CHORUS COMMUNITY HEALTH PLANS

Individual and Family Plan
Non-Covered List

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

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

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

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

Type of Code	Code	Description
CPT-I	55899	Unlisted procedure, male genital system
CPT-I	57465	Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the acetowhitening effect (List separately in addition to code for primary procedure)
CPT-I	58321	Artificial insemination; intra-cervical
CPT-I	58322	Artificial insemination; intra-uterine
CPT-I	58323	Sperm washing for artificial insemination
CPT-I	58750	Tubotubal anastomosis
CPT-I	58752	Tubouterine implantation
CPT-I	58970	Follicle puncture for oocyte retrieval, any method
CPT-I	58974	Embryo transfer, intrauterine
CPT-I	58976	Gamete, zygote, or embryo intrafallopian transfer, any method
CPT-I	59866	Multifetal pregnancy reduction(s) (MPR)
CPT-I	61736	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion
CPT-I	61737	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)
CPT-I	62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar
CPT-I	64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral
CPT-I	64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure)
CPT-I	64912	Nerve repair; with nerve allograft, each nerve, first strand (cable)

Type of Code	Code	Description
CPT-I	64913	Nerve repair; with nerve allograft, each additional strand (List separately in addition to code for primary procedure)
CPT-I	65760	Keratomileusis
CPT-I	65765	Keratophakia
CPT-I	65767	Epikeratoplasty
CPT-I	65770	Keratoprosthesis
CPT-I	65771	Radial keratotomy
CPT-I	68841	Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal canaliculus, each
CPT-I	69090	Ear piercing
CPT-I	69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral
CPT-I	69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral
CPT-I	72159	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)
CPT-I	73225	Magnetic resonance angiography, upper extremity, with or without contrast material(s)
CPT-I	75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium
CPT-I	76391	Magnetic resonance (eg, vibration) elastography
CPT-I	76883	Ultrasound, nerve(s) and accompanying structures throughout their entire anatomic course in one extremity, comprehensive, including real-time cine imaging with image documentation, per extremity
CPT-I	76936	Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)
CPT-I	76978	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion
CPT-I	76979	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)
CPT-I	76981	Ultrasound, elastography; parenchyma (eg, organ)
CPT-I	76982	Ultrasound, elastography; first target lesion

Type of Code	Code	Description
CPT-I	76983	Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure)
CPT-I	78350	Bone density (bone mineral content) study, 1 or more sites; single photon absorptiometry
CPT-I	78351	Bone density (bone mineral content) study, 1 or more sites; dual photon absorptiometry, 1 or more sites
CPT-I	78499	Unlisted cardiovascular procedure, diagnostic nuclear medicine
CPT-I	81327	SEPT9 (Septin9) (eg, colorectal cancer) promoter methylation analysis
CPT-I	81338	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)
CPT-I	81339	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10
CPT-I	81347	SF3B1 (splicing factor [3b] subunit B1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, A672T, E622D, L833F, R625C, R625L)
CPT-I	81349	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-of-heterozygosity variants, low-pass sequencing analysis
CPT-I	81418	Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including CYP2C19, CYP2D6, and CYP2D6 duplication/deletion analysis
CPT-I	81422	Fetal chromosomal microdeletion(s) genomic sequence analysis (eg, DiGeorge syndrome, Cri-du-chat syndrome), circulating cell-free fetal DNA in maternal blood
CPT-I	81430	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel, must include sequencing of at least 60 genes, including CDH23, CLRN1, GJB2, GPR98, MTRNR1, MYO7A, MYO15A, PCDH15, OTOF, SLC26A4, TMC1, TMPRSS3, USH1C, USH1G, USH2A, and WFS1
CPT-I	81431	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); duplication/deletion analysis panel, must include copy number analyses for STRC and DFNB1 deletions in GJB2 and GJB6 genes
CPT-I	81522	Oncology (breast), mRNA, gene expression profiling by RT-PCR of 12 genes (8 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk score

Type of Code	Code	Description
CPT-I	81529	Oncology (cutaneous melanoma), mRNA, gene expression profiling by real-time RT-PCR of 31 genes (28 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk, including likelihood of sentinel lymph node metastasis
CPT-I	81539	Oncology (high-grade prostate cancer), biochemical assay of four proteins (Total PSA, Free PSA, Intact PSA, and human kallikrein-2 [hK2]), utilizing plasma or serum, prognostic algorithm reported as a probability score
CPT-I	81554	Pulmonary disease (idiopathic pulmonary fibrosis [IPF]), mRNA, gene expression analysis of 190 genes, utilizing transbronchial biopsies, diagnostic algorithm reported as categorical result (eg, positive or negative for high probability of usual interstitial pneumonia [UIP])
CPT-I	81560	Transplantation medicine (allograft rejection, pediatric liver and small bowel), measurement of donor and third-party-induced CD154+T-cytotoxic memory cells, utilizing whole peripheral blood, algorithm reported as a rejection risk score
CPT-I	82653	Elastase, pancreatic (EL-1), fecal; quantitative
CPT-I	82785	Gammaglobulin (immunoglobulin); IgE
CPT-I	83037	Hemoglobin; glycosylated (A1C) by device cleared by FDA for home use
CPT-I	83698	Lipoprotein-associated phospholipase A2 (Lp-PLA2)
CPT-I	83876	Myeloperoxidase (MPO)
CPT-I	86001	Allergen specific IgG quantitative or semiquantitative, each allergen
CPT-I	86003	Allergen specific IgE; quantitative or semiquantitative, crude allergen extract, each
CPT-I	86005	Allergen specific IgE; qualitative, multiallergen screen (eg, disk, sponge, card)
CPT-I	86008	Allergen specific IgE; quantitative or semiquantitative, recombinant or purified component, each
CPT-I-COVID	87913	Infectious agent genotype analysis by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), mutation identification in targeted region(s)
CPT-I	89250	Culture of oocyte(s)/embryo(s), less than 4 days
CPT-I	89251	Culture of oocyte(s)/embryo(s), less than 4 days; with co-culture of oocyte(s)/embryos
CPT-I	89253	Assisted embryo hatching, microtechniques (any method)
CPT-I	89254	Oocyte identification from follicular fluid

Type of Code	Code	Description
CPT-I	89255	Preparation of embryo for transfer (any method)
CPT-I	89257	Sperm identification from aspiration (other than seminal fluid)
CPT-I	89258	Cryopreservation; embryo(s)
CPT-I	89259	Cryopreservation; sperm
CPT-I	89260	Sperm isolation; simple prep (eg, sperm wash and swim-up) for insemination or diagnosis with semen analysis
CPT-I	89261	Sperm isolation; complex prep (eg, Percoll gradient, albumin gradient) for insemination or diagnosis with semen analysis
CPT-I	89264	Sperm identification from testis tissue, fresh or cryopreserved
CPT-I	89268	Insemination of oocytes
CPT-I	89272	Extended culture of oocyte(s)/embryo(s), 4-7 days
CPT-I	89280	Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes
CPT-I	89281	Assisted oocyte fertilization, microtechnique; greater than 10 oocytes
CPT-I	89290	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); less than or equal to 5 embryos
CPT-I	89291	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); greater than 5 embryos
CPT-I	89300	Semen analysis; presence and/or motility of sperm including Huhner test (post coital)
CPT-I	89310	Semen analysis; motility and count (not including Huhner test)
CPT-I	89320	Semen analysis; volume, count, motility, and differential
CPT-I	89321	Semen analysis; sperm presence and motility of sperm, if performed
CPT-I	89322	Semen analysis; volume, count, motility, and differential using strict morphologic criteria (eg, Kruger)
CPT-I	89325	Sperm antibodies
CPT-I	89329	Sperm evaluation; hamster penetration test
CPT-I	89330	Sperm evaluation; cervical mucus penetration test, with or without spinnbarkeit test
CPT-I	89331	Sperm evaluation, for retrograde ejaculation, urine (sperm concentration, motility, and morphology, as indicated)

Type of Code	Code	Description
CPT-I	89335	Cryopreservation, reproductive tissue, testicular
CPT-I	89337	Cryopreservation, mature oocyte(s)
CPT-I	89342	Storage (per year); embryo(s)
CPT-I	89343	Storage (per year); sperm/semen
CPT-I	89344	Storage (per year); reproductive tissue, testicular/ovarian
CPT-I	89346	Storage (per year); oocyte(s)
CPT-I	89352	Thawing of cryopreserved; embryo(s)
CPT-I	89353	Thawing of cryopreserved; sperm/semen, each aliquot
CPT-I	89354	Thawing of cryopreserved; reproductive tissue, testicular/ovarian
CPT-I	89356	Thawing of cryopreserved; oocytes, each aliquot
CPT-I	90626	Tick-borne encephalitis virus vaccine, inactivated; 0.25 mL dosage, for intramuscular use
CPT-I	90627	Tick-borne encephalitis virus vaccine, inactivated; 0.5 mL dosage, for intramuscular use
CPT-I	90678	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use
CPT-I	90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions
CPT-I	90885	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes
CPT-I	90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient
CPT-I	90901	Biofeedback training by any modality
CPT-I	91111	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report
CPT-I	91113	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report
CPT-I	92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral
CPT-I	92606	Therapeutic service(s) for the use of non-speech-generating device, including programming and modification

Type of Code	Code	Description
CPT-I	92609	Therapeutic services for the use of speech-generating device, including programming and modification
CPT-I	93740	Temperature gradient studies
CPT-I	95004	Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests
CPT-I	95017	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests
CPT-I	95018	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests
CPT-I	95024	Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests
CPT-I	95027	Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report, specify number of tests
CPT-I	95028	Intracutaneous (intradermal) tests with allergenic extracts, delayed type reaction, including reading, specify number of tests
CPT-I	95044	Patch or application test(s) (specify number of tests)
CPT-I	95052	Photo patch test(s) (specify number of tests)
CPT-I	95056	Photo tests
CPT-I	95060	Ophthalmic mucous membrane tests
CPT-I	95065	Direct nasal mucous membrane test
CPT-I	95070	Inhalation bronchial challenge testing (not including necessary pulmonary function tests), with histamine, methacholine, or similar compounds
CPT-I	95076	Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); initial 120 minutes of testing
CPT-I	95079	Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); each additional 60 minutes of testing (List separately in addition to code for primary procedure)

Type of Code	Code	Description
CPT-I	95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)
CPT-I	95851	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)
CPT-I	95852	Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side
CPT-I	95905	Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report
CPT-I	95919	Quantitative pupillometry with physician or other qualified health care professional interpretation and report, unilateral or bilateral
CPT-I	95980	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming
CPT-I	95999	Unlisted neurological or neuromuscular diagnostic procedure
CPT-I	96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument
CPT-I	96377	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection
CPT-I	96573	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day
CPT-I	96574	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day
CPT-I	96902	Microscopic examination of hairs plucked or clipped by the examiner (excluding hair collected by the patient) to determine telogen and anagen counts, or structural hair shaft abnormality
CPT-I	97022	Application of a modality to 1 or more areas; whirlpool

Type of Code	Code	Description
CPT-I	97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
CPT-I	97169	Athletic training evaluation, low complexity, requiring these components: A history and physical activity profile with no comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing 1-2 elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 15 minutes are spent face-to-face with the patient and/or family.
CPT-I	97170	Athletic training evaluation, moderate complexity, requiring these components: A medical history and physical activity profile with 1-2 comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing a total of 3 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.
CPT-I	97171	Athletic training evaluation, high complexity, requiring these components: A medical history and physical activity profile, with 3 or more comorbidities that affect physical activity; A comprehensive examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; Clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.
CPT-I	97172	Re-evaluation of athletic training established plan of care requiring these components: An assessment of patient's current functional status when there is a documented change; and A revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome with an update in management options, goals, and interventions. Typically, 20 minutes are spent face-to-face with the patient and/or family.
CPT-I	97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes

Type of Code	Code	Description
CPT-I	97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes
CPT-I	97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes
CPT-I	97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes
CPT-I	97545	Work hardening/conditioning; initial 2 hours
CPT-I	97546	Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)
CPT-I	97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day
CPT-I	97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
CPT-I	97811	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)
CPT-I	97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
CPT-I	97814	Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)
CPT-I	98967	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion

Type of Code	Code	Description
CPT-I	98968	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion
CPT-I	98975	Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); initial set-up and patient education on use of equipment
CPT-I	98976	Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days
CPT-I	98977	Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days
CPT-I	98978	Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor cognitive behavioral therapy, each 30 days
CPT-I	98980	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; first 20 minutes
CPT-I	98981	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; each additional 20 minutes (List separately in addition to code for primary procedure)
CPT-I	99002	Handling, conveyance, and/or any other service in connection with the implementation of an order involving devices (eg, designing, fitting, packaging, handling, delivery or mailing) when devices such as orthotics, protectives, prosthetics are fabricated by an outside laboratory or shop but which items have been designed, and are to be fitted and adjusted by the attending physician or other qualified health care professional

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

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

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

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

Type of Code	Code	Description
CPT-I	99456	Work related or medical disability examination by other than the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report.
CPT-I	99457	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes
CPT-I	99458	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes (List separately in addition to code for primary procedure)
CPT-I	99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration
CPT-I	99474	Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient

Type of Code	Code	Description
CPT-I	99483	Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home, with all of the following required elements: Cognition-focused evaluation including a pertinent history and examination, Medical decision making of moderate or high complexity, Functional assessment (eg, basic and instrumental activities of daily living), including decision-making capacity, Use of standardized instruments for staging of dementia (eg, functional assessment staging test [FAST], clinical dementia rating [CDR]), Medication reconciliation and review for high-risk medications, Evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized screening instrument(s), Evaluation of safety (eg, home), including motor vehicle operation, Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks, Development, updating or revision, or review of an Advance Care Plan, Creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, neuro-cognitive symptoms, functional limitations, and referral to community resources as needed (eg, rehabilitation services, adult day programs, support groups) shared with the patient and/or caregiver with initial education and support. Typically, 50 minutes are spent face-to-face with the patient and/or family or caregiver.
CPT-I	99484	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales, behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes, facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation, and continuity of care with a designated member of the care team.
CPT-I	99490	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.

Type of Code	Code	Description
CPT-I	99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate
CPT-I	99498	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)
CPT-I	99510	Home visit for individual, family, or marriage counseling
CPT-PLA	0001U	Red blood cell antigen typing, DNA, human erythrocyte antigen gene analysis of 35 antigens from 11 blood groups, utilizing whole blood, common RBC alleles reported
CPT-PLA	0002U	Oncology (colorectal), quantitative assessment of three urine metabolites (ascorbic acid, succinic acid and carnitine) by liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring acquisition, algorithm reported as likelihood of adenomatous polyps
CPT-PLA	0003U	Oncology (ovarian) biochemical assays of five proteins (apolipoprotein A-1, CA 125 II, follicle stimulating hormone, human epididymis protein 4, transferrin), utilizing serum, algorithm reported as a likelihood score
CPT-PLA	0005U	Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), urine, algorithm reported as risk score
CPT-PLA	0007U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in comparison to buccal DNA, per date of service
CPT-PLA	0008U	Helicobacter pylori detection and antibiotic resistance, DNA, 16S and 23S rRNA, gyrA, pbp1, rdxA and rpoB, next generation sequencing, formalin-fixed paraffin-embedded or fresh tissue or fecal sample, predictive, reported as positive or negative for resistance to clarithromycin, fluoroquinolones, metronidazole, amoxicillin, tetracycline, and rifabutin
CPT-PLA	0009U	Oncology (breast cancer), ERBB2 (HER2) copy number by FISH, tumor cells from formalin-fixed paraffin-embedded tissue isolated using image-based dielectrophoresis (DEP) sorting, reported as ERBB2 gene amplified or non-amplified
CPT-PLA	0010U	Infectious disease (bacterial), strain typing by whole genome sequencing, phylogenetic-based report of strain relatedness, per submitted isolate

Type of Code	Code	Description
CPT-PLA	0011U	Prescription drug monitoring, evaluation of drugs present by LC-MS/MS, using oral fluid, reported as a comparison to an estimated steady-state range, per date of service including all drug compounds and metabolites
CPT-PLA	0012U	Germline disorders, gene rearrangement detection by whole genome next-generation sequencing, DNA, whole blood, report of specific gene rearrangement(s)
CPT-PLA	0013U	Oncology (solid organ neoplasia), gene rearrangement detection by whole genome next-generation sequencing, DNA, fresh or frozen tissue or cells, report of specific gene rearrangement(s)
CPT-MAAA	0014M	Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal peptide [PIIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using immunoassays, utilizing serum, prognostic algorithm reported as a risk score and risk of liver fibrosis and liver-related clinical events within 5 years
CPT-PLA	0014U	Hematology (hematolymphoid neoplasia), gene rearrangement detection by whole genome next-generation sequencing, DNA, whole blood or bone marrow, report of specific gene rearrangement(s)
CPT-MAAA	0015M	Adrenal cortical tumor, biochemical assay of 25 steroid markers, utilizing 24-hour urine specimen and clinical parameters, prognostic algorithm reported as a clinical risk and integrated clinical steroid risk for adrenal cortical carcinoma, adenoma, or other adrenal malignancy
CPT-MAAA	0016M	Oncology (bladder), mRNA, microarray gene expression profiling of 219 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as molecular subtype (luminal, luminal infiltrated, basal, basal claudin-low, neuroendocrine-like)
CPT-PLA	0016U	Oncology (hematolymphoid neoplasia), RNA, BCR/ABL1 major and minor breakpoint fusion transcripts, quantitative PCR amplification, blood or bone marrow, report of fusion not detected or detected with quantitation
CPT-PLA	0017U	Oncology (hematolymphoid neoplasia), JAK2 mutation, DNA, PCR amplification of exons 12-14 and sequence analysis, blood or bone marrow, report of JAK2 mutation not detected or detected
CPT-PLA	0018U	Oncology (thyroid), microRNA profiling by RT-PCR of 10 microRNA sequences, utilizing fine needle aspirate, algorithm reported as a positive or negative result for moderate to high risk of malignancy
CPT-PLA	0019U	Oncology, RNA, gene expression by whole transcriptome sequencing, formalin-fixed paraffin-embedded tissue or fresh frozen tissue, predictive algorithm reported as potential targets for therapeutic agents

Type of Code	Code	Description
CPT-PLA	0021U	Oncology (prostate), detection of 8 autoantibodies (ARF 6, NKX3-1, 5'-UTR-BMI1, CEP 164, 3'-UTR-Ropporin, Desmocollin, AURKAIP-1, CSNK2A2), multiplexed immunoassay and flow cytometry serum, algorithm reported as risk score
CPT-PLA	0022U	Targeted genomic sequence analysis panel, cholangiocarcinoma and non-small cell lung neoplasia, DNA and RNA analysis, 1-23 genes, interrogation for sequence variants and rearrangements, reported as presence/absence of variants and associated therapy(ies) to consider
CPT-PLA	0023U	Oncology (acute myelogenous leukemia), DNA, genotyping of internal tandem duplication, p.D835, p.I836, using mononuclear cells, reported as detection or non-detection of FLT3 mutation and indication for or against the use of midostaurin
CPT-PLA	0024U	Glycosylated acute phase proteins (GlycA), nuclear magnetic resonance spectroscopy, quantitative
CPT-PLA	0025U	Tenofovir, by liquid chromatography with tandem mass spectrometry (LC-MS/MS), urine, quantitative
CPT-PLA	0026U	Oncology (thyroid), DNA and mRNA of 112 genes, next-generation sequencing, fine needle aspirate of thyroid nodule, algorithmic analysis reported as a categorical result ("Positive, high probability of malignancy" or "Negative, low probability of malignancy")
CPT-PLA	0027U	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, targeted sequence analysis exons 12-15
CPT-PLA	0029U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis (ie, CYP1A2, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, CYP4F2, SLCO1B1, VKORC1 and rs12777823)
CPT-PLA	0030U	Drug metabolism (warfarin drug response), targeted sequence analysis (ie, CYP2C9, CYP4F2, VKORC1, rs12777823)
CPT-PLA	0031U	CYP1A2 (cytochrome P450 family 1, subfamily A, member 2) (eg, drug metabolism) gene analysis, common variants (ie, *1F, *1K, *6, *7)
CPT-PLA	0032U	COMT (catechol-O-methyltransferase) (eg, drug metabolism) gene analysis, c.472G>A (rs4680) variant
CPT-PLA	0033U	HTR2A (5-hydroxytryptamine receptor 2A), HTR2C (5-hydroxytryptamine receptor 2C) (eg, citalopram metabolism) gene analysis, common variants (ie, HTR2A rs7997012 [c.614-2211T>C], HTR2C rs3813929 [c.-759C>T] and rs1414334 [c.551-3008C>G])
CPT-PLA	0034U	TPMT (thiopurine S-methyltransferase), NUDT15 (nudix hydroxylase 15) (eg, thiopurine metabolism) gene analysis, common variants (ie, TPMT *2, *3A, *3B, *3C, *4, *5, *6, *8, *12; NUDT15 *3, *4, *5)

Type of Code	Code	Description
CPT-PLA	0035U	Neurology (prion disease), cerebrospinal fluid, detection of prion protein by quaking-induced conformational conversion, qualitative
CPT-PLA	0036U	Exome (ie, somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and normal specimen, sequence analyses
CPT-PLA	0037U	Targeted genomic sequence analysis, solid organ neoplasm, DNA analysis of 324 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden
CPT-PLA	0038U	Vitamin D, 25 hydroxy D2 and D3, by LC-MS/MS, serum microsample, quantitative
CPT-PLA	0039U	Deoxyribonucleic acid (DNA) antibody, double stranded, high avidity
CPT-PLA	0040U	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative
CPT-PLA	0041U	Borrelia burgdorferi, antibody detection of 5 recombinant protein groups, by immunoblot, IgM
CPT-III	0042T	Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time
CPT-PLA	0042U	Borrelia burgdorferi, antibody detection of 12 recombinant protein groups, by immunoblot, IgG
CPT-PLA	0043U	Tick-borne relapsing fever Borrelia group, antibody detection to 4 recombinant protein groups, by immunoblot, IgM
CPT-PLA	0044U	Tick-borne relapsing fever Borrelia group, antibody detection to 4 recombinant protein groups, by immunoblot, IgG
CPT-PLA	0045U	Oncology (breast ductal carcinoma in situ), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence score
CPT-PLA	0046U	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (ITD) variants, quantitative
CPT-PLA	0047U	Oncology (prostate), mRNA, gene expression profiling by real-time RT-PCR of 17 genes (12 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a risk score

Type of Code	Code	Description
CPT-PLA	0048U	Oncology (solid organ neoplasia), DNA, targeted sequencing of protein-coding exons of 468 cancer-associated genes, including interrogation for somatic mutations and microsatellite instability, matched with normal specimens, utilizing formalin-fixed paraffin-embedded tumor tissue, report of clinically significant mutation(s)
CPT-PLA	0049U	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, quantitative
CPT-PLA	0050U	Targeted genomic sequence analysis panel, acute myelogenous leukemia, DNA analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements
CPT-PLA	0051U	Prescription drug monitoring, evaluation of drugs present by liquid chromatography tandem mass spectrometry (LC-MS/MS), urine or blood, 31 drug panel, reported as quantitative results, detected or not detected, per date of service
CPT-PLA	0052U	Lipoprotein, blood, high resolution fractionation and quantitation of lipoproteins, including all five major lipoprotein classes and subclasses of HDL, LDL, and VLDL by vertical auto profile ultracentrifugation
CPT-PLA	0053U	Oncology (prostate cancer), FISH analysis of 4 genes (ASAP1, HDAC9, CHD1 and PTEN), needle biopsy specimen, algorithm reported as probability of higher tumor grade
CPT-III	0054T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (List separately in addition to code for primary procedure)
CPT-PLA	0054U	Prescription drug monitoring, 14 or more classes of drugs and substances, definitive tandem mass spectrometry with chromatography, capillary blood, quantitative report with therapeutic and toxic ranges, including steady-state range for the prescribed dose when detected, per date of service
CPT-III	0055T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on CT/MRI images (List separately in addition to code for primary procedure)
CPT-PLA	0055U	Cardiology (heart transplant), cell-free DNA, PCR assay of 96 DNA target sequences (94 single nucleotide polymorphism targets and two control targets), plasma
CPT-PLA	0056U	Hematology (acute myelogenous leukemia), DNA, whole genome next-generation sequencing to detect gene rearrangement(s), blood or bone marrow, report of specific gene rearrangement(s)
CPT-PLA	0058U	Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus oncoprotein (small T antigen), serum, quantitative

