U	JAK2 GENE TRGT SEQ ALYS
0029U	RX METAB ADVRS TRGT SEQ ALYS
0030U	RX METAB WARF TRGT SEQ ALYS
0031U	CYP1A2 GENE
0032U	COMT GENE
0033U	HTR2A HTR2C GENES
0034U	TPMT NUDT15 GENES
0035U	NEURO CSF PRION PRTN QUAL
0036U	XOME TUM & NML SPEC SEQ ALYS
0037U	TRGT GEN SEQ DNA 324 GENES
0038U	VITAMIN D SRM MICROSAMP QUAN
0039U	DNA ANTB 2STRAND HI AVIDITY
0040U	BCR/ABL1 GENE MAJOR BP QUAN
0041U	B BRGDRFERI ANTB 5 PRTN IGM
0042T	CT PERFUSION W/CONTRAST CBF
0042U	B BRGDRFERI ANTB 12 PRTN IGG
0043U	TBRF B GRP ANTB 4 PRTN IGM

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NON-COVERED PROCEDURE CODE	DESCRIPTION
0044U	TBRF B GRP ANTB 4 PRTN IGG
0045U	ONC BRST DUX CARC IS 12 GENE
0046U	FLT3 GENE ITD VARIANTS QUAN
0047U	ONC PRST8 MRNA 17 GENE ALG
0048U	ONC SLD ORG NEO DNA 468 GENE
0049U	NPM1 GENE ANALYSIS QUAN
0050U	TRGT GEN SEQ DNA 194 GENES
0051U	RX MNTR LC-MS/MS UR 31 PNL
0052U	LPOPRTN BLD W/5 MAJ CLASSES
0053U	ONC PRST8 CA FISH ALYS 4 GEN
0054T	BONE SRGRY CMPTR FLUOR IMAGE
0054U	RX MNTR 14+ DRUGS & SBSTS
0055T	BONE SRGRY CMPTR CT/MRI IMAG
0055U	CARD HRT TRNSPL 96 DNA SEQ
0056U	HEM AML DNA GENE REARGMT
0058U	ONC MERKEL CLL CARC SRM QUAN
0059U	ONC MERKEL CLL CARC SRM +/-
0060U	TWN ZYG GEN SEQ ALYS CHRMS2
0061U	TC MEAS 5 BMRK SFDI M-S ALYS
0062U	AI SLE IGG&IGM ALYS 80 BMRK
0063U	NEURO AUTISM 32 AMINES ALG
0064U	ANTB TP TOTAL&RPR IA QUAL
0065U	SYFLS TST NONTREPONEMAL ANTB
0066U	PAMG-1 IA CERVICO-VAG FLUID
0067U	ONC BRST IMHCHEM PRFL 4 BMRK
0068U	CANDIDA SPECIES PNL AMP PRB
0069U	ONC CLRCT MICRORNA MIR-31-3P
0070U	CYP2D6 GEN COM&SLCT RAR VRNT
0071T	US LEIOMYOMATA ABLATE <200
0071U	CYP2D6 FULL GENE SEQUENCE
0072T	US LEIOMYOMATA ABLATE >200
0072U	CYP2D6 GEN CYP2D6-2D7 HYBRID
0073U	CYP2D6 GEN CYP2D7-2D6 HYBRID
0074U	CYP2D6 NONDUPLICATED GENE
0075T	PERQ STENT/CHEST VERT ART
0075U	CYP2D6 5' GENE DUP/MLT
0076T	S&I STENT/CHEST VERT ART
0076U	CYP2D6 3' GENE DUP/MLT
0077U	IG PARAPROTEIN QUAL BLD/UR

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NON-COVERED PROCEDURE CODE	DESCRIPTION
0078U	PAIN MGT OPI USE GNOTYP PNL
0079U	CMPRTV DNA ALYS MLT SNPS
0080U	ONC LNG 5 CLIN RSK FACTR ALG
0082U	RX TEST DEF 90+ RX/SBSTS UR
0083U	ONC RSPSE CHEMO CNTRST TOMOG
0095T	RMVL ARTIFIC DISC ADDL CRVCL
0098T	REV ARTIFIC DISC ADDL
0100T	PROSTH RETINA RECEIVE&GEN
0101T	EXTRACORP SHOCKWV TX HI ENRG
0102T	EXTRACORP SHOCKWV TX ANESTH
0106T	TOUCH QUANT SENSORY TEST
0107T	VIBRATE QUANT SENSORY TEST
0108T	COOL QUANT SENSORY TEST
0109T	HEAT QUANT SENSORY TEST
0110T	NOS QUANT SENSORY TEST
0163T	LUMB ARTIF DISKECTOMY ADDL
0164T	REMOVE LUMB ARTIF DISC ADDL
0165T	REVISE LUMB ARTIF DISC ADDL
0174T	CAD CXR WITH INTERP
0175T	CAD CXR REMOTE
0184T	EXC RECTAL TUMOR ENDOSCOPIC
0191T	INSERT ANT SEGMENT DRAIN INT
0198T	OCULAR BLOOD FLOW MEASURE
0200T	PERQ SACRAL AUGMT UNILAT INJ
0201T	PERQ SACRAL AUGMT BILAT INJ
0202T	POST VERT ARTHRPLST 1 LUMBAR
0207T	CLEAR EYELID GLAND W/HEAT
0208T	AUDIOMETRY AIR ONLY
0209T	AUDIOMETRY AIR & BONE
0210T	SPEECH AUDIOMETRY THRESHOLD
0211T	SPEECH AUDIOM THRESH & RECOG
0212T	COMPRE AUDIOMETRY EVALUATION
0213T	NJX PARAVERT W/US CER/THOR
0214T	NJX PARAVERT W/US CER/THOR
0215T	NJX PARAVERT W/US CER/THOR
0216T	NJX PARAVERT W/US LUMB/SAC
0217T	NJX PARAVERT W/US LUMB/SAC
0218T	NJX PARAVERT W/US LUMB/SAC
0219T	PLMT POST FACET IMPLT CERV

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NON-COVERED PROCEDURE CODE	DESCRIPTION
0220T	PLMT POST FACET IMPLT THOR
0221T	PLMT POST FACET IMPLT LUMB
0222T	PLMT POST FACET IMPLT ADDL
0232T	NJX PLATELET PLASMA
0234T	TRLUML PERIP ATHRC RENAL ART
0235T	TRLUML PERIP ATHRC VISCERAL
0236T	TRLUML PERIP ATHRC ABD AORTA
0237T	TRLUML PERIP ATHRC BRCHIOCPH
0238T	TRLUML PERIP ATHRC ILIAC ART
0253T	INSERT AQUEOUS DRAIN DEVICE
0266T	IMPLT/RPL CRTD SNS DEV TOTAL
0267T	IMPLT/RPL CRTD SNS DEV LEAD
0268T	IMPLT/RPL CRTD SNS DEV GEN
0269T	REV/REMVL CRTD SNS DEV TOTAL
0270T	REV/REMVL CRTD SNS DEV LEAD
0271T	REV/REMVL CRTD SNS DEV GEN
0272T	INTERROGATE CRTD SNS DEV
0273T	INTERROGATE CRTD SNS W/PGRMG
0278T	TEMPR
0290T	LASER INC FOR PKP/LKP RECIP
0308T	INSJ OCULAR TELESCOPE PROSTH
0312T	LAPS IMPLTJ NSTIM VAGUS
0313T	LAPS RMVL NSTIM ARRAY VAGUS
0314T	LAPS RMVL VGL ARRY&PLS GEN
0315T	RMVL VAGUS NERVE PLS GEN
0316T	REPLC VAGUS NERVE PLS GEN
0317T	ELEC ALYS VAGUS NRV PLS GEN
0329T	MNTR INTRAOCULAR PRESS 24HRS/> UNI/BI W/INTERP
0330T	TEAR FILM IMAGING UNILATERAL OR BILATERAL W/I&R
0331T	HEART SYMP IMAGE PLNR
0332T	MYOCRD SYMP INNERVAJ IMG PLNR QUAL&QUANT W/SPECT
0333T	VISUAL EP SCR ACUITY AUTO
0335T	INSJ SINUS TARSI IMPLANT
0338T	TRNSCTH RENAL SYMP DENRV UNL
0339T	TRNSCTH RENAL SYMP DENRV BIL
0342T	THERAPEUTIC APHERESIS W/SELECTIVE HDL DELIP
0345T	TRANSCATH MITRAL VALVE REPAIR VIA CORONARY SINUS
0347T	Ins bone device for rsa
0348T	RSA SPINE EXAM

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NON-COVERED PROCEDURE CODE	DESCRIPTION
0349T	RSA UPPER EXTR EXAM
0350T	RSA LOWER EXTR EXAM
0351T	INTRAOP OCT BRST/NODE SPEC
0352T	OCT BRST/NODE I&R PER SPEC
0353T	INTRAOP OCT BREAST CAVITY
0354T	OCT BREAST SURG CAVITY I&R
0355T	GI tract capsule endoscopy
0356T	INSRT DRUG DEVICE FOR IOP
0358T	BIA WHOLE BODY
0373T	ADAPT BHV TX EA 15 MIN
0376T	INSERT ANT SEGMENT DRAIN INT
0378T	VISUAL FIELD ASSMNT REV/RPRT
0379T	VIS FIELD ASSMNT TECH SUPPT
0397T	ERCP W/OPTICAL ENDOMICROSCPY
0398T	MRGFUS STRTCTC LES ABLTJ
0402T	COLGN CROSS-LINK CRN MED SEP
0403T	DIABETES PREV STANDARD CURR
0404T	TRNSCRV UTERIN FIBROID ABLTJ
0437T	IMPLTJ SYNTH RNFCMT ABDL WAL
0439T	MYOCRD CONTRAST PRFUJ ECHO
0440T	ABLTJ PERC UXTR/PERPH NRV
0441T	ABLTJ PERC LXTR/PERPH NRV
0442T	ABLTJ PERC PLEX/TRNCL NRV
0443T	R-T SPCTRL ALYS PRST8 TISS
0444T	1ST PLMT DRUG ELUT OC INS
0445T	SBSQT PLMT DRUG ELUT OC INS
0446T	INSJ IMPLTBL GLUCOSE SENSOR
0447T	RMVL IMPLTBL GLUCOSE SENSOR
0448T	REMVL INSJ IMPLTBL GLUC SENS
0449T	INSJ AQUEOUS DRAIN DEV 1ST
0450T	INSJ AQUEOUS DRAIN DEV EACH
0451T	INSJ/RPLCMT AORTIC VENTR SYS
0452T	INSJ/RPLCMT DEV VASC SEAL
0453T	INSJ/RPLCMT MECH-ELEC NTRFCE
0454T	INSJ/RPLCMT SUBQ ELECTRODE
0455T	REMVL AORTIC VENTR CMPL SYS
0456T	REMVL AORTIC DEV VASC SEAL
0457T	REMVL MECH-ELEC SKIN NTRFCE
0458T	REMVL SUBQ ELECTRODE

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NON-COVERED PROCEDURE CODE	DESCRIPTION
0459T	RELOCAJ RPLCMT AORTIC VENTR
0460T	REPOS AORTIC VENTR DEV ELTRD
0461T	REPOS AORTIC CONTRPULSJ DEV
0462T	PRGRMG EVAL AORTIC VENTR SYS
0463T	INTERROG AORTIC VENTR SYS
0464T	VISUAL EP TEST FOR GLAUCOMA
0465T	SUPCHRDL NJX RX W/O SUPPLY
0466T	INSJ CH WAL RESPIR ELTRD/RA
0467T	REVJ/RPLMNT CH RESPIR ELTRD
0468T	RMVL CH WAL RESPIR ELTRD/RA
0469T	RTA POLARIZE SCAN OC SCR BI
0470T	OCT SKN IMG ACQUISJ I&R 1ST
0471T	OCT SKN IMG ACQUISJ I&R ADDL
0472T	PRGRMG IO RTA ELTRD RA
0473T	REPRGRMG IO RTA ELTRD RA
0474T	INSJ AQUEOUS DRG DEV IO RSVR
0475T	REC FTL CAR SGL 3 CH I&R
0476T	REC FTL CAR SGL ELEC TR DATA
0477T	REC FTL CAR SGL XRTJ ALYS
0478T	REC FTL CAR 3 CH REV I&R
0479T	FXJL ABL LSR 1ST 100 SQ CM
0480T	FXJL ABL LSR EA ADDL 100SQCM
0481T	NJX AUTOL WBC CONCENTRATE
0483T	TMVI PERCUTANEOUS APPROACH
0484T	TMVI TRANSTHORACIC EXPOSURE
0485T	OCT MID EAR I&R UNILATERAL
0486T	OCT MID EAR I&R BILATERAL
0487T	TRVG BIOMCHN MAPG W/REPRT
0488T	DIABETES PREV ONLINE/ELEC
0489T	REGN CELL TX SCLDR HANDS
0490T	REGN CELL TX SCLDR H MLT INJ
0491T	ABL LSR OPN WND 1ST 20 SQCM
0492T	ABL LSR OPN WND ADDL 20 SQCM
0493T	NEAR IFR SPECTRSC OF WOUNDS
0494T	PREP & CANNULJ CDVR DON LUNG
0495T	MNTR CDVR DON LNG 1ST 2 HRS
0496T	MNTR CDVR DON LNG EA ADDL HR
0497T	XTRNL PT ACT ECG IN-OFF CONN
0498T	XTRNL PT ACT ECG R&I PR 30 D

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
0499T	CYSTO F/URTL STRIX/STENOSIS
0500T	HPV 5+ HI RISK HPV TYPES
0501F	PRENATAL FLOW SHEET
0501T	COR FFR DERIVED COR CTA DATA
0502T	COR FFR DATA PREP & TRANSMIS
0503T	COR FFR ALYS GNRJ FFR MDL
0504T	COR FFR DATA REVIEW I&R
0505F	HEMODIALYSIS PLAN DOCD
0507F	PERITON DIALYSIS PLAN DOCD
0509F	URINE INCON PLAN DOCD
0509T	PATTERN ERG W/I&R
0510T	RMVL SINUS TARSI IMPLANT
0511T	RMVL&RINSJ SINUS TARSI IMPLT
0512T	ESW INTEG WND HLG 1ST WND
0513F	ELEV BP PLAN OF CARE DOCD
0513T	ESW INTEG WND HLG EA ADDL
0514F	CARE PLAN HGB DOCD ESA PT
0514T	INTRAOP VIS AXIS ID PT FIXJ
0515T	INSJ WCS LV COMPL SYS
0516F	ANEMIA PLAN OF CARE DOCD
0516T	INSJ WCS LV ELTRD ONLY
0517F	GLAUCOMA PLAN OF CARE DOCD
0517T	INSJ WCS LV PG COMPNT
0518F	FALL PLAN OF CARE DOCD
0518T	RMVL PG COMPNT WCS
0519F	PLAND CHEMO DOCD B/4 TXMNT
0519T	RMVL & RPLCMT PG COMPNT WCS
0520F	RAD DOS LIMTS B/4 3D RAD
0520T	RMVL&RPLCMT PG WCS NEW ELTRD
0521F	PLAN OF CARE 4 PAIN DOCD
0521T	INTERROG DEV EVAL WCS IP
0522T	PRGRMG DEV EVAL WCS IP
0523T	NTRAPX C FFR W/3D FUNCJL MAP
0524T	EV CATH DIR CHEM ABLTJ W/IMG
0525F	INITIAL VISIT FOR EPISODE
0525T	INSJ/RPLCMT COMPL IIMS
0526F	SUBS VISIT FOR EPISODE
0526T	INSJ/RPLCMT IIMS ELTRD ONLY
0527T	INSJ/RPLCMT IIMS IMPLT MNTR

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
0528F	RCMND FLW-UP 10 YRS DOCD
0528T	PRGRMG DEV EVAL IIMS IP
0529F	INTRVL 3/>YR PTS CLNSCP DOCD
0529T	INTERROG DEV EVAL IIMS IP
0530T	REMOVAL COMPLETE IIMS
0531T	REMOVAL IIMS ELECTRODE ONLY
0532T	REMOVAL IIMS IMPLT MNTR ONLY
0533T	CONT REC MVMT DO 6-10 DAYS
0534T	CONT REC MVMT DO SETUP&TRAIN
0535F	DYSPNEA MNGMNT PLAN DOCD
0535T	CONT REC MVMT DO REPRT CNFIG
0536T	CONT REC MVMT DO DL W/I&R
0540F	GLUCO MNGMNT PLAN DOCD
0541T	MYOCARDIAL IMAGING MCG
0542T	MYOCARDIAL IMAGING MCG I&R
0545F	FOLLOW UP CARE PLAN MDD DOCD
0550F	CYTOPATH REPORT NONGYN SPCMN
0551F	CYTOPATH REPORT NON ROUTINE
0555F	SYMPTOM MGMNT PLAN CARE DOCD
0556F	PLAN CARE LIPID CONTROL DOCD
0557F	PLAN CAREMNG ANGNL SYMPTDOCD
0563T	EVAC MEIBOMIAN GLND HEAT BI
0564T	ONC CHEMO RX CYTOTOX CSC 14
0565T	AUTOL CELL IMPLT ADPS HRVG
0566T	AUTOL CELL IMPLT ADPS NJX
0567T	PERM FLP TUBE OCCLS W/IMPLT
0568T	INTRO MIX SALINE&AIR F/SSG
0569T	TTVR PERQ APPR 1ST PROSTH
0570T	TTVR PERQ EA ADDL PROSTH
0571T	INSJ/RPLCMT ICDS SS ELTRD
0572T	INSERTION SS DFB ELECTRODE
0573T	REMOVAL SS DFB ELECTRODE
0574T	REPOS PREV SS IMPL DFB ELTRD
0575F	HIV RNA PLAN CARE DOCD
0575T	PRGRMG DEV EVAL ICDS SS IP
0576T	INTERROG DEV EVAL ICDS SS IP
0577T	EPHYS EVAL ICDS SS
0578T	REM INTERROG DEV ICDS PHYS
0579T	REM INTERROG DEV ICDS TECH

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
0580F	MULTIDISCIPLINARY CARE PLAN
0580T	RMVL SS IMPL DFB PG ONLY
0581F	PT TRNSFRD FROM ANESTH TO CC
0581T	ABLTJ MAL BRST TUM PERQ CRTX
0582F	NO TRNSFR FROM ANESTH TO CC
0582T	TRURL ABLTJ MAL PRST8 TISS
0583F	TRANSFER CARE CHECKLIST USED
0583T	TMPST AUTO TUBE DLVR SYS
0584F	NO TRANSFERCARE CHKLIST USED
0584T	PERQ ISLET CELL TRANSPLANT
0585T	LAPS ISLET CELL TRANSPLANT
0586T	OPEN ISLET CELL TRANSPLANT
0587T	PERQ IMPLTJ/RPLCMT ISDNS PTN
0588T	REVISION/REMOVAL ISDNS PTN
0589T	ELEC ALYS SMPL PRGRMG IINS
0590T	ELEC ALYS CPLX PRGRMG IINS
0591T	HLTH&WB COACHING INDIV 1ST
0592T	HLTH&WB COACHING INDIV F-UP
0593T	HLTH&WB COACHING GROUP
1000F	TOBACCO USE ASSESSED
1002F	ASSESS ANGINAL SYMPTOM/LEVEL
1003F	LEVEL OF ACTIVITY ASSESS
1004F	CLIN SYMP VOL OVRLD ASSESS
1005F	ASTHMA SYMPTOMS EVALUATE
1006F	OSTEOARTHRITIS ASSESS
1007F	ANTI-INFLM/ANLGSC OTC ASSESS
1008F	GI/RENAL RISK ASSESS
1010F	SEVERITY ANGINA BY ACTVTY
1011F	ANGINA PRESENT
1012F	Angina absent
1015F	COPD SYMPTOMS ASSESS
1018F	ASSESS DYSPNEA NOT PRESENT
1019F	ASSESS DYSPNEA PRESENT
1022F	PNEUMO IMM STATUS ASSESS
1026F	CO-MORBID CONDITION ASSESS
1030F	INFLUENZA IMM STATUS ASSESS
1031F	SMOKING & 2ND HAND ASSESSED
1032F	SMOKER/EXPOSED 2ND HND SMOKE
1033F	TOBACCO NONSMOKER NOR 2NDHND

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
1034F	CURRENT TOBACCO SMOKER
1035F	SMOKELESS TOBACCO USER
1036F	TOBACCO NON-USER
1038F	PERSISTENT ASTHMA
1039F	INTERMITTENT ASTHMA
1040F	DSM-5 INFO MDD DOCD
1050F	HISTORY OF MOLE CHANGES
1052F	TYPE LOCATION ACTIVITYASSESS
1055F	VISUAL FUNCT STATUS ASSESS
1060F	DOC PERM/CONT/PAROX ATR FIB
1061F	DOC LACK PERM&CONT&PAROX FIB
1065F	ISCHM STROKE SYMP LT3 HRSB/4
1066F	ISCHM STROKE SYMP GE3 HRSB/4
1070F	ALARM SYMP ASSESSED-ABSENT
1071F	ALARM SYMP ASSESSED-1+ PRSNT
1090F	PRES/ABSN URINE INCON ASSESS
1091F	URINE INCON CHARACTERIZED
1100F	PTFALLS ASSESS-DOCD GE2>/YR
1101F	PT FALLS ASSESS-DOCD LE1/YR
1110F	PT LFT INPT FAC W/IN 60 DAYS
1111F	DSCHRG MED/CURRENT MED MERGE
1116F	AURIC/PERI PAIN ASSESSED
1118F	GERD SYMPS ASSESSED 12 MONTH
1119F	INIT EVAL FOR CONDITION
1121F	SUBS EVAL FOR CONDITION
1123F	ACP DISCUSS/DSCN MKR DOCD
1124F	ACP DISCUSS-NO DSCNMKR DOCD
1125F	AMNT PAIN NOTED PAIN PRSNT
1126F	AMNT PAIN NOTED NONE PRSNT
1127F	NEW EPISODE FOR CONDITION
1128F	SUBS EPISODE FOR CONDITION
1130F	BK PAIN & FXN ASSESSED
1134F	EPSD BK PAIN FOR 6 WKS/<
1135F	EPSD BK PAIN FOR >6 WKS
1136F	EPSD BK PAIN FOR 12 WKS/<
1137F	EPSD BK PAIN FOR >12 WKS
1150F	DOC PT RSK DEATH W/IN 1YR
1151F	DOC NO PT RSK DEATH W/IN 1YR
1152F	DOC ADVNCD DIS COMFORT 1ST