Type of Code	Code	Description
CPT-PLA	0059U	Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus capsid protein (VP1), serum, reported as positive or negative
CPT-PLA	0060U	Twin zygosity, genomic-targeted sequence analysis of chromosome 2, using circulating cell-free fetal DNA in maternal blood
CPT-PLA	0061U	Transcutaneous measurement of five biomarkers (tissue oxygenation [StO2], oxyhemoglobin [ctHbO2], deoxyhemoglobin [ctHbR], papillary and reticular dermal hemoglobin concentrations [ctHb1 and ctHb2]), using spatial frequency domain imaging (SFDI) and multi-spectral analysis
CPT-PLA	0062U	Autoimmune (systemic lupus erythematosus), IgG and IgM analysis of 80 biomarkers, utilizing serum, algorithm reported with a risk score
CPT-PLA	0063U	Neurology (autism), 32 amines by LC-MS/MS, using plasma, algorithm reported as metabolic signature associated with autism spectrum disorder
CPT-PLA	0064U	Antibody, Treponema pallidum, total and rapid plasma reagin (RPR), immunoassay, qualitative
CPT-PLA	0065U	Syphilis test, non-treponemal antibody, immunoassay, qualitative (RPR)
CPT-PLA	0066U	Placental alpha-micro globulin-1 (PAMG-1), immunoassay with direct optical observation, cervico-vaginal fluid, each specimen
CPT-PLA	0067U	Oncology (breast), immunohistochemistry, protein expression profiling of 4 biomarkers (matrix metalloproteinase-1 [MMP-1], carcinoembryonic antigen-related cell adhesion molecule 6 [CEACAM6], hyaluronoglucosaminidase [HYAL1], highly expressed in cancer protein [HEC1]), formalin-fixed paraffin-embedded precancerous breast tissue, algorithm reported as carcinoma risk score
CPT-PLA	0068U	Candida species panel (C. albicans, C. glabrata, C. parapsilosis, C. kruseii, C. tropicalis, and C. auris), amplified probe technique with qualitative report of the presence or absence of each species
CPT-PLA	0069U	Oncology (colorectal), microRNA, RT-PCR expression profiling of miR-31-3p, formalin-fixed paraffin-embedded tissue, algorithm reported as an expression score
CPT-PLA	0070U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, common and select rare variants (ie, *2, *3, *4, *4N, *5, *6, *7, *8, *9, *10, *11, *12, *13, *14A, *14B, *15, *17, *29, *35, *36, *41, *57, *61, *63, *68, *83, *xN)
CPT-III	0071T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue

Type of Code	Code	Description
CPT-PLA	0071U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, full gene sequence (List separately in addition to code for primary procedure)
CPT-III	0072T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue
CPT-PLA	0072U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D6-2D7 hybrid gene) (List separately in addition to code for primary procedure)
CPT-PLA	0073U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D7-2D6 hybrid gene) (List separately in addition to code for primary procedure)
CPT-PLA	0074U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, non-duplicated gene when duplication/multiplication is trans) (List separately in addition to code for primary procedure)
CPT-III	0075T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; initial vessel
CPT-PLA	0075U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 5' gene duplication/multiplication) (List separately in addition to code for primary procedure)
CPT-III	0076T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; each additional vessel (List separately in addition to code for primary procedure)
CPT-PLA	0076U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 3' gene duplication/multiplication) (List separately in addition to code for primary procedure)
CPT-PLA	0077U	Immunoglobulin paraprotein (M-protein), qualitative, immunoprecipitation and mass spectrometry, blood or urine, including isotype

Type of Code	Code	Description
CPT-PLA	0078U	Pain management (opioid-use disorder) genotyping panel, 16 common variants (ie, ABCB1, COMT, DAT1, DBH, DOR, DRD1, DRD2, DRD4, GABA, GAL, HTR2A, HTTLPR, MTHFR, MUOR, OPRK1, OPRM1), buccal swab or other germline tissue sample, algorithm reported as positive or negative risk of opioid-use disorder
CPT-PLA	0079U	Comparative DNA analysis using multiple selected single-nucleotide polymorphisms (SNPs), urine and buccal DNA, for specimen identity verification
CPT-PLA	0080U	Oncology (lung), mass spectrometric analysis of galectin-3-binding protein and scavenger receptor cysteine-rich type 1 protein M130, with five clinical risk factors (age, smoking status, nodule diameter, nodule-spiculation status and nodule location), utilizing plasma, algorithm reported as a categorical probability of malignancy
CPT-PLA	0082U	Drug test(s), definitive, 90 or more drugs or substances, definitive chromatography with mass spectrometry, and presumptive, any number of drug classes, by instrument chemistry analyzer (utilizing immunoassay), urine, report of presence or absence of each drug, drug metabolite or substance with description and severity of significant interactions per date of service
CPT-PLA	0083U	Oncology, response to chemotherapy drugs using motility contrast tomography, fresh or frozen tissue, reported as likelihood of sensitivity or resistance to drugs or drug combinations
CPT-III	0100T	Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intraocular retinal electrode array, with vitrectomy
CPT-III	0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified
CPT-III	0102T	Extracorporeal shock wave performed by a physician, requiring anesthesia other than local, and involving the lateral humeral epicondyle
CPT-PLA	0105U	Nephrology (chronic kidney disease), multiplex electrochemiluminescent immunoassay (ECLIA) of tumor necrosis factor receptor 1A, receptor superfamily 2 (TNFR1, TNFR2), and kidney injury molecule-1 (KIM-1) combined with longitudinal clinical data, including APOL1 genotype if available, and plasma (isolated fresh or frozen), algorithm reported as probability score for rapid kidney function decline (RKFD)
CPT-III	0106T	Quantitative sensory testing (QST), testing and interpretation per extremity; using touch pressure stimuli to assess large diameter sensation

Type of Code	Code	Description
CPT-PLA	0106U	Gastric emptying, serial collection of 7 timed breath specimens, non-radioisotope carbon-13 (13C) spirulina substrate, analysis of each specimen by gas isotope ratio mass spectrometry, reported as rate of 13CO2 excretion
CPT-III	0107T	Quantitative sensory testing (QST), testing and interpretation per extremity; using vibration stimuli to assess large diameter fiber sensation
CPT-PLA	0107U	Clostridium difficile toxin(s) antigen detection by immunoassay technique, stool, qualitative, multiple-step method
CPT-III	0108T	Quantitative sensory testing (QST), testing and interpretation per extremity; using cooling stimuli to assess small nerve fiber sensation and hyperalgesia
CPT-PLA	0108U	Gastroenterology (Barrett's esophagus), whole slide-digital imaging, including morphometric analysis, computer-assisted quantitative immunolabeling of 9 protein biomarkers (p16, AMACR, p53, CD68, COX-2, CD45RO, HIF1a, HER-2, K20) and morphology, formalin-fixed paraffin-embedded tissue, algorithm reported as risk of progression to high-grade dysplasia or cancer
CPT-III	0109T	Quantitative sensory testing (QST), testing and interpretation per extremity; using heat-pain stimuli to assess small nerve fiber sensation and hyperalgesia
CPT-PLA	0109U	Infectious disease (Aspergillus species), real-time PCR for detection of DNA from 4 species (A. fumigatus, A. terreus, A. niger, and A. flavus), blood, lavage fluid, or tissue, qualitative reporting of presence or absence of each species
CPT-III	0110T	Quantitative sensory testing (QST), testing and interpretation per extremity; using other stimuli to assess sensation
CPT-PLA	0110U	Prescription drug monitoring, one or more oral oncology drug(s) and substances, definitive tandem mass spectrometry with chromatography, serum or plasma from capillary blood or venous blood, quantitative report with steady-state range for the prescribed drug(s) when detected
CPT-PLA	0111U	Oncology (colon cancer), targeted KRAS (codons 12, 13, and 61) and NRAS (codons 12, 13, and 61) gene analysis, utilizing formalin-fixed paraffin-embedded tissue
CPT-PLA	0112U	Infectious agent detection and identification, targeted sequence analysis (16S and 18S rRNA genes) with drug-resistance gene

Type of Code	Code	Description
CPT-PLA	0113U	Oncology (prostate), measurement of PCA3 and TMPRSS2-ERG in urine and PSA in serum following prostatic massage, by RNA amplification and fluorescence-based detection, algorithm reported as risk score
CPT-PLA	0114U	Gastroenterology (Barrett's esophagus), VIM and CCNA1 methylation analysis, esophageal cells, algorithm reported as likelihood for Barrett's esophagus
CPT-PLA	0115U	Respiratory infectious agent detection by nucleic acid (DNA and RNA), 18 viral types and subtypes and 2 bacterial targets, amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected
CPT-PLA	0116U	Prescription drug monitoring, enzyme immunoassay of 35 or more drugs confirmed with LC-MS/MS, oral fluid, algorithm results reported as a patient-compliance measurement with risk of drug to drug interactions for prescribed medications
CPT-PLA	0117U	Pain management, analysis of 11 endogenous analytes (methylmalonic acid, xanthurenic acid, homocysteine, pyroglutamic acid, vanilmandelate, 5-hydroxyindoleacetic acid, hydroxymethylglutarate, ethylmalonate, 3-hydroxypropyl mercapturic acid (3-HPMA), quinolinic acid, kynurenic acid), LC-MS/MS, urine, algorithm reported as a pain-index score with likelihood of atypical biochemical function associated with pain
CPT-PLA	0118U	Transplantation medicine, quantification of donor-derived cell-free DNA using whole genome next-generation sequencing, plasma, reported as percentage of donor-derived cell-free DNA in the total cell-free DNA
CPT-PLA	0119U	Cardiology, ceramides by liquid chromatography-tandem mass spectrometry, plasma, quantitative report with risk score for major cardiovascular events
CPT-PLA	0120U	Oncology (B-cell lymphoma classification), mRNA, gene expression profiling by fluorescent probe hybridization of 58 genes (45 content and 13 housekeeping genes), formalin-fixed paraffin-embedded tissue, algorithm reported as likelihood for primary mediastinal B-cell lymphoma (PMBCL) and diffuse large B-cell lymphoma (DLBCL) with cell of origin subtyping in the latter
CPT-PLA	0121U	Sickle cell disease, microfluidic flow adhesion (VCAM-1), whole blood
CPT-PLA	0122U	Sickle cell disease, microfluidic flow adhesion (P-Selectin), whole blood
CPT-PLA	0123U	Mechanical fragility, RBC, shear stress and spectral analysis profiling

Type of Code	Code	Description
CPT-PLA	0129U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis and deletion/duplication analysis panel (ATM, BRCA1, BRCA2, CDH1, CHEK2, PALB2, PTEN, and TP53)
CPT-PLA	0130U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), targeted mRNA sequence analysis panel (APC, CDH1, CHEK2, MLH1, MSH2, MSH6, MUTYH, PMS2, PTEN, and TP53) (List separately in addition to code for primary procedure)
CPT-PLA	0131U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (13 genes) (List separately in addition to code for primary procedure)
CPT-PLA	0132U	Hereditary ovarian cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (17 genes) (List separately in addition to code for primary procedure)
CPT-PLA	0133U	Hereditary prostate cancer-related disorders, targeted mRNA sequence analysis panel (11 genes) (List separately in addition to code for primary procedure)
CPT-PLA	0134U	Hereditary pan cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (18 genes) (List separately in addition to code for primary procedure)
CPT-PLA	0135U	Hereditary gynecological cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (12 genes) (List separately in addition to code for primary procedure)
CPT-PLA	0136U	ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia) mRNA sequence analysis (List separately in addition to code for primary procedure)
CPT-PLA	0137U	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)
CPT-PLA	0138U	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)
CPT-PLA	0140U	Infectious disease (fungi), fungal pathogen identification, DNA (15 fungal targets), blood culture, amplified probe technique, each target reported as detected or not detected

Type of Code	Code	Description
CPT-PLA	0141U	Infectious disease (bacteria and fungi), gram-positive organism identification and drug resistance element detection, DNA (20 gram-positive bacterial targets, 4 resistance genes, 1 pan gram-negative bacterial target, 1 pan Candida target), blood culture, amplified probe technique, each target reported as detected or not detected
CPT-PLA	0142U	Infectious disease (bacteria and fungi), gram-negative bacterial identification and drug resistance element detection, DNA (21 gram-negative bacterial targets, 6 resistance genes, 1 pan gram-positive bacterial target, 1 pan Candida target), amplified probe technique, each target reported as detected or not detected
CPT-PLA	0143U	Drug assay, definitive, 120 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service
CPT-PLA	0144U	Drug assay, definitive, 160 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service
CPT-PLA	0145U	Drug assay, definitive, 65 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service
CPT-PLA	0146U	Drug assay, definitive, 80 or more drugs or metabolites, urine, by quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service
CPT-PLA	0147U	Drug assay, definitive, 85 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service
CPT-PLA	0148U	Drug assay, definitive, 100 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service

Type of Code	Code	Description
CPT-PLA	0149U	Drug assay, definitive, 60 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service
CPT-PLA	0150U	Drug assay, definitive, 120 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service
CPT-PLA	0152U	Infectious disease (bacteria, fungi, parasites, and DNA viruses), microbial cell-free DNA, plasma, untargeted next-generation sequencing, report for significant positive pathogens
CPT-PLA	0153U	Oncology (breast), mRNA, gene expression profiling by next-generation sequencing of 101 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a triple negative breast cancer clinical subtype(s) with information on immune cell involvement
CPT-PLA	0154U	Oncology (urothelial cancer), RNA, analysis by real-time RT-PCR of the FGFR3 (fibroblast growth factor receptor 3) gene analysis (ie, p.R248C [c.742C>T], p.S249C [c.746C>G], p.G370C [c.1108G>T], p.Y373C [c.1118A>G], FGFR3-TACC3v1, and FGFR3-TACC3v3), utilizing formalin-fixed paraffin-embedded urothelial cancer tumor tissue, reported as FGFR gene alteration status
CPT-PLA	0155U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase, catalytic subunit alpha) (eg, breast cancer) gene analysis (ie, p.C420R, p.E542K, p.E545A, p.E545D [g.1635G>T only], p.E545G, p.E545K, p.Q546E, p.Q546R, p.H1047L, p.H1047R, p.H1047Y), utilizing formalin-fixed paraffin-embedded breast tumor tissue, reported as PIK3CA gene mutation status
CPT-PLA	0156U	Copy number (eg, intellectual disability, dysmorphology), sequence analysis
CPT-PLA	0157U	APC (APC regulator of WNT signaling pathway) (eg, familial adenomatosis polyposis [FAP]) mRNA sequence analysis (List separately in addition to code for primary procedure)
CPT-PLA	0158U	MLH1 (mutL homolog 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)
CPT-PLA	0159U	MSH2 (mutS homolog 2) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)
CPT-PLA	0160U	MSH6 (mutS homolog 6) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)

Type of Code	Code	Description
CPT-PLA	0161U	PMS2 (PMS1 homolog 2, mismatch repair system component) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)
CPT-PLA	0162U	Hereditary colon cancer (Lynch syndrome), targeted mRNA sequence analysis panel (MLH1, MSH2, MSH6, PMS2) (List separately in addition to code for primary procedure)
CPT-III	0163T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), each additional interspace, lumbar (List separately in addition to code for primary procedure)
CPT-PLA	0163U	Oncology (colorectal) screening, biochemical enzyme-linked immunosorbent assay (ELISA) of 3 plasma or serum proteins (teratocarcinoma derived growth factor-1 [TDGF-1, Cripto-1], carcinoembryonic antigen [CEA], extracellular matrix protein [ECM]), with demographic data (age, gender, CRC-screening compliance) using a proprietary algorithm and reported as likelihood of CRC or advanced adenomas
CPT-PLA	0164U	Gastroenterology (irritable bowel syndrome [IBS]), immunoassay for anti-CdtB and anti-vinculin antibodies, utilizing plasma, algorithm for elevated or not elevated qualitative results
CPT-PLA	0165U	Peanut allergen-specific quantitative assessment of multiple epitopes using enzyme-linked immunosorbent assay (ELISA), blood, individual epitope results and probability of peanut allergy
CPT-PLA	0166U	Liver disease, 10 biochemical assays (Î±2-macroglobulin, haptoglobin, apolipoprotein A1, bilirubin, GGT, ALT, AST, triglycerides, cholesterol, fasting glucose) and biometric and demographic data, utilizing serum, algorithm reported as scores for fibrosis, necroinflammatory activity, and steatosis with a summary interpretation
CPT-PLA	0167U	Gonadotropin, chorionic (hCG), immunoassay with direct optical observation, blood
CPT-PLA	0169U	NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants
CPT-PLA	0170U	Neurology (autism spectrum disorder [ASD]), RNA, next-generation sequencing, saliva, algorithmic analysis, and results reported as predictive probability of ASD diagnosis
CPT-PLA	0171U	Targeted genomic sequence analysis panel, acute myeloid leukemia, myelodysplastic syndrome, and myeloproliferative neoplasms, DNA analysis, 23 genes, interrogation for sequence variants, rearrangements and minimal residual disease, reported as presence/absence

Type of Code	Code	Description
CPT-PLA	0172U	Oncology (solid tumor as indicated by the label), somatic mutation analysis of BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) and analysis of homologous recombination deficiency pathways, DNA, formalin-fixed paraffin-embedded tissue, algorithm quantifying tumor genomic instability score
CPT-PLA	0173U	Psychiatry (ie, depression, anxiety), genomic analysis panel, includes variant analysis of 14 genes
CPT-III	0174T	Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed concurrent with primary interpretation (List separately in addition to code for primary procedure)
CPT-PLA	0174U	Oncology (solid tumor), mass spectrometric 30 protein targets, formalin-fixed paraffin-embedded tissue, prognostic and predictive algorithm reported as likely, unlikely, or uncertain benefit of 39 chemotherapy and targeted therapeutic oncology agents
CPT-III	0175T	Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed remote from primary interpretation
CPT-PLA	0175U	Psychiatry (eg, depression, anxiety), genomic analysis panel, variant analysis of 15 genes
CPT-PLA	0176U	Cytolethal distending toxin B (CdtB) and vinculin IgG antibodies by immunoassay (ie, ELISA)
CPT-PLA	0177U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase catalytic subunit alpha) gene analysis of 11 gene variants utilizing plasma, reported as PIK3CA gene mutation status
CPT-PLA	0178U	Peanut allergen-specific quantitative assessment of multiple epitopes using enzyme-linked immunosorbent assay (ELISA), blood, report of minimum eliciting exposure for a clinical reaction
CPT-PLA	0179U	Oncology (non-small cell lung cancer), cell-free DNA, targeted sequence analysis of 23 genes (single nucleotide variations, insertions and deletions, fusions without prior knowledge of partner/breakpoint, copy number variations), with report of significant mutation(s)
CPT-PLA	0180U	Red cell antigen (ABO blood group) genotyping (ABO), gene analysis Sanger/chain termination/conventional sequencing, ABO (ABO, alpha 1-3-N-acetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase) gene, including subtyping, 7 exons

Type of Code	Code	Description
CPT-PLA	0181U	Red cell antigen (Colton blood group) genotyping (CO), gene analysis, AQP1 (aquaporin 1 [Colton blood group]) exon 1
CPT-PLA	0182U	Red cell antigen (Cromer blood group) genotyping (CROM), gene analysis, CD55 (CD55 molecule [Cromer blood group]) exons 1-10
CPT-PLA	0183U	Red cell antigen (Diego blood group) genotyping (DI), gene analysis, SLC4A1 (solute carrier family 4 member 1 [Diego blood group]) exon 19
CPT-III	0184T	Excision of rectal tumor, transanal endoscopic microsurgical approach (ie, TEMS), including muscularis propria (ie, full thickness)
CPT-PLA	0184U	Red cell antigen (Dombrock blood group) genotyping (DO), gene analysis, ART4 (ADP-ribosyltransferase 4 [Dombrock blood group]) exon 2
CPT-PLA	0185U	Red cell antigen (H blood group) genotyping (FUT1), gene analysis, FUT1 (fucosyltransferase 1 [H blood group]) exon 4
CPT-PLA	0186U	Red cell antigen (H blood group) genotyping (FUT2), gene analysis, FUT2 (fucosyltransferase 2) exon 2
CPT-PLA	0187U	Red cell antigen (Duffy blood group) genotyping (FY), gene analysis, ACKR1 (atypical chemokine receptor 1 [Duffy blood group]) exons 1-2
CPT-PLA	0188U	Red cell antigen (Gerbich blood group) genotyping (GE), gene analysis, GYPC (glycophorin C [Gerbich blood group]) exons 1-4
CPT-PLA	0189U	Red cell antigen (MNS blood group) genotyping (GYPA), gene analysis, GYPA (glycophorin A [MNS blood group]) introns 1, 5, exon 2
CPT-PLA	0190U	Red cell antigen (MNS blood group) genotyping (GYPB), gene analysis, GYPB (glycophorin B [MNS blood group]) introns 1, 5, pseudoexon 3
CPT-PLA	0191U	Red cell antigen (Indian blood group) genotyping (IN), gene analysis, CD44 (CD44 molecule [Indian blood group]) exons 2, 3, 6
CPT-PLA	0192U	Red cell antigen (Kidd blood group) genotyping (JK), gene analysis, SLC14A1 (solute carrier family 14 member 1 [Kidd blood group]) gene promoter, exon 9
CPT-PLA	0193U	Red cell antigen (JR blood group) genotyping (JR), gene analysis, ABCG2 (ATP binding cassette subfamily G member 2 [Junior blood group]) exons 2-26

Type of Code	Code	Description
CPT-PLA	0194U	Red cell antigen (Kell blood group) genotyping (KEL), gene analysis, KEL (Kell metallo-endopeptidase [Kell blood group]) exon 8
CPT-PLA	0195U	KLF1 (Kruppel-like factor 1), targeted sequencing (ie, exon 13)
CPT-PLA	0196U	Red cell antigen (Lutheran blood group) genotyping (LU), gene analysis, BCAM (basal cell adhesion molecule [Lutheran blood group]) exon 3
CPT-PLA	0197U	Red cell antigen (Landsteiner-Wiener blood group) genotyping (LW), gene analysis, ICAM4 (intercellular adhesion molecule 4 [Landsteiner-Wiener blood group]) exon 1
CPT-III	0198T	Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report
CPT-PLA	0198U	Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis Sanger/chain termination/conventional sequencing, RHD (Rh blood group D antigen) exons 1-10 and RHCE (Rh blood group CcEe antigens) exon 5
CPT-PLA	0199U	Red cell antigen (Scianna blood group) genotyping (SC), gene analysis, ERMAP (erythroblast membrane associated protein [Scianna blood group]) exons 4, 12
CPT-III	0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed
CPT-PLA	0200U	Red cell antigen (Kx blood group) genotyping (XK), gene analysis, XK (X-linked Kx blood group) exons 1-3
CPT-III	0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed
CPT-PLA	0201U	Red cell antigen (Yt blood group) genotyping (YT), gene analysis, ACHE (acetylcholinesterase [Cartwright blood group]) exon 2
CPT-III	0202T	Posterior vertebral joint(s) arthroplasty (eg, facet joint[s] replacement), including facetectomy, laminectomy, foraminotomy, and vertebral column fixation, injection of bone cement, when performed, including fluoroscopy, single level, lumbar spine

Type of Code	Code	Description
CPT-PLA-COVID	0202U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected
CPT-PLA	0203U	Autoimmune (inflammatory bowel disease), mRNA, gene expression profiling by quantitative RT-PCR, 17 genes (15 target and 2 reference genes), whole blood, reported as a continuous risk score and classification of inflammatory bowel disease aggressiveness
CPT-PLA	0204U	Oncology (thyroid), mRNA, gene expression analysis of 593 genes (including BRAF, RAS, RET, PAX8, and NTRK) for sequence variants and rearrangements, utilizing fine needle aspirate, reported as detected or not detected
CPT-PLA	0205U	Ophthalmology (age-related macular degeneration), analysis of 3 gene variants (2 CFH gene, 1 ARMS2 gene), using PCR and MALDI-TOF, buccal swab, reported as positive or negative for neovascular age-related macular-degeneration risk associated with zinc supplements
CPT-PLA	0206U	Neurology (Alzheimer disease); cell aggregation using morphometric imaging and protein kinase C-epsilon (PKCe) concentration in response to amylospheroid treatment by ELISA, cultured skin fibroblasts, each reported as positive or negative for Alzheimer disease
CPT-III	0207T	Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral
CPT-PLA	0207U	Neurology (Alzheimer disease); quantitative imaging of phosphorylated ERK1 and ERK2 in response to bradykinin treatment by in situ immunofluorescence, using cultured skin fibroblasts, reported as a probability index for Alzheimer disease (List separately in addition to code for primary procedure)
CPT-III	0208T	Pure tone audiometry (threshold), automated; air only
CPT-III	0209T	Pure tone audiometry (threshold), automated; air and bone
CPT-PLA	0209U	Cytogenomic constitutional (genome-wide) analysis, interrogation of genomic regions for copy number, structural changes and areas of homozygosity for chromosomal abnormalities
CPT-III	0210T	Speech audiometry threshold, automated
CPT-PLA	0210U	Syphilis test, non-treponemal antibody, immunoassay, quantitative (RPR)
CPT-III	0211T	Speech audiometry threshold, automated; with speech recognition

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

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

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

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

Type of Code	Code	Description
CPT-PLA	0235U	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions
CPT-III	0236T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; abdominal aorta
CPT-PLA	0236U	SMN1 (survival of motor neuron 1, telomeric) and SMN2 (survival of motor neuron 2, centromeric) (eg, spinal muscular atrophy) full gene analysis, including small sequence changes in exonic and intronic regions, duplications, deletions, and mobile element insertions
CPT-III	0237T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; brachiocephalic trunk and branches, each vessel
CPT-PLA	0237U	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia), genomic sequence analysis panel including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions
CPT-III	0238T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; iliac artery, each vessel
CPT-PLA	0238U	Oncology (Lynch syndrome), genomic DNA sequence analysis of MLH1, MSH2, MSH6, PMS2, and EPCAM, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions
CPT-PLA	0239U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes, interrogation for sequence variants, including substitutions, insertions, deletions, select rearrangements, and copy number variations
CPT-PLA-COVID	0240U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 3 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B), upper respiratory specimen, each pathogen reported as detected or not detected

Type of Code	Code	Description
CPT-PLA-COVID	0241U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 4 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B, respiratory syncytial virus [RSV]), upper respiratory specimen, each pathogen reported as detected or not detected
CPT-PLA	0242U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 55-74 genes, interrogation for sequence variants, gene copy number amplifications, and gene rearrangements
CPT-PLA	0243U	Obstetrics (preeclampsia), biochemical assay of placental-growth factor, time-resolved fluorescence immunoassay, maternal serum, predictive algorithm reported as a risk score for preeclampsia
CPT-PLA	0244U	Oncology (solid organ), DNA, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants, insertions/deletions, copy number alterations, gene rearrangements, tumor-mutational burden and microsatellite instability, utilizing formalin-fixed paraffin-embedded tumor tissue
CPT-PLA	0245U	Oncology (thyroid), mutation analysis of 10 genes and 37 RNA fusions and expression of 4 mRNA markers using next-generation sequencing, fine needle aspirate, report includes associated risk of malignancy expressed as a percentage
CPT-PLA	0246U	Red blood cell antigen typing, DNA, genotyping of at least 16 blood groups with phenotype prediction of at least 51 red blood cell antigens
CPT-PLA	0247U	Obstetrics (preterm birth), insulin-like growth factor-binding protein 4 (IBP4), sex hormone-binding globulin (SHBG), quantitative measurement by LC-MS/MS, utilizing maternal serum, combined with clinical data, reported as predictive-risk stratification for spontaneous preterm birth
CPT-PLA	0248U	Oncology (brain), spheroid cell culture in a 3D microenvironment, 12 drug panel, tumor-response prediction for each drug
CPT-PLA	0249U	Oncology (breast), semiquantitative analysis of 32 phosphoproteins and protein analytes, includes laser capture microdissection, with algorithmic analysis and interpretative report
CPT-PLA	0250U	Oncology (solid organ neoplasm), targeted genomic sequence DNA analysis of 505 genes, interrogation for somatic alterations (SNVs [single nucleotide variant], small insertions and deletions, one amplification, and four translocations), microsatellite instability and tumor-mutation burden
CPT-PLA	0251U	Hepcidin-25, enzyme-linked immunosorbent assay (ELISA), serum or plasma

Type of Code	Code	Description
CPT-PLA	0252U	Fetal aneuploidy short tandem-repeat comparative analysis, fetal DNA from products of conception, reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism, and segmental aneuploidy
CPT-III	0253T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the suprachoroidal space
CPT-PLA	0253U	Reproductive medicine (endometrial receptivity analysis), RNA gene expression profile, 238 genes by next-generation sequencing, endometrial tissue, predictive algorithm reported as endometrial window of implantation (eg, pre-receptive, receptive, post-receptive)
CPT-PLA	0254U	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using embryonic DNA genomic sequence analysis for aneuploidy, and a mitochondrial DNA score in euploid embryos, results reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism, and segmental aneuploidy, per embryo tested
CPT-PLA	0255U	Andrology (infertility), sperm-capacitation assessment of ganglioside GM1 distribution patterns, fluorescence microscopy, fresh or frozen specimen, reported as percentage of capacitated sperm and probability of generating a pregnancy score
CPT-PLA	0256U	Trimethylamine/trimethylamine N-oxide (TMA/TMAO) profile, tandem mass spectrometry (MS/MS), urine, with algorithmic analysis and interpretive report
CPT-PLA	0257U	Very long chain acyl-coenzyme A (CoA) dehydrogenase (VLCAD), leukocyte enzyme activity, whole blood
CPT-PLA	0258U	Autoimmune (psoriasis), mRNA, next-generation sequencing, gene expression profiling of 50-100 genes, skin-surface collection using adhesive patch, algorithm reported as likelihood of response to psoriasis biologics
CPT-PLA	0259U	Nephrology (chronic kidney disease), nuclear magnetic resonance spectroscopy measurement of myo-inositol, valine, and creatinine, algorithmically combined with cystatin C (by immunoassay) and demographic data to determine estimated glomerular filtration rate (GFR), serum, quantitative
CPT-PLA	0260U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping
CPT-PLA	0261U	Oncology (colorectal cancer), image analysis with artificial intelligence assessment of 4 histologic and immunohistochemical features (CD3 and CD8 within tumor-stroma border and tumor core), tissue, reported as immune response and recurrence-risk score

Type of Code	Code	Description
CPT-PLA	0262U	Oncology (solid tumor), gene expression profiling by real-time RT-PCR of 7 gene pathways (ER, AR, PI3K, MAPK, HH, TGFB, Notch), formalin-fixed paraffin-embedded (FFPE), algorithm reported as gene pathway activity score
CPT-PLA	0263U	Neurology (autism spectrum disorder [ASD]), quantitative measurements of 16 central carbon metabolites (ie, Î±-ketoglutarate, alanine, lactate, phenylalanine, pyruvate, succinate, carnitine, citrate, fumarate, hypoxanthine, inosine, malate, S-sulfocysteine, taurine, urate, and xanthine), liquid chromatography tandem mass spectrometry (LC-MS/MS), plasma, algorithmic analysis with result reported as negative or positive (with metabolic subtypes of ASD)
CPT-PLA	0264U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping
CPT-PLA	0265U	Rare constitutional and other heritable disorders, whole genome and mitochondrial DNA sequence analysis, blood, frozen and formalin-fixed paraffin-embedded (FFPE) tissue, saliva, buccal swabs or cell lines, identification of single nucleotide and copy number variants
CPT-III	0266T	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)
CPT-PLA	0266U	Unexplained constitutional or other heritable disorders or syndromes, tissue-specific gene expression by whole-transcriptome and next-generation sequencing, blood, formalin-fixed paraffin-embedded (FFPE) tissue or fresh frozen tissue, reported as presence or absence of splicing or expression changes
CPT-III	0267T	Implantation or replacement of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)
CPT-PLA	0267U	Rare constitutional and other heritable disorders, identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping and whole genome sequencing
CPT-III	0268T	Implantation or replacement of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)
CPT-PLA	0268U	Hematology (atypical hemolytic uremic syndrome [aHUS]), genomic sequence analysis of 15 genes, blood, buccal swab, or amniotic fluid

Type of Code	Code	Description
CPT-III	0269T	Revision or removal of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)
CPT-PLA	0269U	Hematology (autosomal dominant congenital thrombocytopenia), genomic sequence analysis of 14 genes, blood, buccal swab, or amniotic fluid
CPT-III	0270T	Revision or removal of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)
CPT-PLA	0270U	Hematology (congenital coagulation disorders), genomic sequence analysis of 20 genes, blood, buccal swab, or amniotic fluid
CPT-III	0271T	Revision or removal of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)
CPT-PLA	0271U	Hematology (congenital neutropenia), genomic sequence analysis of 23 genes, blood, buccal swab, or amniotic fluid
CPT-III	0272T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day)
CPT-PLA	0272U	Hematology (genetic bleeding disorders), genomic sequence analysis of 51 genes, blood, buccal swab, or amniotic fluid, comprehensive
CPT-III	0273T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); with programming
CPT-PLA	0273U	Hematology (genetic hyperfibrinolysis, delayed bleeding), analysis of 9 genes (F13A1, F13B, FGA, FGB, FGG, SERPINA1, SERPINE1, SERPINF2 by next-generation sequencing and PLAU by array comparative genomic hybridization), blood, buccal swab, or amniotic fluid

Type of Code	Code	Description
CPT-PLA	0274U	Hematology (genetic platelet disorders), genomic sequence analysis of 43 genes, blood, buccal swab, or amniotic fluid
CPT-PLA	0275U	Hematology (heparin-induced thrombocytopenia), platelet antibody reactivity by flow cytometry, serum
CPT-PLA	0276U	Hematology (inherited thrombocytopenia), genomic sequence analysis of **42** genes, blood, buccal swab, or amniotic fluid
CPT-PLA	0277U	Hematology (genetic platelet function disorder), genomic sequence analysis of 31 genes, blood, buccal swab, or amniotic fluid
CPT-III	0278T	Transcutaneous electrical modulation pain reprocessing (eg, scrambler therapy), each treatment session (includes placement of electrodes)
CPT-PLA	0278U	Hematology (genetic thrombosis), genomic sequence analysis of 12 genes, blood, buccal swab, or amniotic fluid
CPT-PLA	0279U	Hematology (von Willebrand disease [VWD]), von Willebrand factor (VWF) and collagen III binding by enzyme-linked immunosorbent assays (ELISA), plasma, report of collagen III binding
CPT-PLA	0280U	Hematology (von Willebrand disease [VWD]), von Willebrand factor (VWF) and collagen IV binding by enzyme-linked immunosorbent assays (ELISA), plasma, report of collagen IV binding
CPT-PLA	0281U	Hematology (von Willebrand disease [VWD]), von Willebrand propeptide, enzyme-linked immunosorbent assays (ELISA), plasma, diagnostic report of von Willebrand factor (VWF) propeptide antigen level
CPT-PLA	0282U	Red blood cell antigen typing, DNA, genotyping of 12 blood group system genes to predict 44 red blood cell antigen phenotypes
CPT-PLA	0283U	von Willebrand factor (VWF), type 2B, platelet-binding evaluation, radioimmunoassay, plasma
CPT-PLA	0284U	von Willebrand factor (VWF), type 2N, factor VIII and VWF binding evaluation, enzyme-linked immunosorbent assays (ELISA), plasma
CPT-PLA	0285U	Oncology, response to radiation, cell-free DNA, quantitative branched chain DNA amplification, plasma, reported as a radiation toxicity score
CPT-PLA	0286U	CEP72 (centrosomal protein, 72-KDa), NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants

Type of Code	Code	Description
CPT-PLA	0287U	Oncology (thyroid), DNA and mRNA, next-generation sequencing analysis of 112 genes, fine needle aspirate or formalin-fixed paraffin-embedded (FFPE) tissue, algorithmic prediction of cancer recurrence, reported as a categorical risk result (low, intermediate, high)
CPT-PLA	0288U	Oncology (lung), mRNA, quantitative PCR analysis of 11 genes (BAG1, BRCA1, CDC6, CDK2AP1, ERBB3, FUT3, IL11, LCK, RND3, SH3BGR, WNT3A) and 3 reference genes (ESD, TBP, YAP1), formalin-fixed paraffin-embedded (FFPE) tumor tissue, algorithmic interpretation reported as a recurrence risk score
CPT-PLA	0289U	Neurology (Alzheimer disease), mRNA, gene expression profiling by RNA sequencing of 24 genes, whole blood, algorithm reported as predictive risk score
CPT-PLA	0290U	Pain management, mRNA, gene expression profiling by RNA sequencing of 36 genes, whole blood, algorithm reported as predictive risk score
CPT-PLA	0291U	Psychiatry (mood disorders), mRNA, gene expression profiling by RNA sequencing of 144 genes, whole blood, algorithm reported as predictive risk score
CPT-PLA	0292U	Psychiatry (stress disorders), mRNA, gene expression profiling by RNA sequencing of 72 genes, whole blood, algorithm reported as predictive risk score
CPT-PLA	0293U	Psychiatry (suicidal ideation), mRNA, gene expression profiling by RNA sequencing of 54 genes, whole blood, algorithm reported as predictive risk score
CPT-PLA	0294U	Longevity and mortality risk, mRNA, gene expression profiling by RNA sequencing of 18 genes, whole blood, algorithm reported as predictive risk score
CPT-PLA	0295U	Oncology (breast ductal carcinoma in situ), protein expression profiling by immunohistochemistry of 7 proteins (COX2, FOXA1, HER2, Ki-67, p16, PR, SIAH2), with 4 clinicopathologic factors (size, age, margin status, palpability), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a recurrence risk score
CPT-PLA	0296U	Oncology (oral and/or oropharyngeal cancer), gene expression profiling by RNA sequencing at least 20 molecular features (eg, human and/or microbial mRNA), saliva, algorithm reported as positive or negative for signature associated with malignancy
CPT-PLA	0297U	Oncology (pan tumor), whole genome sequencing of paired malignant and normal DNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and variant identification

Type of Code	Code	Description
CPT-PLA	0298U	Oncology (pan tumor), whole transcriptome sequencing of paired malignant and normal RNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and expression level and chimeric transcript identification
CPT-PLA	0299U	Oncology (pan tumor), whole genome optical genome mapping of paired malignant and normal DNA specimens, fresh frozen tissue, blood, or bone marrow, comparative structural variant identification
CPT-PLA	0300U	Oncology (pan tumor), whole genome sequencing and optical genome mapping of paired malignant and normal DNA specimens, fresh tissue, blood, or bone marrow, comparative sequence analyses and variant identification
CPT-PLA	0301U	Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR);
CPT-PLA	0302U	Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR); following liquid enrichment
CPT-PLA	0303U	Hematology, red blood cell (RBC) adhesion to endothelial/subendothelial adhesion molecules, functional assessment, whole blood, with algorithmic analysis and result reported as an RBC adhesion index; hypoxic
CPT-PLA	0304U	Hematology, red blood cell (RBC) adhesion to endothelial/subendothelial adhesion molecules, functional assessment, whole blood, with algorithmic analysis and result reported as an RBC adhesion index; normoxic
CPT-PLA	0305U	Hematology, red blood cell (RBC) functionality and deformity as a function of shear stress, whole blood, reported as a maximum elongation index
CPT-PLA	0306U	Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis, cell-free DNA, initial (baseline) assessment to determine a patient specific panel for future comparisons to evaluate for MRD
CPT-PLA	0307U	Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis of a patient-specific panel, cell-free DNA, subsequent assessment with comparison to previously analyzed patient specimens to evaluate for MRD
CPT-III	0308T	Insertion of ocular telescope prosthesis including removal of crystalline lens or intraocular lens prosthesis
CPT-PLA	0308U	Cardiology (coronary artery disease [CAD]), analysis of 3 proteins (high sensitivity [hs] troponin, adiponectin, and kidney injury molecule-1 [KIM-1]), plasma, algorithm reported as a risk score for obstructive CAD

Type of Code	Code	Description
CPT-PLA	0309U	Cardiology (cardiovascular disease), analysis of 4 proteins (NT-proBNP, osteopontin, tissue inhibitor of metalloproteinase-1 [TIMP-1], and kidney injury molecule-1 [KIM-1]), plasma, algorithm reported as a risk score for major adverse cardiac event
CPT-PLA	0310U	Pediatrics (vasculitis, Kawasaki disease [KD]), analysis of 3 biomarkers (NT-proBNP, C-reactive protein, and T-uptake), plasma, algorithm reported as a risk score for KD
CPT-PLA	0311U	Infectious disease (bacterial), quantitative antimicrobial susceptibility reported as phenotypic minimum inhibitory concentration (MIC) based antimicrobial susceptibility for each organism identified
CPT-III	0312T	Vagus nerve blocking therapy (morbid obesity); laparoscopic implantation of neurostimulator electrode array, anterior and posterior vagal trunks adjacent to esophagogastric junction (EGJ), with implantation of pulse generator, includes programming
CPT-PLA	0312U	Autoimmune diseases (eg, systemic lupus erythematosus [SLE]), analysis of 8 IgG autoantibodies and 2 cell-bound complement activation products using enzyme-linked immunosorbent immunoassay (ELISA), flow cytometry and indirect immunofluorescence, serum, or plasma and whole blood, individual components reported along with an algorithmic SLE-likelihood assessment
CPT-III	0313T	Vagus nerve blocking therapy (morbid obesity); laparoscopic revision or replacement of vagal trunk neurostimulator electrode array, including connection to existing pulse generator
CPT-PLA	0313U	Oncology (pancreas), DNA and mRNA next-generation sequencing analysis of 74 genes and analysis of CEA (CEACAM5) gene expression, pancreatic cyst fluid, algorithm reported as a categorical result (ie, negative, low probability of neoplasia or positive, high probability of neoplasia)
CPT-III	0314T	Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator electrode array and pulse generator
CPT-PLA	0314U	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 35 genes (32 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical result (ie, benign, intermediate, malignant)
CPT-III	0315T	Vagus nerve blocking therapy (morbid obesity); removal of pulse generator
CPT-PLA	0315U	Oncology (cutaneous squamous cell carcinoma), mRNA gene expression profiling by RT-PCR of 40 genes (34 content and 6 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical risk result (ie, Class 1, Class 2A, Class 2B)

Type of Code	Code	Description
CPT-III	0316T	Vagus nerve blocking therapy (morbid obesity); replacement of pulse generator
CPT-PLA	0316U	Borrelia burgdorferi (Lyme disease), OspA protein evaluation, urine
CPT-III	0317T	Vagus nerve blocking therapy (morbid obesity); neurostimulator pulse generator electronic analysis, includes reprogramming when performed
CPT-PLA	0317U	Oncology (lung cancer), four-probe FISH (3q29, 3p22.1, 10q22.3, 10cen) assay, whole blood, predictive algorithm-generated evaluation reported as decreased or increased risk for lung cancer
CPT-PLA	0318U	Pediatrics (congenital epigenetic disorders), whole genome methylation analysis by microarray for 50 or more genes, blood
CPT-PLA	0319U	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using pretransplant peripheral blood, algorithm reported as a risk score for early acute rejection
CPT-PLA	0320U	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using posttransplant peripheral blood, algorithm reported as a risk score for acute cellular rejection
CPT-PLA	0321U	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens, identification of 20 bacterial and fungal organisms and identification of 16 associated antibiotic-resistance genes, multiplex amplified probe technique
CPT-PLA	0322U	Neurology (autism spectrum disorder [ASD]), quantitative measurements of 14 acyl carnitines and microbiome-derived metabolites, liquid chromatography with tandem mass spectrometry (LC-MS/MS), plasma, results reported as negative or positive for risk of metabolic subtypes associated with ASD
CPT-PLA	0323U	Infectious agent detection by nucleic acid (DNA and RNA), central nervous system pathogen, metagenomic next-generation sequencing, cerebrospinal fluid (CSF), identification of pathogenic bacteria, viruses, parasites, or fungi
CPT-PLA	0324U	Oncology (ovarian), spheroid cell culture, 4-drug panel (carboplatin, doxorubicin, gemcitabine, paclitaxel), tumor chemotherapy response prediction for each drug
CPT-PLA	0325U	Oncology (ovarian), spheroid cell culture, poly (ADP-ribose) polymerase (PARP) inhibitors (niraparib, olaparib, rucaparib, velparib), tumor response prediction for each drug
CPT-PLA	0326U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 83 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden

Type of Code	Code	Description
CPT-PLA	0327U	Fetal aneuploidy (trisomy 13, 18, and 21), DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy, includes sex reporting, if performed
CPT-PLA	0328U	Drug assay, definitive, 120 or more drugs and metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS), includes specimen validity and algorithmic analysis describing drug or metabolite and presence or absence of risks for a significant patient-adverse event, per date of service
CPT-III	0329T	Monitoring of intraocular pressure for 24 hours or longer, unilateral or bilateral, with interpretation and report
CPT-PLA	0329U	Oncology (neoplasia), exome and transcriptome sequence analysis for sequence variants, gene copy number amplifications and deletions, gene rearrangements, microsatellite instability and tumor mutational burden utilizing DNA and RNA from tumor with DNA from normal blood or saliva for subtraction, report of clinically significant mutation(s) with therapy associations
CPT-III	0330T	Tear film imaging, unilateral or bilateral, with interpretation and report
CPT-PLA	0330U	Infectious agent detection by nucleic acid (DNA or RNA), vaginal pathogen panel, identification of 27 organisms, amplified probe technique, vaginal swab
CPT-III	0331T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment
CPT-PLA	0331U	Oncology (hematolymphoid neoplasia), optical genome mapping for copy number alterations and gene rearrangements utilizing DNA from blood or bone marrow, report of clinically significant alterations
CPT-III	0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT
CPT-PLA	0332U	Oncology (pan-tumor), genetic profiling of 8 DNA-regulatory (epigenetic) markers by quantitative polymerase chain reaction (qPCR), whole blood, reported as a high or low probability of responding to immune checkpoint-inhibitor therapy
CPT-III	0333T	Visual evoked potential, screening of visual acuity, automated, with report
CPT-PLA	0333U	Oncology (liver), surveillance for hepatocellular carcinoma (HCC) in high-risk patients, analysis of methylation patterns on circulating cell-free DNA (cfDNA) plus measurement of serum of AFP/AFP-L3 and oncoprotein des-gamma-carboxy-prothrombin (DCP), algorithm reported as normal or abnormal result

Type of Code	Code	Description
CPT-PLA	0334U	Oncology (solid organ), targeted genomic sequence analysis, formalin-fixed paraffin-embedded (FFPE) tumor tissue, DNA analysis, 84 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden
CPT-III	0335T	Insertion of sinus tarsi implant
CPT-PLA	0335U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, fetal sample, identification and categorization of genetic variants
CPT-PLA	0336U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg, parent)
CPT-PLA	0337U	Oncology (plasma cell disorders and myeloma), circulating plasma cell immunologic selection, identification, morphological characterization, and enumeration of plasma cells based on differential CD138, CD38, CD19, and CD45 protein biomarker expression, peripheral blood
CPT-III	0338T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; unilateral
CPT-PLA	0338U	Oncology (solid tumor), circulating tumor cell selection, identification, morphological characterization, detection and enumeration based on differential EpCAM, cytokeratins 8, 18, and 19, and CD45 protein biomarkers, and quantification of HER2 protein biomarker-expressing cells, peripheral blood
CPT-III	0339T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; bilateral

Type of Code	Code	Description
CPT-PLA	0339U	Oncology (prostate), mRNA expression profiling of HOXC6 and DLX1, reverse transcription polymerase chain reaction (RT-PCR), first-void urine following digital rectal examination, algorithm reported as probability of high-grade cancer
CPT-PLA	0340U	Oncology (pan-cancer), analysis of minimal residual disease (MRD) from plasma, with assays personalized to each patient based on prior next-generation sequencing of the patient's tumor and germline DNA, reported as absence or presence of MRD, with disease-burden correlation, if appropriate
CPT-PLA	0341U	Fetal aneuploidy DNA sequencing comparative analysis, fetal DNA from products of conception, reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism, and segmental aneuploid
CPT-III	0342T	Therapeutic apheresis with selective HDL delipidation and plasma reinfusion
CPT-PLA	0342U	Oncology (pancreatic cancer), multiplex immunoassay of C5, C4, cystatin C, factor B, osteoprotegerin (OPG), gelsolin, IGFBP3, CA125 and multiplex electrochemiluminescent immunoassay (ECLIA) for CA19-9, serum, diagnostic algorithm reported qualitatively as positive, negative, or borderline
CPT-PLA	0343U	Oncology (prostate), exosome-based analysis of 442 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as molecular evidence of no-, low-, intermediate- or high-risk of prostate cancer
CPT-PLA	0344U	Hepatology (nonalcoholic fatty liver disease [NAFLD]), semiquantitative evaluation of 28 lipid markers by liquid chromatography with tandem mass spectrometry (LC-MS/MS), serum, reported as at-risk for nonalcoholic steatohepatitis (NASH) or not NASH
CPT-III	0345T	Transcatheter mitral valve repair percutaneous approach via the coronary sinus
CPT-PLA	0345U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6
CPT-PLA	0346U	Beta amyloid, Aβ40 and Aβ42 by liquid chromatography with tandem mass spectrometry (LC-MS/MS), ratio, plasma
CPT-III	0347T	Placement of interstitial device(s) in bone for radiostereometric analysis (RSA)
CPT-PLA	0347U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 16 gene report, with variant analysis and reported phenotypes

Type of Code	Code	Description
CPT-III	0348T	Radiologic examination, radiostereometric analysis (RSA); spine, (includes cervical, thoracic and lumbosacral, when performed)
CPT-PLA	0348U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 25 gene report, with variant analysis and reported phenotypes
CPT-III	0349T	Radiologic examination, radiostereometric analysis (RSA); upper extremity(ies), (includes shoulder, elbow, and wrist, when performed)
CPT-PLA	0349U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis, including reported phenotypes and impacted gene-drug interactions
CPT-III	0350T	Radiologic examination, radiostereometric analysis (RSA); lower extremity(ies), (includes hip, proximal femur, knee, and ankle, when performed)
CPT-PLA	0350U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis and reported phenotypes
CPT-III	0351T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; real-time intraoperative
CPT-PLA	0351U	Infectious disease (bacterial or viral), biochemical assays, tumor necrosis factor-related apoptosis-inducing ligand (TRAIL), interferon gamma-induced protein-10 (IP-10), and C-reactive protein, serum, algorithm reported as likelihood of bacterial infection
CPT-III	0352T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; interpretation and report, real-time or referred
CPT-PLA	0352U	Infectious disease (bacterial vaginosis and vaginitis), multiplex amplified probe technique, for detection of bacterial vaginosis-associated bacteria (BVAB-2, Atopobium vaginae, and Megasphera type 1), algorithm reported as detected or not detected and separate detection of Candida species (C. albicans, C. tropicalis, C. parapsilosis, C. dubliniensis), Candida glabrata/Candida krusei, and trichomonas vaginalis, vaginal-fluid specimen, each result reported as detected or not detected
CPT-III	0353T	Optical coherence tomography of breast, surgical cavity; real-time intraoperative
CPT-PLA	0353U	Infectious agent detection by nucleic acid (DNA), Chlamydia trachomatis and Neisseria gonorrhoeae, multiplex amplified probe technique, urine, vaginal, pharyngeal, or rectal, each pathogen reported as detected or not detected

Type of Code	Code	Description
CPT-III	0354T	Optical coherence tomography of breast, surgical cavity; interpretation and report, real-time or referred
CPT-PLA	0354U	Human papilloma virus (HPV), high-risk types (ie, 16, 18, 31, 33, 45, 52 and 58) qualitative mRNA expression of E6/E7 by quantitative polymerase chain reaction (qPCR)
CPT-PLA	0355U	APOL1 (apolipoprotein L1) (eg, chronic kidney disease), risk variants (G1, G2)
CPT-PLA	0356U	Oncology (oropharyngeal), evaluation of 17 DNA biomarkers using droplet digital PCR (ddPCR), cell-free DNA, algorithm reported as a prognostic risk score for cancer recurrence
CPT-PLA	0357U	Oncology (melanoma), artificial intelligence (AI)-enabled quantitative mass spectrometry analysis of 142 unique pairs of glycopeptide and product fragments, plasma, prognostic, and predictive algorithm reported as likely, unlikely, or uncertain benefit from immunotherapy agents
CPT-III	0358T	Bioelectrical impedance analysis whole body composition assessment, with interpretation and report
CPT-PLA	0358U	Neurology (mild cognitive impairment), analysis of β-amyloid 1-42 and 1-40, chemiluminescence enzyme immunoassay, cerebral spinal fluid, reported as positive, likely positive, or negative
CPT-PLA	0359U	Oncology (prostate cancer), analysis of all prostate-specific antigen (PSA) structural isoforms by phase separation and immunoassay, plasma, algorithm reports risk of cancer
CPT-PLA	0360U	Oncology (lung), enzyme-linked immunosorbent assay (ELISA) of 7 autoantibodies (p53, NY-ESO-1, CAGE, GBU4-5, SOX2, MAGE A4, and HuD), plasma, algorithm reported as a categorical result for risk of malignancy
CPT-PLA	0361U	Neurofilament light chain, digital immunoassay, plasma, quantitative
CPT-PLA	0362U	Oncology (papillary thyroid cancer), gene-expression profiling via targeted hybrid capture–enrichment RNA sequencing of 82 content genes and 10 housekeeping genes, formalin-fixed paraffin embedded (FFPE) tissue, algorithm reported as one of three molecular subtypes
CPT-PLA	0363U	Oncology (urothelial), mRNA, gene-expression profiling by real-time quantitative PCR of 5 genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm incorporates age, sex, smoking history, and macrohematuria frequency, reported as a risk score for having urothelial carcinoma
CPT-III	0373T	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.