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
1153F	DOC ADVNCD DIS CMFRT NOT 1ST
1157F	ADVNC CARE PLAN IN RCRD
1158F	ADVNC CARE PLAN TLK DOCD
1159F	MED LIST DOCD IN RCRD
1160F	RVW MEDS BY RX/DR IN RCRD
1170F	FXNL STATUS ASSESSED
1175F	FUNCTION STAT ASSESSED RVWD
1180F	THROMBOEMB RISK ASSESSED
1181F	NEUROPSYCHIA SYMPTS ASSESSED
1182F	NEUROPSYCHI SYMPT 1+PRESENT
1183F	NEUROPSYCHIATRIC SYMP ABSENT
1200F	SEIZURE TYPE& FREQU DOCD
1205F	EPI ETIOL SYND RVWD AND DOCD
1220F	PT SCREENED FOR DEPRESSION
1400F	PRKNS DIAG RVIEWED
1450F	SYMPTOMS IMPROVED/CONSIST
1451F	SYMPT SHOW CLIN IMPORT DROP
1460F	QUAL CARD DIAG PRIOR 12 MONS
1461F	NO QUAL CARD DIAG PRIOR12MON
1490F	DEM SEVERITY CLASSIFIED MILD
1491F	DEM SEVERITY CLASSIFIED MOD
1493F	DEM SEVERITY CLASS SEVERE
1494F	COGNIT ASSESSED AND REVIEWED
1500F	SYMPTOM&SIGN SYMM POLYNEURO
1501F	NOT INITIAL EVAL FOR COND
1502F	PT QUERIED PAIN FXN W/ INSTR
1503F	PT QUERIED SYMP RESP INSUFF
1504F	PT HAS RESP INSUFFICIENCY
1505F	PT HAS NO RESP INSUFFICIENCY
17380	HAIR REMOVAL BY ELECTROLYSIS
2000F	BLOOD PRESSURE MEASURE
2001F	WEIGHT RECORD
2002F	CLIN SIGN VOL OVRLD ASSESS
2004F	INITIAL EXAM INVOLVED JOINTS
2010F	VITAL SIGNS RECORDED
2014F	MENTAL STATUS ASSESS
2015F	ASTHMA IMPAIRMENT ASSESSED
2016F	ASTHMA RISK ASSESSED
2018F	HYDRATION STATUS ASSESS

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
2019F	DILATED MACUL EXAM DONE
2020F	DILATED FUNDUS EVAL DONE
2021F	DILAT MACULAR EXAM DONE
2022F	DILAT RTA XM EVC RTNOPTHY
2023F	DILAT RTA XM W/O RTNOPTHY
2024F	7 FLD RTA PHOTO EVC RTNOPTHY
2025F	7 FLD RTA PHOTO W/O RTNOPTHY
2026F	EYE IMG VALID EVC RTNOPTHY
2027F	OPTIC NERVE HEAD EVAL DONE
2028F	FOOT EXAM PERFORMED
2029F	COMPLETE PHYS SKIN EXAM DONE
2030F	H2O STAT DOCD NORMAL
2031F	H2O STAT DOCD DEHYDRATED
2033F	EYE IMG VALID W/O RTNOPTHY
2035F	TYMP MEMB MOTION EXAMD
2040F	BK PN XM ON INIT VISIT DATE
2044F	DOC MNTL TST B/4 BK TRXMNT
2050F	WOUND CHAR SIZE ETC DOCD
20560	NDL INSJ W/O NJX 1 OR 2 MUSC
20561	NDL INSJ W/O NJX 3+ MUSC
2060F	PT TALK EVAL HLTHWKR RE MDD
22867	INSJ STABLJ DEV W/DCMPRN
22868	INSJ STABLJ DEV W/DCMPRN
22869	INSJ STABLJ DEV W/O DCMPRN
22870	INSJ STABLJ DEV W/O DCMPRN
3006F	CXR DOC REV
3008F	BODY MASS INDEX DOCD
3011F	LIPID PANEL DOC REV
3014F	SCREEN MAMMO DOC REV
3015F	CERV CANCER SCREEN DOCD
3016F	PT SCRND UNHLTHY OH USE
3017F	COLORECTAL CA SCREEN DOC REV
3018F	PRE-PRXD RSK ET AL DOCD
3019F	LVEF ASSESS PLANPOST DSCHRGE
3020F	LVF ASSESS
3021F	LVEF MOD/SEVER DEPRS SYST
3022F	LVEF >/=40% SYSTOLIC
3023F	SPIROM DOC REV
3025F	SPIROM FEV/FVC <70% W/COPD

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
3027F	SPIROM FEV/FVC>/=70%/W/OCOPD
3028F	O2 SATURATION DOC REV
3035F	O2 SATURATION</=88%/PAO</=55
3037F	O2 SATURATION >88%/PAO>55 HG
3038F	PULM FX W/IN 12 MON B/4 SURG
3040F	FEV <40% PREDICTED VALUE
3042F	FEV >/=40% PREDICTED VALUE
3044F	HG A1C LEVEL LT 7.0%
3046F	HEMOGLOBIN A1C LEVEL >9.0%
3048F	LDL-C <100 MG/DL
3049F	LDL-C 100-129 MG/DL
3050F	LDL-C >/= 130 MG/DL
3051F	HG A1C>EQUAL 7.0%<8.0%
3052F	HG A1C>EQUAL 8.0%<EQUAL 9.0%
3055F	LVEF LESS THAN/EQUAL TO 35%
3056F	LVEF GREATER THAN 35%
3060F	POS MICROALBUMINURIA REV
3061F	NEG MICROALBUMINURIA REV
3062F	POS MACROALBUMINURIA REV
3066F	NEPHROPATHY DOC TX
3072F	LOW RISK FOR RETINOPATHY
3073F	PRE-SURG EYE MEASURES DOCD
3074F	SYST BP LT 130 MM HG
3075F	SYST BP GE 130 - 139MM HG
3077F	SYST BP >/= 140 MM HG
3078F	DIAST BP <80 MM HG
3079F	DIAST BP 80-89 MM HG
3080F	DIAST BP >/= 90 MM HG
3082F	KT/V <1.2
3083F	KT/V =/> 1.2 & <1.7
3084F	KT/V >/= 1.7
3085F	SUICIDE RISK ASSESSED
3088F	MDD MILD
3089F	MDD MODERATE
3090F	MDD SEVERE W/O PSYCH
3091F	MDD SEVERE W/PSYCH
3092F	MDD IN REMISSION
3093F	DOC NEW DIAG 1ST/ADDL MDD
3095F	CENTRAL DEXA RESULTS DOCD

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
3096F	CENTRAL DEXA ORDERED
3100F	IMAGE TEST REF CAROT DIAM
3110F	PRES/ABSN HMRHG/LESION DOCD
3111F	CT/MRI BRAIN DONE W/IN 24HRS
3112F	CT/MRI BRAIN DONE 24 HRS
3115F	QUANT RESULTS ACTIVITY &SYMP
3117F	HF ASSESSMENT TOOL COMPLETED
3118F	NY HEART ASSOC CLASS DOCD
3119F	NO EVAL ACTIVITY CLIN SYMP
3120F	12-LEAD ECG PERFORMED
3126F	ESOPH BX RPRT W/DYSPL INFO
3130F	UPPER GI ENDOSCOPY PERFORMED
3132F	DOC REF UPPER GI ENDOSCOPY
3140F	UPPER GI ENDO SHOWS BARRTTS
3141F	UPPER GI ENDO NOT BARRTTS
3142F	BARIUM SWALLOW TEST ORDERED
3150F	FORCEPS ESOPH BIOPSY DONE
3155F	CYTOGEN TEST MARROW B/4 TX
3160F	DOC FE+ STORES B/4 EPO THX
3170F	FLOW CYTO DONE B/4 TX
3200F	BARIUM SWALLOW TEST NOT REQ
3210F	GRP A STREP TEST PERFORMED
3215F	PT IMMUNITY TO HEP A DOCD
3216F	PT IMMUNITY TO HEP B DOCD
3218F	RNA TSTNG HEP C DOCD DONE
3220F	HEP C QUANT RNA TSTNG DOCD
3230F	NOTE HRING TST W/IN 6 MON
3250F	NONPRIM LOC ANAT BX SITE TUM
3260F	PT CAT/PN CAT/HIST GRD DOCD
3265F	RNA TSTNG HEPC VIR ORD/DOCD
3266F	HEPC GN TSTNG DOCD B/4TXMNT
3267F	PATH RPRT W/ PT PN CAT ET AL
3268F	PSA/T/GLSC DOCD B/4 TXMNT
3269F	BONE SCN B/4 TXMNT/AFTR DX
3270F	NO BONE SCN B/4 TXMNT/AFTRDX
3271F	LOW RISK PROSTATE CANCER
3272F	MED RISK PROSTATE CANCER
3273F	HIGH RISK PROSTATE CANCER
3274F	PROST CNCR RSK NOT LW/MD/HGH

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
3278F	SERUM LVLS CA/IPTH/LPD ORD
3279F	HGB LVL >/= 13 G/DL
3280F	HGB LVL 11-12.9 G/DL
3281F	HGB LVL <11 G/DL
3284F	IOP DOWN >15% OF PRE-SVC LVL
3285F	IOP DOWN <15% OF PRE-SVC LVL
3288F	FALL RISK ASSESSMENT DOCD
3290F	PT=D(RH)- AND UNSENSITIZED
3291F	PT=D(RH)+ OR SENSITIZED
3292F	HIV TSTNG ASKED/DOCD/REVWD
3293F	ABO RH BLOOD TYPING DOCD
3294F	GRP B STREP SCREENING DOCD
3300F	AJCC STAGE DOCD B/4 THXPY
3301F	CANCER STAGE DOCD METAST
3315F	ER+ OR PR+ BREAST CANCER
3316F	ER- OR PR- BREAST CANCER
3317F	PATH RPT MALIG CANCER DOCD
3318F	PATH RPT MALIG CANCER DOCD
3319F	X-RAY/CT/ULTRSND ET AL ORD
3320F	NO XRAY/CT/ ET AL ORDD
3321F	AJCC CNCR 0/IA MELAN DOCD
3322F	MELANOMAAJCC STAGE 0 OR IA
3323F	CLIN NODE STGNG DOCDB/4 SURG
3324F	MRI CT SCAN ORD RVWD RQSTD
3325F	PREOP ASSES 4 CATARACT SURG
33289	TCAT IMPL WRLS P-ART PRS SNR
3328F	PRFRMNC DOCD 2 WKS B/4 SURG
3330F	Imaging study ordered (BkP)
3331F	BK IMAGING TST NOT ORDERED
3340F	MAMMO ASSESS INC XRAY DOCD
3341F	MAMMO ASSESS NEGATIVE DOCD
3342F	MAMMO ASSESS BENGN DOCD
3343F	MAMMO PROBABLY BENGN DOCD
3344F	MAMMO ASSESS SUSP DOCD
3345F	MAMMO ASSESS HGHLYMALIG DOC
3350F	MAMMO BX PROVEN MALIG DOCD
3351F	NEG SCRN DEP SYMP BY DEPTOOL
3352F	NO SIG DEP SYMP BY DEP TOOL
3353F	MILD-MOD DEP SYMP BY DEPTOOL

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
3354F	CLIN SIG DEP SYM BY DEP TOOL
3370F	AJCC BRST CNCR STAGE 0 DOCD
3372F	AJCC BRST CNCR STAGE 1 DOCD
3374F	AJCC BRST CNCR STAGE 1 DOCD
3376F	AJCC BRSTCNCR STAGE 2 DOCD
3378F	AJCC BRSTCNCR STAGE 3 DOCD
3380F	AJCC BRSTCNCR STAGE 4 DOCD
3382F	AJCC CLN CNCR STAGE 0 DOCD
3384F	AJCC CLN CNCR STAGE 1 DOCD
3386F	AJCC CLN CNCR STAGE 2 DOCD
3388F	AJCC CLN CNCR STAGE 3 DOCD
3390F	AJCC CLN CNCR STAGE 4 DOCD
3394F	QUANT HER2 IHC EVAL BRST CX
3395F	QUANT NONHER2 IHC BRST CX
3450F	DYSPNEA SCRND NO-MILD DYSP
3451F	DYSPNEA SCRND MOD-HIGH DYSP
3452F	DYSPNEA NOT SCREENED
3455F	TB SCRNG DONE-INTERPD 6MON
3470F	RA DISEASE ACTIVITY LOW
3471F	RA DISEASE ACTIVITY MOD
3472F	RA DISEASE ACTIVITY HIGH
3475F	DISEASE PROGN RA POOR DOCD
3476F	DISEASE PROGN RA GOOD DOCD
3490F	HISTORY AIDS-DEFINING COND
3491F	HIV UNSURE BABY OF HIV+MOMS
3492F	HISTORY CD4+ CELL COUNT <350
3493F	NO HIST CD4+ CELL COUNT <350
3494F	CD4+CELL COUNT <200CELLS/MM3
3495F	CD4+CELL CNT 200-499 CELLS
3496F	CD4+ CELL COUNT >= 500 CELLS
3497F	CD4+ CELL PERCENTAGE <15%
3498F	CD4+ CELL >=15% (HIV)
3500F	CD4+CELL CNT/% DOCD AS DONE
3502F	HIV RNA VRL LD <LMTS QUANTIF
3503F	HIV RNA VRL LDNOT<LMTS QUNTF
3510F	DOC TB SCRNG-RSLTS INTERPD
3511F	CHLMYD/GONRH TSTS DOCD DONE
3512F	SYPH SCRNG DOCD AS DONE
3513F	HEP B SCRNG DOCD AS DONE

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
3514F	HEP C SCRNG DOCD AS DONE
3515F	PT HAS DOCD IMMUN TO HEP C
3517F	HBV ASSESS&RESULTS INTRP 1YR
3520F	CDIFFICILE TESTING PERFORMED
3550F	LOW RSK THROMBOEMBOLISM
3551F	INTRMED RSK THROMBOEMBOLISM
3552F	HGH RISK FOR THROMBOEMBOLISM
3555F	PT INR MEASUREMENT PERFORMED
3570F	RPRT BONE SCINT XREF W XRAY
3572F	PT CONSID POSS RISK FX
3573F	PT NOT CONSID POSS RISK FX
3650F	EEG ORDERED RVWD REQSTD
3700F	PSYCH DISORDERS ASSESSED
3720F	COGNIT IMPAIRMENT ASSESSED
3725F	SCREEN DEPRESSION PERFORMED
3750F	PTNOTRCVNGSTEROID>/=10MG/DAY
3751F	ELECTRODIAG POLYNEURO 6 MN
3752F	NO ELECTRODIAG POLYNEURO 6MN
3753F	PT HAS SYMP&SIGNS NEUROPATHY
3754F	SCREENING TESTS DM DONE
3755F	COG&BEHAV IMPRMNT SCRNG DONE
3756F	PT W/PSEUDOBULB AFFECT/ALS
3757F	PT W/O PSEUDOBULBAFFECT/ALS
3758F	PT REF PULM FX TEST/PEAKFLOW
3759F	PT SCRN DYSPHAG/WT LOSS/NUTR
3760F	PT W/DYSPHAG/WT LOSS/NUTR
3761F	PT W/O DYSPHAG/WT LOSS/NUTR
3762F	PATIENT IS DYSARTHRIC
3763F	PATIENT IS NOT DYSARTHRIC
3775F	ADENOMA DETECTED SCREENING
3776F	ADENOMA NOT DETECT SCREENING
4000F	TOBACCO USE TXMNT COUNSELING
4001F	TOBACCO USE TXMNT PHARMACOL
4003F	PT ED WRITE/ORAL PTS W/ HF
4004F	PT TOBACCO SCREEN RCVD TLK
4005F	PHARM THX FOR OP RXD
4008F	BETA-BLOCKER THERAPY RXD/TKN
4010F	ACE/ARB THERAPY RXD/TAKEN
4011F	ORAL ANTIPLATELET THERAPY RX

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
4012F	WARFARIN THERAPY RX
4013F	STATIN THERAPY/CURRENTLY TKN
4014F	WRITTEN DISCHARGE INSTR PRVD
4015F	PERSIST ASTHMA MEDICINE CTRL
4016F	ANTI-INFLM/ANLGSC AGENT RX
4017F	GI PROPHYLAXIS FOR NSAID RX
4018F	THERAPY EXERCISE JOINT RX
4019F	DOC RECPT COUNSL VIT D/CALC+
4025F	INHALED BRONCHODILATOR RX
4030F	OXYGEN THERAPY RX
4033F	PULMONARY REHAB REC
4035F	INFLUENZA IMM REC
4037F	INFLUENZA IMM ORDER/ADMIN
4040F	PNEUMOC VAC/ADMIN/RCVD
4041F	DOC ORDER CEFAZOLIN/CEFUROX
4042F	DOC ANTIBIO NOT GIVEN
4043F	DOC ORDER GIVEN STOP ANTIBIO
4044F	DOC ORDER GIVEN VTE PROPHYLX
4045F	EMPIRIC ANTIBIOTIC RX
4046F	DOC ANTIBIO GIVEN B/4 SURG
4047F	DOC ANTIBIO GIVEN B/4 SURG
4048F	DOC ANTIBIO GIVEN B/4 SURG
4049F	DOC ORDER GIVEN STOP ANTIBIO
4050F	HT CARE PLAN DOC
4051F	REFERRED FOR AN AV FISTULA
4052F	HEMODIALYSIS VIA AV FISTULA
4053F	HEMODIALYSIS VIA AV GRAFT
4054F	HEMODIALYSIS VIA CATHETER
4055F	PT RCVNG PERITON DIALYSIS
4056F	APPROP ORAL REHYD RECOMMD
4058F	PED GASTRO ED GIVEN CAREGVR
4060F	PSYCH SVCS PROVIDED
4062F	PT REFERRAL PSYCH DOCD
4063F	ANTIDEPRES RXTHXPY NOT RXD
4064F	ANTIDEPRESSANT RX
4065F	ANTIPSYCHOTIC RX
4066F	ECT PROVIDED
4067F	PT REFERRAL FOR ECT DOCD
4069F	VTE PROPHYLAXIS RCVD

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
4070F	DVT PROPHYLX RECVD DAY 2
4073F	ORAL ANTIPLAT THX RX DISCHRG
4075F	ANTICOAG THX RX AT DISCHRG
4077F	DOC T-PA ADMIN CONSIDERED
4079F	DOC REHAB SVCS CONSIDERED
4084F	ASPIRIN RECVD W/IN 24 HRS
4086F	ASPIRIN/CLOPIDOGREL RXD
4090F	PT RCVNG EPO THXPY
4095F	PT NOT RCVNG EPO THXPY
4100F	BIPHOS THXPY VEIN ORD/RECVD
4110F	INT MAM ART USED FOR CABG
4115F	BETA BLCKR ADMIN W/IN 24 HRS
4120F	ANTIBIOT RXD/GIVEN
4124F	ANTIBIOT NOT RXD/GIVEN
4130F	TOPICAL PREP RX AOE
4131F	SYST ANTIMICROBIAL THX RX
4132F	NO SYST ANTIMICROBIAL THX RX
4133F	ANTIHIST/DECONG RX/RECOM
4134F	NO ANTIHIST/DECONG RX/RECOM
4135F	SYSTEMIC CORTICOSTEROIDS RX
4136F	SYST CORTICOSTEROIDS NOT RX
4140F	INHALED CORTICOSTEROIDS RXD
4142F	CORTICOSTER SPARNG THRPY RXD
4144F	ALT LONG-TERM CNTRL MED RXD
4145F	2+ ANTI-HYPRTNSV AGENTS TKN
4148F	HEP A VAC INJXN ADMIN/RECVD
4149F	HEP B VAC INJXN ADMIN/RECVD
4150F	PT RECVNG ANTIVIR TXMNT HEPC
4151F	PT NOT RECVNG ANTIV HEP C
4153F	COMBO PEGINTF/RIB RX
4155F	HEP A VAC SERIES PREV RECVD
4157F	HEP B VAC SERIES PREV RECVD
4158F	PT EDU RE ALCOH DRNKNG DONE
4159F	CONTRCP TALK B/4 ANTIV TXMNT
4163F	PT COUNS 4 TXMNT OPT PROST
4164F	ADJV HRMNL THXPY RXD
4165F	3D-CRT/IMRT RECEIVED
4167F	HD BED TILTED 1ST DAY VENT
4168F	PT CARE ICU&VENT W/IN 24HRS

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
4169F	NO PT CARE ICU/VENT IN 24HRS
4171F	PT RCVNG ESA THXPY
4172F	PT NOT RCVNG ESA THXPY
4174F	COUNS POTENT GLAUC IMPCT
4175F	VIS 20/40/> W/IN 90 DAYS
4176F	TALK RE UV LIGHT PT/CRGVR
4177F	TALK PT/CRGVR RE AREDS PREV
4178F	ANTID GLBLN RCVD W/IN 26WKS
4179F	TAMOXIFEN/AI PRESCRIBED
4180F	ADJV THXPYRXD/RCVD COLON CA
4181F	CONFORMAL RADN THXPY RCVD
4182F	NO CONFORMAL RADN THXPY
4185F	CONTINUOUS PPI OR H2RA RCVD
4186F	NO CONT PPI OR H2RA RCVD
4187F	ANTI RHEUM DRUGTHXPYRXD/GVN
4188F	APPROP ACE/ARB TSTNG DONE
4189F	APPROP DIGOXIN TSTNG DONE
4190F	APPROP DIURETIC TSTNG DONE
4191F	APPROP ANTICONVULS TSTNG
4192F	PT NOT RCVNG GLUCOCO THXPY
4193F	PT RCV <10MG DAILY PREDNISO
4194F	PT RCV >=10MG DAILY PREDNISO
4195F	PT RCVNG ANTI-RHEUM THXPY RA
4196F	PTNOT RCVNG ANTI-RHM THXPYRA
4200F	EXTERNAL BEAM TO PROST ONLY
4201F	EXTRNL BEAM OTHER THAN PROST
4210F	ACE/ARB THXPY FOR MOS/>
4220F	DIGOXIN THXPY FOR 6 MOS/>
4221F	DIURETIC THXPY FOR 6 MOS/>
4230F	ANTICONV THXPY FOR 6 MOS/>
4240F	INSTR XRCZ BACK PAIN 12 WKS
4242F	SPRVSD XRCZ BACK PN >12 WKS
4245F	PT INSTR NRML ACTIVITIES
4248F	PT INSTR NO BD REST 4 DAYS/>
4250F	WRMNG 4 SURG NORMOTHERMIA
4255F	ANESTH 60 MIN/> AS DOCD
4256F	ANESTHE <60 MIN AS DOCD
4260F	WOUND SRFC CULTURETECH USED
4261F	TECH OTHER THAN SURFC CULTR