Type of Code	Code	Description
CPT-III	0378T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional
CPT-III	0379T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; technical support and patient instructions, surveillance, analysis, and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional
CPT-III	0397T	Endoscopic retrograde cholangiopancreatography (ERCP), with optical endomicroscopy (List separately in addition to code for primary procedure)
CPT-III	0398T	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation and frame placement when performed
CPT-III	0402T	Collagen cross-linking of cornea, including removal of the corneal epithelium, when performed, and intraoperative pachymetry, when performed
CPT-III	0403T	Preventive behavior change, intensive program of prevention of diabetes using a standardized diabetes prevention program curriculum, provided to individuals in a group setting, minimum 60 minutes, per day
CPT-III	0404T	Transcervical uterine fibroid(s) ablation with ultrasound guidance, radiofrequency
CPT-III	0437T	Implantation of non-biologic or synthetic implant (eg, polypropylene) for fascial reinforcement of the abdominal wall (List separately in addition to code for primary procedure)
CPT-III	0439T	Myocardial contrast perfusion echocardiography, at rest or with stress, for assessment of myocardial ischemia or viability (List separately in addition to code for primary procedure)
CPT-III	0440T	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve
CPT-III	0441T	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve
CPT-III	0442T	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve)
CPT-III	0443T	Real-time spectral analysis of prostate tissue by fluorescence spectroscopy, including imaging guidance (List separately in addition to code for primary procedure)

Type of Code	Code	Description
CPT-III	0444T	Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion, unilateral or bilateral
CPT-III	0445T	Subsequent placement of a drug-eluting ocular insert under one or more eyelids, including re-training, and removal of existing insert, unilateral or bilateral
CPT-III	0446T	Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training
CPT-III	0447T	Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision
CPT-III	0448T	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation
CPT-III	0450T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; each additional device (List separately in addition to code for primary procedure)
CPT-III	0464T	Visual evoked potential, testing for glaucoma, with interpretation and report
CPT-III	0465T	Suprachoroidal injection of a pharmacologic agent (does not include supply of medication)
CPT-III	0469T	Retinal polarization scan, ocular screening with on-site automated results, bilateral
CPT-III	0470T	Optical coherence tomography (OCT) for microstructural and morphological imaging of skin, image acquisition, interpretation, and report; first lesion
CPT-III	0471T	Optical coherence tomography (OCT) for microstructural and morphological imaging of skin, image acquisition, interpretation, and report; each additional lesion (List separately in addition to code for primary procedure)
CPT-III	0472T	Device evaluation, interrogation, and initial programming of intraocular retinal electrode array (eg, retinal prosthesis), in person, with iterative adjustment of the implantable device to test functionality, select optimal permanent programmed values with analysis, including visual training, with review and report by a qualified health care professional
CPT-III	0473T	Device evaluation and interrogation of intraocular retinal electrode array (eg, retinal prosthesis), in person, including reprogramming and visual training, when performed, with review and report by a qualified health care professional
CPT-III	0474T	Insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space

Type of Code	Code	Description
CPT-III	0475T	Recording of fetal magnetic cardiac signal using at least 3 channels; patient recording and storage, data scanning with signal extraction, technical analysis and result, as well as supervision, review, and interpretation of report by a physician or other qualified health care professional
CPT-III	0476T	Recording of fetal magnetic cardiac signal using at least 3 channels; patient recording, data scanning, with raw electronic signal transfer of data and storage
CPT-III	0477T	Recording of fetal magnetic cardiac signal using at least 3 channels; signal extraction, technical analysis, and result
CPT-III	0478T	Recording of fetal magnetic cardiac signal using at least 3 channels; review, interpretation, report by physician or other qualified health care professional
CPT-III	0479T	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; first 100 cm2 or part thereof, or 1% of body surface area of infants and children
CPT-III	0480T	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; each additional 100 cm2, or each additional 1% of body surface area of infants and children, or part thereof (List separately in addition to code for primary procedure)
CPT-III	0481T	Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation, when performed
CPT-III	0483T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach, including transseptal puncture, when performed
CPT-III	0484T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic exposure (eg, thoracotomy, transapical)
CPT-III	0485T	Optical coherence tomography (OCT) of middle ear, with interpretation and report; unilateral
CPT-III	0486T	Optical coherence tomography (OCT) of middle ear, with interpretation and report; bilateral
CPT-III	0487T	Biomechanical mapping, transvaginal, with report
CPT-III	0488T	Preventive behavior change, online/electronic structured intensive program for prevention of diabetes using a standardized diabetes prevention program curriculum, provided to an individual, per 30 days
CPT-III	0489T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; adipose tissue harvesting, isolation and preparation of harvested cells including incubation with cell dissociation enzymes, removal of non-viable cells and debris, determination of concentration and dilution of regenerative cells

Type of Code	Code	Description
CPT-III	0490T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; multiple injections in one or both hands
CPT-III	0491T	Ablative laser treatment, non-contact, full field and fractional ablation, open wound, per day, total treatment surface area; first 20 sq cm or less
CPT-III	0492T	Ablative laser treatment, non-contact, full field and fractional ablation, open wound, per day, total treatment surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
CPT-III	0493T	Contact near-infrared spectroscopy studies of lower extremity wounds (eg, for oxyhemoglobin measurement)
CPT-III	0494T	Surgical preparation and cannulation of marginal (extended) cadaver donor lung(s) to ex vivo organ perfusion system, including decannulation, separation from the perfusion system, and cold preservation of the allograft prior to implantation, when performed
CPT-III	0495T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; first two hours in sterile field
CPT-III	0496T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; each additional hour (List separately in addition to code for primary procedure)
CPT-III	0497T	External patient-activated, physician- or other qualified health care professional-prescribed, electrocardiographic rhythm derived event recorder without 24-hour attended monitoring; in-office connection

Type of Code	Code	Description
CPT-III	0498T	External patient-activated, physician- or other qualified health care professional-prescribed, electrocardiographic rhythm derived event recorder without 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional per 30 days with at least one patient-generated triggered event
CPT-III	0499T	Cystourethroscopy, with mechanical dilation and urethral therapeutic drug delivery for urethral stricture or stenosis, including fluoroscopy, when performed
CPT-III	0500T	Infectious agent detection by nucleic acid (DNA or RNA), Human Papillomavirus (HPV) for five or more separately reported high-risk HPV types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) (ie, genotyping)
CPT-III	0501T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission, analysis of fluid dynamics and simulated maximal coronary hyperemia, generation of estimated FFR model, with anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report
CPT-III	0502T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission
CPT-III	0503T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model
CPT-III	0504T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report
CPT-III	0509T	Electroretinography (ERG) with interpretation and report, pattern (PERG)
CPT-III	0510T	Removal of sinus tarsi implant
CPT-III	0511T	Removal and reinsertion of sinus tarsi implant

Type of Code	Code	Description
CPT-III	0512T	Extracorporeal shock wave for integumentary wound healing, including topical application and dressing care; initial wound
CPT-III	0513T	Extracorporeal shock wave for integumentary wound healing, including topical application and dressing care; each additional wound (List separately in addition to code for primary procedure)
CPT-III	0514T	Intraoperative visual axis identification using patient fixation (List separately in addition to code for primary procedure)
CPT-III	0515T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; complete system (includes electrode and generator [transmitter and battery])
CPT-III	0516T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; electrode only
CPT-III	0517T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; pulse generator component(s) (battery and/or transmitter) only
CPT-III	0518T	Removal of only pulse generator component(s) (battery and/or transmitter) of wireless cardiac stimulator for left ventricular pacing
CPT-III	0519T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter)
CPT-III	0520T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter), including placement of a new electrode
CPT-III	0521T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording, and disconnection per patient encounter, wireless cardiac stimulator for left ventricular pacing
CPT-III	0522T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, wireless cardiac stimulator for left ventricular pacing

Type of Code	Code	Description
CPT-III	0523T	Intraprocedural coronary fractional flow reserve (FFR) with 3D functional mapping of color-coded FFR values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention (List separately in addition to code for primary procedure)
CPT-III	0524T	Endovenous catheter directed chemical ablation with balloon isolation of incompetent extremity vein, open or percutaneous, including all vascular access, catheter manipulation, diagnostic imaging, imaging guidance and monitoring
CPT-III	0525T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; complete system (electrode and implantable monitor)
CPT-III	0526T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; electrode only
CPT-III	0527T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; implantable monitor only
CPT-III	0528T	Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report
CPT-III	0529T	Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report
CPT-III	0530T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; complete system (electrode and implantable monitor)
CPT-III	0531T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; electrode only
CPT-III	0532T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; implantable monitor only
CPT-III	0533T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; includes set-up, patient training, configuration of monitor, data upload, analysis and initial report configuration, download review, interpretation and report

Type of Code	Code	Description
CPT-III	0534T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; set-up, patient training, configuration of monitor
CPT-III	0535T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; data upload, analysis and initial report configuration
CPT-III	0536T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; download review, interpretation and report
CPT-III	0541T	Myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition using minimum 36 channel grid, generation of magnetic-field time-series images, quantitative analysis of magnetic dipoles, machine learning-derived clinical scoring, and automated report generation, single study
CPT-III	0542T	Myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition using minimum 36 channel grid, generation of magnetic-field time-series images, quantitative analysis of magnetic dipoles, machine learning-derived clinical scoring, and automated report generation, single study; interpretation and report
CPT-III	0563T	Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral
CPT-III	0564T	Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor cells, categorical drug response reported based on percent of cytotoxicity observed, a minimum of 14 drugs or drug combinations
CPT-III	0565T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; tissue harvesting and cellular implant creation
CPT-III	0566T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; injection of cellular implant into knee joint including ultrasound guidance, unilateral
CPT-III	0567T	Permanent fallopian tube occlusion with degradable biopolymer implant, transcervical approach, including transvaginal ultrasound
CPT-III	0568T	Introduction of mixture of saline and air for sonosalpingography to confirm occlusion of fallopian tubes, transcervical approach, including transvaginal ultrasound and pelvic ultrasound
CPT-III	0569T	Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis

Type of Code	Code	Description
CPT-III	0570T	Transcatheter tricuspid valve repair, percutaneous approach; each additional prosthesis during same session (List separately in addition to code for primary procedure)
CPT-III	0571T	Insertion or replacement of implantable cardioverter-defibrillator system with substernal electrode(s), including all imaging guidance and electrophysiological evaluation (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters), when performed
CPT-III	0572T	Insertion of substernal implantable defibrillator electrode
CPT-III	0573T	Removal of substernal implantable defibrillator electrode
CPT-III	0574T	Repositioning of previously implanted substernal implantable defibrillator-pacing electrode
CPT-III	0575T	Programming device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional
CPT-III	0576T	Interrogation device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter
CPT-III	0577T	Electrophysiologic evaluation of implantable cardioverter-defibrillator system with substernal electrode (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)
CPT-III	0578T	Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional
CPT-III	0579T	Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results
CPT-III	0580T	Removal of substernal implantable defibrillator pulse generator only
CPT-III	0581T	Ablation, malignant breast tumor(s), percutaneous, cryotherapy, including imaging guidance when performed, unilateral

Type of Code	Code	Description
CPT-III	0582T	Transurethral ablation of malignant prostate tissue by high-energy water vapor thermotherapy, including intraoperative imaging and needle guidance
CPT-III	0583T	Tympanostomy (requiring insertion of ventilating tube), using an automated tube delivery system, iontophoresis local anesthesia
CPT-III	0584T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; percutaneous
CPT-III	0585T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; laparoscopic
CPT-III	0586T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; open
CPT-III	0587T	Percutaneous implantation or replacement of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve
CPT-III	0588T	Revision or removal of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve
CPT-III	0589T	Electronic analysis with simple programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 1-3 parameters
CPT-III	0590T	Electronic analysis with complex programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 4 or more parameters
CPT-III	0591T	Health and well-being coaching face-to-face; individual, initial assessment
CPT-III	0592T	Health and well-being coaching face-to-face; individual, follow-up session, at least 30 minutes

Type of Code	Code	Description
CPT-III	0593T	Health and well-being coaching face-to-face; group (2 or more individuals), at least 30 minutes
CPT-III	0594T	Osteotomy, humerus, with insertion of an externally controlled intramedullary lengthening device, including intraoperative imaging, initial and subsequent alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device
CPT-III	0596T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); initial insertion, including urethral measurement
CPT-III	0597T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); replacement
CPT-III	0598T	Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; first anatomic site (eg, lower extremity)
CPT-III	0599T	Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; each additional anatomic site (eg, upper extremity) (List separately in addition to code for primary procedure)
CPT-III	0600T	Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging guidance, when performed, percutaneous
CPT-III	0601T	Ablation, irreversible electroporation; 1 or more tumors per organ, including fluoroscopic and ultrasound guidance, when performed, open
CPT-III	0602T	Glomerular filtration rate (GFR) measurement(s), transdermal, including sensor placement and administration of a single dose of fluorescent pyrazine agent
CPT-III	0603T	Glomerular filtration rate (GFR) monitoring, transdermal, including sensor placement and administration of more than one dose of fluorescent pyrazine agent, each 24 hours
CPT-III	0604T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center, unilateral or bilateral; initial device provision, set-up and patient education on use of equipment
CPT-III	0605T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center, unilateral or bilateral; remote surveillance center technical support, data analyses and reports, with a minimum of 8 daily recordings, each 30 days

Type of Code	Code	Description
CPT-III	0606T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center, unilateral or bilateral; review, interpretation and report by the prescribing physician or other qualified health care professional of remote surveillance center data analyses, each 30 days
CPT-III	0607T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; set-up and patient education on use of equipment
CPT-III	0608T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; analysis of data received and transmission of reports to the physician or other qualified health care professional
CPT-III	0609T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (ie, lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and collagen) in at least 3 discs
CPT-III	0610T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis
CPT-III	0611T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); postprocessing for algorithmic analysis of biomarker data for determination of relative chemical differences between discs
CPT-III	0612T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report
CPT-III	0613T	Percutaneous transcatheter implantation of interatrial septal shunt device, including right and left heart catheterization, intracardiac echocardiography, and imaging guidance by the proceduralist, when performed
CPT-III	0614T	Removal and replacement of substernal implantable defibrillator pulse generator
CPT-III	0615T	Eye-movement analysis without spatial calibration, with interpretation and report

Type of Code	Code	Description
CPT-III	0616T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; without removal of crystalline lens or intraocular lens, without insertion of intraocular lens
CPT-III	0617T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; with removal of crystalline lens and insertion of intraocular lens
CPT-III	0618T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; with secondary intraocular lens placement or intraocular lens exchange
CPT-III	0619T	Cystourethroscopy with transurethral anterior prostate commissurotomy and drug delivery, including transrectal ultrasound and fluoroscopy, when performed
CPT-III	0620T	Endovascular venous arterialization, tibial or peroneal vein, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed
CPT-III	0621T	Trabeculostomy ab interno by laser
CPT-III	0622T	Trabeculostomy ab interno by laser; with use of ophthalmic endoscope
CPT-III	0623T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission, computerized analysis of data, with review of computerized analysis output to reconcile discordant data, interpretation and report
CPT-III	0624T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission
CPT-III	0625T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; computerized analysis of data from coronary computed tomographic angiography
CPT-III	0626T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; review of computerized analysis output to reconcile discordant data, interpretation and report

Type of Code	Code	Description
CPT-III	0627T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level
CPT-III	0628T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; each additional level (List separately in addition to code for primary procedure)
CPT-III	0629T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level
CPT-III	0630T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; each additional level (List separately in addition to code for primary procedure)
CPT-III	0631T	Transcutaneous visible light hyperspectral imaging measurement of oxyhemoglobin, deoxyhemoglobin, and tissue oxygenation, with interpretation and report, per extremity
CPT-III	0632T	Percutaneous transcatheter ultrasound ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance
CPT-III	0633T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material
CPT-III	0634T	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)
CPT-III	0635T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)
CPT-III	0636T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)
CPT-III	0637T	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)
CPT-III	0638T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)
CPT-III	0639T	Wireless skin sensor thermal anisotropy measurement(s) and assessment of flow in cerebrospinal fluid shunt, including ultrasound guidance, when performed

Type of Code	Code	Description
CPT-III	0640T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO2]); image acquisition, interpretation and report, each flap or wound
CPT-III	0641T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO2]); image acquisition only, each flap or wound
CPT-III	0642T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO2]); interpretation and report only, each flap or wound
CPT-III	0643T	Transcatheter left ventricular restoration device implantation including right and left heart catheterization and left ventriculography when performed, arterial approach
CPT-III	0644T	Transcatheter removal or debulking of intracardiac mass (eg, vegetations, thrombus) via suction (eg, vacuum, aspiration) device, percutaneous approach, with intraoperative reinfusion of aspirated blood, including imaging guidance, when performed
CPT-III	0645T	Transcatheter implantation of coronary sinus reduction device including vascular access and closure, right heart catheterization, venous angiography, coronary sinus angiography, imaging guidance, and supervision and interpretation, when performed
CPT-III	0646T	Transcatheter tricuspid valve implantation (TTVI)/replacement with prosthetic valve, percutaneous approach, including right heart catheterization, temporary pacemaker insertion, and selective right ventricular or right atrial angiography, when performed
CPT-III	0647T	Insertion of gastrostomy tube, percutaneous, with magnetic gastropexy, under ultrasound guidance, image documentation and report
CPT-III	0648T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; single organ

Type of Code	Code	Description
CPT-III	0649T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); single organ (List separately in addition to code for primary procedure)
CPT-III	0650T	Programming device evaluation (remote) of subcutaneous cardiac rhythm monitor system, with iterative adjustment of the implantable device to test the function of the device and select optimal permanently programmed values with analysis, review and report by a physician or other qualified health care professional
CPT-III	0651T	Magnetically controlled capsule endoscopy, esophagus through stomach, including intraprocedural positioning of capsule, with interpretation and report
CPT-III	0652T	Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
CPT-III	0653T	Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single or multiple
CPT-III	0654T	Esophagogastroduodenoscopy, flexible, transnasal; with insertion of intraluminal tube or catheter
CPT-III	0655T	Transperineal focal laser ablation of malignant prostate tissue, including transrectal imaging guidance, with MR-fused images or other enhanced ultrasound imaging
CPT-III	0656T	Vertebral body tethering, anterior; up to 7 vertebral segments
CPT-III	0657T	Vertebral body tethering, anterior; 8 or more vertebral segments
CPT-III	0658T	Electrical impedance spectroscopy of 1 or more skin lesions for automated melanoma risk score
CPT-III	0659T	Transcatheter intracoronary infusion of supersaturated oxygen in conjunction with percutaneous coronary revascularization during acute myocardial infarction, including catheter placement, imaging guidance (eg, fluoroscopy), angiography, and radiologic supervision and interpretation
CPT-III	0660T	Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach
CPT-III	0661T	Removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting implant
CPT-III	0662T	Scalp cooling, mechanical; initial measurement and calibration of cap
CPT-III	0663T	Scalp cooling, mechanical; placement of device, monitoring, and removal of device (List separately in addition to code for primary procedure)
CPT-III	0664T	Donor hysterectomy (including cold preservation); open, from cadaver donor

Type of Code	Code	Description
CPT-III	0665T	Donor hysterectomy (including cold preservation); open, from living donor
CPT-III	0666T	Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor
CPT-III	0667T	Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living donor
CPT-III	0668T	Backbench standard preparation of cadaver or living donor uterine allograft prior to transplantation, including dissection and removal of surrounding soft tissues and preparation of uterine vein(s) and uterine artery(ies), as necessary
CPT-III	0669T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each
CPT-III	0670T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each
CPT-III	0671T	Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more
CPT-III	0672T	Endovaginal cryogen-cooled, monopolar radiofrequency remodeling of the tissues surrounding the female bladder neck and proximal urethra for urinary incontinence
CPT-III	0673T	Ablation, benign thyroid nodule(s), percutaneous, laser, including imaging guidance
CPT-III	0674T	Laparoscopic insertion of new or replacement of permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including an implantable pulse generator and diaphragmatic lead(s)
CPT-III	0675T	Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first lead
CPT-III	0676T	Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; each additional lead (List separately in addition to code for primary procedure)

Type of Code	Code	Description
CPT-III	0677T	Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first repositioned lead
CPT-III	0678T	Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; each additional repositioned lead (List separately in addition to code for primary procedure)
CPT-III	0679T	Laparoscopic removal of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function
CPT-III	0680T	Insertion or replacement of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing lead(s)
CPT-III	0681T	Relocation of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing dual leads
CPT-III	0682T	Removal of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function
CPT-III	0683T	Programming device evaluation (in-person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function
CPT-III	0684T	Peri-procedural device evaluation (in-person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review, and report by a physician or other qualified health care professional, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function
CPT-III	0685T	Interrogation device evaluation (in-person) with analysis, review and report by a physician or other qualified health care professional, including connection, recording and disconnection per patient encounter, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function
CPT-III	0686T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant hepatocellular tissue, including image guidance

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

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

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

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

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

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

Type of Code	Code	Description
CPT-III	0765T	Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to previously performed electrocardiogram
CPT-III	0766T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, initial treatment, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve
CPT-III	0767T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, initial treatment, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; each additional nerve (List separately in addition to code for primary procedure)
CPT-III	0768T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, subsequent treatment, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve
CPT-III	0769T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, subsequent treatment, including noninvasive electroneurographic localization (nerve conduction localization), when performed; each additional nerve (List separately in addition to code for primary procedure)
CPT-III	0770T	Virtual reality technology to assist therapy (List separately in addition to code for primary procedure)
CPT-III	0771T	Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older
CPT-III	0772T	Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)

Type of Code	Code	Description
CPT-III	0773T	Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports; initial 15 minutes of intraservice time, patient age 5 years or older
CPT-III	0774T	Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)
CPT-III	0775T	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, includes placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s])
CPT-III	0776T	Therapeutic induction of intra-brain hypothermia, including placement of a mechanical temperature-controlled cooling device to the neck over carotids and head, including monitoring (eg, vital signs and sport concussion assessment tool 5 [SCAT5]), 30 minutes of treatment
CPT-III	0777T	Real-time pressure-sensing epidural guidance system (List separately in addition to code for primary procedure)
CPT-III	0778T	Surface mechanomyography (sMMG) with concurrent application of inertial measurement unit (IMU) sensors for measurement of multi-joint range of motion, posture, gait, and muscle function
CPT-III	0779T	Gastrointestinal myoelectrical activity study, stomach through colon, with interpretation and report
CPT-III	0780T	Instillation of fecal microbiota suspension via rectal enema into lower gastrointestinal tract
CPT-III	0781T	Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; bilateral mainstem bronchi
CPT-III	0782T	Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; unilateral mainstem bronchus
CPT-III	0783T	Transcutaneous auricular neurostimulation, set-up, calibration, and patient education on use of equipment
HCPCS	A0021	Ambulance service, outside state per mile, transport (Medicaid only)

Type of Code	Code	Description
HCPCS	A0080	Non-emergency transportation, per mile - vehicle provided by volunteer (individual or organization), with no vested interest
HCPCS	A0090	Non-emergency transportation, per mile - vehicle provided by individual (family member, self, neighbor) with vested interest
HCPCS	A0100	Non-emergency transportation; taxi
HCPCS	A0110	Non-emergency transportation and bus, intra- or interstate carrier
HCPCS	A0120	Non-emergency transportation: mini-bus, mountain area transports, or other transportation systems
HCPCS	A0130	Non-emergency transportation: wheelchair van
HCPCS	A0140	Non-emergency transportation and air travel (private or commercial) intra- or interstate
HCPCS	A0160	Non-emergency transportation: per mile - case worker or social worker
HCPCS	A0170	Transportation ancillary: parking fees, tolls, other
HCPCS	A0180	Non-emergency transportation: ancillary: lodging-recipient
HCPCS	A0190	Non-emergency transportation: ancillary: meals-recipient
HCPCS	A0200	Non-emergency transportation: ancillary: lodging escort
HCPCS	A0210	Non-emergency transportation: ancillary: meals-escort
HCPCS	A0225	Ambulance service, neonatal transport, base rate, emergency transport, one way
HCPCS	A0380	BLS mileage (per mile)
HCPCS	A0390	ALS mileage (per mile)
HCPCS	A0888	Noncovered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility)
HCPCS	A4245	Alcohol wipes, per box
HCPCS	A4246	Betadine or pHisoHex solution, per pint
HCPCS	A4247	Betadine or iodine swabs/wipes, per box
HCPCS	A4248	Chlorhexidine containing antiseptic, 1 ml
HCPCS	A4250	Urine test or reagent strips or tablets (100 tablets or strips)
HCPCS	A4252	Blood ketone test or reagent strip, each
HCPCS	A4257	Replacement lens shield cartridge for use with laser skin piercing device, each
HCPCS	A4265	Paraffin, per pound

Type of Code	Code	Description
HCPCS	A4267	Contraceptive supply, condom, male, each
HCPCS	A4268	Contraceptive supply, condom, female, each
HCPCS	A4269	Contraceptive supply, spermicide (e.g., foam, gel), each
HCPCS	A4281	Tubing for breast pump, replacement
HCPCS	A4282	Adapter for breast pump, replacement
HCPCS	A4283	Cap for breast pump bottle, replacement
HCPCS	A4284	Breast shield and splash protector for use with breast pump, replacement
HCPCS	A4285	Polycarbonate bottle for use with breast pump, replacement
HCPCS	A4286	Locking ring for breast pump, replacement
HCPCS	A4305	Disposable drug delivery system, flow rate of 50 ml or greater per hour
HCPCS	A4450	Tape, non-waterproof, per 18 square inches
HCPCS	A4452	Tape, waterproof, per 18 square inches
HCPCS	A4453	Rectal catheter for use with the manual pump-operated enema system, replacement only
HCPCS	A4455	Adhesive remover or solvent (for tape, cement or other adhesive), per ounce
HCPCS	A4456	Adhesive remover, wipes, any type, each
HCPCS	A4458	Enema bag with tubing, reusable
HCPCS	A4461	Surgical dressing holder, non-reusable, each
HCPCS	A4463	Surgical dressing holder, reusable, each
HCPCS	A4465	Non-elastic binder for extremity
HCPCS	A4467	Belt, strap, sleeve, garment, or covering, any type
HCPCS	A4470	Gravlee jet washer
HCPCS	A4480	Vabra aspirator
HCPCS	A4483	Moisture exchanger, disposable, for use with invasive mechanical ventilation
HCPCS	A4490	Surgical stockings above knee length, each
HCPCS	A4495	Surgical stockings thigh length, each
HCPCS	A4500	Surgical stockings below knee length, each

Type of Code	Code	Description
HCPCS	A4510	Surgical stockings full length, each
HCPCS	A4520	Incontinence garment, any type, (e.g., brief, diaper), each
HCPCS	A4550	Surgical trays
HCPCS	A4554	Disposable underpads, all sizes
HCPCS	A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only
HCPCS	A4556	Electrodes, (e.g., apnea monitor), per pair
HCPCS	A4557	Lead wires, (e.g., apnea monitor), per pair
HCPCS	A4558	Conductive gel or paste, for use with electrical device (e.g., TNES, NMES), per oz
HCPCS	A4559	Coupling gel or paste, for use with ultrasound device, per oz
HCPCS	A4561	Pessary, rubber, any type
HCPCS	A4562	Pessary, non rubber, any type
HCPCS	A4563	Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each
HCPCS	A4575	Topical hyperbaric oxygen chamber, disposable
HCPCS	A4595	Electrical stimulator supplies, 2 lead, per month, (e.g., TENS, NMES)
HCPCS	A4596	Cranial electrotherapy stimulation (ces) system supplies and accessories, per month
HCPCS	A4600	Sleeve for intermittent limb compression device, replacement only, each
HCPCS	A4601	Lithium ion battery, rechargeable, for non-prosthetic use, replacement
HCPCS	A4602	Replacement battery for external infusion pump owned by patient, lithium, 1.5 volt, each
HCPCS	A4630	Replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient
HCPCS	A4633	Replacement bulb/lamp for ultraviolet light therapy system, each
HCPCS	A4634	Replacement bulb for therapeutic light box, tabletop model
HCPCS	A4635	Underarm pad, crutch, replacement, each
HCPCS	A4636	Replacement, handgrip, cane, crutch, or walker, each
HCPCS	A4637	Replacement, tip, cane, crutch, walker, each.
HCPCS	A4638	Replacement battery for patient-owned ear pulse generator, each

Type of Code	Code	Description
HCPCS	A4639	Replacement pad for infrared heating pad system, each
HCPCS	A4640	Replacement pad for use with medically necessary alternating pressure pad owned by patient
HCPCS	A4641	Radiopharmaceutical, diagnostic, not otherwise classified
HCPCS	A4642	Indium In-111 satumomab pendetide, diagnostic, per study dose, up to 6 millicuries
HCPCS	A4648	Tissue marker, implantable, any type, each
HCPCS	A4649	Surgical supply; miscellaneous
HCPCS	A4650	Implantable radiation dosimeter, each
HCPCS	A4651	Calibrated microcapillary tube, each
HCPCS	A4652	Microcapillary tube sealant
HCPCS	A4653	Peritoneal dialysis catheter anchoring device, belt, each
HCPCS	A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope
HCPCS	A4663	Blood pressure cuff only
HCPCS	A4670	Automatic blood pressure monitor
HCPCS	A4870	Plumbing and/or electrical work for home hemodialysis equipment
HCPCS	A4890	Contracts, repair and maintenance, for hemodialysis equipment
HCPCS	A4927	Gloves, non-sterile, per 100
HCPCS	A4928	Surgical mask, per 20
HCPCS	A4929	Tourniquet for dialysis, each
HCPCS	A4930	Gloves, sterile, per pair
HCPCS	A4931	Oral thermometer, reusable, any type, each
HCPCS	A4932	Rectal thermometer, reusable, any type, each
HCPCS	A6000	Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card
HCPCS	A6216	Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
HCPCS	A6217	Gauze, non-impregnated, non-sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing

Type of Code	Code	Description
HCPCS	A6218	Gauze, non-impregnated, non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing
HCPCS	A6219	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
HCPCS	A6220	Gauze, non-impregnated, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
HCPCS	A6221	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing
HCPCS	A6222	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
HCPCS	A6223	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing
HCPCS	A6224	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
HCPCS	A6228	Gauze, impregnated, water or normal saline, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
HCPCS	A6229	Gauze, impregnated, water or normal saline, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
HCPCS	A6230	Gauze, impregnated, water or normal saline, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
HCPCS	A6231	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size 16 sq. in. or less, each dressing
HCPCS	A6232	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size greater than 16 sq. in., but less than or equal to 48 sq. in., each dressing
HCPCS	A6233	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size more than 48 sq. in., each dressing
HCPCS	A6234	Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
HCPCS	A6235	Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing

Type of Code	Code	Description
HCPCS	A6236	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
HCPCS	A6237	Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
HCPCS	A6238	Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
HCPCS	A6239	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing
HCPCS	A6240	Hydrocolloid dressing, wound filler, paste, sterile, per ounce
HCPCS	A6241	Hydrocolloid dressing, wound filler, dry form, sterile, per gram
HCPCS	A6242	Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
HCPCS	A6243	Hydrogel dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
HCPCS	A6244	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
HCPCS	A6245	Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
HCPCS	A6246	Hydrogel dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
HCPCS	A6247	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing
HCPCS	A6248	Hydrogel dressing, wound filler, gel, per fluid ounce
HCPCS	A6250	Skin sealants, protectants, moisturizers, ointments, any type, any size
HCPCS	A6251	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
HCPCS	A6252	Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing

Type of Code	Code	Description
HCPCS	A6253	Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
HCPCS	A6254	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
HCPCS	A6255	Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
HCPCS	A6256	Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing
HCPCS	A6257	Transparent film, sterile, 16 sq. in. or less, each dressing
HCPCS	A6258	Transparent film, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing
HCPCS	A6259	Transparent film, sterile, more than 48 sq. in., each dressing
HCPCS	A6260	Wound cleansers, any type, any size
HCPCS	A6261	Wound filler, gel/paste, per fluid ounce, not otherwise specified
HCPCS	A6262	Wound filler, dry form, per gram, not otherwise specified
HCPCS	A6266	Gauze, impregnated, other than water, normal saline, or zinc paste, sterile, any width, per linear yard
HCPCS	A6402	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
HCPCS	A6403	Gauze, non-impregnated, sterile, pad size more than 16 sq. in. less than or equal to 48 sq. in., without adhesive border, each dressing
HCPCS	A6404	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
HCPCS	A6407	Packing strips, non-impregnated, sterile, up to 2 inches in width, per linear yard
HCPCS	A6410	Eye pad, sterile, each
HCPCS	A6411	Eye pad, non-sterile, each
HCPCS	A6412	Eye patch, occlusive, each
HCPCS	A6413	Adhesive bandage, first-aid type, any size, each
HCPCS	A6441	Padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to three inches and less than five inches, per yard
HCPCS	A6442	Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard

Type of Code	Code	Description
HCPCS	A6443	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard
HCPCS	A6444	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to 5 inches, per yard
HCPCS	A6445	Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard
HCPCS	A6446	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard
HCPCS	A6447	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard
HCPCS	A6448	Light compression bandage, elastic, knitted/woven, width less than three inches, per yard
HCPCS	A6449	Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard
HCPCS	A6450	Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard
HCPCS	A6451	Moderate compression bandage, elastic, knitted/woven, load resistance of 1.25 to 1.34 foot pounds at 50% maximum stretch, width greater than or equal to three inches and less than five inches, per yard
HCPCS	A6452	High compression bandage, elastic, knitted/woven, load resistance greater than or equal to 1.35 foot pounds at 50% maximum stretch, width greater than or equal to three inches and less than five inches, per yard
HCPCS	A6453	Self-adherent bandage, elastic, non-knitted/non-woven, width less than three inches, per yard
HCPCS	A6454	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to three inches and less than five inches, per yard
HCPCS	A6455	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to five inches, per yard
HCPCS	A6456	Zinc paste impregnated bandage, non-elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard
HCPCS	A6457	Tubular dressing with or without elastic, any width, per linear yard
HCPCS	A6460	Synthetic resorbable wound dressing, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing

Type of Code	Code	Description
HCPCS	A6461	Synthetic resorbable wound dressing, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
HCPCS	A6530	Gradient compression stocking, below knee, 18-30 mm Hg, each
HCPCS	A6531	Gradient compression stocking, below knee, 30-40 mm Hg, each
HCPCS	A6532	Gradient compression stocking, below knee, 40-50 mm Hg, each
HCPCS	A6533	Gradient compression stocking, thigh length, 18-30 mm Hg, each
HCPCS	A6534	Gradient compression stocking, thigh length, 30-40 mm Hg, each
HCPCS	A6535	Gradient compression stocking, thigh length, 40-50 mm Hg, each
HCPCS	A6536	Gradient compression stocking, full length/chap style, 18-30 mm Hg, each
HCPCS	A6537	Gradient compression stocking, full length/chap style, 30-40 mm Hg, each
HCPCS	A6538	Gradient compression stocking, full length/chap style, 40-50 mm Hg, each
HCPCS	A6539	Gradient compression stocking, waist length, 18-30 mm Hg, each
HCPCS	A6540	Gradient compression stocking, waist length, 30-40 mm Hg, each
HCPCS	A6541	Gradient compression stocking, waist length, 40-50 mm Hg, each
HCPCS	A6544	Gradient compression stocking, garter belt
HCPCS	A6545	Gradient compression wrap, non-elastic, below knee, 30-50 mm Hg, each
HCPCS	A6549	Gradient compression stocking/sleeve, not otherwise specified
HCPCS	A7001	Canister, non-disposable, used with suction pump, each
HCPCS	A9150	Non-prescription drugs
HCPCS	A9152	Single vitamin/mineral/trace element, oral, per dose, not otherwise specified
HCPCS	A9153	Multiple vitamins, with or without minerals and trace elements, oral, per dose, not otherwise specified
HCPCS	A9155	Artificial saliva, 30 ml
HCPCS	A9180	Pediculosis (lice infestation) treatment, topical, for administration by patient/caretaker
HCPCS	A9270	Non-covered item or service
HCPCS	A9272	Wound suction, disposable, includes dressing, all accessories and components, any type, each
HCPCS	A9273	Cold or hot fluid bottle, ice cap or collar, heat and/or cold wrap, any type
HCPCS	A9275	Home glucose disposable monitor, includes test strips

Type of Code	Code	Description
HCPCS	A9280	Alert or alarm device, not otherwise classified
HCPCS	A9281	Reaching/grabbing device, any type, any length, each
HCPCS	A9282	Wig, any type, each
HCPCS	A9283	Foot pressure off loading/supportive device, any type, each
HCPCS	A9284	Spirometer, non-electronic, includes all accessories
HCPCS	A9285	Inversion/eversion correction device
HCPCS	A9286	Hygienic item or device, disposable or non-disposable, any type, each
HCPCS	A9300	Exercise equipment
HCPCS	A9698	Non-radioactive contrast imaging material, not otherwise classified, per study
HCPCS	A9699	Radiopharmaceutical, therapeutic, not otherwise classified
HCPCS	A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code
HCPCS	A9901	DME delivery, set up, and/or dispensing service component of another HCPCS code
HCPCS	A9999	Miscellaneous DME supply or accessory, not otherwise specified
HCPCS	B4100	Food thickener, administered orally, per ounce
HCPCS	B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit
HCPCS	B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit
HCPCS	B4104	Additive for enteral formula (e.g., fiber)
HCPCS	B4149	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
HCPCS	B4150	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
HCPCS	B4152	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit

Type of Code	Code	Description
HCPCS	B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
HCPCS	B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
HCPCS	B4155	Enteral formula, nutritionally incomplete/Modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit
HCPCS	B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
HCPCS	B4158	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit
HCPCS	B4159	Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit
HCPCS	B4160	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
HCPCS	B4187	Omegaven, 10 grams lipids
HCPCS	C1052	Hemostatic agent, gastrointestinal, topical
HCPCS	C1062	Intravertebral body fracture augmentation with implant (e.g., metal, polymer)
HCPCS	C1734	Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to bone (implantable)
HCPCS	C1747	Endoscope, single-use (i.e. disposable), urinary tract, imaging/illumination device (insertable)
HCPCS	C1761	Catheter, transluminal intravascular lithotripsy, coronary
HCPCS	C1813	Prosthesis, penile, inflatable

Type of Code	Code	Description
HCPCS	C1821	Interspinous process distraction device (implantable)
HCPCS	C1822	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system
HCPCS	C1823	Generator, neurostimulator (implantable), non-rechargeable, with transvenous sensing and stimulation leads
HCPCS	C1824	Generator, cardiac contractility modulation (implantable)
HCPCS	C1825	Generator, neurostimulator (implantable), non-rechargeable with carotid sinus baroreceptor stimulation lead(s)
HCPCS	C1826	Generator, neurostimulator (implantable), includes closed feedback loop leads and all implantable components, with rechargeable battery and charging system
HCPCS	C1827	Generator, neurostimulator (implantable), non-rechargeable, with implantable stimulation lead and external paired stimulation controller
HCPCS	C1831	Personalized, anterior and lateral interbody cage (implantable)
HCPCS	C1832	Autograft suspension, including cell processing and application, and all system components
HCPCS	C1833	Monitor, cardiac, including intracardiac lead and all system components (implantable)
HCPCS	C1834	Pressure sensor system, includes all components (e.g., introducer, sensor), intramuscular (implantable), excludes mobile (wireless) software application
HCPCS	C1839	Iris prosthesis
HCPCS	C1849	Skin substitute, synthetic, resorbable, per square centimeter
HCPCS	C1889	Implantable/insertable device, not otherwise classified
HCPCS	C1890	No implantable/insertable device used with device-intensive procedures
HCPCS	C1982	Catheter, pressure-generating, one-way valve, intermittently occlusive
HCPCS	C2596	Probe, image-guided, robotic, waterjet ablation
HCPCS	C2624	Implantable wireless pulmonary artery pressure sensor with delivery catheter, including all system components
HCPCS	C2628	Catheter, occlusion
HCPCS	C7500	Debridement, bone including epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed, first 20 sq cm or less with manual preparation and insertion of deep (eg, subfacial) drug-delivery device(s)

Type of Code	Code	Description
HCPCS	C7501	Percutaneous breast biopsies using stereotactic guidance, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, all lesions unilateral and bilateral (for single lesion biopsy, use appropriate code)
HCPCS	C7502	Percutaneous breast biopsies using magnetic resonance guidance, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, all lesions unilateral or bilateral (for single lesion biopsy, use appropriate code)
HCPCS	C7503	Open biopsy or excision of deep cervical node(s) with intraoperative identification (eg, mapping) of sentinel lymph node(s) including injection of non-radioactive dye when performed
HCPCS	C7504	Percutaneous vertebroplasties (bone biopsies included when performed), first cervicothoracic and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance
HCPCS	C7505	Percutaneous vertebroplasties (bone biopsies included when performed), first lumbosacral and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance
HCPCS	C7506	Arthrodesis, interphalangeal joints, with or without internal fixation
HCPCS	C7507	Percutaneous vertebral augmentations, first thoracic and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (eg, kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance
HCPCS	C7508	Percutaneous vertebral augmentations, first lumbar and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (eg, kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance
HCPCS	C7509	Bronchoscopy, rigid or flexible, diagnostic with cell washing(s) when performed, with computer-assisted image-guided navigation, including fluoroscopic guidance when performed
HCPCS	C7510	Bronchoscopy, rigid or flexible, with bronchial alveolar lavage(s), with computer-assisted image-guided navigation, including fluoroscopic guidance when performed
HCPCS	C7511	Bronchoscopy, rigid or flexible, with single or multiple bronchial or endobronchial biopsy(ies), single or multiple sites, with computer-assisted image-guided navigation, including fluoroscopic guidance when performed

Type of Code	Code	Description
HCPCS	C7512	Bronchoscopy, rigid or flexible, with single or multiple bronchial or endobronchial biopsy(ies), single or multiple sites, with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s), including fluoroscopic guidance when performed
HCPCS	C7513	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with transluminal balloon angioplasty of central dialysis segment, performed through dialysis circuit, including all required imaging, radiological supervision and interpretation, image documentation and report
HCPCS	C7514	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with all angioplasty in the central dialysis segment, and transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all required imaging, radiological supervision and interpretation, image documentation and report
HCPCS	C7515	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with dialysis circuit permanent endovascular embolization or occlusion of main circuit or any accessory veins, including all required imaging, radiological supervision and interpretation, image documentation and report
HCPCS	C7516	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report

Type of Code	Code	Description
HCPCS	C7517	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, with iliac and/or femoral artery angiography, non-selective, bilateral or ipsilateral to catheter insertion, performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement of the catheter in the distal aorta or ipsilateral femoral or iliac artery, injection of dye, production of permanent images, and radiologic supervision and interpretation
HCPCS	C7518	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (ivus) or optical coherence tomography (oct) during diagnostic evaluation and/or therapeutic intervention including imaging, supervision, interpretation and report
HCPCS	C7519	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress
HCPCS	C7520	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) includes intraprocedural injection(s) for bypass graft angiography with iliac and/or femoral artery angiography, non-selective, bilateral or ipsilateral to catheter insertion, performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement of the catheter in the distal aorta or ipsilateral femoral or iliac artery, injection of dye, production of permanent images, and radiologic supervision and interpretation

Type of Code	Code	Description
HCPCS	C7521	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography with right heart catheterization with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report
HCPCS	C7522	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation with right heart catheterization, with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress
HCPCS	C7523	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report
HCPCS	C7524	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress
HCPCS	C7525	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report

Type of Code	Code	Description
HCPCS	C7526	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress
HCPCS	C7527	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report
HCPCS	C7528	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress
HCPCS	C7529	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress

Type of Code	Code	Description
HCPCS	C7530	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty and all angioplasty in the central dialysis segment, with transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging, radiological supervision and interpretation, documentation and report
HCPCS	C7531	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with transluminal angioplasty with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation
HCPCS	C7532	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), initial artery, open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation
HCPCS	C7533	Percutaneous transluminal coronary angioplasty, single major coronary artery or branch with transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy
HCPCS	C7534	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with atherectomy, includes angioplasty within the same vessel, when performed with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation
HCPCS	C7535	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with transluminal stent placement(s), includes angioplasty within the same vessel, when performed, with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation

Type of Code	Code	Description
HCPCS	C7537	Insertion of new or replacement of permanent pacemaker with atrial transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable debribrillator or pacemake pulse generator (eg, for upgrade to dual chamber system)
HCPCS	C7538	Insertion of new or replacement of permanent pacemaker with ventricular transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defribrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system)
HCPCS	C7539	Insertion of new or replacement of permanent pacemaker with atrial and ventricular transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system)
HCPCS	C7540	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator, dual lead system, with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system)
HCPCS	C7541	Diagnostic endoscopic retrograde cholangiopancreatography (ERCP), including collection of specimen(s) by brushing or washing, when performed, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s)
HCPCS	C7542	Endoscopic retrograde cholangiopancreatography (ERCP) with biopsy, single or multiple, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s)
HCPCS	C7543	Endoscopic retrograde cholangiopancreatography (ERCP) with sphincterotomy/papillotomy, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s)
HCPCS	C7544	Endoscopic retrograde cholangiopancreatography (ERCP) with removal of calculi/debris from biliary/pancreatic duct(s), with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s)

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

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

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

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

Type of Code	Code	Description
HCPCS	E0161	Sitz type bath or equipment, portable, used with or without commode, with faucet attachment/s
HCPCS	E0162	Sitz bath chair
HCPCS	E0163	Commode chair, mobile or stationary, with fixed arms
HCPCS	E0165	Commode chair, mobile or stationary, with detachable arms
HCPCS	E0167	Pail or pan for use with commode chair, replacement only
HCPCS	E0168	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each
HCPCS	E0170	Commode chair with integrated seat lift mechanism, electric, any type
HCPCS	E0171	Commode chair with integrated seat lift mechanism, non-electric, any type
HCPCS	E0172	Seat lift mechanism placed over or on top of toilet, any type
HCPCS	E0175	Foot rest, for use with commode chair, each
HCPCS	E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty
HCPCS	E0182	Pump for alternating pressure pad, for replacement only
HCPCS	E0183	Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty
HCPCS	E0184	Dry pressure mattress
HCPCS	E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width
HCPCS	E0186	Air pressure mattress
HCPCS	E0187	Water pressure mattress
HCPCS	E0188	Synthetic sheepskin pad
HCPCS	E0189	Lambswool sheepskin pad, any size
HCPCS	E0190	Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories
HCPCS	E0191	Heel or elbow protector, each
HCPCS	E0193	Powered air flotation bed (low air loss therapy)
HCPCS	E0194	Air fluidized bed
HCPCS	E0196	Gel pressure mattress
HCPCS	E0197	Air pressure pad for mattress, standard mattress length and width
HCPCS	E0198	Water pressure pad for mattress, standard mattress length and width