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
4265F	WET-DRY DRESSINGS RX RECMD
4266F	NO WET-DRY DRSSINGS RX RECMD
4267F	COMPRSSION THXPY PRESCRIBED
4268F	PT ED RE COMP THXPY RCVD
4269F	APPROPOS MTHD OFFLOADING RXD
4270F	PT RCVNG ANTI R-VIRAL THXPY
4271F	PT RCVNG ANTI R-VIRAL THXPY
4274F	FLU IMMUNO ADMIND RCVD
4276F	POTENT ANTIVIR THXPY RXD
4279F	PCP PROPHYLAXIS RXD
4280F	PCP PROPHYLAX RXD 3MON LOW %
4290F	PT SCRNED FOR INJ DRUG USE
4293F	PT SCRND HGH-RISK SEX BEHAV
4300F	PT RCVNG WARF THXPY
4301F	PT NOT RCVNG WARF THXPY
4305F	PT ED RE FT CARE INSPCT RCVD
4306F	PT TLK PSYCH & RX OPD ADDIC
4320F	PT TALK PSYCHSOC&RX OH DPND
4322F	CRGVR PROV W/ ED ADDL RSRCS
4324F	PT QUERIED PRKNS COMPLIC
4325F	MED TXMNT OPTIONS RVWD W/PT
4326F	PT ASKED RE SYMP AUTO DYSFXN
43284	LAPS ESOPHGL SPHNCTR AGMNTJ
43285	RMVL ESOPHGL SPHNCTR DEV
4328F	PT ASKED RE SLEEP DISTURB
4330F	CNSLNG EPI SPEC SFTY ISSUES
4340F	CNSLNG CHLDBRNG WOMEN EPI
4350F	CNSLNG PROVIDED SYMP MNGMNT
43644	LAP GASTRIC BYPASS/ROUX-EN-Y
43645	LAP GASTR BYPASS INCL SMLL I
43770	LAP PLACE GASTR ADJ DEVICE
43771	LAP REVISE GASTR ADJ DEVICE
43772	LAP RMVL GASTR ADJ DEVICE
43773	LAP REPLACE GASTR ADJ DEVICE
43774	LAP RMVL GASTR ADJ ALL PARTS
43775	LAP SLEEVE GASTRECTOMY
43842	V-BAND GASTROPLASTY
43843	GASTROPLASTY W/O V-BAND
43845	GASTROPLASTY DUODENAL SWITCH

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
43846	GASTRIC BYPASS FOR OBESITY
43847	GASTRIC BYPASS INCL SMALL I
43848	REVISION GASTROPLASTY
43886	REVISE GASTRIC PORT OPEN
43887	REMOVE GASTRIC PORT OPEN
43888	CHANGE GASTRIC PORT OPEN
4400F	REHAB THXPY OPTIONS W/PT
4450F	SELF-CARE ED PROVIDED TO PT
4470F	ICD COUNSELING PROVIDED
4480F	PT RCVNG ACE/ARB B-BLOCKERTX
4481F	PT RCVNG ACE/ARB BLKER <3MOS
4500F	REF TO OUTPT CARD REHAB PROG
4510F	PREV CARDREHAB QUALCARDEVENT
4525F	NEUROPSYCHIA INTERVEN ORDER
4526F	NEUROPSYCHIA INTERVEN RCVD
4540F	DISEASE MODIF PHARMACOTHXPY
4541F	PT OFFERED TX FOR PSEUDOBULB
4550F	NONINVAS RESP SUPPORT TALK
4551F	NUTRITIONAL SUPPORT OFFERED
4552F	PT REF FOR SPEECH LANG PATH
4553F	PT ASST RE END LIFE ISSUES
4554F	PT RECVD INHAL ANESTHETIC
4555F	PT RECVD NO INHAL ANESTHIC
4556F	PT W/3+ POST-OP NAUSEA&VOM
4557F	PT W/O 3+ POST-OPNAUSEA&VOM
4558F	PT RECVD 2 RX ANTI-EMET AGT
4559F	1 BODYTEMP >=35.5CW/IN 30MIN
4560F	ANESTH W/O GEN/NEURAX ANESTH
4561F	PT W/ CORONARY ARTERY STENT
4562F	PT W/O CORONARY ARTERY STENT
4563F	PT RECVD ASPIRIN W/IN 24 HRS
5005F	PT COUNSLD ON EXAM FOR MOLES
5010F	MACUL RESULT PHY/QHP MNG DM
5015F	DOC FX & TEST/TXMNT FOR OP
5020F	TXMNTS 2 PHYS/QHP BY 1 MON
5050F	PLAN 2 MAIN DR BY 1 MONTH
5060F	FNDNGS MAMMO 2PT W/IN 3 DAYS
5062F	MAMMO RESULT COM TO PT 5 DAY
5100F	RSK FX REF W/N 24 HRS XRAY

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
5200F	EVAL APPROS SURG THXPY EPI
5250F	ASTHMA DISCHARGE PLAN PRESNT
55870	Electroejaculation
58321	ARTIFICIAL INSEMINATION
58322	ARTIFICIAL INSEMINATION
58323	SPERM WASHING
58750	REPAIR OVIDUCT
58752	REVISE OVARIAN TUBE(S)
58970	RETRIEVAL OF OOCYTE
58974	TRANSFER OF EMBRYO
58976	TRANSFER OF EMBRYO
58999	GENITAL SURGERY PROCEDURE
59866	ABORTION (MPR)
6005F	CARE LEVEL RATIONALE DOC
6010F	DYSPHAG TEST DONE B/4 EATING
6015F	DYSPHAG TEST DONE B/4 EATING
6020F	NPO (NOTHING-MOUTH) ORDERED
6030F	MAX STERILE BARRIERS FLWD
6040F	APPRO RAD DS DVCS TECHS DOCD
6045F	RADXPS IN END RPRT4FLURO PXD
6070F	PT ASKED/CNSLD AED EFFECTS
6080F	PT/CAREGIVER QUERIED FALLS
6090F	PT/CAREGIVER COUNSEL SAFETY
6100F	VERIFY PT SITE PXD DOCD
6101F	SAFETY COUNSELING DEMENTIA
6102F	SAFETY COUNSELING DEM ORDER
6110F	COUNSEL PROV DRIVING RISKS
6150F	PT NOTRCVNG1ST ANTITNF TXMNT
64912	NRV RPR W/NRV ALGRFT 1ST
64913	NRV RPR W/NRV ALGRFT EA ADDL
65760	REVISION OF CORNEA
65765	REVISION OF CORNEA
65767	CORNEAL TISSUE TRANSPLANT
65770	REVISE CORNEA WITH IMPLANT
65771	RADIAL KERATOTOMY
69090	PIERCE EARLOBES
7010F	PT INFO INTO RECALL SYSTEM
7020F	MAMMO ASSESS CAT IN DBASE
7025F	PT INFOSYS ALARM 4 NXT MAMMO

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
76391	MR ELASTOGRAPHY
76978	US TRGT DYN MBUBB 1ST LES
76979	US TRGT DYN MBUBB EA ADDL
76981	USE PARENCHYMA
76982	USE 1ST TARGET LESION
76983	USE EA ADDL TARGET LESION
81327	SEPT9 GEN PRMTR MTHYLTN ALYS
81422	FETAL CHRMOML MICRODELTJ
81522	ONC BREAST MRNA 12 GENES
81539	ONCOLOGY PROSTATE PROB SCORE
83001	ASSAY OF GONADOTROPIN (FSH)
83002	ASSAY OF GONADOTROPIN (LH)
89250	CULTR OOCYTE/EMBRYO <4 DAYS
89251	CULTR OOCYTE/EMBRYO <4 DAYS
89253	EMBRYO HATCHING
89254	OOCYTE IDENTIFICATION
89255	PREPARE EMBRYO FOR TRANSFER
89257	SPERM IDENTIFICATION
89258	CRYOPRESERVATION EMBRYO(S)
89259	CRYOPRESERVATION SPERM
89260	SPERM ISOLATION SIMPLE
89261	SPERM ISOLATION COMPLEX
89264	IDENTIFY SPERM TISSUE
89268	Insemination of oocytes
89272	EXTENDED CULTURE OF OOCYTES
89280	ASSIST OOCYTE FERTILIZATION
89281	ASSIST OOCYTE FERTILIZATION
89290	BIOPSY OOCYTE POLAR BODY
89291	BIOPSY OOCYTE POLAR BODY
89300	SEMEN ANALYSIS W/HUHNER
89310	SEMEN ANALYSIS W/COUNT
89320	SEMEN ANAL VOL/COUNT/MOT
89321	SEMEN ANAL SPERM DETECTION
89322	SEMEN ANAL STRICT CRITERIA
89325	SPERM ANTIBODY TEST
89329	SPERM EVALUATION TEST
89330	EVALUATION CERVICAL MUCUS
89331	RETROGRADE EJACULATION ANAL
89335	CRYOPRESERVE TESTICULAR TISS

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
89337	CRYOPRESERVATION OOCYTE(S)
89342	STORAGE/YEAR EMBRYO(S)
89343	STORAGE/YEAR SPERM/SEMEN
89344	STORAGE/YEAR REPROD TISSUE
89346	STORAGE/YEAR OOCYTE(S)
89352	THAWING CRYOPRESRVED EMBRYO
89353	THAWING CRYOPRESRVED SPERM
89354	THAW CRYOPRSVRD REPROD TISS
89356	THAWING CRYOPRESRVED OOCYTE
89398	UNLISTED REPROD MED LAB PROC
90687	IIV4 VACCINE SPLT 0.25 ML IM
90688	IIV4 VACCINE SPLT 0.5 ML IM
90689	VACC IIV4 NO PRSRV 0.25ML IM
90867	TCRANIAL MAGN STIM TX PLAN
90868	TCRANIAL MAGN STIM TX DELI
90869	TCRAN MAGN STIM REDETEMINE
90882	ENVIRONMENTAL MANIPULATION
90885	PSY EVALUATION OF RECORDS
90887	CONSULTATION WITH FAMILY
90901	BIOFEEDBACK TRAIN ANY METH
92606	NON-SPEECH DEVICE SERVICE
92609	USE OF SPEECH DEVICE SERVICE
95851	RANGE OF MOTION MEASUREMENTS
95852	RANGE OF MOTION MEASUREMENTS
96160	PT-FOCUSED HLTH RISK ASSMT
96377	APPLICATON ON-BODY INJECTOR
96573	PDT DSTR PRMLG LES PHYS/QHP
96574	DBRDMT PRMLG LES W/PDT
96902	TRICHOGRAM
97113	AQUATIC THERAPY/EXERCISES
97169	ATHLETIC TRN EVAL LOW CMPLX
97170	ATHLETIC TRN EVAL MOD CMPLX
97171	ATHLETIC TRN EVAL HIGH CMPLX
97172	ATHLETIC TRN RE-EVAL PLAN CR
97533	SENSORY INTEGRATION
97535	SELF CARE MNGMENT TRAINING
97537	COMMUNITY/WORK REINTEGRATION
97542	WHEELCHAIR MNGMENT TRAINING
97545	WORK HARDENING

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
97546	WORK HARDENING ADD-ON
97810	ACUPUNCT W/O STIMUL 15 MIN
97811	ACUPUNCT W/O STIMUL ADDL 15M
97813	ACUPUNCT W/STIMUL 15 MIN
97814	ACUPUNCT W/STIMUL ADDL 15M
98966	HC PRO PHONE CALL 5-10 MIN
98967	HC PRO PHONE CALL 11-20 MIN
98968	HC PRO PHONE CALL 21-30 MIN
98970	QNHP OL DIG E/M SVC 5-10MIN
98971	QNHP OL DIG EM SVC 11-20MIN
98972	QNHP OL DIG E/M SVC 21+ MIN
99002	DEVICE HANDLING PHYS/QHP
99024	POSTOP FOLLOW-UP VISIT
99026	IN-HOSPITAL ON CALL SERVICE
99027	OUT-OF-HOSP ON CALL SERVICE
99050	MEDICAL SERVICES AFTER HRS
99051	MED SERV EVE/WKEND/HOLIDAY
99053	MED SERV 10PM-8AM 24 HR FAC
99056	MED SERVICE OUT OF OFFICE
99058	OFFICE EMERGENCY CARE
99060	OUT OF OFFICE EMERG MED SERV
99070	SPECIAL SUPPLIES PHYS/QHP
99071	PATIENT EDUCATION MATERIALS
99075	MEDICAL TESTIMONY
99078	GROUP HEALTH EDUCATION
99080	SPECIAL REPORTS OR FORMS
99082	UNUSUAL PHYSICIAN TRAVEL
99172	OCULAR FUNCTION SCREEN
99188	APP TOPICAL FLUORIDE VARNISH
99374	HOME HEALTH CARE SUPERVISION
99375	HOME HEALTH CARE SUPERVISION
99429	UNLISTED PREVENTIVE SERVICE
99450	BASIC LIFE DISABILITY EXAM
99451	NTRPROF PH1/NTRNET/EHR 5/>
99452	NTRPROF PH1/NTRNET/EHR RFRL
99455	WORK RELATED DISABILITY EXAM
99456	DISABILITY EXAMINATION
99457	REM PHYSIOL MNTR 1ST 20 MIN
99458	REM PHYSIOL MNTR EA ADDL 20

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
99473	SELF-MEAS BP PT EDUCAJ/TRAIN
99474	SELF-MEAS BP 2 READG BID 30D
99483	ASSMT & CARE PLN PT COG IMP
99484	CARE MGMT SVC BHVL HLTH COND
99490	CHRON CARE MGMT SRVC 20 MIN
99492	1ST PSYC COLLAB CARE MGMT
99493	SBSQ PSYC COLLAB CARE MGMT
99494	1ST/SBSQ PSYC COLLAB CARE
99495	TRANS CARE MGMT 14 DAY DISCH
99496	TRANS CARE MGMT 7 DAY DISCH
99497	ADVNCD CARE PLAN 30 MIN
99498	ADVNCD CARE PLAN ADDL 30 MIN
99499	UNLISTED E&M SERVICE
99510	HOME VISIT SING/M/FAM COUNS
A0021	Outside state ambulance serv
A0080	Noninterest escort in non er
A0090	Interest escort in non er
A0100	Nonemergency transport taxi
A0110	Nonemergency transport bus
A0120	Noner transport mini-bus
A0130	Noner transport wheelch van
A0140	Nonemergency transport air
A0160	Noner transport case worker
A0170	Transport parking fees/tolls
A0180	Noner transport lodgng recip
A0190	Noner transport meals recip
A0200	Noner transport lodgng escrt
A0210	Noner transport meals escort
A0225	Neonatal emergency transport
A0380	Basic life support mileage
A0390	Advanced life support mileag
A0888	Noncovered ambulance mileage
A4223	Infusion supplies w/o pump
A4245	Alcohol wipes per box
A4246	Betadine/phisohex solution
A4247	Betadine/iodine swabs/wipes
A4248	Chlorhexidine antisept
A4250	Urine reagent strips/tablets
A4252	Blood ketone test or strip

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
A4257	Replace Lensshield Cartridge
A4265	Paraffin
A4267	Male condom
A4268	Female condom
A4269	Spermicide
A4281	Replacement breastpump tube
A4282	Replacement breastpump adpt
A4283	Replacement breastpump cap
A4284	Replcmnt breast pump shield
A4285	Replcmnt breast pump bottle
A4286	Replcmnt breastpump lok ring
A4450	Non-waterproof tape
A4452	Waterproof tape
A4455	Adhesive remover per ounce
A4456	Adhesive remover, wipes
A4458	Reusable enema bag
A4461	Surgicl dress hold non-reuse
A4463	Surgical dress holder reuse
A4465	Non-elastic extremity binder
A4467	Belt strap sleev grmnt cover
A4470	Gravlee jet washer
A4480	Vabra aspirator
A4483	Moisture exchanger
A4490	Above knee surgical stocking
A4495	Thigh length surg stocking
A4500	Below knee surgical stocking
A4510	Full length surg stocking
A4520	Incontinence garment anytype
A4550	Surgical trays
A4554	Disposable underpads
A4556	Electrodes, pair
A4557	Lead wires, pair
A4558	Conductive gel or paste
A4559	Coupling gel or paste
A4561	Pessary rubber, any type
A4562	Pessary, non rubber,any type
A4563	Vag inser rectal control sys
A4595	TENS suppl 2 lead per month
A4600	Sleeve, inter limb comp dev

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
A4601	Lith ion non prosth recharge
A4602	Replace lithium battery 1.5v
A4630	Repl bat t.e.n.s. own by pt
A4633	Uvl replacement bulb
A4634	Replacement bulb th lightbox
A4635	Underarm crutch pad
A4636	Handgrip for cane etc
A4637	Repl tip cane/crutch/walker
A4638	Repl batt pulse gen sys
A4640	Alternating pressure pad
A4641	Radiopharm dx agent noc
A4642	In111 satumomab
A4648	Implantable tissue marker
A4649	Surgical supplies
A4650	Implant radiation dosimeter
A4651	Calibrated microcap tube
A4652	Microcapillary tube sealant
A4653	PD catheter anchor belt
A4660	Sphyg/bp app w cuff and stet
A4663	Dialysis blood pressure cuff
A4670	Automatic bp monitor, dial
A4870	Plumb/elec wk hm hemo equip
A4890	Repair/maint cont hemo equip
A4927	Non-sterile gloves
A4928	Surgical mask
A4929	Tourniquet for dialysis, ea
A4930	Sterile, gloves per pair
A4931	Reusable oral thermometer
A4932	Reusable rectal thermometer
A6000	Wound warming wound cover
A6216	Non-sterile gauze<=16 sq in
A6217	Non-sterile gauze>16<=48 sq
A6218	Non-sterile gauze > 48 sq in
A6219	Gauze <= 16 sq in w/border
A6220	Gauze >16 <=48 sq in w/bordr
A6221	Gauze > 48 sq in w/border
A6222	Gauze <=16 in no w/sal w/o b
A6223	Gauze >16<=48 no w/sal w/o b
A6224	Gauze > 48 in no w/sal w/o b

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
A6228	Gauze <= 16 sq in water/sal
A6229	Gauze >16<=48 sq in watr/sal
A6230	Gauze > 48 sq in water/salne
A6231	Hydrogel dsg<=16 sq in
A6232	Hydrogel dsg>16<=48 sq in
A6233	Hydrogel dressing >48 sq in
A6234	Hydrocolld drg <=16 w/o bdr
A6235	Hydrocolld drg >16<=48 w/o b
A6236	Hydrocolld drg > 48 in w/o b
A6237	Hydrocolld drg <=16 in w/bdr
A6238	Hydrocolld drg >16<=48 w/bdr
A6239	Hydrocolld drg > 48 in w/bdr
A6240	Hydrocolld drg filler paste
A6241	Hydrocolloid drg filler dry
A6242	Hydrogel drg <=16 in w/o bdr
A6243	Hydrogel drg >16<=48 w/o bdr
A6244	Hydrogel drg >48 in w/o bdr
A6245	Hydrogel drg <= 16 in w/bdr
A6246	Hydrogel drg >16<=48 in w/b
A6247	Hydrogel drg > 48 sq in w/b
A6248	Hydrogel drsg gel filler
A6250	Skin seal protect moisturizr
A6251	Absorpt drg <=16 sq in w/o b
A6252	Absorpt drg >16 <=48 w/o bdr
A6253	Absorpt drg > 48 sq in w/o b
A6254	Absorpt drg <=16 sq in w/bdr
A6255	Absorpt drg >16<=48 in w/bdr
A6256	Absorpt drg > 48 sq in w/bdr
A6257	Transparent film <= 16 sq in
A6258	Transparent film >16<=48 in
A6259	Transparent film > 48 sq in
A6260	Wound cleanser any type/size
A6261	Wound filler gel/paste /oz
A6262	Wound filler dry form / gram
A6266	Impreg gauze no h20/sal/yard
A6402	Sterile gauze <= 16 sq in
A6403	Sterile gauze>16 <= 48 sq in
A6404	Sterile gauze > 48 sq in
A6407	Packing strips, non-impreg

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
A6410	Sterile eye pad
A6411	Non-sterile eye pad
A6412	Occlusive eye patch
A6413	Adhesive bandage, first-aid
A6441	Pad band w>=3" <5"/yd
A6442	Conform band n/s w<3"/yd
A6443	Conform band n/s w>=3"<5"/yd
A6444	Conform band n/s w>=5"/yd
A6445	Conform band s w <3"/yd
A6446	Conform band s w>=3" <5"/yd
A6447	Conform band s w >=5"/yd
A6448	Lt compres band <3"/yd
A6449	Lt compres band >=3" <5"/yd
A6450	Lt compres band >=5"/yd
A6451	Mod compres band w>=3"<5"/yd
A6452	High compres band w>=3"<5"yd
A6453	Self-adher band w <3"/yd
A6454	Self-adher band w>=3" <5"/yd
A6455	Self-adher band >=5"/yd
A6456	Zinc paste band w >=3"<5"/yd
A6457	Tubular dressing
A6460	Synthetic drsg <= 16 sq in
A6461	Synthetic drsg >16<=48 sq in
A6530	Compression stocking BK18-30
A6531	Compression stocking BK30-40
A6532	Compression stocking BK40-50
A6533	Gc stocking thighlngth 18-30
A6534	Gc stocking thighlngth 30-40
A6535	Gc stocking thighlngth 40-50
A6536	Gc stocking full lngth 18-30
A6537	Gc stocking full lngth 30-40
A6538	Gc stocking full lngth 40-50
A6539	Gc stocking waistlngth 18-30
A6540	Gc stocking waistlngth 30-40
A6541	Gc stocking waistlngth 40-50
A6544	Gc stocking garter belt
A6545	Grad comp non-elastic BK
A6549	G compression stocking
A7001	Nondisposable pump canister

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
A9150	Misc/exper non-prescript dru
A9152	Single vitamin nos
A9153	Multi-vitamin nos
A9180	Lice treatment, topical
A9270	Non-covered item or service
A9273	Hot/cold botle/cap/col/wrap
A9275	Disp home glucose monitor
A9279	Monitoring feature/deviceNOC
A9280	Alert device, noc
A9281	Reaching/grabbing device
A9282	Wig any type
A9283	Foot press off load supp dev
A9284	Non-electronic spirometer
A9285	Inversion eversion cor devic
A9286	Any hygienic item, device
A9300	Exercise equipment
A9698	Non-rad contrast materialNOC
A9699	Radiopharm rx agent noc
A9900	Supply/accessory/service
A9901	Delivery/set up/dispensing
A9999	DME supply or accessory, nos
B4100	Food thickener oral
B4102	EF adult fluids and electro
B4103	EF ped fluid and electrolyte
B4104	Additive for enteral formula
B4149	EF blenderized foods
B4150	EF complet w/intact nutrient
B4152	EF calorie dense>/=1.5Kcal
B4153	EF hydrolyzed/amino acids
B4154	EF spec metabolic noninherit
B4155	EF incomplete/modular
B4157	EF special metabolic inherit
B4158	EF ped complete intact nut
B4159	EF ped complete soy based
B4160	EF ped caloric dense>/=0.7kc
B4187	Omegaven, 10 grams lipids
C1734	Orth/devic/drug bn/bn,tis/bn
C1813	Prosthesis, penile, inflatab
C1822	Gen, neuro, hf, rechg bat

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
C1823	Gen, neuro, trans sen/stim
C1824	Generator, ccm, implant
C1839	Iris prosthesis
C1889	Implant/insert device, noc
C1890	No device w/dev-intensive px
C1982	Cath, pressure,valve-occlu
C2596	Probe, robotic, water-jet
C2628	Catheter, occlusion
C8937	Cad breast mri
C9751	Microwave bronch, 3d, ebus
C9752	Intraosseous des lumb/sacrum
C9753	Intraosseous destruct add'l
C9898	Inpnt stay radiolabeled item
C9899	Inpt implant pros dev,no cov
E0117	Underarm springassist crutch
E0118	Crutch substitute
E0144	Enclosed walker w rear seat
E0147	Walker variable wheel resist
E0153	Forearm crutch platform atta
E0154	Walker platform attachment
E0155	Walker wheel attachment,pair
E0157	Walker crutch attachment
E0158	Walker leg extenders set of4
E0159	Brake for wheeled walker
E0160	Sitz type bath or equipment
E0161	Sitz bath/equipment w/faucet
E0162	Sitz bath chair
E0163	Commode chair with fixed arm
E0165	Commode chair with detacharm
E0167	Commode chair pail or pan
E0168	Heavyduty/wide commode chair
E0170	Commode chair electric
E0171	Commode chair non-electric
E0172	Seat lift mechanism toilet
E0175	Commode chair foot rest
E0181	Press pad alternating w/ pum
E0182	Replace pump, alt press pad
E0184	Dry pressure mattress
E0185	Gel pressure mattress pad

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
E0186	Air pressure mattress
E0187	Water pressure mattress
E0188	Synthetic sheepskin pad
E0189	Lambswool sheepskin pad
E0190	Positioning cushion
E0191	Protector heel or elbow
E0193	Powered air flotation bed
E0194	Air fluidized bed
E0196	Gel pressure mattress
E0197	Air pressure pad for mattres
E0198	Water pressure pad for mattr
E0199	Dry pressure pad for mattres
E0200	Heat lamp without stand
E0202	Phototherapy light w/ photom
E0203	Therapeutic lightbox tabletp
E0205	Heat lamp with stand
E0210	Electric heat pad standard
E0215	Electric heat pad moist
E0217	Water circ heat pad w pump
E0218	Fluid circ cold pad w pump
E0225	Hydrocollator unit
E0231	Wound warming device
E0232	Warming card for NWT
E0235	Paraffin bath unit portable
E0236	Pump for water circulating p
E0239	Hydrocollator unit portable
E0240	Bath/shower chair
E0241	Bath tub wall rail
E0242	Bath tub rail floor
E0243	Toilet rail
E0244	Toilet seat raised
E0245	Tub stool or bench
E0246	Transfer tub rail attachment
E0247	Trans bench w/wo comm open
E0248	HDtrans bench w/wo comm open
E0249	Pad water circulating heat u
E0265	Hosp bed total electr w/ mat
E0266	Hosp bed total elec w/o matt
E0280	Bed cradle

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
E0296	Hosp bed total elect w/ matt
E0297	Hosp bed total elect w/o mat
E0305	Rails bed side half length
E0310	Rails bed side full length
E0315	Bed accessory brd/tbl/supprt
E0316	Bed safety enclosure
E0325	Urinal male jug-type
E0326	Urinal female jug-type
E0329	Ped hospital bed semi/elect
E0350	Control unit bowel system
E0352	Disposable pack w/bowel syst
E0370	Air elevator for heel
E0371	Nonpower mattress overlay
E0372	Powered air mattress overlay
E0373	Nonpowered pressure mattress
E0462	Rocking bed w/ or w/o side r
E0470	RAD w/o backup non-inv intfc
E0487	Electronic spirometer
E0604	Hosp grade elec breast pump
E0605	Vaporizer room type
E0606	Drainage board postural
E0617	Automatic ext defibrillator
E0620	Cap bld skin piercing laser
E0621	Patient lift sling or seat
E0625	Patient lift bathroom or toi
E0627	Seat lift mech, electric any
E0629	Seat lift mech, non-electric
E0630	Patient lift hydraulic
E0635	Patient lift electric
E0636	PT support & positioning sys
E0637	Combination sit to stand sys
E0638	Standing frame sys
E0639	Moveable patient lift system
E0640	Fixed patient lift system
E0641	Multi-position stnd fram sys
E0642	Dynamic standing frame
E0650	Pneuma compresor non-segment
E0651	Pneum compressor segmental
E0652	Pneum compres w/cal pressure

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
E0655	Pneumatic appliance half arm
E0656	Segmental pneumatic trunk
E0657	Segmental pneumatic chest
E0660	Pneumatic appliance full leg
E0665	Pneumatic appliance full arm
E0666	Pneumatic appliance half leg
E0667	Seg pneumatic appl full leg
E0668	Seg pneumatic appl full arm
E0669	Seg pneumatic appli half leg
E0670	Seg pneum int legs/trunk
E0671	Pressure pneum appl full leg
E0672	Pressure pneum appl full arm
E0673	Pressure pneum appl half leg
E0676	Inter limb compress dev NOS
E0700	Safety equipment
E0705	Transfer device
E0710	Restraints any type
E0720	Tens two lead
E0730	Tens four lead
E0731	Conductive garment for tens/
E0746	Electromyograph biofeedback
E0761	Nontherm electromgntc device
E0769	Electric wound treatment dev
E0860	Tract equip cervical tract
E0936	CPM device, other than knee
E0940	Trapeze bar free standing
E0941	Gravity assisted traction de
E0942	Cervical head harness/halter
E0944	Pelvic belt/harness/boot
E0945	Belt/harness extremity
E0950	Tray
E0980	Wheelchair safety vest
E0985	W/c seat lift mechanism
E1031	Rollabout chair with casters
E1035	Patient transfer system <300
E1036	Patient transfer system >300
E1037	Transport chair, ped size
E1038	Transport chair pt wt<=300lb
E1039	Transport chair pt wt >300lb

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
E1087	Wheelchair lightwt fixed arm
E1088	Wheelchair lightweight det a
E1089	Wheelchair lightwt fixed arm
E1090	Wheelchair lightweight det a
E1230	Power operated vehicle
E1240	Whchr litwt det arm leg rest
E1250	Wheelchair lightwt fixed arm
E1260	Wheelchair lightwt foot rest
E1270	Wheelchair lightweight leg r
E1300	Whirlpool portable
E1310	Whirlpool non-portable
E1500	Centrifuge
E1510	Kidney dialysate delivry sys
E1520	Heparin infusion pump
E1530	Replacement air bubble detec
E1540	Replacement pressure alarm
E1550	Bath conductivity meter
E1560	Replace blood leak detector
E1570	Adjustable chair for esrd pt
E1575	Transducer protect/fld bar
E1580	Unipuncture control system
E1590	Hemodialysis machine
E1600	Deli/install chrg hemo equip
E1610	Reverse osmosis h2o puri sys
E1615	Deionizer H2O puri system
E1620	Replacement blood pump
E1625	Water softening system
E1632	Wearable artificial kidney
E1635	Compact travel hemodialyzer
E1636	Sorbent cartridges per 10
E1637	Hemostats for dialysis, each
E1639	Scale, each
E1700	Jaw motion rehab system
E1701	Repl cushions for jaw motion
E1702	Repl measr scales jaw motion
E2101	Bld glucose monitor w lance
E2207	Crutch and cane holder
E2208	Cylinder tank carrier
E2209	Arm trough each

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
E2301	Pwr standing
E2310	Electro connect btw control
E2312	Mini-prop remote joystick
E2321	Hand interface joystick
E2322	Mult mech switches
E2323	Special joystick handle
E2324	Chin cup interface
E2325	Sip and puff interface
E2326	Breath tube kit
E2327	Head control interface mech
E2328	Head/extremity control inter
E2329	Head control nonproportional
E2330	Head control proximity switc
E2331	Attendant control
E2340	W/c wdth 20-23 in seat frame
E2341	W/c wdth 24-27 in seat frame
E2342	W/c dpth 20-21 in seat frame
E2343	W/c dpth 22-25 in seat frame
E2351	Electronic SGD interface
E2358	Gr 34 nonsealed leadacid
E2359	Gr34 sealed leadacid battery
E2360	22nf nonsealed leadacid
E2361	22nf sealed leadacid battery
E2362	Gr24 nonsealed leadacid
E2364	U1nonsealed leadacid battery
E2365	U1 sealed leadacid battery
E2366	Battery charger, single mode
E2367	Battery charger, dual mode
E2368	Pwr wc drivewheel motor repl
E2369	Pwr wc drivewheel gear repl
E2370	Pwr wc dr wh motor/gear comb
E2371	Gr27 sealed leadacid battery
E2372	Gr27 non-sealed leadacid
E2373	Hand/chin ctrl spec joystick
E2374	Hand/chin ctrl std joystick
E2375	Non-expandable controller
E2376	Expandable controller, repl
E2378	Pw actuator replacement
E2381	Pneum drive wheel tire

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
E2382	Tube, pneum wheel drive tire
E2383	Insert, pneum wheel drive
E2384	Pneumatic caster tire
E2385	Tube, pneumatic caster tire
E2386	Foam filled drive wheel tire
E2387	Foam filled caster tire
E2388	Foam drive wheel tire
E2389	Foam caster tire
E2390	Solid drive wheel tire
E2391	Solid caster tire
E2392	Solid caster tire, integrate
E2394	Drive wheel excludes tire
E2395	Caster wheel excludes tire
E2396	Caster fork
E2397	Pwc acc, lith-based battery
E2609	Custom fabricate w/c cushion
E2610	Powered w/c cushion
E2617	Custom fab w/c back cushion
E2619	Replace cover w/c seat cush
E2621	WC planar back cush wd>=22in
E2622	Adj skin pro w/c cus wd<22in
E2624	Adj skin pro/pos cus<22in
E2625	Adj skin pro/pos wc cus>=22
E8000	Posterior gait trainer
E8001	Upright gait trainer
E8002	Anterior gait trainer
G0027	Semen analysis
G0068	Adm of infusion drug in home
G0069	Adm of immune drug in home
G0070	Adm of chemo drug in home
G0071	Comm svcs by rhc/fqhc 5 min
G0076	Care manag h vst new pt 20 m
G0077	Care manag h vst new pt 30 m
G0078	Care manag h vst new pt 45 m
G0079	Care manag h vst new pt 60 m
G0080	Care manag h vst new pt 75 m
G0081	Care man h v ext pt 20 mi
G0082	Care man h v ext pt 30 m
G0083	Care man h v ext pt 45 m

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G0084	Care man h v ext pt 60 m
G0085	Care man h v ext pt 75 m
G0086	Care man home care plan 30 m
G0087	Care man home care plan 60 m
G0176	OPPS/PHP;activity therapy
G0177	OPPS/PHP; train & educ serv
G0179	MD recertification HHA PT
G0180	MD certification HHA patient
G0181	HOME HEALTH CARE SUPERVISION
G0279	Tomosynthesis, mammo
G0295	Electromagnetic therapy onc
G0329	Electromagntic tx for ulcers
G0372	MD service required for PMD
G0402	Initial preventive exam
G0406	Inpt/tele follow up 15
G0407	Inpt/tele follow up 25
G0408	Inpt/tele follow up 35
G0420	Ed svc CKD ind per session
G0421	Ed svc CKD grp per session
G0425	Inpt/ED teleconsult30
G0426	Inpt/ED teleconsult50
G0427	Inpt/ED teleconsult70
G0454	MD document visit by NPP
G0455	Fecal microbiota prep instil
G0459	Inpatient telehealth pharmacologic management
G0471	ven blood coll SNF/HHA
G0491	Dialysis acu kidney no esrd
G0501	Resource-inten svc during ov
G0506	Comp asses care plan ccm svc
G0508	Crit care telehea consult 60
G0509	Crit care telehea consult 50
G0511	Ccm/bhi by rhc/fqhc 20min mo
G0512	Cocm by rhc/fqhc 60 min mo
G0513	Prolong prev svcs, first 30m
G0514	Prolong prev svcs, addl 30m
G0913	Improve visual funct
G0914	Survey not complete
G0915	No improve visual funct
G0916	Satisfy with care

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G0917	Satisfy survey not complete
G0918	No satisfy with care
G1000	Cdsm applied pathways
G1001	Cdsm evicore
G1002	Cdsm medcurrent
G1003	Cdsm medicalis
G1004	Cdsm ndsc
G1007	Cdsm aim
G1008	Cdsm cranberry pk
G1009	Cdsm sage health
G1010	Cdsm stanson
G1011	Cdsm qualified nos
G1012	Cdsm agilemd
G1013	Cdsm evidencecare
G1014	Cdsm inveniqa
G1015	Cdsm reliant
G1016	Cdsm speed of care
G1017	Cdsm healthhelp
G1018	Cdsm infinx
G1019	Cdsm logicnets
G1020	Cdsm curbside
G1021	Cdsm ehealthline
G1022	Cdsm intermountain
G1023	Cdsm persivia
G2020	SRVC FOR HI INTENS CLIN SRVC ASSOC
G2001	Post D/C H Vst new pt 20 m
G2002	Post-D/C H Vst new pt 30 m
G2003	Post-d/c h vst new pt 45 m
G2004	Post-d/c h vst new pt 60 m
G2005	Post-d/c h vst new pt 75 m
G2006	Post-d/c h vst ext pt 20 m
G2007	Post-d/c h vst ext pt 30 m
G2008	Post-d/c h vst ext pt 45 m
G2009	Post-d/c h vst ext pt 60 m
G2010	Remot image submit by pt
G2012	Brief check in by md/qhp
G2013	Post-d/c h vst ext pt 75 m
G2014	Post-d/c care plan overs 30m
G2015	Post-d/c care plan overs 60m

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G2021	Hea care pract tx in place
G2022	Benef refuses service, mod
G2061	Qual nonmd est pt 5-10m
G2062	Qual nonmd est pt 11-20m
G2063	Qual nonmd est pt 21>min
G2064	Md mang high risk dx 30
G2065	Clin mang h risk dx 30
G2066	Inter devc remote 30d
G2067	Med assist tx meth wk
G2068	Med assist tx bupre oral
G2069	Med assist tx inject
G2070	Med assist tx implant
G2071	Med tx remove implant
G2072	Med tx insert/remove imp
G2073	Med tx naltrexone
G2074	Med assist tx no drug
G2075	Med tx meds nos
G2076	Intake act w/med exam
G2077	Periodic assessment
G2078	Take-home meth
G2079	Take-hom buprenorphine
G2080	Add 30 mins counsel
G2172	AI PMT SRVC REL HI COORD&INT OUD TX
G8395	LVEF>=40% doc normal or mild
G8396	LVEF not performed
G8397	Dil macula/fundus exam/w doc
G8399	Pt w/dxa results document
G8400	Pt w/dxa no results doc
G8404	Low extemity neur exam docum
G8405	Low extemity neur not perfor
G8410	Eval on foot documented
G8415	Eval on foot not performed
G8416	Pt inelig footwear evaluatio
G8417	Calc bmi abv up param f/u
G8418	Calc bmi blw low param f/u
G8419	Calc bmi out nrm param nof/u
G8420	Calc bmi norm parameters
G8421	Bmi not calculated
G8422	Pt inelig bmi calculation

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G8427	Docrev cur meds by elig clin
G8428	Cur meds not document
G8430	Ec at doc medrec pt not elig
G8431	Pos clin depres scrn f/u doc
G8432	Dep scr not doc, rng
G8433	Scr for dep not cpt doc rsn
G8450	Beta-bloc rx pt w/abn lvef
G8451	Pt w/abn lvef inelig b-bloc
G8452	Pt w/abn lvef b-bloc no rx
G8465	High risk recurrence pro ca
G8473	ACE/ARB thxpy rx'd
G8474	Ace/arb not rx’d; doc reas
G8475	ACE/ARB thxpy not rx'd
G8476	Bp sys <140 and dias <90
G8477	Bp sys>=140 and/or dias >=90
G8478	BP not performed/doc
G8482	Flu immunize order/admin
G8483	Flu imm no admin doc rea
G8484	Flu immunize no admin
G8506	Pt rec ACE/ARB
G8510	Scr dep neg, no plan reqd
G8511	Scr dep pos, no plan doc rng
G8535	Eld maltreatment not doc
G8536	No doc elder mal scrn
G8539	Doc funct and care plan
G8540	Foa not doc as being perf
G8541	No doc cur funct assess
G8542	Doc funct no deficiencies
G8543	Cur funct asses; no care pln
G8559	Pt ref doc oto eval
G8560	Pt hx act drain prev 90 days
G8561	Pt inelig for ref oto eval
G8562	Pt no hx act drain 90 d
G8563	Pt no ref oto reas no spec
G8564	Pt ref oto eval
G8565	Ver doc hear loss
G8566	Pt inelig ref oto eval
G8567	Pt no doc hear loss
G8568	Pt no ref otolo no spec

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G8569	Prol intubation req
G8570	No prol intub req
G8575	Postop ren fail
G8576	No postop ren fail
G8577	Reop req bld grft oth
G8578	No reop req bld grft oth
G8598	Asa/antiplat ther used
G8599	No asa/antiplat ther use rng
G8600	tPA initi w/in 3 hrs
G8601	No elig tPA init w/in 3 hrs
G8602	No tPA init w/in 3 hrs
G8633	Pharm ther osteo rx
G8635	No pharm ther osteo rx
G8647	Rafscrs ki scor >= 0
G8648	Rafscrs ki scor < 0
G8650	Rafs crs ki no scor no surv
G8651	Rafscrs hi scor >=0
G8652	Rafscrs hi scor < 0
G8654	Rafscrs hi no scor no surv
G8655	Rafscrs llfai scor >= 0
G8656	Rafscrs llfai scor < 0
G8658	Rafscrs llfai no scor + surv
G8659	Rafscrs lbi scor >= 0
G8660	Rafscrs lbi scor < 0
G8661	Rafscrs lbi no scor
G8662	Rafs crs lbi no scor no surv
G8663	Rafscrs si scor >= 0
G8664	Rafscrs si scor < 0
G8666	Rafs crs si no scor no surv
G8667	Rafscrs ewh scor >= 0
G8668	Rafscrs ewh scor < 0
G8670	Rafs crs ewh no scor no surv
G8694	Lvef <40%
G8708	Antibiotic not pres
G8709	Pt presc doc med rsn id uri
G8710	Pt pres antibiotic
G8711	Pres antibiotic
G8712	Not pres antibiotic
G8721	Pt, pn, hist grade doc

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G8722	Med reas pt, pn, not doc
G8723	Spec sit not prim tumor
G8724	Pt, pn, hist grade not doc
G8733	Doc pos elder mal scrn plan
G8734	Doc neg elder mal no plan
G8735	Eld mal scrn pos no plan
G8749	No signs melanoma
G8752	Sys BP less 140
G8753	Sys BP > or = 140
G8754	Dias BP less 90
G8755	Dias BP > or = 90
G8756	No BP measure doc
G8783	BP scrn perf rec interval
G8785	BP scrn no perf at interval
G8797	Specimen site not esophagus
G8798	Specimen site not prostate
G8806	Perf ultrsnd to lct preg doc
G8807	No ta tv ultrasnd
G8808	Ultrasound not perf, rng
G8815	Doc reas no statin therapy
G8816	Statin med pres at disch
G8817	Doc reas no statin med disch
G8818	Pt disch to home by day#7
G8825	Pt not disch to home day#7
G8826	Pt disch home day #2 EVAR
G8833	Pt not disch home day#2 EVAR
G8834	Pt disch home day #2 CEA
G8838	Not disch home by day #2
G8839	Sleep apnea assess
G8840	Doc reas no sleep apnea
G8841	No sleep apnea assess
G8842	AHI or RDI initial dx
G8843	Doc reas no ahi or rdi
G8844	No AHI or RDI initial dx
G8845	Pos Airway Press prescribed
G8846	Mod or severe OSA
G8849	Doc reas no Pos Air Press
G8850	No PAP prescribed
G8851	Adhere Pos Air Press therapy

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G8852	Pos Air Press prescribe
G8854	Reas no adhere Pos Air Pres
G8855	Pos Air Press adhere no perf
G8856	Ref for oto eval
G8857	No elig ref for oto eval
G8858	Not ref for oto eval
G8863	No assess bone loss
G8864	Pneumococcal vaccine admin
G8865	Doc med reas no pneumococcal
G8866	Doc pt reas no pneumococcal
G8867	No pneumococcal admin
G8869	Doc immune hep b antitnf
G8875	Breast cancer dx min invsive
G8876	Doc reas no min inv dx
G8877	No brst cncr dx min invasive
G8878	Sent lymph node biopsy
G8880	Sen lym p node biop not perf
G8881	Brst cncr stage > T1N0M0
G8882	No sent lymph node biopsy
G8883	Rev, comm, track, doc biopsy
G8884	Doc reas biopsy not review
G8885	No rev, comm, track biopsy
G8907	Pt doc no events on discharg
G8908	Pt doc w burn prior to D/C
G8909	Pt doc no burn prior to D/C
G8910	Pt doc to have fall in ASC
G8911	Pt doc no fall in ASC
G8912	Pt doc with wrong event
G8913	Pt doc no wrong event
G8914	Pt trans to hosp post D/C
G8915	Pt not trans to hosp at D/C
G8916	Pt w IV AB given on time
G8917	Pt w IV AB not given on time
G8918	Pt w/o preop order IV AB pro
G8923	LVEF < 40% or lvsd
G8924	Spir fev1/fvc<70%,fev<60%
G8925	Spir fev1/fvc>=60% & no copd
G8926	Spiro no perf or doc
G8934	LVEF <40% or dep lv sys fcn