Type of Code	Code	Description
HCPCS	E0199	Dry pressure pad for mattress, standard mattress length and width
HCPCS	E0200	Heat lamp, without stand (table model), includes bulb, or infrared element
HCPCS	E0202	Phototherapy (bilirubin) light with photometer
HCPCS	E0203	Therapeutic lightbox, minimum 10,000 lux, table top model
HCPCS	E0205	Heat lamp, with stand, includes bulb, or infrared element
HCPCS	E0210	Electric heat pad, standard
HCPCS	E0215	Electric heat pad, moist
HCPCS	E0217	Water circulating heat pad with pump
HCPCS	E0218	Fluid circulating cold pad with pump, any type
HCPCS	E0221	Infrared heating pad system
HCPCS	E0225	Hydrocollator unit, includes pads
HCPCS	E0231	Non-contact wound warming device (temperature control unit, AC adapter and power cord) for use with warming card and wound cover
HCPCS	E0232	Warming card for use with the non contact wound warming device and non contact wound warming wound cover
HCPCS	E0235	Paraffin bath unit, portable (see medical supply code A4265 for paraffin)
HCPCS	E0236	Pump for water circulating pad
HCPCS	E0239	Hydrocollator unit, portable
HCPCS	E0240	Bath/shower chair, with or without wheels, any size
HCPCS	E0241	Bath tub wall rail, each
HCPCS	E0242	Bath tub rail, floor base
HCPCS	E0243	Toilet rail, each
HCPCS	E0244	Raised toilet seat
HCPCS	E0245	Tub stool or bench
HCPCS	E0246	Transfer tub rail attachment
HCPCS	E0247	Transfer bench for tub or toilet with or without commode opening
HCPCS	E0248	Transfer bench, heavy duty, for tub or toilet with or without commode opening

Type of Code	Code	Description
HCPCS	E0249	Pad for water circulating heat unit, for replacement only
HCPCS	E0265	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress
HCPCS	E0266	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress
HCPCS	E0280	Bed cradle, any type
HCPCS	E0296	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress
HCPCS	E0297	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress
HCPCS	E0305	Bed side rails, half length
HCPCS	E0310	Bed side rails, full length
HCPCS	E0315	Bed accessory: board, table, or support device, any type
HCPCS	E0316	Safety enclosure frame/canopy for use with hospital bed, any type
HCPCS	E0325	Urinal; male, jug-type, any material
HCPCS	E0326	Urinal; female, jug-type, any material
HCPCS	E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress
HCPCS	E0350	Control unit for electronic bowel irrigation/evacuation system
HCPCS	E0352	Disposable pack (water reservoir bag, speculum, valving mechanism and collection bag/box) for use with the electronic bowel irrigation/evacuation system
HCPCS	E0370	Air pressure elevator for heel
HCPCS	E0371	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width
HCPCS	E0372	Powered air overlay for mattress, standard mattress length and width
HCPCS	E0373	Nonpowered advanced pressure reducing mattress
HCPCS	E0446	Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories
HCPCS	E0462	Rocking bed with or without side rails
HCPCS	E0487	Spirometer, electronic, includes all accessories
HCPCS	E0604	Breast pump, hospital grade, electric (AC and /or DC), any type
HCPCS	E0605	Vaporizer, room type
HCPCS	E0606	Postural drainage board

Type of Code	Code	Description
HCPCS	E0617	external defibrillator with integrated electrocardiogram analysis
HCPCS	E0620	Skin piercing device for collection of capillary blood, laser, each
HCPCS	E0621	Sling or seat, patient lift, canvas or nylon
HCPCS	E0625	Patient lift, bathroom or toilet, not otherwise classified
HCPCS	E0627	Seat lift mechanism, electric, any type
HCPCS	E0629	Seat lift mechanism, non-electric, any type
HCPCS	E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s)
HCPCS	E0635	Patient lift, electric with seat or sling
HCPCS	E0636	Multipositional patient support system, with integrated lift, patient accessible controls
HCPCS	E0637	Combination sit to stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels
HCPCS	E0638	Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels
HCPCS	E0639	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories
HCPCS	E0640	Patient lift, fixed system, includes all components/accessories
HCPCS	E0641	Standing frame/table system, multi-position (e.g., three-way stander), any size including pediatric, with or without wheels
HCPCS	E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric
HCPCS	E0650	Pneumatic compressor, non-segmental home model
HCPCS	E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure
HCPCS	E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure
HCPCS	E0655	Non-segmental pneumatic appliance for use with pneumatic compressor, half arm
HCPCS	E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk
HCPCS	E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest
HCPCS	E0660	Non-segmental pneumatic appliance for use with pneumatic compressor, full leg
HCPCS	E0665	Non-segmental pneumatic appliance for use with pneumatic compressor, full arm

Type of Code	Code	Description
HCPCS	E0666	Non-segmental pneumatic appliance for use with pneumatic compressor, half leg
HCPCS	E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg
HCPCS	E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm
HCPCS	E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg
HCPCS	E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk
HCPCS	E0671	Segmental gradient pressure pneumatic appliance, full leg
HCPCS	E0672	Segmental gradient pressure pneumatic appliance, full arm
HCPCS	E0673	Segmental gradient pressure pneumatic appliance, half leg
HCPCS	E0675	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system)
HCPCS	E0676	Intermittent limb compression device (includes all accessories), not otherwise specified
HCPCS	E0700	Safety equipment, device or accessory, any type
HCPCS	E0705	Transfer device, any type, each
HCPCS	E0710	Restraints, any type (body, chest, wrist or ankle)
HCPCS	E0720	Transcutaneous electrical nerve stimulation (TENS) device, two lead, localized stimulation
HCPCS	E0730	Transcutaneous electrical nerve stimulation (TENS) device, four or more leads, for multiple nerve stimulation
HCPCS	E0731	Form fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric)
HCPCS	E0740	Non-implanted pelvic floor electrical stimulator, complete system
HCPCS	E0745	Neuromuscular stimulator, electronic shock unit
HCPCS	E0746	Electromyography (EMG), biofeedback device
HCPCS	E0761	Non-thermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device
HCPCS	E0762	Transcutaneous electrical joint stimulation device system, includes all accessories
HCPCS	E0764	Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program

Type of Code	Code	Description
HCPCS	E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type
HCPCS	E0769	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified
HCPCS	E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified
HCPCS	E0860	Traction equipment, overdoor, cervical
HCPCS	E0936	Continuous passive motion exercise device for use other than knee
HCPCS	E0940	Trapeze bar, free standing, complete with grab bar
HCPCS	E0941	Gravity assisted traction device, any type
HCPCS	E0942	Cervical head harness/halter
HCPCS	E0944	Pelvic belt/harness/boot
HCPCS	E0945	Extremity belt/harness
HCPCS	E0950	Wheelchair accessory, tray, each
HCPCS	E0980	Safety vest, wheelchair
HCPCS	E0985	Wheelchair accessory, seat lift mechanism
HCPCS	E1031	Rollabout chair, any and all types with casters 5" or greater
HCPCS	E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs
HCPCS	E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs
HCPCS	E1037	Transport chair, pediatric size
HCPCS	E1038	Transport chair, adult size, patient weight capacity up to and including 300 pounds
HCPCS	E1039	Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds
HCPCS	E1087	High strength lightweight wheelchair, fixed full length arms, swing away detachable elevating leg rests
HCPCS	E1088	High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable elevating leg rests
HCPCS	E1089	High strength lightweight wheelchair, fixed length arms, swing away detachable footrest

Type of Code	Code	Description
HCPCS	E1090	High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable foot rests
HCPCS	E1230	Power operated vehicle (three or four wheel nonhighway) specify brand name and model number
HCPCS	E1240	Lightweight wheelchair, detachable arms, (desk or full length) swing away detachable, elevating legrest
HCPCS	E1250	Lightweight wheelchair, fixed full length arms, swing away detachable footrest
HCPCS	E1260	Lightweight wheelchair, detachable arms (desk or full length) swing away detachable footrest
HCPCS	E1270	Lightweight wheelchair, fixed full length arms, swing away detachable elevating legrests
HCPCS	E1300	Whirlpool, portable (overtub type)
HCPCS	E1310	Whirlpool, non-portable (built-in type)
HCPCS	E1500	Centrifuge, for dialysis
HCPCS	E1510	Kidney, dialysate delivery syst kidney machine, pump recirculating, air removal syst, flowrate meter, power off, heater and temperature control with alarm, IV poles, pressure gauge, concentrate container
HCPCS	E1520	Heparin infusion pump for hemodialysis
HCPCS	E1530	Air bubble detector for hemodialysis, each, replacement
HCPCS	E1540	Pressure alarm for hemodialysis, each, replacement
HCPCS	E1550	Bath conductivity meter for hemodialysis, each
HCPCS	E1560	Blood leak detector for hemodialysis, each, replacement
HCPCS	E1570	Adjustable chair, for ESRD patients
HCPCS	E1575	Transducer protectors/fluid barriers, for hemodialysis, any size, per 10
HCPCS	E1580	Unipuncture control system for hemodialysis
HCPCS	E1590	Hemodialysis machine
HCPCS	E1600	Delivery and/or installation charges for hemodialysis equipment
HCPCS	E1610	Reverse osmosis water purification system, for hemodialysis
HCPCS	E1615	Deionizer water purification system, for hemodialysis
HCPCS	E1620	Blood pump for hemodialysis, replacement
HCPCS	E1625	Water softening system, for hemodialysis
HCPCS	E1632	Wearable artificial kidney, each

Type of Code	Code	Description
HCPCS	E1635	Compact (portable) travel hemodialyzer system
HCPCS	E1636	Sorbent cartridges, for hemodialysis, per 10
HCPCS	E1637	Hemostats, each
HCPCS	E1639	Scale, each
HCPCS	E1700	Jaw motion rehabilitation system
HCPCS	E1701	Replacement cushions for jaw motion rehabilitation system, package of 6
HCPCS	E1702	Replacement measuring scales for jaw motion rehabilitation system, package of 200
HCPCS	E1801	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories
HCPCS	E1806	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories
HCPCS	E1811	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories
HCPCS	E1815	Dynamic adjustable ankle extension/flexion device, includes soft interface material
HCPCS	E1816	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories
HCPCS	E1818	Static progressive stretch forearm pronation /supination device, with or without range of motion adjustment, includes all components and accessories
HCPCS	E1821	Replacement soft interface material/cuffs for bi-directional static progressive stretch device
HCPCS	E1831	Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories
HCPCS	E1840	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material
HCPCS	E1841	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories
HCPCS	E2101	Blood glucose monitor with integrated lancing/blood sample
HCPCS	E2120	Pulse generator system for tympanic treatment of inner ear endolymphatic fluid
HCPCS	E2207	Wheelchair accessory, crutch and cane holder, each

Type of Code	Code	Description
HCPCS	E2208	Wheelchair accessory, cylinder tank carrier, each
HCPCS	E2209	Accessory, arm trough, with or without hand support, each
HCPCS	E2301	Wheelchair accessory, power standing system, any type
HCPCS	E2310	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware
HCPCS	E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware
HCPCS	E2321	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware
HCPCS	E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware
HCPCS	E2323	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated
HCPCS	E2324	Power wheelchair accessory, chin cup for chin control interface
HCPCS	E2325	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware
HCPCS	E2326	Power wheelchair accessory, breath tube kit for sip and puff interface
HCPCS	E2327	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware
HCPCS	E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware
HCPCS	E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware
HCPCS	E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware

Type of Code	Code	Description
HCPCS	E2331	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware
HCPCS	E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches
HCPCS	E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches
HCPCS	E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches
HCPCS	E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches
HCPCS	E2351	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface
HCPCS	E2358	Power wheelchair accessory, group 34 non-sealed lead acid battery, each
HCPCS	E2359	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)
HCPCS	E2360	Power wheelchair accessory, 22 NF non-sealed lead acid battery, each
HCPCS	E2361	Power wheelchair accessory, 22 NF sealed lead acid battery, each, (e.g., gel cell, absorbed glassmat)
HCPCS	E2362	Power wheelchair accessory, group 24 non-sealed lead acid battery, each
HCPCS	E2364	Power wheelchair accessory, U-1 non-sealed lead acid battery, each
HCPCS	E2365	Power wheelchair accessory, U-1 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)
HCPCS	E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each
HCPCS	E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each
HCPCS	E2368	Power wheelchair component, drive wheel motor, replacement only
HCPCS	E2369	Power wheelchair component, drive wheel gear box, replacement only
HCPCS	E2370	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only
HCPCS	E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each
HCPCS	E2372	Power wheelchair accessory, group 27 non-sealed lead acid battery, each
HCPCS	E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware

Type of Code	Code	Description
HCPCS	E2374	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only
HCPCS	E2375	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only
HCPCS	E2376	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only
HCPCS	E2378	Power wheelchair component, actuator, replacement only
HCPCS	E2381	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each
HCPCS	E2382	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each
HCPCS	E2383	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each
HCPCS	E2384	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each
HCPCS	E2385	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each
HCPCS	E2386	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each
HCPCS	E2387	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each
HCPCS	E2388	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each
HCPCS	E2389	Power wheelchair accessory, foam caster tire, any size, replacement only, each
HCPCS	E2390	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each
HCPCS	E2391	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each
HCPCS	E2392	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each
HCPCS	E2394	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each
HCPCS	E2395	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each
HCPCS	E2396	Power wheelchair accessory, caster fork, any size, replacement only, each
HCPCS	E2397	Power wheelchair accessory, lithium-based battery, each
HCPCS	E2609	Custom fabricated wheelchair seat cushion, any size

Type of Code	Code	Description
HCPCS	E2610	Wheelchair seat cushion, powered
HCPCS	E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware
HCPCS	E2619	Replacement cover for wheelchair seat cushion or back cushion, each
HCPCS	E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware
HCPCS	E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth
HCPCS	E2623	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth
HCPCS	E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth
HCPCS	E2625	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth
HCPCS	E8000	Gait trainer, pediatric size, posterior support, includes all accessories and components
HCPCS	E8001	Gait trainer, pediatric size, upright support, includes all accessories and components
HCPCS	E8002	Gait trainer, pediatric size, anterior support, includes all accessories and components
HCPCS	G0027	Semen analysis; presence and/or motility of sperm excluding Huhner
HCPCS	G0028	Documentation of medical reason(s) for not screening for tobacco use (e.g., limited life expectancy, other medical reason)
HCPCS	G0029	Tobacco screening not performed or tobacco cessation intervention not provided on the date of the encounter or within the previous 12 months, reason not otherwise specified
HCPCS	G0030	Patient screened for tobacco use and received tobacco cessation intervention on the date of the encounter or within the previous 12 months (counseling, pharmacotherapy, or both), if identified as a tobacco user
HCPCS	G0031	Palliative care services given to patient any time during the measurement period
HCPCS	G0032	Two or more antipsychotic prescriptions ordered for patients who had a diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder on or between January 1 of the year prior to the measurement period and the index prescription start date (IPSD) for antipsychotics

Type of Code	Code	Description
HCPCS	G0033	Two or more benzodiazepine prescriptions ordered for patients who had a diagnosis of seizure disorders, rapid eye movement sleep behavior disorder, benzodiazepine withdrawal, ethanol withdrawal, or severe generalized anxiety disorder on or between january 1 of the year prior to the measurement period and the ipsd for benzodiazepines
HCPCS	G0034	Patients receiving palliative care during the measurement period
HCPCS	G0035	Patient has any emergency department encounter during the performance period with place of service indicator 23
HCPCS	G0036	Patient or care partner decline assessment
HCPCS	G0037	On date of encounter, patient is not able to participate in assessment or screening, including non-verbal patients, delirious, severely aphasic, severely developmentally delayed, severe visual or hearing impairment and for those patients, no knowledgeable informant available
HCPCS	G0038	Clinician determines patient does not require referral
HCPCS	G0039	Patient not referred, reason not otherwise specified
HCPCS	G0040	Patient already receiving physical/occupational/speech/recreational therapy during the measurement period
HCPCS	G0041	Patient and/or care partner decline referral
HCPCS	G0042	Referral to physical, occupational, speech, or recreational therapy
HCPCS	G0043	Patients with mechanical prosthetic heart valve
HCPCS	G0044	Patients with moderate or severe mitral stenosis
HCPCS	G0045	Clinical follow-up and MRS score assessed at 90 days following endovascular stroke intervention
HCPCS	G0046	Clinical follow-up and MRS score not assessed at 90 days following endovascular stroke intervention
HCPCS	G0047	Pediatric patient with minor blunt head trauma and PECARN prediction criteria are not assessed
HCPCS	G0048	Patients who receive palliative care services any time during the intake period through the end of the measurement year
HCPCS	G0049	With maintenance hemodialysis (in-center and home HD) for the complete reporting month
HCPCS	G0050	Patients with a catheter that have limited life expectancy
HCPCS	G0051	Patients under hospice care in the current reporting month

Type of Code	Code	Description
HCPCS	G0052	Patients on peritoneal dialysis for any portion of the reporting month
HCPCS	G0053	Advancing rheumatology patient care MIPS value pathways
HCPCS	G0054	Coordinating stroke care to promote prevention and cultivate positive outcomes MIPS value pathways
HCPCS	G0055	Advancing care for heart disease MIPS value pathways
HCPCS	G0056	Optimizing chronic disease management MIPS value pathways
HCPCS	G0057	Proposed adopting best practices and promoting patient safety within emergency medicine MIPS value pathways
HCPCS	G0058	Improving care for lower extremity joint repair MIPS value pathways
HCPCS	G0059	Patient safety and support of positive experiences with anesthesia MIPS value pathways
HCPCS	G0060	Allergy/Immunology MIPS Specialty Set
HCPCS	G0061	Anesthesiology MIPS Specialty Set
HCPCS	G0062	Audiology MIPS Specialty Set
HCPCS	G0063	Cardiology MIPS Specialty Set
HCPCS	G0064	Certified nurse midwife MIPS Specialty Set
HCPCS	G0065	Chiropractic medicine MIPS Specialty Set
HCPCS	G0066	Clinical social work MIPS Specialty Set
HCPCS	G0067	Dentistry MIPS Specialty Set
HCPCS	G0068	Professional services for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 minutes
HCPCS	G0069	Professional services for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes
HCPCS	G0070	Professional services for the administration of intravenous chemotherapy or other intravenous highly complex drug or biological infusion for each infusion drug administration calendar day in the individual's home, each 15 minutes

Type of Code	Code	Description
HCPCS	G0071	Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between an rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only
HCPCS	G0076	Brief (20 minutes) care management home visit for a new patient. for use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)
HCPCS	G0077	Limited (30 minutes) care management home visit for a new patient. for use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)
HCPCS	G0078	Moderate (45 minutes) care management home visit for a new patient. for use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)
HCPCS	G0079	Comprehensive (60 minutes) care management home visit for a new patient. for use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)
HCPCS	G0080	Extensive (75 minutes) care management home visit for a new patient. for use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)
HCPCS	G0081	Brief (20 minutes) care management home visit for an existing patient. for use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)
HCPCS	G0082	Limited (30 minutes) care management home visit for an existing patient. for use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)
HCPCS	G0083	Moderate (45 minutes) care management home visit for an existing patient. for use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)

Type of Code	Code	Description
HCPCS	G0084	Comprehensive (60 minutes) care management home visit for an existing patient. for use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)
HCPCS	G0085	Extensive (75 minutes) care management home visit for an existing patient. for use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)
HCPCS	G0086	Limited (30 minutes) care management home care plan oversight. for use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)
HCPCS	G0087	Comprehensive (60 minutes) care management home care plan oversight. for use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)
HCPCS	G0176	Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more)
HCPCS	G0177	Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)
HCPCS	G0179	Physician or allowed practitioner re-certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians and allowed practitioners to affirm the initial implementation of the plan of care
HCPCS	G0180	Physician or allowed practitioner certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians and allowed practitioners to affirm the initial implementation of the plan of care
HCPCS	G0181	Physician or allowed practitioner supervision of a patient receiving Medicare-covered services provided by a participating home health agency (patient not present) requiring complex and multidisciplinary care modalities involving regular physician or allowed practitioner development and/or revision of care plans

Type of Code	Code	Description
HCPCS	G0276	Blinded procedure for lumbar stenosis, percutaneous image-guided lumbar decompression (PILD) or placebo-control, performed in an approved coverage with evidence development (CED) clinical trial
HCPCS	G0279	Diagnostic digital breast tomosynthesis, unilateral or bilateral (List separately in addition to 77065 or 77066)
HCPCS	G0295	Electromagnetic therapy, to one or more areas, for wound care other than described in G0329 or for other uses
HCPCS	G0310	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 5 to 15 mins time (this code is used for medicaid billing purposes)
HCPCS	G0311	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 16-30 mins time (this code is used for medicaid billing purposes)
HCPCS	G0312	Immunization counseling by a physician or other qualify ed health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 5 to 15 mins time (this code is used for medicaid billing purposes)
HCPCS	G0313	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 16-30 mins time (this code is used for medicaid billing purposes)
HCPCS	G0314	Immunization counseling by a physician or other qualified health care professional for covid-19, ages under 21, 16-30 mins time (this code is used for the medicaid early and periodic screening, diagnostic, and treatment benefit (epsdt)
HCPCS	G0315	Immunization counseling by a physician or other qualified health care professional for covid-19, ages under 21, 5-15 mins time (this code is used for the medicaid early and periodic screening, diagnostic, and treatment benefit (epsdt)

Type of Code	Code	Description
HCPCS	G0316	Prolonged hospital inpatient or observation care evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (List separately in addition to CPT codes 99223, 99233, and 99236 for hospital inpatient or observation care evaluation and management services). (Do not report G0316 on the same date of service as other prolonged services for evaluation and management 99358, 99359, 99418, 99415, 99416). (do not report G0316 for any time unit less than 15 minutes)
HCPCS	G0317	Prolonged nursing facility evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (List separately in addition to CPT codes 99306, 99310 for nursing facility evaluation and management services). (Do not report G0317 on the same date of service as other prolonged services for evaluation and management 99358, 99359, 99418). (Do not report G0317 for any time unit less than 15 minutes)
HCPCS	G0318	Prolonged home or residence evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (List separately in addition to CPT codes 99345, 99350 for home or residence evaluation and management services). (Do not report G0318 on the same date of service as other prolonged services for evaluation and management 99358, 99359, 99417). (do not report g0318 for any time unit less than 15 minutes)
HCPCS	G0320	Home health services furnished using synchronous telemedicine rendered via a real-time two-way audio and video telecommunications system
HCPCS	G0321	Home health services furnished using synchronous telemedicine rendered via telephone or other real-time interactive audio-only telecommunications system
HCPCS	G0322	The collection of physiologic data digitally stored and/or transmitted by the patient to the home health agency (i.e., remote patient monitoring)

Type of Code	Code	Description
HCPCS	G0323	Care management services for behavioral health conditions, at least 20 minutes of clinical psychologist or clinical social worker time, per calendar month. These services include the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales; behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; facilitating and coordinating treatment such as psychotherapy, coordination with and/or referral to physicians and practitioners who are authorized by medicare to prescribe medications and furnish e/m services, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team)
HCPCS	G0327	Colorectal cancer screening; blood-based biomarker
HCPCS	G0329	Electromagnetic therapy, to one or more areas for chronic stage III and stage IV pressure ulcers, arterial ulcers, diabetic ulcers and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care as part of a therapy plan of care
HCPCS	G0330	Facility services for dental rehabilitation procedure(s) performed on a patient who requires monitored anesthesia (e.g., general, intravenous sedation (monitored anesthesia care) and use of an operating room
HCPCS	G0372	Physician service required to establish and document the need for a power mobility device
HCPCS	G0402	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment
HCPCS	G0406	Follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth
HCPCS	G0407	Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth
HCPCS	G0408	Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth
HCPCS	G0420	Face-to-face educational services related to the care of chronic kidney disease; individual, per session, per one hour
HCPCS	G0421	Face-to-face educational services related to the care of chronic kidney disease; group, per session, per one hour