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G8935	Rx ACE or ARB therapy
G8936	Pt not eligible ace/arb
G8937	No rx ACE/ARB therapy
G8938	Bmi doc onl fup nt doc
G8941	Eld maltreatment doc as pos
G8942	Doc fcn/care plan w/30 days
G8944	AJCC Mel cnr stg 0 - IIC
G8946	Mibm but no dx of breast ca
G8950	Pre-htn or htn doc, f/u indc
G8952	Pre-htn/htn, no f/u, not gvn
G8955	Most recent assess vol mgmt
G8956	Pt rcv HeDia outpt dyls fac
G8958	Assess vol mgmt not doc
G8967	Warf or other fda drug presc
G8968	Doc med not presb
G8969	Doc pt rsn no presc warf/fda
G8970	No rsk fac or 1 mod risk TE
G9001	MCCD, initial rate
G9002	MCCD,maintenance rate
G9003	MCCD, risk adj hi, initial
G9004	MCCD, risk adj lo, initial
G9005	MCCD, risk adj, maintenance
G9006	MCCD, Home monitoring
G9007	MCCD, sch team conf
G9008	Mccd,phys coor-care ovrsght
G9009	MCCD, risk adj, level 3
G9010	MCCD, risk adj, level 4
G9011	MCCD, risk adj, level 5
G9012	Other Specified Case Mgmt
G9013	ESRD demo bundle level I
G9014	ESRD demo bundle-level II
G9016	Demo-smoking cessation coun
G9050	Oncology work-up evaluation
G9051	Oncology tx decision-mgmt
G9052	Onc surveillance for disease
G9053	Onc expectant management pt
G9054	Onc supervision palliative
G9055	Onc visit unspecified NOS
G9056	Onc prac mgmt adheres guide

2021 Non-Covered Procedure Codes for Together with CCHP

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NON-COVERED PROCEDURE CODE	DESCRIPTION
G9057	Onc pract mgmt differs trial
G9058	Onc prac mgmt disagree w/gui
G9059	Onc prac mgmt pt opt alterna
G9060	Onc prac mgmt dif pt comorb
G9061	Onc prac cond noadd by guide
G9062	Onc prac guide differs nos
G9063	Onc dx nsclc stgl no progres
G9064	Onc dx nsclc stg2 no progres
G9065	Onc dx nsclc stg3A no progre
G9066	Onc dx nsclc stg3B-4 metasta
G9067	Onc dx nsclc dx unknown nos
G9068	Onc dx sclc/nsclc limited
G9069	Onc dx sclc/nsclc ext at dx
G9070	Onc dx sclc/nsclc ext unknwn
G9071	Onc dx brst stg1-2B HR,nopro
G9072	Onc dx brst stg1-2 noprogres
G9073	Onc dx brst stg3-HR, no pro
G9074	Onc dx brst stg3-noprogress
G9075	Onc dx brst metastic/ recur
G9077	Onc dx prostate T1no progres
G9078	Onc dx prostate T2no progres
G9079	Onc dx prostate T3b-T4noprog
G9080	Onc dx prostate w/rise PSA
G9083	Onc dx prostate unknwn nos
G9084	Onc dx colon t1-3,n1-2,no pr
G9085	Onc dx colon T4, N0 w/o prog
G9086	Onc dx colon T1-4 no dx prog
G9087	Onc dx colon metas evid dx
G9088	Onc dx colon metas noevid dx
G9089	Onc dx colon extent unknown
G9090	Onc dx rectal T1-2 no progr
G9091	Onc dx rectal T3 N0 no prog
G9092	Onc dx rectal T1-3,N1-2noprg
G9093	Onc dx rectal T4,N,M0 no prg
G9094	Onc dx rectal M1 w/mets prog
G9095	Onc dx rectal extent unknwn
G9096	Onc dx esophag T1-T3 noprog
G9097	Onc dx esophageal T4 no prog
G9098	Onc dx esophageal mets recur

NON-COVERED PROCEDURE CODE	DESCRIPTION
G9099	Onc dx esophageal unknown
G9100	Onc dx gastric no recurrence
G9101	Onc dx gastric p R1-R2noprog
G9102	Onc dx gastric unresectable
G9103	Onc dx gastric recurrent
G9104	Onc dx gastric unknown NOS
G9105	Onc dx pancreatc p R0 res no
G9106	Onc dx pancreatc p R1/R2 no
G9107	Onc dx pancreatic unresectab
G9108	Onc dx pancreatic unknwn NOS
G9109	Onc dx head/neck T1-T2no prg
G9110	Onc dx head/neck T3-4 noprog
G9111	Onc dx head/neck M1 mets rec
G9112	Onc dx head/neck ext unknown
G9113	Onc dx ovarian stg1A-B no pr
G9114	Onc dx ovarian stg1A-B or 2
G9115	Onc dx ovarian stg3/4 noprog
G9116	Onc dx ovarian recurrence
G9117	Onc dx ovarian unknown NOS
G9123	Onc dx CML chronic phase
G9124	Onc dx CML acceler phase
G9125	Onc dx CML blast phase
G9126	Onc dx CML remission
G9128	Onc dx multi myeloma stage I
G9129	Onc dx mult myeloma stg2 hig
G9130	Onc dx multi myeloma unknown
G9131	Onc dx brst unknown NOS
G9132	Onc dx prostate mets no cast
G9133	Onc dx prostate clinical met
G9134	Onc NHLstg 1-2 no relap no
G9135	Onc dx NHL stg 3-4 not relap
G9136	Onc dx NHL trans to lg Bcell
G9137	Onc dx NHL relapse/refractor
G9138	Onc dx NHL stg unknown
G9139	Onc dx CML dx status unknown
G9140	Frontier extended stay demo
G9143	Warfarin respon genetic test
G9148	Medical Home Level I
G9149	Medical Home Level II

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G9150	Medical Home Level III
G9151	MAPCP demo state
G9152	MAPCP demo community
G9153	MAPCP demo physician
G9156	Evaluation for wheelchair
G9157	Transesoph doppl cardiac mon
G9187	Bpci home visit
G9188	Beta not given no reason
G9189	Beta pres or already taking
G9190	Medical reason for no beta
G9191	Pt reason for no beta
G9192	System reason for no beta
G9196	Med reason for no ceph
G9197	Order for ceph
G9198	No order for ceph no reason
G9212	Doc of dsm-iv init eval
G9213	No doc of dsm-iv
G9223	Pjp proph ordered cd4 low
G9225	Norsn no foot exam
G9226	3 comp foot exam completed
G9227	Foa doc, care plan not doc
G9228	Gc chl syp documented
G9229	Ptrsn no gc chl syp test
G9230	Norsn for gc chl syp test
G9231	Doc esrd dia trans preg
G9242	Doc viral load >=200
G9243	Doc viral load <200
G9246	No med visit in 24mo
G9247	1 med visit in 24mo
G9250	Doc of pain comfort 48hr
G9251	Doc no pain comfort 48hr
G9254	Doc pt dischg >2d
G9255	Doc pt dischg <=2d
G9267	Doc comp or mort w in 30d
G9268	Doc comp or mort w in 90d
G9269	Doc no comp or mort w in 30d
G9270	Doc no comp or mort w in 90d
G9273	Sys<140 and dia<90
G9274	Bp out of nrml limits

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G9275	Doc of non tobacco user
G9276	Doc of tobacco user
G9277	Doc daily aspirin or contra
G9278	Doc no daily aspirin
G9279	Pne scrn done doc vac done
G9280	Pne not given norsn
G9281	Pne scrn done doc not ind
G9282	Doc medrsn no histo type
G9283	Hist type doc on report
G9284	No hist type doc on report
G9285	Site not small cell lung ca
G9286	Antibio rx w in 10d of sympt
G9287	No antibio w in 10d of sympt
G9288	Doc medrsn no hist type rpt
G9289	Doc type nsm lung ca
G9290	No doc type nsm lung ca
G9291	Not nsm lung ca
G9292	Medrsn no pt category
G9293	No pt category on report
G9294	Pt cat and thck on report
G9295	Non cutaneous loc
G9296	Doc share dec prior proc
G9297	No doc share dec prior proc
G9298	Eval risk vte card 30d prior
G9299	No eval riskk vte card prior
G9305	No interv req for leak
G9306	Interv req for leak
G9307	No ret for surg w in 30d
G9308	Unpl ret or w/compl w/in 30d
G9309	No unplnd hosp readm in 30d
G9310	Unplnd hosp readm in 30d
G9311	No surg site infection
G9312	Surgical site infection
G9313	Amoxic not presc as 1st line
G9314	Norsn not first line amox
G9315	Doc first line amox
G9316	Doc comm risk calc
G9317	No doc comm risk calc
G9318	Image std nomenclature

NON-COVERED PROCEDURE CODE	DESCRIPTION
G9319	Image not std nomenclature
G9321	Doc count of ct in 12mo
G9322	No doc count of ct in 12mo
G9341	Srch for ct w in 12 mos
G9342	No srch for ct in 12mo norsn
G9344	Sysrsn no dicom srch
G9345	Follow up pulm nod
G9347	No follow up pulm nod norsn
G9348	Doc rsn for ord ct scan
G9349	Ct within 28 days
G9350	No doc sinus ct 28d or dx
G9351	Doc >1 sinus ct w 90d dx
G9352	Not >1 sinus ct w 90d dx
G9353	Medrsn >1 sinus ct w 90d dx
G9354	1 or no ct sinus w/in 90d dx
G9355	No early ind/delivery
G9356	Early ind/delivery
G9357	Pp eval/edu perf
G9358	Pp eval/edu not perf
G9359	Neg mgd pos tb notact
G9360	No doc of neg or man pos tb
G9361	Doc rsn elect c-sec/induct
G9364	Sinus caus bac inx
G9367	>= 2 same hi-rsk med ord
G9368	>= 2 same hi-rsk med not ord
G9380	Off assis eol iss
G9382	No off assis eol
G9383	Recd scrn hcv infec
G9384	Doc med rsn no hcv scrn
G9385	Doc pt reas not rec hcv srn
G9386	Scrn hcv infec not recd
G9393	Ini phq9 >9 remiss <5
G9394	Dx bipol, death, nhres, hosp
G9395	Ini phq9 >9 no remiss >=5
G9396	Ini phq9 >9 not assess
G9399	Doc disc tx choices
G9400	Doc reas no disc tx opt
G9401	No disc tx choices
G9402	Recd f/u w/in 30d disch

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G9403	Doc reas no 30 day f/u
G9404	No 30 day f/u
G9405	Recd f/u w/in 7d dc
G9406	Doc reas no 7d f/u
G9407	No 7d f/u
G9408	Card tamp w/in 30d
G9409	No card tamp e/in 30d
G9410	Admit w/in 180d req remov
G9411	No admit w/in 180d req remov
G9412	Admit w/in 180d req surg rev
G9413	No admit req surg rev
G9414	1dose menig vac btwn 11 & 13
G9415	No 1dose meni vac btwn 11&13
G9416	Pt 1 tdap betw 10-13 yrs
G9417	Pt not 1 tdap betw 10-13 yrs
G9418	Lungcx bx rpt docs class
G9419	Med reas not incl histo type
G9420	Spec site no lung
G9421	Lung cx bx rpt no doc class
G9422	Rpt doc class histo type
G9423	Med reas rpt no histo type
G9424	Site no lung or lung cx
G9425	Spec rpt no doc class histo
G9426	Impr med time edarr pain med
G9427	No impro med time pain med
G9428	Patho rpt incl pt ctg
G9429	Doc med rsn no pt cat
G9430	Spec site no cutaneous
G9431	Patho rpt no pt ctg
G9432	Asth controlled
G9434	Asth not controlled
G9448	Born 1945-1965
G9449	Hx bld transf b/f 1992
G9450	Hx injec drug use
G9451	1x scrn hcv infect
G9452	Doc med reas no scrn hcv
G9453	Pt reas no hcv infect
G9454	No scr hcv inf 12 mth rp
G9455	Abd imag w/us, ct or mri

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G9456	Doc med pt reas no hcc scrn
G9457	Pt no abd img no doc rsn
G9458	Tob user recd cess interv
G9459	Tob non-user
G9460	No tob assess or cess inter
G9468	No recd cortico>=10mg/d >60d
G9470	No rec cortico>60d 1rx 600mg
G9471	W/in 2yr dxa not order
G9473	Chap services at hospice
G9474	Diet counsel at hospice
G9475	Other counselor at hospice
G9476	Volun service at hospice
G9477	Care coord at hospice
G9478	Othe therapist at hospice
G9479	Pharmacist at hospice
G9480	Admission to mccm
G9497	Rec inst no smoke day surg
G9498	Abx reg prescribed
G9500	Rad expos ind/exp tm doc
G9501	Rad expos ind/exp tm no doc
G9502	Med reas no perf foot exam
G9504	Doc rsn hep b stat not asses
G9505	Abx pres w/in 10 dys of symp
G9506	Bio imm resp mod presc
G9507	Doc reas on statin or contra
G9508	Doc pt not on statin
G9509	Adit mdd dys rem 12 mnths
G9510	Remis12m not phq-9 score <5
G9511	Idx evt dte phq>9 doc 12 mo
G9512	Indiv pdc > 0.8
G9513	Indiv pdc not > 0.8
G9514	Req ret or w/in 90d of surg
G9515	No reas, no ret or w/in 90d
G9516	Impr vis acuit w/in 90d
G9517	No impr vis acuit w/in 90d
G9518	Doc active inj drug use
G9519	Final ref +/- 1.0 w/in 90d
G9520	Refract not +/- 1.0 w/in 90d
G9521	Er and ip hosp <2 in 12 mos

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G9522	Er/ip hosp =/>2 in 12 mos
G9529	Minor blunt trauma w/head ct
G9530	Pt mbht hd ct ord ec prov
G9531	Pt doc
G9533	Indic for head ct not valid
G9537	Doc sysm rsn img hd
G9539	Intent pot remv time placemt
G9540	Pt alive 3 mos post proc
G9541	Filter rem 3 mon plmt
G9542	Doc reass appr remo filt 3ms
G9543	Doc 2x re-assess filt remov
G9544	No filt remov w/in 3mos plcm
G9547	Cys ren les or adren
G9548	No f/u rec image study
G9549	Doc med rsn for f/u imag
G9550	Imag rec
G9551	Imag no les
G9552	Inc thyr node <1.0 in rpt
G9553	Prior thyroid dise dx
G9554	Ct/cta/mri/a chst foll rec
G9555	Doc med rsn for follup image
G9556	Ct/cta/mri/a no follup imag
G9557	Ct/cta/mri/a no thyr <1.0cm
G9561	Presc opiates >6 wks
G9562	Foll-up eval q3mo opiod tx
G9563	No f/u eval q3mo opiod tx
G9577	Presc opiates >6 wks
G9578	Doc opioid tx 1x during ther
G9579	No doc opioid tx 1x at ther
G9580	Door to punc time <2hrs
G9582	Door to punc time >2hr, nrg
G9583	Presc opiates >6 wks
G9584	Eval opioid use instr/pt int
G9585	No eval opi use instr/intv
G9593	Low pecarn ped head trauma
G9594	Pt mbht hd ct ord ec prov
G9595	Doc shnt/tum/coag
G9596	Ped pt hd ct ord
G9597	No low pecarn ped head traum

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G9598	Aor ane 5.5-5.9 cm max diam
G9599	Aor ane >=6.0 cm max diam
G9603	Pt surv improv bsline tx
G9604	Pt surv results not avail
G9605	Surv score no improv w/tx
G9606	Intraop cyst eval trac inj
G9607	Doc med rsn not perf cystosc
G9608	Intraop cyst eval not done
G9609	Doc order anti-plat
G9610	Doc md rsn no antipla
G9611	No doc order anti-plat rng
G9612	Phodoc 2 mr cec lndmk
G9613	Doc post surg anatomy
G9614	Photodoc < 2 cec lndmk
G9618	Doc scr uter mal or us/samp
G9620	No scr utr malig/us/samp rng
G9621	Scr unheal etoh w/counsel
G9622	No unheal etoh user
G9623	Doc med rsn no scr etoh use
G9624	Pt not scrn or no counseling
G9625	Pt bl srg 30 day pst srg
G9626	Med rsn no rpt baldder inj
G9627	Pt no bl srg 30 day pst srg
G9628	Pt bwli srg 30 day pst srg
G9629	Med rsn no rpt bowel inj
G9630	Pt no bwli srg 30 day srg
G9631	Pt ui srg 30 day pst srg
G9632	Med rsn for no rpt uret inj
G9633	Pt no ui srg 30 day pst srg
G9634	Qual life tool 2x same/impr
G9635	No doc rsn do qual life assm
G9636	No life asst 2x same/decr
G9637	Doc >1 dose reduc tech
G9638	No doc >1 dose reduc tech
G9639	Amp no reqd in48h ieler proc
G9640	Doc plan hybrid/stage proc
G9641	Amp reqd w/in 48h ieler proc
G9642	Current smoker
G9643	Elective surgery

NON-COVERED PROCEDURE CODE	DESCRIPTION
G9644	No smok b/4 anes day of surg
G9645	Had smoke b/4 anes day surg
G9646	Pt w/90d mrs 0-2
G9647	No mrs score in 90d followup
G9648	Pt w/90d mrs >2
G9649	Psor as doc spc bm
G9651	Psor as doc no spc bm
G9654	Mon anesth care
G9655	Toc tool incl key elem
G9656	Pt trans from anest to pacu
G9658	Toc tool incl elem not used
G9659	>85y no hx colo ca/rsn scope
G9660	Doc med rsn scope pt >85y
G9661	>85y scope othr rsn
G9662	Prior dx/active clin ascvd
G9663	Fast/dir ldl <= 190 mg/dl
G9664	Taking statin or rec’d order
G9665	No statin/no order statin
G9666	Fas/dir ldl 70-189mg/dl mst
G9674	Pt w/clin ascvd dx
G9675	Pt w/fast/dir lab ldl-c >190
G9676	40-75y w/type 1/2 w/ldl-c rs
G9687	Hospice anytime msmt per
G9688	Pt w/hosp anytime msmt per
G9689	Inpt elect carotid intervent
G9690	Pt in hos
G9691	Pt hosp dur msmt period
G9692	Hosp recd by pt dur msmt per
G9693	Pt use hosp during msmt per
G9694	Hosp srv used pt in msmt per
G9695	Long act inhal bronchdil pre
G9696	Med rsn no presc bronchdil
G9697	Pt rsn no presc bronchdil
G9698	Sys rsn no presc bronchdil
G9699	Long inhal bronchdil no pres
G9700	Pt is w/hosp during msmt per
G9702	Pt use hosp during msmt per
G9703	Child anbx 30 prior dx phary
G9704	Ajcc br ca stg i: t1 mic/t1a

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G9705	Ajcc br ca stg ib
G9706	Low recur prost ca
G9707	Pt had hosp dur msmt per
G9708	Bilat mast/hx bi /unilat mas
G9709	Hosp srv used pt in msmt per
G9710	Pt prov hosp srv msmt per
G9711	Pt hx tot col or colon ca
G9712	Doc med rsn presc anbx
G9713	Pt use hosp during msmt per
G9714	Pt is w/hosp during msmt per
G9715	Pt w/hosp anytime msmt per
G9716	Bmi doc onl fup not cmpltd
G9717	Doc pt dx dep/bp f/u nt req
G9718	Hospice anytime msmt per
G9719	Pt not ambul/immob/wc
G9720	Hospice anytime msmt per
G9721	Pt not ambul/immob/wc
G9722	Doc hx renal fail or cr+ >4
G9723	Hosp recd by pt dur msmt per
G9724	Pt w/doc use anticoag mst yr
G9725	Pt w/hosp anytime msmt per
G9726	Refused to participate
G9727	Pt unable cmplt knee fs prom
G9728	Refused to participate
G9729	Pt unbl cmplt hip fs prom
G9730	Refused to participate
G9731	Pt unbl cmplt ft/ank fs prom
G9732	Refused to participate
G9733	Pt unbl cmplt lb fs prom
G9734	Refused to participate
G9735	Pt unbl cmplt shld fs prom
G9736	Refused to participate
G9737	Pt unbl cmplt ewh fs prom
G9740	Hosp srv to pt dur msmt per
G9741	Pt w/hosp anytime msmt per
G9744	Pt not eli d/t act dig htn
G9745	Doc rsn no hbp scrn or f/u
G9746	Mit sten, valve or trans af
G9751	Pt died w/in 24 mos rpt time

NON-COVERED PROCEDURE CODE	DESCRIPTION
G9752	Urgent surgery
G9753	Doc no dicom, ct other fac
G9754	Incid pulm nodule
G9755	Doc med rsn no fllw up
G9756	Surg proc w/silicone oil
G9757	Surg proc w/silicone oil
G9758	Pt in hos
G9760	Pt w/hosp anytime msmt per
G9761	Pt w/hosp anytime msmt per
G9762	Pt had >= 2-3 hpv vaccines
G9763	Pt not have 2-3 hpv vaccines
G9764	Pt treatd w/oral syst or bio
G9765	Doc pat declined therapy
G9766	Cva stroke dx tx transf fac
G9767	Hosp new dx cva consid evst
G9768	Pt w/hosp anytime msmt per
G9769	Bn den 2yr/got ost med/ther
G9770	Perip nerve block
G9771	Anes end, 1 temp >35.5(95.9)
G9772	Doc med rsn no temp >= 35.5
G9773	1 bod temp >=35.5
G9774	Pt had hyst
G9775	Recd 2 anti-emet pre/intraop
G9776	Doc med rsn no proph antiem
G9777	Pt no antiemet pre/intraop
G9778	Pts dx w/pregn
G9779	Pts breastfeeding
G9780	Pts dx w/rhabdomyolysis
G9781	Doc rsn no statin
G9782	Hx dx fam/pure hypercholes
G9783	Doc dx dm, fast <70, no stat
G9784	Path/derm prov 2nd biop opin
G9785	Path report sent
G9786	Path report not sent
G9787	Pt alive
G9788	Most rct bp </= 140/90
G9789	Record bp ip, er, urg/self
G9790	Most rct bp >/= 140/90
G9791	Most rct tob stat free

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G9792	Most rct tob stat not free
G9793	Pt on daily asa/antiplat
G9794	Doc med rsn no daily aspirin
G9795	Pt no daily asa/antiplat
G9796	Pt not currently on statin
G9797	Pt currently on statin
G9805	Pt w/hosp anytime msmt per
G9806	Pt recd cerv cyto/hpv
G9807	Pt no recd cerv cyto/hpv
G9808	Pt no asthm cont med mst per
G9809	Pt w/hosp anytime msmt per
G9810	Pdc 75% w/asth cont med
G9811	No pdc 75% w/asth cont med
G9812	Pt died during inpt/30d aft
G9813	Pt not died w/in 30d of proc
G9818	Doc sex activity
G9819	Pt w/hosp anytime msmt per
G9820	Doc chlam scr test w/follow
G9821	No doc chlam scr ts w/follow
G9822	Endo abl proc yr prev ind dt
G9823	Endo smpl/hyst bx res doc
G9824	Endo smpl/hyst bx res no doc
G9830	Her-2 pos
G9831	Ajcc stg brt ca dx ii or iii
G9832	Brt ca dx i, no t1/t1a/t1b
G9838	Pt met dis at dx
G9839	Anti-egfr mon anti ther
G9840	Gene testing performed
G9841	Gene testing not performed
G9842	Pt met dis at dx
G9843	Kras or nras gene mutation
G9844	Pt no recd anti-egfr ther
G9845	Pt recd anti-egfr ther
G9846	Pt died from cancer
G9847	Pt recd chemo last 14d life
G9848	Pt no chemo last 14d life
G9852	Pt died from cancer
G9853	Icu stay last 30d life
G9854	No icu stay last 30d life

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G9858	Pt enroll hospice
G9859	Pt died from cancer
G9860	Pt less 3d hospice
G9861	Pt more than 3d hospice
G9862	Doc rsn no 10 yr follow
G9890	EM Bridge Payment
G9891	EM session reporting
G9892	Doc pt rsn no dil mac exam
G9893	No mac exam
G9894	Adr dep thrpy prescribed
G9895	Doc med rsn no adr dep thrpy
G9896	Doc pt rsn no adr dep thrpy
G9897	Pt nt prsc adr dep thrpy rng
G9898	Pt 66+ snp or ltc pos
G9899	Scrn mam perf rslts doc
G9900	Scrn mam perf rslts not doc
G9901	Pt 66+ snp or ltc pos
G9902	Pt scrn tbco and id as user
G9903	Pt scrn tbco id as non user
G9904	Doc med rsn no tbco scrn
G9905	No pt tbco scrn rng
G9906	Pt recv tbco cess interv
G9907	Doc med rsn no tbco interv
G9908	No pt tbco cess interv rng
G9909	Doc med rsn no tbco interv
G9910	Pt 66+ snp or ltc pos
G9911	Node neg pre/post syst ther
G9912	Hbv status assesed and int
G9913	No hbv status assesd and int
G9914	Pt receiving anti-tnf agent
G9915	No documntd hbv results rcd
G9916	Funct status past 12 months
G9917	Adv dem crgvr limited
G9918	No funct stat perf, rsn nos
G9919	Scrn nd pos nd prov of rec
G9920	Scrning perf and negative
G9921	No or part scrn nd rng or os
G9922	Sfty cncrns scrn nd mit recs
G9923	Safty cncrns scrn and neg

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
G9925	No scrn prov rsn nos
G9926	Sfty cncrns scrn but no recs
G9927	Doc no warf /fda pt trial
G9928	No warf or fda drug presc
G9929	Trs/rev af
G9930	Com care
G9931	No chad or chad scr 0 or 1
G9932	Doc pt rsn no tb scrn recrds
G9938	Pt 66+ snp or ltc pos
G9939	Same path/derm perf biopsy
G9940	Doc reas no statin therapy
G9942	Adtl spine proc on same date
G9943	Bk pn nt msr vas scl pre/pst
G9945	Pt w/cancer scoliosis
G9946	Bk pn nt msr vas pre-pst 1y
G9948	Adtl spine proc on same date
G9949	Leg pain no vas
G9954	Pt >2 rsk fac post-op vomit
G9955	Inhlnt anesth only for induc
G9956	Combo thrpy of >= 2 prophly
G9957	Doc med rsn no combo thrpy
G9958	No combo prohpyl thrp for pt
G9959	Systemic antimicro not presc
G9960	Med rsn sys antimi nt rx
G9961	Systemic antimicro presc
G9962	Embolization doc separatly
G9963	Embolization not doc separat
G9964	Pt recv >=1 well-chld visit
G9965	No well-chld vist recv by pt
G9968	Pt refrd 2 pvdr/spclst in pp
G9969	Pvdr rfrd pt rprt rcvd
G9970	Pvdr rfrd pt no rprt rcvd
G9974	Mac exam perf
G9975	Doc med rsn no dil mac exam
G9976	Doc pat rsn no mac exm perf
G9977	Dil mac exam no perf rsn nos
H0004	Alcohol and/or drug services
H0006	Alcohol and/or drug services
H0010	Alcohol and/or drug services

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
H0011	Alcohol and/or drug services
H0012	Alcohol and/or drug services
H0013	Alcohol and/or drug services
H0016	Alcohol and/or drug services
H0017	Alcohol and/or drug services
H0018	Alcohol and/or drug services
H0019	Alcohol and/or drug services
H0021	Alcohol and/or drug training
H0022	Alcohol and/or drug interven
H0023	Alcohol and/or drug outreach
H0024	Alcohol and/or drug preventi
H0025	Alcohol and/or drug preventi
H0026	Alcohol and/or drug preventi
H0027	Alcohol and/or drug preventi
H0028	Alcohol and/or drug preventi
H0029	Alcohol and/or drug preventi
H0030	Alcohol and/or drug hotline
H0031	MH health assess by non-md
H0032	MH svc plan dev by non-md
H0033	Oral med adm direct observe
H0034	Med trng & support per 15min
H0036	Comm psy face-face per 15min
H0037	Comm psy sup tx pgm per diem
H0038	Self-help/peer svc per 15min
H0039	Asser com tx face-face/15min
H0040	Assert comm tx pgm per diem
H0041	Fos c chld non-ther per diem
H0042	Fos c chld non-ther per mon
H0043	Supported housing, per diem
H0044	Supported housing, per month
H0045	Respite not-in-home per diem
H0046	Mental health service, nos
H0047	Alcohol/drug abuse svc nos
H0048	Spec coll non-blood:a/d test
H1000	Prenatal care atrisk assessm
H1001	Antepartum management
H1002	Carecoordination prenatal
H1003	Prenatal at risk education
H1004	Follow up home visit/prental

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
H1005	Prenatalcare enhanced srv pk
H1010	Nonmed family planning ed
H1011	Family assessment
H2000	Comp multidisipln evaluation
H2010	Comprehensive med svc 15 min
H2014	Skills train and dev, 15 min
H2015	Comp comm supp svc, 15 min
H2016	Comp comm supp svc, per diem
H2017	Psysoc rehab svc, per 15 min
H2018	Psysoc rehab svc, per diem
H2019	Ther behav svc, per 15 min
H2020	Ther behav svc, per diem
H2021	Com wrap-around sv, 15 min
H2022	Com wrap-around sv, per diem
H2023	Supported employ, per 15 min
H2024	Supported employ, per diem
H2025	Supp maint employ, 15 min
H2026	Supp maint employ, per diem
H2027	Psychoed svc, per 15 min
H2028	Sex offend tx svc, 15 min
H2029	Sex offend tx svc, per diem
H2030	MH clubhouse svc, per 15 min
H2031	MH clubhouse svc, per diem
H2032	Activity therapy, per 15 min
H2033	Multisys ther/juvenile 15min
H2034	A/D halfway house, per diem
H2037	Dev delay prev dp ch, 15 min
J3591	Esrd on dialysi drug/bio noc
J7318	Inj, durolane 1 mg
J7320	Genvisc 850, inj, 1mg
J7321	Hyalgan supartz visco-3 dose
J7322	Hymovis injection 1 mg
J7323	Euflexxa inj per dose
J7324	Orthovisc inj per dose
J7325	Synvisc or Synvisc-One
J7326	Gel-one
J7327	Monovisc inj per dose
J7328	Gel-syn injection 0.1 mg
J7329	Inj, trivisc 1 mg

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
J7331	Synojoynt, inj., 1 mg
J7332	Inj., Triluron, 1 mg
K0005	Ultralightweight wheelchair
K0105	Iv hanger
K0462	Temporary replacement eqpmnt
K0601	Repl batt silver oxide 1.5 v
K0602	Repl batt silver oxide 3 v
K0603	Repl batt alkaline 1.5 v
K0604	Repl batt lithium 3.6 v
K0605	Repl batt lithium 4.5 v
K0608	Repl garment for AED
K0609	Repl electrode for AED
K0669	Seat/back cus no dmepdac ver
K0672	Removable soft interface LE
K0800	POV group 1 std up to 300lbs
K0801	POV group 1 hd 301-450 lbs
K0802	POV group 1 vhd 451-600 lbs
K0806	POV group 2 std up to 300lbs
K0807	POV group 2 hd 301-450 lbs
K0808	POV group 2 vhd 451-600 lbs
K0812	Power operated vehicle NOC
K0898	Power wheelchair NOC
K0899	Pow mobil dev no dmepdac
K0900	Cstm dme other than wheelchr
K1001	Electronic posa treatment
K1002	Ces system w/supplies access
K1003	Whirlpool tub walkin portabl
K1004	Lo freq us diathermy device
K1005	Disp col sto bag breast milk
K1006	Suct pum ext urine mgmt sys
K1007	Bil hkaf pc s/d micro sensor
K1009	Speech volume modulation sys
K1013	ENEMA TUBE ANY TYPE REPL ONLY EACH
K1015	FOOT ADDUCTUS POSITIONING DEVC ADJ
L0120	Cerv flex n/adj foam pre ots
L0160	Cerv sr wire occ/man pre ots
L0172	Cerv col sr foam 2pc pre ots
L0174	Cerv sr 2pc thor ext pre ots
L0621	Sio flex pelvic/sacr pre ots

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
L0625	Lo flex l1-below l5 pre ots
L0626	Lo sag rig pnl stays pre cst
L0627	Lo sag ri an/pos pnl pre cst
L0628	Lso flex no ri stays pre ots
L0630	Lso r post pnl sj-t9 pre cst
L0980	Peroneal straps pair pre ots
L0982	Stocking sup grips 4 pre ots
L1812	Ko elastic w/joints pre ots
L1836	Ko rigid w/o joints pre ots
L1851	Ko single upright prefab ots
L1852	Ko double upright prefab ots
L2750	Plating chrome/nickel pr bar
L2755	Carbon graphite lamination
L2780	Non-corrosive finish
L3000	Ft insert ucb berkeley shell
L3001	Foot insert remov molded spe
L3002	Foot insert plastazote or eq
L3003	Foot insert silicone gel eac
L3010	Foot longitudinal arch suppo
L3020	Foot longitud/metatarsal sup
L3030	Foot arch support remov prem
L3031	Foot lamin/prepreg composite
L3040	Ft arch suprt premold longit
L3050	Foot arch supp premold metat
L3060	Foot arch supp longitud/meta
L3070	Arch suprt att to sho longit
L3080	Arch supp att to shoe metata
L3090	Arch supp att to shoe long/m
L3100	Hallus-valgus nt dyn pre ots
L3140	Abduction rotation bar shoe
L3150	Abduct rotation bar w/o shoe
L3160	Shoe styled positioning dev
L3170	Foot plas heel stabi pre ots
L3201	Oxford w supinat/pronat inf
L3202	Oxford w/ supinat/pronator c
L3203	Oxford w/ supinator/pronator
L3204	Hightop w/ supp/pronator inf
L3206	Hightop w/ supp/pronator chi
L3207	Hightop w/ supp/pronator jun

NON-COVERED PROCEDURE CODE	DESCRIPTION
L3208	Surgical boot each infant
L3209	Surgical boot each child
L3211	Surgical boot each junior
L3212	Benesch boot pair infant
L3213	Benesch boot pair child
L3214	Benesch boot pair junior
L3217	Ladies shoes hightop depth i
L3222	Mens shoes hightop depth inl
L3257	Orth foot add charge split s
L3260	Ambulatory surgical boot eac
L3265	Plastazote sandal each
L3300	Sho lift taper to metatarsal
L3310	Shoe lift elev heel/sole neo
L3320	Shoe lift elev heel/sole cor
L3330	Lifts elevation metal extens
L3332	Shoe lifts tapered to one-ha
L3334	Shoe lifts elevation heel /i
L3340	Shoe wedge sach
L3350	Shoe heel wedge
L3360	Shoe sole wedge outside sole
L3370	Shoe sole wedge between sole
L3380	Shoe clubfoot wedge
L3390	Shoe outflare wedge
L3400	Shoe metatarsal bar wedge ro
L3410	Shoe metatarsal bar between
L3420	Full sole/heel wedge btween
L3430	Sho heel count plast reinfor
L3440	Heel leather reinforced
L3450	Shoe heel sach cushion type
L3455	Shoe heel new leather standa
L3460	Shoe heel new rubber standar
L3465	Shoe heel thomas with wedge
L3470	Shoe heel thomas extend to b
L3480	Shoe heel pad & depress for
L3485	Shoe heel pad removable for
L3500	Ortho shoe add leather insol
L3510	Orthopedic shoe add rub insl
L3520	O shoe add felt w leath insl
L3530	Ortho shoe add half sole

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
L3540	Ortho shoe add full sole
L3550	O shoe add standard toe tap
L3560	O shoe add horseshoe toe tap
L3570	O shoe add instep extension
L3580	O shoe add instep velcro clo
L3590	O shoe convert to sof counte
L3595	Ortho shoe add march bar
L3600	Trans shoe calip plate exist
L3610	Trans shoe caliper plate new
L3620	Trans shoe solid stirrup exi
L3630	Trans shoe solid stirrup new
L3640	Shoe dennis browne splint bo
L3649	Orthopedic shoe modifica NOS
L3660	So 8 ab rstr can/web pre ots
L3675	So vest canvas/web pre ots
L3678	So hard plas stabili pre ots
L3761	Eo, adj lock joint prefab ot
L3762	Eo rigid w/o joints pre ots
L3809	Whfo w/o joints pre ots
L3916	Who nontorsion jnts pre ots
L3918	Metacarp fx orthosis pre ots
L3924	Hfo without joints pre ots
L3925	Fo pip dip jnt/sprng pre ots
L3927	Fo pip dip no jt spr pre ots
L3930	Hfo nontorsion jnts pre ots
L4397	Static or dynami afo pre ots
L7900	Male vacuum erection system
L7902	Tension ring, vac erect dev
L8300	Truss single w/ standard pad
L8310	Truss double w/ standard pad
L8320	Truss addition to std pad wa
L8330	Truss add to std pad scrotal
L8505	Artificial larynx, accessory
L8608	Arg ii ext com/sup/acc misc
L8621	Repl zinc air battery
L8622	Repl alkaline battery
L8623	Lith ion batt CID,non-earlvl
L8624	Lith ion batt cid, ear level
L8701	Pow ue rom dev ewh uprt cust

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
L8702	Pow ue rom dev ewhf uprt cus
M0301	Fabric wrapping of aneurysm
M1003	Tb scr 12 mo pri fst bio dz
M1004	Doc med rsn no srn tb
M1005	Tb scr no perf
M1006	Dz not ases, no rsn
M1007	>=50% total pt outpt ra enct
M1008	<50% total pt outpt ra encts
M1009	Dc eoc doc med rec
M1010	Dc eoc doc med rec
M1011	Dc eoc doc med rec
M1012	Dc eoc doc med rec
M1013	Dc eoc doc med rec
M1014	Dc epi care doc medrec
M1016	Pt dx meop or sur steri
M1017	Pt admt to palitve serv
M1018	Pt dx hst cr pt sk lg cr scr
M1019	Adl pt mj dep ds rs 12 phq<5
M1020	Adl pt mj dep ds no rs 12 mo
M1022	Pt hospice during perf pd
M1025	Pt hospice during perf pd
M1026	Pt hospice during perf pd
M1027	Img head (ct or mri) obtnd
M1028	Doc of pt prm hda dx and otr
M1029	Doc sysm rsn img hd
M1031	Pt clin ind img hd
M1032	Adt tkng pharmthry for oud
M1034	Adt 180 dys pharmthry oud
M1035	Adt pd out mat pr 180 dys tx
M1036	Adt no 180 dys pharmthry oud
M1037	Pt dx lum sp reg cacr
M1038	Pt dx lum sp reg fract
M1039	Pt dx lum sp reg inf
M1040	Pt dx lum idi or cong scol
M1041	Pt cr ft inf lm or pt id sl
M1043	Fs no odi 9-15mo
M1045	Fs oks 9-15mo = 37
M1046	Fs oks 9-15mo = 37
M1049	Fs wth scr no odi pre and p

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
M1051	Pt w/cancer scoliosis
M1052	Lg pn not meas w/ vas 1yr po
M1054	Pt uc in pp
M1055	Aspirin used
M1056	Presc antico med in pp
M1057	Aspirin not used, no rsn
M1058	Pt prm nurs hm res in pp
M1059	Pt no prm nurs hm res in pp
M1060	Pt died in pp
M1067	Hspc pt prv time meam per
M1068	Pt not ambulatory
M1069	Pt scr ft fall rsk
M1070	Pt not scrn fut fall no rsn
M1071	Pt had add'l sp pcr perf
P2028	Cephalin floculation test
P2029	Congo red blood test
P2031	Hair analysis
P2033	Blood thymol turbidity
P2038	Blood mucoprotein
P9011	Blood split unit
P9012	Cryoprecipitate each unit
P9016	RBC leukocytes reduced
P9017	Plasma 1 donor frz w/in 8 hr
P9019	Platelets, each unit
P9021	Red blood cells unit
P9022	Washed red blood cells unit
P9023	Frozen plasma, pooled, sd
P9031	Platelets leukocytes reduced
P9032	Platelets, irradiated
P9033	Platelets leukoreduced irrad
P9034	Platelets, pheresis
P9035	Platelet pheres leukoreduced
P9036	Platelet pheresis irradiated
P9037	Plate pheres leukoredu irrad
P9038	RBC irradiated
P9039	RBC deglycerolized
P9040	RBC leukoreduced irradiated
P9041	Albumin (human),5%, 50ml
P9043	Plasma protein fract,5%,50ml

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
P9044	Cryoprecipitatereducedplasma
P9050	Granulocytes, pheresis unit
P9051	Blood, l/r, cmv-neg
P9052	Platelets, hla-m, l/r, unit
P9603	One-way allow prorated miles
P9604	One-way allow prorated trip
P9612	Catheterize for urine spec
Q0092	Set up port xray equipment
Q0111	Wet mounts/ w preparations
Q0112	Potassium hydroxide preps
Q0113	Pinworm examinations
Q0114	Fern test
Q0115	Post-coital mucous exam
Q0144	Azithromycin dihydrate, oral
Q0161	Chlorpromazine hcl 5mg oral
Q0162	Ondansetron oral
Q0163	Diphenhydramine HCl 50mg
Q0478	Power adapter, combo vad
Q0479	Power module combo vad, rep
Q0480	Driver pneumatic vad, rep
Q0481	Microprcsr cu elec vad, rep
Q0482	Microprcsr cu combo vad, rep
Q0483	Monitor elec vad, rep
Q0484	Monitor elec or comb vad rep
Q0485	Monitor cable elec vad, rep
Q0486	Mon cable elec/pneum vad rep
Q0487	Leads any type vad, rep only
Q0488	Pwr pack base elec vad, rep
Q0489	Pwr pck base combo vad, rep
Q0490	Emr pwr source elec vad, rep
Q0491	Emr pwr source combo vad rep
Q0492	Emr pwr cbl elec vad, rep
Q0493	Emr pwr cbl combo vad, rep
Q0494	Emr hd pmp elec/combo, rep
Q0495	Charger elec/combo vad, rep
Q0496	Battery elec/combo vad, rep
Q0497	Bat clps elec/comb vad, rep
Q0498	Holster elec/combo vad, rep
Q0499	Belt/vest elec/combo vad rep

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
Q0500	Filters elec/combo vad, rep
Q0501	Shwr cov elec/combo vad, rep
Q0502	Mobility cart pneum vad, rep
Q0503	Battery pneum vad replacemnt
Q0504	Pwr adpt pneum vad, rep veh
Q0506	Lith-ion batt elec/pneum VAD
Q0507	Misc sup/acc ext VAD
Q0508	Mis sup/acc imp vad
Q0509	Mis sup/ac imp VAD nopay med
Q0510	Dispens fee immunosupressive
Q0511	Sup fee antiem,antica,immuno
Q0512	Px sup fee anti-can sub pres
Q0513	Disp fee inhal drugs/30 days
Q0514	Disp fee inhal drugs/90 days
Q0515	Sermorelin acetate injection
Q1004	Ntiol category 4
Q1005	Ntiol category 5
Q2004	Bladder calculi irrig sol
Q2009	Fosphenytoin inj PE
Q2017	Teniposide, 50 mg
Q2026	Radiesse injection
Q2043	Sipuleucel-T auto CD54+
Q2049	Imported Lipodox inj
Q3014	Telehealth facility fee
Q3031	Collagen skin test
Q4049	Finger splint, static
Q4050	Cast supplies unlisted
Q4051	Splint supplies misc
Q4074	Iloprost non-comp unit dose
Q4082	Drug/bio NOC part B drug CAP
Q4100	Skin substitute, NOS
Q4166	Cytal, per square centimeter
Q4167	Truskin, per sq centimeter
Q4168	Amnioband, 1 mg
Q4169	Artacent wound, per sq cm
Q4170	Cygnus, per sq cm
Q4171	Interfyl, 1 mg
Q4173	Palingen or palingen xplus
Q4174	Palingen or promatrx

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
Q4175	Miroderm
Q4176	Neopatch, per sq centimeter
Q4177	FlowerAmnioFlo, 0.1 cc
Q4178	Floweramniopatch, per sq cm
Q4179	Flowerderm, per sq cm
Q4180	Revita, per sq cm
Q4181	Amnio wound, per square cm
Q4182	Transcyte, per sq centimeter
Q9001	Va chaplain assessment
Q9002	Va chaplain counsel individu
Q9003	Va chaplain counsel group
R0070	Transport portable x-ray
R0075	Transport port x-ray multipl
R0076	Transport portable EKG
S0209	WC van mileage per mi
S0215	Nonemerg transp mileage
S0220	Medical conference by physic
S0221	Medical conference, 60 min
S0250	Comp geriatr assmt team
S0257	End of life counseling
S0260	H&P for surgery
S0265	Genetic counsel 15 mins
S0270	Home std case rate 30 days
S0271	Home hospice case 30 days
S0272	Home episodic case 30 days
S0273	MD home visit outside cap
S0274	Nurse practr visit outs cap
S0280	Medical home, initial plan
S0281	Medical home, maintenance
S0315	Disease management program
S0316	Follow-up/reassessment
S0317	Disease mgmt per diem
S0320	RN telephone calls to DMP
S0340	Lifestyle mod 1st stage
S0341	Lifestyle mod 2 or 3 stage
S0342	Lifestyle mod 4th stage
S0353	Cancer treatmentplan initial
S0354	Cancer treatment plan change
S0500	Dispos cont lens