Type of Code	Code	Description
HCPCS	G0425	Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth
HCPCS	G0426	Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth
HCPCS	G0427	Telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth
HCPCS	G0428	Collagen meniscus implant procedure for filling meniscal defects (e.g., CMI, collagen scaffold, Menaflex)
HCPCS	G0454	Physician documentation of face-to-face visit for durable medical equipment determination performed by nurse practitioner, physician assistant or clinical nurse specialist
HCPCS	G0455	Preparation with instillation of fecal microbiota by any method, including assessment of donor specimen
HCPCS	G0459	Inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy
HCPCS	G0460	Autologous platelet rich plasma for non-diabetic chronic wounds/ulcers, including phlebotomy, centrifugation, and all other preparatory procedures, administration and dressings, per treatment
HCPCS	G0471	Collection of venous blood by venipuncture or urine sample by catheterization from an individual in a skilled nursing facility (SNF) or by a laboratory on behalf of a home health agency (HHA)
HCPCS	G0491	Dialysis procedure at a Medicare certified ESRD facility for acute kidney injury without ESRD
HCPCS	G0501	Resource-intensive services for patients for whom the use of specialized mobility-assistive technology (such as adjustable height chairs or tables, patient lift, and adjustable padded leg supports) is medically necessary and used during the provision of an office/outpatient, evaluation and management visit (List separately in addition to primary service)
HCPCS	G0506	Comprehensive assessment of and care planning for patients requiring chronic care management services (List separately in addition to primary monthly care management service)
HCPCS	G0508	Telehealth consultation, critical care, initial , physicians typically spend 60 minutes communicating with the patient and providers via telehealth
HCPCS	G0509	Telehealth consultation, critical care, subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth

Type of Code	Code	Description
HCPCS	G0511	Rural health clinic or federally qualified health center (RHC or FQHC) only, general care management, 20 minutes or more of clinical staff time for chronic care management services or behavioral health integration services directed by an RHC or FQHC practitioner (physician, NP, PA, or CNM), per calendar month
HCPCS	G0512	Rural health clinic or federally qualified health center (RHC/FQHC) only, psychiatric collaborative care model (psychiatric cocm), 60 minutes or more of clinical staff time for psychiatric cocm services directed by an RHC or FQHC practitioner (physician, NP, PA, or CNM) and including services furnished by a behavioral health care manager and consultation with a psychiatric consultant, per calendar month
HCPCS	G0513	Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes (List separately in addition to code for preventive service)
HCPCS	G0514	Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (List separately in addition to code G0513 for additional 30 minutes of preventive service)
HCPCS	G0913	Improvement in visual function achieved within 90 days following cataract surgery
HCPCS	G0914	Patient care survey was not completed by patient
HCPCS	G0915	Improvement in visual function not achieved within 90 days following cataract surgery
HCPCS	G0916	Satisfaction with care achieved within 90 days following cataract surgery
HCPCS	G0917	Patient satisfaction survey was not completed by patient
HCPCS	G0918	Satisfaction with care not achieved within 90 days following cataract surgery
HCPCS	G1001	Clinical decision support mechanism eviCore, as defined by the Medicare Appropriate Use Criteria Program
HCPCS	G1002	Clinical decision support mechanism Medcurrent, as defined by the Medicare Appropriate Use Criteria Program
HCPCS	G1003	Clinical decision support mechanism Medicalis, as defined by the Medicare Appropriate Use Criteria Program
HCPCS	G1004	Clinical decision support mechanism National Decision Support Company, as defined by the Medicare Appropriate Use Criteria Program

Type of Code	Code	Description
HCPCS	G1007	Clinical decision support mechanism AIM Specialty Health, as defined by the Medicare Appropriate Use Criteria Program
HCPCS	G1008	Clinical decision support mechanism Cranberry Peak, as defined by the Medicare Appropriate Use Criteria Program
HCPCS	G1010	Clinical decision support mechanism Stanson, as defined by the Medicare Appropriate Use Criteria Program
HCPCS	G1011	Clinical decision support mechanism, qualified tool not otherwise specified, as defined by the Medicare Appropriate Use Criteria Program
HCPCS	G1012	Clinical decision support mechanism AgileMD, as defined by the Medicare Appropriate Use Criteria Program
HCPCS	G1013	Clinical decision support mechanism EvidenceCare ImagingCare, as defined by the Medicare Appropriate Use Criteria Program
HCPCS	G1014	Clinical decision support mechanism InveniQA Semantic Answers in Medicine, as defined by the Medicare Appropriate Use Criteria Program
HCPCS	G1015	Clinical decision support Mechanism Reliant Medical Group, as defined by the Medicare Appropriate Use Criteria Program
HCPCS	G1016	Clinical decision support Mechanism Speed of Care, as defined by the Medicare Appropriate Use Criteria Program
HCPCS	G1017	Clinical decision support mechanism HealthHelp, as defined by the Medicare Appropriate Use Criteria Program
HCPCS	G1018	Clinical decision support mechanism INFINX, as defined by the Medicare Appropriate Use Criteria Program
HCPCS	G1019	Clinical decision support mechanism LogicNets, as defined by the Medicare Appropriate Use Criteria Program
HCPCS	G1020	Clinical decision support mechanism Curbside Clinical Augmented Workflow, as defined by the Medicare Appropriate Use Criteria program
HCPCS	G1021	Clinical decision support mechanism EHealthLine Clinical Decision Support Mechanism, as defined by the Medicare Appropriate Use Criteria program

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

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

Type of Code	Code	Description
HCPCS	G2014	Limited (30 minutes) care plan oversight. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than 9 times.)
HCPCS	G2015	Comprehensive (60 mins) home care plan oversight. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility.)
HCPCS	G2020	Services for high intensity clinical services associated with the initial engagement and outreach of beneficiaries assigned to the SIP component of the PCF model (do not bill with chronic care management codes)
HCPCS	G2021	Health care practitioners rendering treatment in place (TIP)
HCPCS	G2022	A model participant (ambulance supplier/provider), the beneficiary refuses services covered under the model (transport to an alternate destination/treatment in place)
HCPCS	G2066	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results
HCPCS	G2067	Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program)
HCPCS	G2068	Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)
HCPCS	G2069	Medication assisted treatment, buprenorphine (injectable); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)
HCPCS	G2070	Medication assisted treatment, buprenorphine (implant insertion); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)

Type of Code	Code	Description
HCPCS	G2071	Medication assisted treatment, buprenorphine (implant removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)
HCPCS	G2072	Medication assisted treatment, buprenorphine (implant insertion and removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)
HCPCS	G2073	Medication assisted treatment, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)
HCPCS	G2074	Medication assisted treatment, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)
HCPCS	G2075	Medication assisted treatment, medication not otherwise specified; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program)
HCPCS	G2076	Intake activities, including initial medical examination that is a complete, fully documented physical evaluation and initial assessment by a program physician or a primary care physician, or an authorized healthcare professional under the supervision of a program physician qualified personnel that includes preparation of a treatment plan that includes the patient's short-term goals and the tasks the patient must perform to complete the short-term goals; the patient's requirements for education, vocational rehabilitation, and employment; and the medical, psycho- social, economic, legal, or other supportive services that a patient needs, conducted by qualified personnel (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure
HCPCS	G2077	Periodic assessment; assessing periodically by qualified personnel to determine the most appropriate combination of services and treatment (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure
HCPCS	G2078	Take-home supply of methadone; up to 7 additional day supply (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure

Type of Code	Code	Description
HCPCS	G2079	Take-home supply of buprenorphine (oral); up to 7 additional day supply (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure
HCPCS	G2080	Each additional 30 minutes of counseling in a week of medication assisted treatment, (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure
HCPCS	G2172	All inclusive payment for services related to highly coordinated and integrated opioid use disorder (OUD) treatment services furnished for the demonstration project
HCPCS	G3002	Chronic pain management and treatment, monthly bundle including, diagnosis; assessment and monitoring; administration of a validated pain rating scale or tool; the development, implementation, revision, and/or maintenance of a person-centered care plan that includes strengths, goals, clinical needs, and desired outcomes; overall treatment management; facilitation and coordination of any necessary behavioral health treatment; medication management; pain and health literacy counseling; any necessary chronic pain related crisis care; and ongoing communication and care coordination between relevant practitioners furnishing care, e.g. physical therapy and occupational therapy, complementary and integrative approaches, and community-based care, as appropriate. Required initial face-to-face visit at least 30 minutes provided by a physician or other qualified health professional; first 30 minutes personally provided by physician or other qualified health care professional, per calendar month. (When using G3002, 30 minutes must be met or exceeded.)
HCPCS	G3003	Each additional 15 minutes of chronic pain management and treatment by a physician or other qualified health care professional, per calendar month. (list separately in addition to code for G3002. when using G3003, 15 minutes must be met or exceeded.)
HCPCS	G4000	Dermatology MIPS Specialty Set
HCPCS	G4001	Diagnostic radiology MIPS Specialty Set
HCPCS	G4002	Electrophysiology cardiac specialist MIPS Specialty Set
HCPCS	G4003	Emergency medicine MIPS Specialty Set
HCPCS	G4004	Endocrinology MIPS Specialty Set
HCPCS	G4005	Family medicine MIPS Specialty Set
HCPCS	G4006	Gastro-enterology MIPS Specialty Set

Type of Code	Code	Description
HCPCS	G4007	General surgery MIPS Specialty Set
HCPCS	G4008	Geriatrics MIPS Specialty Set
HCPCS	G4009	Hospitalists MIPS Specialty Set
HCPCS	G4010	Infectious disease MIPS Specialty Set
HCPCS	G4011	Internal medicine MIPS Specialty Set
HCPCS	G4012	Interventional radiology MIPS Specialty Set
HCPCS	G4013	Mental/behavioral health MIPS Specialty Set
HCPCS	G4014	Nephrology MIPS Specialty Set
HCPCS	G4015	Neurology MIPS Specialty Set
HCPCS	G4016	Neurosurgical MIPS Specialty Set
HCPCS	G4017	Nutrition/dietician MIPS Specialty Set
HCPCS	G4018	Obstetrics/gynecology MIPS Specialty Set
HCPCS	G4019	Oncology/hematology MIPS Specialty Set
HCPCS	G4020	Ophthalmology MIPS Specialty Set
HCPCS	G4021	Orthopedic surgery MIPS Specialty Set
HCPCS	G4022	Otolaryngology MIPS Specialty Set
HCPCS	G4023	Pathology MIPS Specialty Set
HCPCS	G4024	Pediatrics MIPS Specialty Set
HCPCS	G4025	Physical medicine MIPS Specialty Set
HCPCS	G4026	Physical therapy/occupational therapy MIPS Specialty Set
HCPCS	G4027	Plastic surgery MIPS Specialty Set
HCPCS	G4028	Podiatry MIPS Specialty Set
HCPCS	G4029	Preventive medicine MIPS Specialty Set
HCPCS	G4030	Pulmonology MIPS Specialty Set
HCPCS	G4031	Radiation oncology MIPS Specialty Set
HCPCS	G4032	Rheumatology MIPS Specialty Set

Type of Code	Code	Description
HCPCS	G4033	Skilled nursing facility MIPS Specialty Set
HCPCS	G4034	Speech language pathology MIPS Specialty Set
HCPCS	G4035	Thoracic surgery MIPS Specialty Set
HCPCS	G4036	Urgent care MIPS Specialty Set
HCPCS	G4037	Urology MIPS Specialty Set
HCPCS	G4038	Vascular surgery MIPS Specialty Set
HCPCS	G8395	Left ventricular ejection fraction (LVEF) >= 40% or documentation as normal or mildly depressed left ventricular systolic function
HCPCS	G8396	Left ventricular ejection fraction (LVEF) not performed or documented
HCPCS	G8397	Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema and level of severity of retinopathy
HCPCS	G8399	Patient with documented results of a central dual-energy x-ray absorptiometry (DXA) ever being performed
HCPCS	G8400	Patient with central dual-energy x-ray absorptiometry (DXA) results not documented, reason not given
HCPCS	G8404	Lower extremity neurological exam performed and documented
HCPCS	G8405	Lower extremity neurological exam not performed
HCPCS	G8410	Footwear evaluation performed and documented
HCPCS	G8415	Footwear evaluation was not performed
HCPCS	G8416	Clinician documented that patient was not an eligible candidate for footwear evaluation measure
HCPCS	G8417	BMI is documented above normal parameters and a follow-up plan is documented
HCPCS	G8418	BMI is documented below normal parameters and a follow-up plan is documented
HCPCS	G8419	BMI documented outside normal parameters, no follow-up plan documented, no reason given
HCPCS	G8420	BMI is documented within normal parameters and no follow-up plan is required
HCPCS	G8421	BMI not documented and no reason is given
HCPCS	G8427	Eligible clinician attests to documenting in the medical record they obtained, updated, or reviewed the patient's current medications

Type of Code	Code	Description
HCPCS	G8428	Current list of medications not documented as obtained, updated, or reviewed by the eligible clinician, reason not given
HCPCS	G8430	Documentation of a medical reason(s) for not documenting, updating, or reviewing the patient's current medications list (e.g., patient is in an urgent or emergent medical situation)
HCPCS	G8431	Screening for depression is documented as being positive and a follow-up plan is documented
HCPCS	G8432	Depression screening not documented, reason not given
HCPCS	G8433	Screening for depression not completed, documented patient or medical reason
HCPCS	G8450	Beta-blocker therapy prescribed
HCPCS	G8451	Beta-blocker therapy for LVEF < 40% not prescribed for reasons documented by the clinician (e.g., low blood pressure, fluid overload, asthma, patients recently treated with an intravenous positive inotropic agent, allergy, intolerance, other medical reasons, patient declined, other patient reasons, or other reasons attributable to the healthcare system)
HCPCS	G8452	Beta-blocker therapy not prescribed
HCPCS	G8465	High or very high risk of recurrence of prostate cancer
HCPCS	G8473	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy prescribed
HCPCS	G8474	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy not prescribed for reasons documented by the clinician (e.g., allergy, intolerance, pregnancy, renal failure due to ace inhibitor, diseases of the aortic or mitral valve, other medical reasons) or (e.g., patient declined, other patient reasons) or (e.g., lack of drug availability, other reasons attributable to the health care system)
HCPCS	G8475	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy not prescribed, reason not given
HCPCS	G8476	Most recent blood pressure has a systolic measurement of < 140 mm Hg and a diastolic measurement of < 90 mm Hg
HCPCS	G8477	Most recent blood pressure has a systolic measurement of >= 140 mm Hg and/or a diastolic measurement of >= 90 mm Hg
HCPCS	G8478	Blood pressure measurement not performed or documented, reason not given
HCPCS	G8482	Influenza immunization administered or previously received

Type of Code	Code	Description
HCPCS	G8483	Influenza immunization was not administered for reasons documented by clinician (e.g., patient allergy or other medical reasons, patient declined or other patient reasons, vaccine not available or other system reasons)
HCPCS	G8484	Influenza immunization was not administered, reason not given
HCPCS	G8506	Patient receiving angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy
HCPCS	G8510	Screening for depression is documented as negative, a follow-up plan is not required
HCPCS	G8511	Screening for depression documented as positive, follow-up plan not documented, reason not given
HCPCS	G8535	Elder maltreatment screen not documented; documentation that patient is not eligible for the elder maltreatment screen at the time of the encounter
HCPCS	G8536	No documentation of an elder maltreatment screen, reason not given
HCPCS	G8539	Functional outcome assessment documented as positive using a standardized tool and a care plan based on identified deficiencies on the date of functional outcome assessment, is documented
HCPCS	G8540	Functional outcome assessment not documented as being performed, documentation the patient is not eligible for a functional outcome assessment using a standardized tool at the time of the encounter
HCPCS	G8541	Functional outcome assessment using a standardized tool not documented, reason not given
HCPCS	G8542	Functional outcome assessment using a standardized tool is documented; no functional deficiencies identified, care plan not required
HCPCS	G8543	Documentation of a positive functional outcome assessment using a standardized tool; care plan not documented, reason not given
HCPCS	G8559	Patient referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation
HCPCS	G8560	Patient has a history of active drainage from the ear within the previous 90 days
HCPCS	G8561	Patient is not eligible for the referral for otologic evaluation for patients with a history of active drainage measure
HCPCS	G8562	Patient does not have a history of active drainage from the ear within the previous 90 days
HCPCS	G8563	Patient not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation, reason not given

Type of Code	Code	Description
HCPCS	G8564	Patient was referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation, reason not specified)
HCPCS	G8565	Verification and documentation of sudden or rapidly progressive hearing loss
HCPCS	G8566	Patient is not eligible for the "referral for otologic evaluation for sudden or rapidly progressive hearing loss" measure
HCPCS	G8567	Patient does not have verification and documentation of sudden or rapidly progressive hearing loss
HCPCS	G8568	Patient was not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation, reason not given
HCPCS	G8569	Prolonged postoperative intubation (> 24 hrs) required
HCPCS	G8570	Prolonged postoperative intubation (> 24 hrs) not required
HCPCS	G8575	Developed postoperative renal failure or required dialysis
HCPCS	G8576	No postoperative renal failure/dialysis not required
HCPCS	G8577	Re-exploration required due to mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction or other cardiac reason
HCPCS	G8578	Re-exploration not required due to mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction or other cardiac reason
HCPCS	G8598	Aspirin or another antiplatelet therapy used
HCPCS	G8599	Aspirin or another antiplatelet therapy not used, reason not given
HCPCS	G8600	IV tPA initiated within three hours (<= 180 minutes) of time last known well
HCPCS	G8601	IV alteplase not initiated within three hours (<= 180 minutes) of time last known well for reasons documented by clinician (e.g. patient enrolled in clinical trial for stroke, patient admitted for elective carotid intervention, patient received tenecteplase (tnk))
HCPCS	G8602	IV tPA not initiated within three hours (<= 180 minutes) of time last known well, reason not given
HCPCS	G8633	Pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed
HCPCS	G8635	Pharmacologic therapy for osteoporosis was not prescribed, reason not given
HCPCS	G8647	Risk-adjusted functional status change residual score for the knee impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0)

Type of Code	Code	Description
HCPCS	G8648	Risk-adjusted functional status change residual score for the knee impairment successfully calculated and the score was less than zero (< 0)
HCPCS	G8650	Risk-adjusted functional status change residual score for the knee impairment not measured because the patient did not complete the LEPF PROM at initial evaluation and/or near discharge, reason not given
HCPCS	G8651	Risk-adjusted functional status change residual score for the hip impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0)
HCPCS	G8652	Risk-adjusted functional status change residual score for the hip impairment successfully calculated and the score was less than zero (< 0)
HCPCS	G8654	Risk-adjusted functional status change residual score for the hip impairment not measured because the patient did not complete the LEPF PROM at initial evaluation and/or near discharge, reason not given
HCPCS	G8655	Risk-adjusted functional status change residual score for the lower leg, foot or ankle impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0)
HCPCS	G8656	Risk-adjusted functional status change residual score for the lower leg, foot or ankle impairment successfully calculated and the score was less than zero (< 0)
HCPCS	G8658	Risk-adjusted functional status change residual score for the lower leg, foot or ankle impairment not measured because the patient did not complete the LEPF PROM at initial evaluation and/or near discharge, reason not given
HCPCS	G8659	Risk-adjusted functional status change residual score for the low back impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0)
HCPCS	G8660	Risk-adjusted functional status change residual score for the low back impairment successfully calculated and the score was less than zero (< 0)
HCPCS	G8661	Risk-adjusted functional status change residual score for the low back impairment not measured because the patient did not complete the FS status survey near discharge, patient not appropriate
HCPCS	G8662	Risk-adjusted functional status change residual score for the low back impairment not measured because the patient did not complete the low back FS PROM at initial evaluation and/or near discharge, reason not given
HCPCS	G8663	Risk-adjusted functional status change residual score for the shoulder impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0)

Type of Code	Code	Description
HCPCS	G8664	Risk-adjusted functional status change residual score for the shoulder impairment successfully calculated and the score was less than zero (< 0)
HCPCS	G8666	Risk-adjusted functional status change residual score for the shoulder impairment not measured because the patient did not complete the shoulder FS PROM at initial evaluation and/or near discharge, reason not given
HCPCS	G8667	Risk-adjusted functional status change residual score for the elbow, wrist or hand impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0)
HCPCS	G8668	Risk-adjusted functional status change residual score for the elbow, wrist or hand impairment successfully calculated and the score was less than zero (< 0)
HCPCS	G8670	Risk-adjusted functional status change residual score for the elbow, wrist or hand impairment not measured because the patient did not complete the elbow/wrist/hand FS PROM at initial evaluation and/or near discharge, reason not given
HCPCS	G8694	Left ventricular ejection fraction (LVEF) < 40% or documentation of moderate or severe LVSD
HCPCS	G8708	Patient not prescribed or dispensed antibiotic
HCPCS	G8709	URI episodes when the patient had competing diagnoses on or three days after the episode date (e.g., intestinal infection, pertussis, bacterial infection, lyme disease, otitis media, acute sinusitis, acute pharyngitis, acute tonsillitis, chronic sinusitis, infection of the pharynx/larynx/tonsils/adenoids, prostatitis, cellulitis, mastoiditis, or bone infections, acute lymphadenitis, impetigo, skin staph infections, pneumonia/gonococcal infections, venereal disease (syphilis, chlamydia, inflammatory diseases [female reproductive organs]), infections of the kidney, cystitis or UTI, and acne)
HCPCS	G8710	Patient prescribed or dispensed antibiotic
HCPCS	G8711	Prescribed or dispensed antibiotic on or within 3 days after the episode date
HCPCS	G8712	Antibiotic not prescribed or dispensed
HCPCS	G8721	PT category (primary tumor), PN category (regional lymph nodes), and histologic grade were documented in pathology report
HCPCS	G8722	Documentation of medical reason(s) for not including the PT category, the PN category or the histologic grade in the pathology report (e.g., re-excision without residual tumor; non-carcinomasanal canal)
HCPCS	G8723	Specimen site is other than anatomic location of primary tumor

Type of Code	Code	Description
HCPCS	G8724	PT category, PN category and histologic grade were not documented in the pathology report, reason not given
HCPCS	G8733	Elder maltreatment screen documented as positive and a follow-up plan is documented
HCPCS	G8734	Elder maltreatment screen documented as negative, no follow-up required
HCPCS	G8735	Elder maltreatment screen documented as positive, follow-up plan not documented, reason not given
HCPCS	G8749	Absence of signs of melanoma (tenderness, jaundice, localized neurologic signs such as weakness, or any other sign suggesting systemic spread) or absence of symptoms of melanoma (cough, dyspnea, pain, paresthesia, or any other symptom suggesting the possibility of systemic spread of melanoma)
HCPCS	G8752	Most recent systolic blood pressure < 140 mm Hg
HCPCS	G8753	Most recent systolic blood pressure >= 140 mm Hg
HCPCS	G8754	Most recent diastolic blood pressure < 90 mm Hg
HCPCS	G8755	Most recent diastolic blood pressure >= 90 mm Hg
HCPCS	G8756	No documentation of blood pressure measurement, reason not given
HCPCS	G8783	Normal blood pressure reading documented, follow-up not required
HCPCS	G8785	Blood pressure reading not documented, reason not given
HCPCS	G8797	Specimen site other than anatomic location of esophagus
HCPCS	G8798	Specimen site other than anatomic location of prostate
HCPCS	G8806	Performance of trans-abdominal or trans-vaginal ultrasound and pregnancy location documented
HCPCS	G8807	Trans-abdominal or trans-vaginal ultrasound not performed for reasons documented by clinician (e.g., patient has visited the ED multiple times within 72 hours, patient has a documented intrauterine pregnancy [IUP])
HCPCS	G8808	Trans-abdominal or trans-vaginal ultrasound not performed, reason not given
HCPCS	G8815	Documented reason in the medical records for why the statin therapy was not prescribed (i.e., lower extremity bypass was for a patient with non-artherosclerotic disease)
HCPCS	G8816	Statin medication prescribed at discharge
HCPCS	G8817	Statin therapy not prescribed at discharge, reason not given
HCPCS	G8818	Patient discharge to home no later than post-operative day #7

Type of Code	Code	Description
HCPCS	G8825	Patient not discharged to home by post-operative day #7
HCPCS	G8826	Patient discharge to home no later than post-operative day #2 following EVAR
HCPCS	G8833	Patient not discharged to home by post-operative day #2 following EVAR
HCPCS	G8834	Patient discharged to home no later than post-operative day #2 following CEA
HCPCS	G8838	Patient not discharged to home by post-operative day #2 following CEA
HCPCS	G8839	Sleep apnea symptoms assessed, including presence or absence of snoring and daytime sleepiness
HCPCS	G8840	Documentation of reason(s) for not documenting an assessment of sleep symptoms (e.g., patient didn't have initial daytime sleepiness, patient visited between initial testing and initiation of therapy)
HCPCS	G8841	Sleep apnea symptoms not assessed, reason not given
HCPCS	G8842	Apnea hypopnea index (AHI) or respiratory disturbance index (RDI) measured at the time of initial diagnosis
HCPCS	G8843	Documentation of reason(s) for not measuring an apnea hypopnea index (AHI) or a respiratory disturbance index (RDI) at the time of initial diagnosis (e.g., psychiatric disease, dementia, patient declined, financial, insurance coverage, test ordered but not yet completed)
HCPCS	G8844	Apnea hypopnea index (AHI) or respiratory disturbance index (RDI) not measured at the time of initial diagnosis, reason not given
HCPCS	G8845	Positive airway pressure therapy prescribed
HCPCS	G8846	Moderate or severe obstructive sleep apnea (apnea hypopnea index (AHI) or respiratory disturbance index (RDI) of 15 or greater)
HCPCS	G8849	Documentation of reason(s) for not prescribing positive airway pressure therapy (e.g., patient unable to tolerate, alternative therapies use, patient declined, financial, insurance coverage)
HCPCS	G8850	Positive airway pressure therapy not prescribed, reason not given
HCPCS	G8851	Objective measurement of adherence to positive airway pressure therapy, documented
HCPCS	G8852	Positive airway pressure therapy prescribed
HCPCS	G8854	Documentation of reason(s) for not objectively measuring adherence to positive airway pressure therapy (e.g., patient didn't bring data from continous positive airway pressure [CPAP], therapy not yet initiated, not available on machine)