NON-COVERED PROCEDURE CODE	DESCRIPTION
S0504	Singl prscrp lens
S0506	Bifoc prscp lens
S0508	Trifoc prscrp lens
S0510	Non-prscrp lens
S0512	Daily cont lens
S0514	Color cont lens
S0515	Scleral lens liquid bandage
S0516	Safety frames
S0518	Sunglass frames
S0580	Polycarb lens
S0581	Nonstnd lens
S0590	Misc integral lens serv
S0592	Comp cont lens eval
S0595	New lenses in pts old frame
S0596	Phakic iol refractive error
S0622	Phys exam for college
S0800	Laser in situ keratomileusis
S0810	Photorefractive keratectomy
S0812	Phototherap keratect
S1001	Deluxe item
S1002	Custom item
S1015	IV tubing extension set
S1016	Non-pvc intravenous administ
S1030	Gluc monitor purchase
S1031	Gluc monitor rental
S2079	Lap esophagomyotomy
S2083	Adjustment gastric band
S2095	Transcath emboliz microspher
S2140	Cord blood harvesting
S2142	Cord blood-derived stem-cell
S2202	Echosclerotherapy
S2260	Induced abortion 17-24 weeks
S2265	Induced abortion 25-28 wks
S2266	Induced abortion 29-31 wks
S2267	Induced abortion 32 or more
S2400	Fetal surg congen hernia
S2401	Fetal surg urin trac obstr
S2402	Fetal surg cong cyst malf
S2403	Fetal surg pulmon sequest

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
S2404	Fetal surg myelomeningo
S2405	Fetal surg sacrococ teratoma
S2409	Fetal surg noc
S2411	Fetoscop laser ther TTTS
S2900	Robotic surgical system
S3000	Bilat dil retinal exam
S3005	Eval self-assess depression
S3600	Stat lab
S3601	Stat lab home/nf
S3630	Eosinophil blood count
S3645	HIV-1 antibody testing of or
S3652	Saliva test, hormone level;
S3655	Antisperm antibodies test
S3708	Gastrointestinal fat absorpt
S3902	Ballistocardiogram
S3904	Masters two step
S4011	IVF package
S4013	Compl GIFT case rate
S4014	Compl ZIFT case rate
S4015	Complete IVF nos case rate
S4016	Frozen IVF case rate
S4017	IVF canc a stim case rate
S4018	F EMB trns canc case rate
S4020	IVF canc a aspir case rate
S4021	IVF canc p aspir case rate
S4022	Asst oocyte fert case rate
S4023	Incompl donor egg case rate
S4025	Donor serv IVF case rate
S4026	Procure donor sperm
S4027	Store prev froz embryos
S4028	Microsurg epi sperm asp
S4030	Sperm procure init visit
S4031	Sperm procure subs visit
S4035	Stimulated IUI case rate
S4037	Cryo embryo transf case rate
S4040	Monit store cryo embryo 30 d
S4042	Ovulation mgmt per cycle
S4981	Insert levonorgestrel ius
S4990	Nicotine patch legend

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
S4991	Nicotine patch nonlegend
S4995	Smoking cessation gum
S5000	Prescription drug, generic
S5001	Prescription drug,brand name
S5010	5% dextrose and 0.45% saline
S5012	5% dextrose with potassium
S5013	5%dextrose/0.45%saline1000ml
S5014	D5W/0.45NS w KCl and MGS04
S5100	Adult daycare services 15min
S5101	Adult day care per half day
S5102	Adult day care per diem
S5105	Centerbased day care perdiem
S5108	Homecare train pt 15 min
S5109	Homecare train pt session
S5110	Family homecare training 15m
S5111	Family homecare train/sessio
S5115	Nonfamily homecare train/15m
S5116	Nonfamily HC train/session
S5120	Chore services per 15 min
S5121	Chore services per diem
S5125	Attendant care service /15m
S5126	Attendant care service /diem
S5130	Homaker service nos per 15m
S5131	Homemaker service nos /diem
S5135	Adult companioncare per 15m
S5136	Adult companioncare per diem
S5140	Adult foster care per diem
S5141	Adult foster care per month
S5145	Child fostercare th per diem
S5146	Ther fostercare child /month
S5150	Unskilled respite care /15m
S5151	Unskilled respitecare /diem
S5160	Emer response sys instal&tst
S5161	Emer rspns sys serv permonth
S5162	Emer rspns system purchase
S5165	Home modifications per serv
S5170	Homedelivered prepared meal
S5175	Laundry serv,ext,prof,/order
S5180	HH respiratory thrpy in eval

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
S5181	HH respiratory thrpy nos/day
S5185	Med reminder serv per month
S5190	Wellness assessment by nonph
S5199	Personal care item nos each
S5565	Insulin cartridge 150 u
S5566	Insulin cartridge 300 u
S8055	Us guidance fetal reduct
S8096	Portable peak flow meter
S8097	Asthma kit
S8110	Peak expiratory flow rate (p
S8120	O2 contents gas cubic ft
S8121	O2 contents liquid lb
S8185	Flutter device
S8186	Swivel adaptor
S8189	Trach supply noc
S8270	Enuresis alarm
S8301	Infect control supplies NOS
S8415	Supplies for home delivery
S8420	Custom gradient sleev/glov
S8421	Ready gradient sleev/glov
S8422	Custom grad sleeve med
S8423	Custom grad sleeve heavy
S8424	Ready gradient sleeve
S8425	Custom grad glove med
S8426	Custom grad glove heavy
S8427	Ready gradient glove
S8428	Ready gradient gauntlet
S8429	Gradient pressure wrap
S8430	Padding for comprssn bdg
S8431	Compression bandage
S8450	Splint digit
S8451	Splint wrist or ankle
S8452	Splint elbow
S8460	Camisole post-mast
S8930	Auricular electrostimulation
S8948	Low-level laser trmt 15 min
S8950	Complex lymphedema therapy,
S8990	Pt or manip for maint
S8999	Resuscitation bag

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
S9001	Home uterine monitor with or
S9007	Ultrafiltration monitor
S9024	Paranasal sinus ultrasound
S9025	Omnicardiogram/cardiointegra
S9055	Procuren or other growth fac
S9056	Coma stimulation per diem
S9061	Medical supplies and equipme
S9083	Urgent care center global
S9110	Telemonitoring/home per mnth
S9117	Back school visit
S9125	Respite care, in the home, p
S9145	Insulin pump initiation
S9326	HIT cont pain per diem
S9327	HIT int pain per diem
S9330	HIT cont chem diem
S9331	HIT intermit chemo diem
S9335	HT hemodialysis diem
S9338	HIT immunotherapy diem
S9364	HIT tpn total diem
S9381	HIT high risk/escort
S9401	Anticoag clinic per session
S9433	Medical food oral 100% nutr
S9434	Mod solid food suppl
S9435	Medical foods for inborn err
S9436	Lamaze class
S9437	Childbirth refresher class
S9438	Cesarean birth class
S9439	VBAC class
S9441	Asthma education
S9442	Birthing class
S9443	Lactation class
S9444	Parenting class
S9445	PT education noc individ
S9446	PT education noc group
S9447	Infant safety class
S9449	Weight mgmt class
S9451	Exercise class
S9452	Nutrition class
S9453	Smoking cessation class

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
S9454	Stress mgmt class
S9455	Diabetic Management Program,
S9460	Diabetic Management Program,
S9474	Enterostomal therapy by a re
S9476	Vestibular rehab per diem
S9482	Family stabilization 15 min
S9529	Venipuncture home/snf
S9542	HT inj noc per diem
S9558	HT inj growth horm diem
S9559	HIT inj interferon diem
S9560	HT inj hormone diem
S9562	HT inj palivizumab diem
S9590	HT irrigation diem
S9810	HT pharm per hour
S9900	Christian Sci Pract visit
S9901	Christian sci nurse visit
S9970	Health club membership yr
S9975	Transplant related per diem
S9976	Lodging per diem
S9977	Meals per diem
S9981	Med record copy admin
S9982	Med record copy per page
S9986	Not medically necessary svc
S9988	Serv part of phase I trial
S9989	Services outside US
S9990	Services provided as part of
S9991	Services provided as part of
S9992	Transportation costs to and
S9994	Lodging costs (e.g. hotel ch
S9996	Meals for clinical trial par
S9999	Sales tax
T1000	Private duty/independent nsg
T1001	Nursing assessment/evaluatn
T1002	RN services up to 15 minutes
T1003	LPN/LVN services up to 15min
T1004	Nsg aide service up to 15min
T1005	Respite care service 15 min
T1006	Family/Couple Counseling
T1007	Treatment Plan Development

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
T1009	Child Sitting Services
T1010	Meals when Receive Services
T1012	Alcohol/Substance Abuse Skil
T1013	Sign Lang/Oral Interpreter
T1014	Telehealth transmit, per min
T1015	Clinic service
T1016	Case management
T1017	Targeted case management
T1018	School-based IEP ser bundled
T1019	Personal care ser per 15 min
T1020	Personal care ser per diem
T1021	HH Aide or cn aide per visit
T1022	Contracted services per day
T1023	Program intake assessment
T1024	Team evaluation & management
T1025	Ped compr care pkg, per diem
T1026	Ped compr care pkg, per hour
T1027	Family training & counseling
T1028	Home environment assessment
T1029	Dwelling lead investigation
T1030	RN home care per diem
T1031	LPN home care per diem
T1040	Comm bh clinic svc per diem
T1041	Comm bh clinic svc per month
T1502	Medication admin visit
T1503	Med admin, not oral/inject
T1505	Elec med comp dev, noc
T1999	NOC retail items andsupplies
T2001	N-et; patient attend/escort
T2002	N-et; per diem
T2003	N-et; encounter/trip
T2004	N-et; commerc carrier pass
T2005	N-et; stretcher van
T2007	Non-emer transport wait time
T2010	PASRR Level I
T2011	PASRR Level II
T2012	Habil ed waiver, per diem
T2013	Habil ed waiver per hour
T2014	Habil prevoc waiver, per d

2021 Non-Covered Procedure Codes for Together with CCHP

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
T2015	Habil prevoc waiver per hr
T2016	Habil res waiver per diem
T2017	Habil res waiver 15 min
T2018	Habil sup empl waiver/diem
T2019	Habil sup empl waiver 15min
T2020	Day habil waiver per diem
T2021	Day habil waiver per 15 min
T2022	Case management, per month
T2023	Targeted case mgmt per month
T2024	Serv asmnt/care plan waiver
T2025	Waiver service, nos
T2026	Special childcare waiver/d
T2027	Spec childcare waiver 15 min
T2028	Special supply, nos waiver
T2029	Special med equip, noswaiver
T2030	Assist living waiver/month
T2031	Assist living waiver/diem
T2032	Res care, nos waiver/month
T2033	Res, nos waiver per diem
T2034	Crisis interven waiver/diem
T2035	Utility services waiver
T2036	Camp overnite waiver/session
T2037	Camp day waiver/session
T2038	Comm trans waiver/service
T2039	Vehicle mod waiver/service
T2040	Financial mgt waiver/15min
T2041	Support broker waiver/15 min
T2042	Hospice routine home care
T2043	Hospice continuous home care
T2044	Hospice respite care
T2045	Hospice general care
T2046	Hospice long term care, r&b
T2047	Hab prevo waiver per 15
T2048	Bh ltc res r&b, per diem
T2049	N-ET; stretcher van, mileage
T2101	Breast milk proc/store/dist
T4521	Adult size brief/diaper sm
T4522	Adult size brief/diaper med
T4523	Adult size brief/diaper lg

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
T4524	Adult size brief/diaper xl
T4525	Adult size pull-on sm
T4526	Adult size pull-on med
T4527	Adult size pull-on lg
T4528	Adult size pull-on xl
T4529	Ped size brief/diaper sm/med
T4530	Ped size brief/diaper lg
T4531	Ped size pull-on sm/med
T4532	Ped size pull-on lg
T4533	Youth size brief/diaper
T4534	Youth size pull-on
T4535	Disposable liner/shield/pad
T4536	Reusable pull-on any size
T4537	Reusable underpad bed size
T4538	Diaper serv reusable diaper
T4539	Reuse diaper/brief any size
T4540	Reusable underpad chair size
T4541	Large disposable underpad
T4542	Small disposable underpad
T4543	Adult disp brief/diap abv xl
T4544	Adlt disp und/pull on abv xl
T4545	Incon disposable penile wrap
T5001	Position seat spec orth need
T5999	Supply, nos
V2020	Vision svcs frames purchases
V2025	Eyeglasses delux frames
V2100	Lens spher single plano 4.00
V2101	Single visn sphere 4.12-7.00
V2102	Singl visn sphere 7.12-20.00
V2103	Spherocylindr 4.00d/12-2.00d
V2104	Spherocylindr 4.00d/2.12-4d
V2105	Spherocylinder 4.00d/4.25-6d
V2106	Spherocylinder 4.00d/>6.00d
V2107	Spherocylinder 4.25d/12-2d
V2108	Spherocylinder 4.25d/2.12-4d
V2109	Spherocylinder 4.25d/4.25-6d
V2110	Spherocylinder 4.25d/over 6d
V2111	Spherocylindr 7.25d/.25-2.25
V2112	Spherocylindr 7.25d/2.25-4d

NON-COVERED PROCEDURE CODE	DESCRIPTION
V2113	Spherocylindr 7.25d/4.25-6d
V2114	Spherocylinder over 12.00d
V2115	Lens lenticular bifocal
V2118	Lens aniseikonic single
V2121	Lenticular lens, single
V2199	Lens single vision not oth c
V2200	Lens spher bifoc plano 4.00d
V2201	Lens sphere bifocal 4.12-7.0
V2202	Lens sphere bifocal 7.12-20.
V2203	Lens sphcyl bifocal 4.00d/.1
V2204	Lens sphcy bifocal 4.00d/2.1
V2205	Lens sphcy bifocal 4.00d/4.2
V2206	Lens sphcy bifocal 4.00d/ove
V2207	Lens sphcy bifocal 4.25-7d/.
V2208	Lens sphcy bifocal 4.25-7/2.
V2209	Lens sphcy bifocal 4.25-7/4.
V2210	Lens sphcy bifocal 4.25-7/ov
V2211	Lens sphcy bifo 7.25-12/.25-
V2212	Lens sphcyl bifo 7.25-12/2.2
V2213	Lens sphcyl bifo 7.25-12/4.2
V2214	Lens sphcyl bifocal over 12.
V2215	Lens lenticular bifocal
V2218	Lens aniseikonic bifocal
V2219	Lens bifocal seg width over
V2220	Lens bifocal add over 3.25d
V2221	Lenticular lens, bifocal
V2299	Lens bifocal speciality
V2300	Lens sphere trifocal 4.00d
V2301	Lens sphere trifocal 4.12-7.
V2302	Lens sphere trifocal 7.12-20
V2303	Lens sphcy trifocal 4.0/.12-
V2304	Lens sphcy trifocal 4.0/2.25
V2305	Lens sphcy trifocal 4.0/4.25
V2306	Lens sphcyl trifocal 4.00/>6
V2307	Lens sphcy trifocal 4.25-7/.
V2308	Lens sphc trifocal 4.25-7/2.
V2309	Lens sphc trifocal 4.25-7/4.
V2310	Lens sphc trifocal 4.25-7/>6
V2311	Lens sphc trifo 7.25-12/.25-

NON-COVERED PROCEDURE CODE	DESCRIPTION
V2312	Lens sphc trifo 7.25-12/2.25
V2313	Lens sphc trifo 7.25-12/4.25
V2314	Lens sphcyl trifocal over 12
V2315	Lens lenticular trifocal
V2318	Lens aniseikonic trifocal
V2319	Lens trifocal seg width > 28
V2320	Lens trifocal add over 3.25d
V2321	Lenticular lens, trifocal
V2399	Lens trifocal speciality
V2410	Lens variab asphericity sing
V2430	Lens variable asphericity bi
V2499	Variable asphericity lens
V2500	Contact lens pmma spherical
V2501	Cntct lens pmma-toric/prism
V2502	Contact lens pmma bifocal
V2503	Cntct lens pmma color vision
V2510	Cntct gas permeable sphericl
V2511	Cntct toric prism ballast
V2512	Cntct lens gas permbl bifocl
V2513	Contact lens extended wear
V2520	Contact lens hydrophilic
V2521	Cntct lens hydrophilic toric
V2522	Cntct lens hydrophil bifocl
V2523	Cntct lens hydrophil extend
V2530	Contact lens gas impermeable
V2531	Contact lens gas permeable
V2599	Contact lens/es other type
V2600	Hand held low vision aids
V2610	Single lens spectacle mount
V2615	Telescop/othr compound lens
V2700	Balance lens
V2702	Deluxe lens feature
V2710	Glass/plastic slab off prism
V2715	Prism lens/es
V2718	Fresnell prism press-on lens
V2730	Special base curve
V2744	Tint photochromatic lens/es
V2745	Tint, any color/solid/grad
V2750	Anti-reflective coating

NON-COVERED PROCEDURE CODE	DESCRIPTION
V2755	UV lens/es
V2756	Eye glass case
V2760	Scratch resistant coating
V2761	Mirror coating
V2762	Polarization, any lens
V2770	Occluder lens/es
V2780	Oversize lens/es
V2781	Progressive lens per lens
V2782	Lens, 1.54-1.65 p/1.60-1.79g
V2783	Lens, >= 1.66 p/>=1.80 g
V2784	Lens polycarb or equal
V2785	Corneal tissue processing
V2786	Occupational multifocal lens
V2787	Astigmatism-correct function
V2788	Presbyopia-correct function
V2790	Amniotic membrane
V2797	Vis item/svc in other code
V2799	Misc vision item or service
V5020	Conformity evaluation
V5070	Glasses air conduction
V5080	Glasses bone conduction
V5150	Glasses binaural hearing aid
V5171	Hearing aid monaural ite
V5172	Hearing aid monaural itc
V5181	Hearing aid monaural bte
V5190	Hearing aid monaural glasses
V5211	Hearing aid binaural ite/ite
V5212	Hearing aid binaural ite/itc
V5213	Hearing aid binaural ite/bte
V5214	Hearing aid binaural itc/itc
V5215	Hearing aid binaural itc/bte
V5221	Hearing aid binaural bte/bte
V5262	Hearing aid, disp, monaural
V5263	Hearing aid, disp, binaural
V5265	Ear mold/insert, disp
V5266	Battery for hearing device
V5267	Hearing aid sup/access/dev
V5268	ALD Telephone Amplifier
V5269	Alerting device, any type

Please use “Ctrl (or ⌘) + F” to locate your code.

NON-COVERED PROCEDURE CODE	DESCRIPTION
V5270	ALD, TV amplifier, any type
V5271	ALD, TV caption decoder
V5272	Tdd
V5273	ALD for cochlear implant
V5274	ALD unspecified
V5275	Ear impression
V5281	Ald fm/dm system, monaural
V5282	Ald fm/dm system binaural
V5283	Ald neck, loop ind receiver
V5284	Ald FM/DM ear level receiver
V5285	Ald fm/dm aud input receiver
V5286	Ald blu tooth fm/dm receiver
V5287	Ald fm/dm receiver, NOS
V5288	Ald fm/dm transmitter ald
V5289	Ald fm/dm adapt/boot couplin
V5290	Ald transmitter microphone
V5298	Hearing aid noc
V5299	Hearing service

2021 Experimental-Investigational Codes for Together with CCHP

Please use "Ctrl (or ⌘) + F" to locate your code.

Disclaimer: Together with CCHP considers codes on this list to be experimental-investigational. Any claim submitted with a code from this list will deny.

Revision Log		
Date	**Codes Added**	**Codes Removed**
6/1/2021	0242U; 0243U; 0244U; 0245U;0246U; 0247U; C9074; C9776; C9777; K1016; K1017; K1018; K1019; K1020; S1091	
3/31/2021	30468; 57465; 69705; 69706; 81338; 81339; 81347; 81529; 81554; 0227U; 0228U; 0229U; 0230U; 0231U; 0232U; 0233U; 0234U; 0235U; 0236U; 0237U; 0238U; 0239U; 0620T; 0621T; 0622T; 0623T; 0624T; 0625T; 0626T; 0627T; 0628T; 0629T; 0630T; 0631T; 0632T; 0633T; 0634T; 0635T; 0636T; 0637T; 0638T; 0639T; C1062; C1825; C9771	
11/13/2020	0015M, 0016M, 0203U, 0204U, 0205U, 0206U, 0207U, 0208U, 0209U, 0210U, 0211U, 0212U, 0213U, 0214U, 0215U, 0216U, 0217U, 0218U, 0219U, 0220U, 0221U, 0222U, C9761, Q4249, Q4250, Q4254, Q4255	
10/01/2020		0124U, 0125U, 0126U, 0127U and 0128U
7/1/2020	0014M; 0163U; 0164U; 0165U; 0166U; 0167U; 0168U; 0169U; 0170U; 0171U	
4/1/2020	0139U; 0140U; 0141U; 0142U; 0143U; 0144U; 0145U; 0146U; 0147U; 0148U; 0149U; 0150U; 0151U; 0152U; 0153U; 0154U; 0155U; 0156U; 0157U; 0158U; 0159U; 0160U; 0161U; 0162U; C9758	

2021 Experimental-Investigational Codes for Together with CCHP

Please use "Ctrl (or ⌘) + F" to locate your code.

EXPERIMENTAL-INVESTIGATIONAL	DESCRIPTION
0014M	LIVER DS ALYS 3 BMRK SRM ALG
0015M	ADRNL CORTCL TUM BCHM ASY 25
0016M	ONC BLADDER MRNA 209 GEN ALG
0105U	NEPH CKD MULT ECLIA TUM NEC
0106U	GSTR EMPTG 7 TIMED BRTH SPEC
0107U	C DIFF TOX AG DETCJ IA STOOL
0108U	GI BARRETT ESOPH 9 PRTN BMRK
0109U	ID ASPERGILLUS DNA 4 SPECIES
0110U	RX MNTR 1+ORAL ONC RX&SBSTS
0111U	ONC COLON CA KRAS&NRAS ALYS
0112U	IADI 16S&18S RRNA GENES
0113U	ONC PRST8 PCA3&TMPRSS2-ERG
0114U	GI BARRETTS ESOPH VIM&CCNA1
0115U	RESPIR IADNA 18 VIRAL&2 BACT
0116U	RX MNTR NZM IA 35+ORAL FLU
0117U	PAIN MGMT 11 ENDOGENOUS ANAL
0118U	TRNSPLJ DON-DRV CLL-FR DNA
0119U	CRD CERAMIDES LIQ CHROM PLSM
0120U	ONC B CLL LYMPHM MRNA 58 GEN
0121U	SC DIS VCAM-1 WHOLE BLOOD
0122U	SC DIS P-SELECTIN WHL BLOOD
0123U	MCHNL FRAGILITY RBC PRFLG
0129U	HERED BRST CA RLTD DO PANEL
0130U	HERED COLON CA DO MRNA PNL
0131U	HERED BRST CA RLTD DO PNL 13

Please use "Ctrl (or ⌘) + F" to locate your code.

EXPERIMENTAL-INVESTIGATIONAL	DESCRIPTION
0132U	HERED OVA CA RLTD DO PNL 17
0133U	HERED PRST8 CA RLTD DO 11
0134U	HERED PAN CA MRNA PNL 18 GEN
0135U	HERED GYN CA MRNA PNL 12 GEN
0136U	ATM MRNA SEQ ALYS
0137U	PALB2 MRNA SEQ ALYS
0138U	BRCA1 BRCA2 MRNA SEQ ALYS
0139U	NEURO AUSTM MEAS 6 C METABLT
0140U	NFCT DS FUNGI DNA 15 TRGT
0141U	NFCT DS BACT&FNG GRAM POS
0142U	NFCT DS BACT&FNG GRAM NEG
0143U	DRUG ASSAY 120+ RX/METABLT
0144U	DRUG ASSAY 160+ RX/METABLT
0145U	DRUG ASSAY 65+ RX/METABLT
0146U	DRUG ASSAY 80+ RX/METABLT
0147U	DRUG ASSAY 85+ RX/METABLT
0148U	DRUG ASSAY 100+ RX/METABLT
0149U	DRUG ASSAY 60+ RX/METABLT
0150U	DRUG ASSAY 120+ RX/METABLT
0151U	NFCT BCT/VIR RESP NFCTJ 33
0152U	NFCT BCT FNG PRST DNA >1000
0153U	ONC BREAST MRNA 101 GENES
0154U	FGFR3 GENE ANALYSIS
0155U	PIK3CA GENE ANALYSIS
0156U	COPY NUMBER SEQUENCE ALYS

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EXPERIMENTAL-INVESTIGATIONAL	DESCRIPTION
0157U	APC MRNA SEQ ALYS
0158U	MLH1 MRNA SEQ ALYS
0159U	MSH2 MRNA SEQ ALYS
0160U	MSH6 MRNA SEQ ALYS
0161U	PMS2 MRNA SEQ ALYS
0162U	HERED COLON CA TRGT MRNA PNL
0163U	ONC CLRCT SCR 3 PRTN ALG
0164U	GI IBS IA ANTI-CDTB&VINCULIN
0165U	PEANUT ALLG SPEC ASMT 64 EPI
0166U	LIVER DS 10 BIOCHEM ASY SRM
0167U	CHORNC GONADOTROPIN HCG IA
0168U	FTL ANEUPLOIDY DNA SEQ ALYS
0169U	NUDT15&TPMT GENE COM VRNT
0170U	NEURO ASD RNA NEXT GEN SEQ
0171U	TRGT GEN SEQ ALYS PNL DNA 23
0172U	ONC SLD TUM ALYS BRCA1 BRCA2
0173U	PSYC GEN ALYS PANEL 14 GENES
0174U	ONC SOLID TUMOR 30 PRTN TRGT
0175U	PSYC GEN ALYS PANEL 15 GENES
0176U	CDTB&VINCULIN IGG ANTB IA
0177U	ONC BRST CA DNA PIK3CA 11
0178U	PEANUT ALLG ASMT EPI CLIN RX
0179U	ONC NONSM CLL LNG CA ALYS 23
0180U	ABO GNOTYP ABO 7 EXONS
0181U	CO GNOTYP AQP1 EXON 1

Please use "Ctrl (or ⌘) + F" to locate your code.

EXPERIMENTAL-INVESTIGATIONAL	DESCRIPTION
0182U	CROM GNOTYP CD55 EXONS 1-10
0183U	DI GNOTYP SLC4A1 EXON 19
0184U	DO GNOTYP ART4 EXON 2
0185U	FUT1 GNOTYP FUT1 EXON 4
0186U	FUT2 GNOTYP FUT2 EXON 2
0187U	FY GNOTYP ACKR1 EXONS 1-2
0188U	GE GNOTYP GYPC EXONS 1-4
0189U	GYPA GNOTYP NTRNS 1 5 EXON 2
0190U	GYPB GNOTYP NTRNS 1 5 SEUX 3
0191U	IN GNOTYP CD44 EXONS 2 3 6
0192U	JK GNOTYP SLC14A1 EXON 9
0193U	JR GNOTYP ABCG2 EXONS 2-26
0194U	KEL GNOTYP KEL EXON 8
0195U	KLF1 TARGETED SEQUENCING
0196U	LU GNOTYP BCAM EXON 3
0197U	LW GNOTYP ICAM4 EXON 1
0198U	RHD&RHCE GNTYP RHD1-10&RHCE5
0199U	SC GNOTYP ERMAP EXONS 4 12
0200U	XK GNOTYP XK EXONS 1-3
0201U	YT GNOTYP ACHE EXON 2
0203U	AI IBD MRNA XPRSN PRFL 17
0204U	ONC THYR MRNA XPRSN ALYS 593
0205U	OPH AMD ALYS 3 GENE VARIANTS
0206U	NEURO ALZHEIMER CELL AGGREGJ
0207U	NEURO ALZHEIMER QUAN IMAGING

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EXPERIMENTAL-INVESTIGATIONAL	DESCRIPTION
0208U	ONC MTC MRNA XPRSN ALYS 108
0209U	CYTOG CONST ALYS INTERROG
0210U	SYPHILIS TST ANTB IA QUAN
0211U	ONC PAN-TUM DNA&RNA GNRJ SEQ
0212U	RARE DS GEN DNA ALYS PROBAND
0213U	RARE DS GEN DNA ALYS EA COMP
0214U	RARE DS XOM DNA ALYS PROBAND
0215U	RARE DS XOM DNA ALYS EA COMP
0216U	NEURO INH ATAXIA DNA 12 COM
0217U	NEURO INH ATAXIA DNA 51 GENE
0218U	NEURO MUSC DYS DMD SEQ ALYS
0219U	NFCT AGT HIV GNRJ SEQ ALYS
0220U	ONC BRST CA AI ASSMT 12 FEAT
0221U	ABO GNOTYP NEXT GNRJ SEQ ABO
0222U	RHD&RHCE GNTYP NEXT GNRJ SEQ
0227U	RX ASY PRSMV 30+RX/METABLT
0228U	ONC PRST8 MA MOLEC PRFL ALG
0229U	BCAT1 PROMOTER MTHYLTN ALYS
0230U	AR FULL SEQUENCE ANALYSIS
0231U	CACNA1A FULL GENE ANALYSIS
0232U	CSTB FULL GENE ANALYSIS
0233U	FXN GENE ANALYSIS
0234U	MECP2 FULL GENE ANALYSIS
0235U	PTEN FULL GENE ANALYSIS
0236U	SMN1&SMN2 FULL GENE ANALYSIS

Please use "Ctrl (or ⌘) + F" to locate your code.

EXPERIMENTAL-INVESTIGATIONAL	DESCRIPTION
0237U	CAR ION CHNLPTHY GEN SEQ PNL
0238U	ONC LNCH SYN GEN DNA SEQ ALY
0239U	TRGT GEN SEQ ALYS PNL 311+
0242U	TRGT GEN SEQ ALYS PNL 55-74
0243U	OB PE BIOCHEM ASSAY PGF ALG
0244U	ONC SOLID ORGN DNA 257 GENES
0245U	ONC THYR MUT ALYS 10 GEN&37
0246U	RBC DNA GNOTYP 16 BLD GROUPS
0247U	OB PRTRM BRTH IBP4 SHBG MEAS
0594T	OSTEOT HUM XTRNL LNGTH DEV
0596T	TEMP FML IU VLV-PMP 1ST INSJ
0597T	TEMP FML IU VALVE-PMP RPLCMT
0598T	NCNTC R-T FLUOR WND IMG 1ST
0599T	NCNTC R-T FLUOR WND IMG EA
0600T	IRE ABLTJ 1+TUM ORGAN PERQ
0601T	IRE ABLTJ 1+TUMORS OPEN
0602T	TRANSDERMAL GFR MEASUREMENTS
0603T	TRANSDERMAL GFR MONITORING
0604T	REM OCT RTA DEV SETUP&EDUCAJ
0605T	REM OCT RTA TECHL SPRT MIN 8
0606T	REM OCT RTA PHYS/QHP EA 30D
0607T	REM MNTR PULM FLU MNTR SETUP
0608T	REM MNTR PULM FLU MNTR ALYS
0609T	MRS DISC PAIN ACQUISJ DATA
0610T	MRS DISC PAIN TRANSMIS DATA

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EXPERIMENTAL-INVESTIGATIONAL	DESCRIPTION
0611T	MRS DISC PAIN ALG ALYS DATA
0612T	MRS DISCOGENIC PAIN I&R
0613T	PERQ TCAT INTRATRL SEPTL SHT
0614T	RMVL&RPLCMT SS IMPL DFB PG
0615T	EYE MVMT ALYS W/O CALBRJ I&R
0616T	INSERTION OF IRIS PROSTHESIS
0617T	INSJ IRIS PROSTH W/RMVL&INSJ
0618T	INSJ IRIS PROSTH SEC IO LENS
0619T	CYSTO W/PRST8 COMMISSUROTOMY
0620T	EVASC VEN ARTLZ TIBL/PRNL VN
0621T	TRABECULOSTOMY INTERNO LASER
0622T	TRABECULOSTOMY INT LSR W/SCP
0623T	AUTO QUANTIFICATION C PLAQUE
0624T	AUTO QUAN C PLAQ DATA PREP
0625T	AUTO QUAN C PLAQ CPTR ALYS
0626T	AUTO QUAN C PLAQ I&R
0627T	PERQ NJX ALGC FLUOR LMBR 1ST
0628T	PERQ NJX ALGC FLUOR LMBR EA
0629T	PERQ NJX ALGC CT LMBR 1ST
0630T	PERQ NJX ALGC CT LMBR EA
0631T	TC VIS LIT HYPERSPECTRAL IMG
0632T	PERQ TCAT US ABLTJ NRV P-ART
0633T	CT BREAST W/3D UNI C-
0634T	CT BREAST W/3D UNI C+
0635T	CT BREAST W/3D UNI C-/C+

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EXPERIMENTAL-INVESTIGATIONAL	DESCRIPTION
0636T	CT BREAST W/3D BI C-
0637T	CT BREAST W/3D BI C+
0638T	CT BREAST W/3D BI C-/C+
0639T	WRLS SKN SNR ANISOTROPY MEAS
C1062	Intravertebral fx aug impl
C1825	Gen, neuro, carot sinus baro
C9074	INJECTION LUMASIRAN 0.5 MG
C9771	Nsl/sins cryo post nasal tis
C9776	IO NIR FLUOR IMAG MAJ EXTRA-HEP BD
C9777	ESO MUCOSAL INTEGR TST ELEC IMPD TO
19105	CRYOSURG ABLATE FA EACH
22526	IDET SINGLE LEVEL
22527	IDET 1 OR MORE LEVELS
22856	CERV ARTIFIC DISKECTOMY
22858	SECOND LEVEL CER DISKECTOMY
22861	REVISE CERV ARTIFIC DISC
22864	REMOVE CERV ARTIF DISC
27279	ARTHRODESIS SACROILIAC JOINT
28446	OSTEOCHONDRAL TALUS AUTOGRFT
30468	RPR NSL VLV COLLAPSE W/IMPLT
31627	NAVIGATIONAL BRONCHOSCOPY
31660	BRONCH THERMOPLSTY 1 LOBE
31661	BRONCH THERMOPLSTY 2/> LOBES
33368	REPLACE AORTIC VALVE W/BYP
33369	REPLACE AORTIC VALVE W/BYP

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EXPERIMENTAL-INVESTIGATIONAL	DESCRIPTION
33548	RESTORE/REMODEL VENTRICLE
37252	INTRVASC US NONCORONARY 1ST
37253	INTRVASC US NONCORONARY ADDL
41512	TONGUE SUSPENSION
41530	TONGUE BASE VOL REDUCTION
43257	EGD W/THRML TXMNT GERD
43647	LAP IMPL ELECTRODE ANTRUM
43648	LAP REVISE/REMV ELTRD ANTRUM
43881	IMPL/REDO ELECTRD ANTRUM
43882	REVISE/REMOVE ELECTRD ANTRUM
46607	DIAGNOSTIC ANOSCOPY & BIOPSY
53860	TRANSURETHRAL RF TREATMENT
55706	PROSTATE SATURATION SAMPLING
55899	GENITAL SURGERY PROCEDURE
57465	CAM CERVIX UTERI DRG COLP
62287	PERCUTANEOUS DISKECTOMY
69705	NPS SURG DILAT EUST TUBE UNI
69706	NPS SURG DILAT EUST TUBE BI
72159	MR ANGIO SPINE W/O&W/DYE
73225	MR ANGIO UPR EXTR W/O&W/DYE
75571	CT HRT W/O DYE W/CA TEST
76936	ECHO GUIDE FOR ARTERY REPAIR
78350	BONE MINERAL SINGLE PHOTON
78351	BONE MINERAL DUAL PHOTON
78499	CARDIOVASCULAR NUCLEAR EXAM

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EXPERIMENTAL-INVESTIGATIONAL	DESCRIPTION
81338	MPL GENE COMMON VARIANTS
81339	MPL GENE SEQ ALYS EXON 10
81347	SF3B1 GENE COMMON VARIANTS
81430	HEARING LOSS SEQUENCE ANALYS
81431	HEARING LOSS DUP/DEL ANALYS
81529	ONC CUTAN MLNMA MRNA 31 GENE
81554	PULM DS IPF MRNA 190 GEN ALG
83037	GLYCOSYLATED HB HOME DEVICE
83698	ASSAY LIPOPROTEIN PLA2
83876	ASSAY MYELOPEROXIDASE
91111	ESOPHAGEAL CAPSULE ENDOSCOPY
92132	CMPTR OPHTH DX IMG ANT SEGMT
93740	TEMPERATURE GRADIENT STUDIES
95060	EYE ALLERGY TESTS
95803	ACTIGRAPHY TESTING
95905	MOTOR &/ SENS NRVE CNDJ TEST
95980	IO ANAL GAST N-STIM INIT
95999	NEUROLOGICAL PROCEDURE
97610	LOW FREQUENCY NON-THERMAL US
99174	OCULAR INSTRUMNT SCREEN BIL
A4305	Drug delivery system >=50 ML
A4555	Ca tx e-stim electr/transduc
A4575	Hyperbaric o2 chamber disps
A4639	Infrared ht sys replcmnt pad
A9155	Artificial saliva

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EXPERIMENTAL-INVESTIGATIONAL	DESCRIPTION
A9272	Disp wound suct, drsg/access
C1821	Interspinous implant
C1849	Skin substitute, synthetic
C9250	Artiss fibrin sealant
C9360	SurgiMend, neonatal
C9361	NeuroMend nerve wrap
C9362	Implnt,bon void filler-strip
C9363	Integra Meshed Bil Wound Mat
C9364	Porcine implant, Permacol
C9758	Interatrial shunt ide
C9760	Non-blind interatrial shunt
C9761	Cysto, litho, vacuum kidney
E0221	Infrared heating pad system
E0446	Topical Ox Deliver sys, nos
E0675	Pneumatic compression device
E0740	Non-implant pelv flr e-stim
E0745	Neuromuscular stim for shock
E0762	Trans elec jt stim dev sys
E0764	Functional neuromuscularstim
E0766	Elec stim cancer treatment
E0770	Functional electric stim NOS
E1801	SPS elbow device
E1806	SPS wrist device
E1811	SPS knee device
E1815	Adjust ankle ext/flex device

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EXPERIMENTAL-INVESTIGATIONAL	DESCRIPTION
E1816	SPS ankle device
E1818	SPS forearm device
E1821	Replacement interface SPSD
E1831	Static str toe dev ext/flex
E1840	Adj shoulder ext/flex device
E1841	Static str shldr dev rom adj
E2120	Pulse gen sys tx endolymp fl
G0276	Pild/placebo control clin tr
G0428	Collagen Meniscus Implant
G0460	Autologous PRP for ulcers
G9147	Outpt IV insulin tx any mea
J7401	Mometasone furoate sinus imp
K1016	TRANSCUT ELEC N STIM ELEC STIM TG N
K1017	MONTHLY SPL USE DEVC CODED K1016
K1018	EXT UL TREMOR STIM PERIPH N WRIST
K1019	MONTHLY SPL USE OF DEVC CODED K1018
K1020	NONINVASIVE VAGUS NERVE STIMULATOR
L5973	Ank-foot sys dors-plant flex
L8605	Inj bulking agent anal canal
M0075	Cellular therapy
M0076	Prolotherapy
M0100	Intragastric hypothermia
M0300	IV chelationtherapy
P9020	Plaelet rich plasma unit
Q0035	Cardiokymography

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EXPERIMENTAL-INVESTIGATIONAL	DESCRIPTION
Q4103	Oasis burn matrix
Q4107	Graftjacket
Q4111	Gammagraft
Q4112	Cymetra injectable
Q4113	Graftjacket xpress
Q4115	Alloskin
Q4117	Hyalomatrix
Q4118	Matristem micromatrix
Q4122	DermACELL, AWM, Porous sq cm
Q4123	Alloskin
Q4124	Oasis tri-layer wound matrix
Q4125	Arthroflex
Q4126	Memoderm/derma/tranz/integup
Q4127	Talymed
Q4128	Flexhd/Allopatchhd/matrixhd
Q4130	Strattice TM
Q4132	Grafix core, grafixpl core
Q4133	Grafix stravix prime pl sqcm
Q4134	hMatrix
Q4135	Mediskin
Q4136	EZderm
Q4137	Amnioexcel biodexcel 1sq cm
Q4138	Biodfence dryflex, 1cm
Q4139	Amnio or biodmatrix, inj 1cc
Q4140	Biodfence 1cm

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EXPERIMENTAL-INVESTIGATIONAL	DESCRIPTION
Q4141	Alloskin ac, 1 cm
Q4142	Xcm biologic tiss matrix 1cm
Q4143	Repriza, 1cm
Q4145	Epifix, inj, 1mg
Q4146	Tensix, 1cm
Q4147	Architect ecm px fx 1 sq cm
Q4148	Neox neox rt or clarix cord
Q4149	Excellagen, 0.1 cc
Q4150	Allowrap ds or dry 1 sq cm
Q4151	Amnioband, guardian 1 sq cm
Q4152	Dermapure 1 square cm
Q4153	Dermavest, plurivest sq cm
Q4154	Biovance 1 square cm
Q4155	Neoxflo or clarixflo 1 mg
Q4156	Neox 100 or clarix 100
Q4157	Revitalon 1 square cm
Q4158	Kerecis omega3, per sq cm
Q4159	Affinity1 square cm
Q4160	Nushield 1 square cm
Q4205	Membrane graft or wrap sq cm
Q4206	Fluid Flow or Fluid GF 1 cc
Q4208	NovaFix per sq cm
Q4209	SurGraft per sq cm
Q4210	Axolotl Graf DualGraf sq cm
Q4211	Amnion bio or AxoBio sq cm

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EXPERIMENTAL-INVESTIGATIONAL	DESCRIPTION
Q4212	Allogen, per cc
Q4213	Ascent, 0.5 mg
Q4214	Cellesta cord per sq cm
Q4215	Axolotl Ambient, Cryo 0.1 mg
Q4216	Artacent cord per sq cm
Q4217	WoundFix BioWound plus xplus
Q4218	SurgiCORD per sq cm
Q4219	surgiGRAFT dual per sq cm
Q4220	Bellacell HD, SureDerm sq cm
Q4221	AmnioWrap2 per sq cm
Q4222	ProgenaMatrix, per sq cm
Q4226	MyOwn harv prep proc sq cm
Q4227	Amniocore per sq cm
Q4228	Bionextpatch, per sq cm
Q4229	Cogenex amnio memb per sq cm
Q4230	Cogenex flow amnion 0.5 cc
Q4231	Corplex p, per cc
Q4232	Corplex, per sq cm
Q4233	Surfactor /nudyn per 0.5 cc
Q4234	Xcellerate, per sq cm
Q4235	Amniorepair or altiply sq cm
Q4236	Carepatch per sq cm
Q4237	Cryo-cord, per sq cm
Q4238	Derm-maxx, per sq cm
Q4239	Amnio-maxx or lite per sq cm

Please use "Ctrl (or ⌘) + F" to locate your code.

EXPERIMENTAL-INVESTIGATIONAL	DESCRIPTION
Q4240	Corecyte topical only 0.5 cc
Q4241	Polycyte, topical only 0.5cc
Q4242	AmnioCyte Plus, per 0.5 cc
Q4244	Procenta, per 200 mg
Q4245	Amniotext, per cc
Q4246	Coretext or protext, per cc
Q4247	Amniotext patch, per sq cm
Q4248	Dermacyte amn mem allo sq cm
Q4249	Amniply, per sq cm
Q4250	Amnioamp-mp per sq cm
Q4254	Novafix dl per sq cm
Q4255	Reguard, topical use per sq
S1034	Art pancreas system
S1035	Art pancreas inv disp sensor
S1036	Art pancreas ext transmitter
S1037	Art pancreas ext receiver
S2102	Islet cell tissue transplant
S2118	Total hip resurfacing
S2348	Decompress disc RF lumbar
S3650	Saliva test, hormone level;
S3722	Dose optimization AUC - 5FU
S3800	Genetic testing ALS
S3852	DNA analysis APOE alzheimer
S8080	Scintimammography
S8130	Interferential stim 2 chan

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EXPERIMENTAL-INVESTIGATIONAL	DESCRIPTION
S8131	Interferential stim 4 chan
S8940	Hippotherapy per session
S9034	ESWL for gallstones
S9090	Vertebral axial decompression
S1091	STENT NONCORONARY TEMPORARY DEL SYS