Type of Code	Code	Description
HCPCS	G8855	Objective measurement of adherence to positive airway pressure therapy not performed, reason not given
HCPCS	G8856	Referral to a physician for an otologic evaluation performed
HCPCS	G8857	Patient is not eligible for the referral for otologic evaluation measure (e.g., patients who are already under the care of a physician for acute or chronic dizziness)
HCPCS	G8858	Referral to a physician for an otologic evaluation not performed, reason not given
HCPCS	G8863	Patients not assessed for risk of bone loss, reason not given
HCPCS	G8864	Pneumococcal vaccine administered or previously received
HCPCS	G8865	Documentation of medical reason(s) for not administering or previously receiving pneumococcal vaccine (e.g., patient allergic reaction, potential adverse drug reaction)
HCPCS	G8866	Documentation of patient reason(s) for not administering or previously receiving pneumococcal vaccine (e.g., patient refusal)
HCPCS	G8867	Pneumococcal vaccine not administered or previously received, reason not given
HCPCS	G8869	Patient has documented immunity to hepatitis B and initiating anti-TNF therapy
HCPCS	G8875	Clinician diagnosed breast cancer preoperatively by a minimally invasive biopsy method
HCPCS	G8876	Documentation of reason(s) for not performing minimally invasive biopsy to diagnose breast cancer preoperatively (e.g., lesion too close to skin, implant, chest wall, etc., lesion could not be adequately visualized for needle biopsy, patient condition prevents needle biopsy [weight, breast thickness, etc.], duct excision without imaging abnormality, prophylactic mastectomy, reduction mammoplasty, excisional biopsy performed by another physician)
HCPCS	G8877	Clinician did not attempt to achieve the diagnosis of breast cancer preoperatively by a minimally invasive biopsy method, reason not given
HCPCS	G8878	Sentinel lymph node biopsy procedure performed

Type of Code	Code	Description
HCPCS	G8880	Documentation of reason(s) sentinel lymph node biopsy not performed (e.g., reasons could include but not limited to; non-invasive cancer, incidental discovery of breast cancer on prophylactic mastectomy, incidental discovery of breast cancer on reduction mammoplasty, pre-operative biopsy proven lymph node (ln) metastases, inflammatory carcinoma, stage 3 locally advanced cancer, recurrent invasive breast cancer, clinically node positive after neoadjuvant systemic therapy, patient refusal after informed consent, patient with significant age, comorbidities, or limited life expectancy and favorable tumor; adjuvant systemic therapy unlikely to change)
HCPCS	G8881	Stage of breast cancer is greater than T1N0M0 or T2N0M0
HCPCS	G8882	Sentinel lymph node biopsy procedure not performed, reason not given
HCPCS	G8883	Biopsy results reviewed, communicated, tracked and documented
HCPCS	G8884	Clinician documented reason that patient's biopsy results were not reviewed
HCPCS	G8885	Biopsy results not reviewed, communicated, tracked or documented
HCPCS	G8907	Patient documented not to have experienced any of the following events: a burn prior to discharge; a fall within the facility; wrong site/side/patient/procedure/implant event; or a hospital transfer or hospital admission upon discharge from the facility
HCPCS	G8908	Patient documented to have received a burn prior to discharge
HCPCS	G8909	Patient documented not to have received a burn prior to discharge
HCPCS	G8910	Patient documented to have experienced a fall within ASC
HCPCS	G8911	Patient documented not to have experienced a fall within ambulatory surgical center
HCPCS	G8912	Patient documented to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant event
HCPCS	G8913	Patient documented not to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant event
HCPCS	G8914	Patient documented to have experienced a hospital transfer or hospital admission upon discharge from ASC
HCPCS	G8915	Patient documented not to have experienced a hospital transfer or hospital admission upon discharge from ASC

Type of Code	Code	Description
HCPCS	G8916	Patient with preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis, antibiotic initiated on time
HCPCS	G8917	Patient with preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis, antibiotic not initiated on time
HCPCS	G8918	Patient without preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis
HCPCS	G8923	Left ventricular ejection fraction (LVEF) < 40% or documentation of moderately or severely depressed left ventricular systolic function
HCPCS	G8924	Spirometry test results demonstrate FEV1/FVC < 70%, FEV1 < 60% predicted and patient has COPD symptoms (e.g., dyspnea, cough/sputum, wheezing)
HCPCS	G8934	Left ventricular ejection fraction (LVEF) <40% or documentation of moderately or severely depressed left ventricular systolic function
HCPCS	G8935	Clinician prescribed angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy
HCPCS	G8936	Clinician documented that patient was not an eligible candidate for angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy (eg, allergy, intolerance, pregnancy, renal failure due to ace inhibitor, diseases of the aortic or mitral valve, other medical reasons) or (eg, patient declined, other patient reasons) or (eg, lack of drug availability, other reasons attributable to the health care system)
HCPCS	G8937	Clinician did not prescribe angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy, reason not given
HCPCS	G8941	Elder maltreatment screen documented as positive, follow-up plan not documented, documentation the patient is not eligible for follow-up plan at the time of the encounter
HCPCS	G8942	Functional outcomes assessment using a standardized tool is documented within the previous 30 days and care plan, based on identified deficiencies on the date of the functional outcome assessment, is documented
HCPCS	G8944	AJCC melanoma cancer stage 0 through IIc melanoma

Type of Code	Code	Description
HCPCS	G8946	Minimally invasive biopsy method attempted but not diagnostic of breast cancer (e.g., high risk lesion of breast such as atypical ductal hyperplasia, lobular neoplasia, atypical lobular hyperplasia, lobular carcinoma in situ, atypical columnar hyperplasia, flat epithelial atypia, radial scar, complex sclerosing lesion, papillary lesion, or any lesion with spindle cells)
HCPCS	G8950	Elevated or hypertensive blood pressure reading documented, and the indicated follow-up is documented
HCPCS	G8952	Elevated or hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given
HCPCS	G8955	Most recent assessment of adequacy of volume management documented
HCPCS	G8956	Patient receiving maintenance hemodialysis in an outpatient dialysis facility
HCPCS	G8958	Assessment of adequacy of volume management not documented, reason not given
HCPCS	G8967	FDA approved oral anticoagulant is prescribed
HCPCS	G8968	Documentation of medical reason(s) for not prescribing an FDA-approved anticoagulant to a patient with a CHA2DS2-VASc score of 0 or 1 for men; or 0, 1, or 2 for women (e.g., present or planned atrial appendage occlusion or ligation)
HCPCS	G8969	Documentation of patient reason(s) for not prescribing an oral anticoagulant that is FDA approved for the prevention of thromboembolism (e.g., patient preference for not receiving anticoagulation)
HCPCS	G8970	No risk factors or one moderate risk factor for thromboembolism
HCPCS	G9001	Coordinated care fee, initial rate
HCPCS	G9002	Coordinated care fee, maintenance rate
HCPCS	G9003	Coordinated care fee, risk adjusted high, initial
HCPCS	G9004	Coordinated care fee, risk adjusted low, initial
HCPCS	G9005	Coordinated care fee, risk adjusted maintenance
HCPCS	G9006	Coordinated care fee, home monitoring
HCPCS	G9007	Coordinated care fee, scheduled team conference
HCPCS	G9008	Coordinated care fee, physician coordinated care oversight services
HCPCS	G9009	Coordinated care fee, risk adjusted maintenance, level 3

Type of Code	Code	Description
HCPCS	G9010	Coordinated care fee, risk adjusted maintenance, level 4
HCPCS	G9011	Coordinated care fee, risk adjusted maintenance, level 5
HCPCS	G9012	Other specified case management service not elsewhere classified
HCPCS	G9013	ESRD demo basic bundle level I
HCPCS	G9014	ESRD demo expanded bundle including venous access and related services
HCPCS	G9016	Smoking cessation counseling, individual, in the absence of or in addition to any other evaluation and management service, per session (6-10 minutes) [demo project code only]
HCPCS	G9050	Oncology; primary focus of visit; work-up, evaluation, or staging at the time of cancer diagnosis or recurrence (for use in a Medicare-approved demonstration project)
HCPCS	G9051	Oncology; primary focus of visit; treatment decision-making after disease is staged or restaged, discussion of treatment options, supervising/coordinating active cancer directed therapy or managing consequences of cancer directed therapy (for use in a Medicare-approved demonstration project)
HCPCS	G9052	Oncology; primary focus of visit; surveillance for disease recurrence for patient who has completed definitive cancer-directed therapy and currently lacks evidence of recurrent disease; cancer directed therapy might be considered in the future (for use in a Medicare-approved demonstration project)
HCPCS	G9053	Oncology; primary focus of visit; expectant management of patient with evidence of cancer for whom no cancer directed therapy is being administered or arranged at present; cancer directed therapy might be considered in the future (for use in a Medicare-approved demonstration project)
HCPCS	G9054	Oncology; primary focus of visit; supervising, coordinating or managing care of patient with terminal cancer or for whom other medical illness prevents further cancer treatment; includes symptom management, end-of-life care planning, management of palliative therapies (for use in a Medicare-approved demonstration project)
HCPCS	G9055	Oncology; primary focus of visit; other, unspecified service not otherwise listed (for use in a Medicare-approved demonstration project)
HCPCS	G9056	Oncology; practice guidelines; management adheres to guidelines (for use in a Medicare-approved demonstration project)
HCPCS	G9057	Oncology; practice guidelines; management differs from guidelines as a result of patient enrollment in an institutional review board approved clinical trial (for use in a Medicare-approved demonstration project)

Type of Code	Code	Description
HCPCS	G9058	Oncology; practice guidelines; management differs from guidelines because the treating physician disagrees with guideline recommendations (for use in a Medicare-approved demonstration project)
HCPCS	G9059	Oncology; practice guidelines; management differs from guidelines because the patient, after being offered treatment consistent with guidelines, has opted for alternative treatment or management, including no treatment (for use in a Medicare-approved demonstration project)
HCPCS	G9060	Oncology; practice guidelines; management differs from guidelines for reason(s) associated with patient comorbid illness or performance status not factored into guidelines (for use in a Medicare-approved demonstration project)
HCPCS	G9061	Oncology; practice guidelines; patient's condition not addressed by available guidelines (for use in a Medicare-approved demonstration project)
HCPCS	G9062	Oncology; practice guidelines; management differs from guidelines for other reason(s) not listed (for use in a Medicare-approved demonstration project)
HCPCS	G9063	Oncology; disease status; limited to non-small cell lung cancer; extent of disease initially established as stage I (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)
HCPCS	G9064	Oncology; disease status; limited to non-small cell lung cancer; extent of disease initially established as stage II (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)
HCPCS	G9065	Oncology; disease status; limited to non-small cell lung cancer; extent of disease initially established as stage IIIA (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)
HCPCS	G9066	Oncology; disease status; limited to non-small cell lung cancer; stage IIIB-IV at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)
HCPCS	G9067	Oncology; disease status; limited to non-small cell lung cancer; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)
HCPCS	G9068	Oncology; disease status; limited to small cell and combined small cell/non-small cell; extent of disease initially established as limited with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)

Type of Code	Code	Description
HCPCS	G9069	Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/non-small cell; extensive stage at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)
HCPCS	G9070	Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/non-small; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)
HCPCS	G9071	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage I or stage IIA-iIIB; or T3, N1, M0; and ER and/or PR positive; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)
HCPCS	G9072	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage I, or stage IIIA-IIB; or T3, N1, M0; and ER and PR negative; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)
HCPCS	G9073	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage IIIA-IIIB; and not T3, N1, M0; and ER and/or PR positive; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)
HCPCS	G9074	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage IIIA-IIIB; and not T3, N1, M0; and ER and PR negative; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)
HCPCS	G9075	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)
HCPCS	G9077	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; T1-T2c and gleason 2-7 and PSA < or equal to 20 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)

Type of Code	Code	Description
HCPCS	G9078	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; T2 or T3a gleason 8-10 or PSA > 20 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)
HCPCS	G9079	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; T3b-T4, any N; any T, N1 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)
HCPCS	G9080	Oncology; disease status; prostate cancer, limited to adenocarcinoma; after initial treatment with rising PSA or failure of PSA decline (for use in a Medicare-approved demonstration project)
HCPCS	G9083	Oncology; disease status; prostate cancer, limited to adenocarcinoma; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)
HCPCS	G9084	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-3, N0, M0 with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)
HCPCS	G9085	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T4, N0, M0 with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)
HCPCS	G9086	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-4, N1-2, M0 with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)
HCPCS	G9087	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive with current clinical, radiologic, or biochemical evidence of disease (for use in a Medicare-approved demonstration project)
HCPCS	G9088	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive without current clinical, radiologic, or biochemical evidence of disease (for use in a Medicare-approved demonstration project)
HCPCS	G9089	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)

Type of Code	Code	Description
HCPCS	G9090	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-2, N0, M0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)
HCPCS	G9091	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T3, N0, M0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)
HCPCS	G9092	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-3, N1-2, M0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence or metastases (for use in a Medicare-approved demonstration project)
HCPCS	G9093	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T4, any N, M0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)
HCPCS	G9094	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)
HCPCS	G9095	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)
HCPCS	G9096	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease initially established as T1-T3, N0-N1 or NX (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)

Type of Code	Code	Description
HCPCS	G9097	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease initially established as T4, any N, M0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)
HCPCS	G9098	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)
HCPCS	G9099	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)
HCPCS	G9100	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; post R0 resection (with or without neoadjuvant therapy) with no evidence of disease recurrence, progression, or metastases (for use in a Medicare-approved demonstration project)
HCPCS	G9101	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; post R1 or R2 resection (with or without neoadjuvant therapy) with no evidence of disease progression, or metastases (for use in a Medicare-approved demonstration project)
HCPCS	G9102	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; clinical or pathologic M0, unresectable with no evidence of disease progression, or metastases (for use in a Medicare-approved demonstration project)
HCPCS	G9103	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; clinical or pathologic M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)
HCPCS	G9104	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)
HCPCS	G9105	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma as predominant cell type; post R0 resection without evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)

Type of Code	Code	Description
HCPCS	G9106	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; post R1 or R2 resection with no evidence of disease progression, or metastases (for use in a Medicare-approved demonstration project)
HCPCS	G9107	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; unresectable at diagnosis, M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)
HCPCS	G9108	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)
HCPCS	G9109	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease initially established as T1-T2 and N0, M0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)
HCPCS	G9110	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease initially established as T3-4 and/or N1-3, M0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)
HCPCS	G9111	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)
HCPCS	G9112	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)
HCPCS	G9113	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage IA-B (grade 1) without evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)
HCPCS	G9114	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage IA-B (grade 2-3); or stage Ic (all grades); or stage II; without evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)

Type of Code	Code	Description
HCPCS	G9115	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage III-IV; without evidence of progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)
HCPCS	G9116	Oncology; disease status; ovarian cancer, limited to epithelial cancer; evidence of disease progression, or recurrence, and/or platinum resistance (for use in a Medicare-approved demonstration project)
HCPCS	G9117	Oncology; disease status; ovarian cancer, limited to epithelial cancer; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)
HCPCS	G9123	Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or BCR-ABL positive; chronic phase not in hematologic, cytogenetic, or molecular remission (for use in a Medicare-approved demonstration project)
HCPCS	G9124	Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or BCR-ABL positive; accelerated phase not in hematologic cytogenetic, or molecular remission (for use in a Medicare-approved demonstration project)
HCPCS	G9125	Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or BCR-ABL positive; blast phase not in hematologic, cytogenetic, or molecular remission (for use in a Medicare-approved demonstration project)
HCPCS	G9126	Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or BCR-ABL positive; in hematologic, cytogenetic, or molecular remission (for use in a Medicare-approved demonstration project)
HCPCS	G9128	Oncology; disease status; limited to multiple myeloma, systemic disease; smoldering, stage I (for use in a Medicare-approved demonstration project)
HCPCS	G9129	Oncology; disease status; limited to multiple myeloma, systemic disease; stage II or higher (for use in a Medicare-approved demonstration project)
HCPCS	G9130	Oncology; disease status; limited to multiple myeloma, systemic disease; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)
HCPCS	G9131	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)

Type of Code	Code	Description
HCPCS	G9132	Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone-refractory/androgen-independent (e.g., rising PSA on anti-androgen therapy or post-orchiectomy); clinical metastases (for use in a Medicare-approved demonstration project)
HCPCS	G9133	Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone-responsive; clinical metastases or M1 at diagnosis (for use in a Medicare-approved demonstration project)
HCPCS	G9134	Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; stage I, II at diagnosis, not relapsed, not refractory (for use in a Medicare-approved demonstration project)
HCPCS	G9135	Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; stage III, IV, not relapsed, not refractory (for use in a Medicare-approved demonstration project)
HCPCS	G9136	Oncology; disease status; non-hodgkin's lymphoma, transformed from original cellular diagnosis to a second cellular classification (for use in a Medicare-approved demonstration project)
HCPCS	G9137	Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; relapsed/refractory (for use in a Medicare-approved demonstration project)
HCPCS	G9138	Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; diagnostic evaluation, stage not determined, evaluation of possible relapse or non-response to therapy, or not listed (for use in a Medicare-approved demonstration project)
HCPCS	G9139	Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or BCR-ABL positive; extent of disease unknown, staging in progress, not listed (for use in a Medicare-approved demonstration project)
HCPCS	G9140	Frontier extended stay clinic demonstration; for a patient stay in a clinic approved for the CMS demonstration project; the following measures should be present: the stay must be equal to or greater than 4 hours; weather or other conditions must prevent transfer or the case falls into a category of monitoring and observation cases that are permitted by the rules of the demonstration; there is a maximum frontier extended stay clinic (FESC) visit of 48 hours, except in the case when weather or other conditions prevent transfer; payment is made on each period up to 4 hours, after the first 4 hours
HCPCS	G9143	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)

Type of Code	Code	Description
HCPCS	G9147	Outpatient intravenous insulin treatment (OIVIT) either pulsatile or continuous, by any means, guided by the results of measurements for: respiratory quotient; and/or, urine urea nitrogen (UUN); and/or, arterial, venous or capillary glucose; and/or potassium concentration
HCPCS	G9148	National committee for quality assurance - Level 1 medical home
HCPCS	G9149	National committee for quality assurance - Level 2 medical home
HCPCS	G9150	National committee for quality assurance - Level 3 medical home
HCPCS	G9151	MAPCP demonstration - State provided services
HCPCS	G9152	MAPCP demonstration - Community health teams
HCPCS	G9153	MAPCP demonstration - Physician incentive pool
HCPCS	G9156	Evaluation for wheelchair requiring face to face visit with physician
HCPCS	G9157	Transesophageal doppler measurement of cardiac output (including probe placement, image acquisition, and interpretation per course of treatment) for monitoring purposes
HCPCS	G9187	Bundled payments for care improvement initiative home visit for patient assessment performed by a qualified health care professional for individuals not considered homebound including, but not limited to, assessment of safety, falls, clinical status, fluid status, medication reconciliation/management, patient compliance with orders/plan of care, performance of activities of daily living, appropriateness of care setting; (for use only in the Medicare-approved bundled payments for care improvement initiative); may not be billed for a 30-day period covered by a transitional care management code
HCPCS	G9188	Beta-blocker therapy not prescribed, reason not given
HCPCS	G9189	Beta-blocker therapy prescribed or currently being taken
HCPCS	G9190	Documentation of medical reason(s) for not prescribing beta-blocker therapy (eg, allergy, intolerance, other medical reasons)
HCPCS	G9191	Documentation of patient reason(s) for not prescribing beta-blocker therapy (eg, patient declined, other patient reasons)
HCPCS	G9192	Documentation of system reason(s) for not prescribing beta-blocker therapy (eg, other reasons attributable to the health care system)

Type of Code	Code	Description
HCPCS	G9196	Documentation of medical reason(s) for not ordering a first or second generation cephalosporin for antimicrobial prophylaxis (e.g., patients enrolled in clinical trials, patients with documented infection prior to surgical procedure of interest, patients who were receiving antibiotics more than 24 hours prior to surgery [except colon surgery patients taking oral prophylactic antibiotics], patients who were receiving antibiotics within 24 hours prior to arrival [except colon surgery patients taking oral prophylactic antibiotics], other medical reason(s))
HCPCS	G9197	Documentation of order for first or second generation cephalosporin for antimicrobial prophylaxis
HCPCS	G9198	Order for first or second generation cephalosporin for antimicrobial prophylaxis was not documented, reason not given
HCPCS	G9212	DSM-IVTM criteria for major depressive disorder documented at the initial evaluation
HCPCS	G9213	DSM-IV-TR criteria for major depressive disorder not documented at the initial evaluation, reason not otherwise specified
HCPCS	G9223	Pneumocystis jiroveci pneumonia prophylaxis prescribed within 3 months of low CD4+ cell count below 500 cells/mm3 or a CD4 percentage below 15%
HCPCS	G9225	Foot exam was not performed, reason not given
HCPCS	G9226	Foot examination performed (includes examination through visual inspection, sensory exam with 10-g monofilament plus testing any one of the following: vibration using 128-Hz tuning fork, pinprick sensation, ankle reflexes, or vibration perception threshold, and pulse exam; report when all of the 3 components are completed)
HCPCS	G9227	Functional outcome assessment documented, care plan not documented, documentation the patient is not eligible for a care plan at the time of the encounter
HCPCS	G9228	Chlamydia, gonorrhea and syphilis screening results documented (report when results are present for all of the 3 screenings)
HCPCS	G9229	Chlamydia, gonorrhea, and syphilis screening results not documented (patient refusal is the only allowed exception)
HCPCS	G9230	Chlamydia, gonorrhea, and syphilis not screened, reason not given
HCPCS	G9231	Documentation of end stage renal disease (ESRD), dialysis, renal transplant before or during the measurement period or pregnancy during the measurement period

Type of Code	Code	Description
HCPCS	G9242	Documentation of viral load equal to or greater than 200 copies/ml or viral load not performed
HCPCS	G9243	Documentation of viral load less than 200 copies/ml
HCPCS	G9246	Patient did not have at least one medical visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between medical visits
HCPCS	G9247	Patient had at least one medical visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between medical visits
HCPCS	G9250	Documentation of patient pain brought to a comfortable level within 48 hours from initial assessment
HCPCS	G9251	Documentation of patient with pain not brought to a comfortable level within 48 hours from initial assessment
HCPCS	G9254	Documentation of patient discharged to home later than post-operative day 2 following CAS
HCPCS	G9255	Documentation of patient discharged to home no later than post operative day 2 following CAS
HCPCS	G9273	Blood pressure has a systolic value of < 140 and a diastolic value of < 90
HCPCS	G9274	Blood pressure has a systolic value of =140 and a diastolic value of = 90 or systolic value < 140 and diastolic value = 90 or systolic value = 140 and diastolic value < 90
HCPCS	G9275	Documentation that patient is a current non-tobacco user
HCPCS	G9276	Documentation that patient is a current tobacco user
HCPCS	G9277	Documentation that the patient is on daily aspirin or anti-platelet or has documentation of a valid contraindication or exception to aspirin/anti-platelet; contraindications/exceptions include anti-coagulant use, allergy to aspirin or anti-platelets, history of gastrointestinal bleed and bleeding disorder; additionally, the following exceptions documented by the physician as a reason for not taking daily aspirin or anti-platelet are acceptable (use of non-steroidal anti-inflammatory agents, documented risk for drug interaction, uncontrolled hypertension defined as >180 systolic or >110 diastolic or gastroesophageal reflux)
HCPCS	G9278	Documentation that the patient is not on daily aspirin or anti-platelet regimen
HCPCS	G9279	Pneumococcal screening performed and documentation of vaccination received prior to discharge
HCPCS	G9280	Pneumococcal vaccination not administered prior to discharge, reason not specified
HCPCS	G9281	Screening performed and documentation that vaccination not indicated/patient refusal

Type of Code	Code	Description
HCPCS	G9282	Documentation of medical reason(s) for not reporting the histological type or NSCLC-NOS classification with an explanation (e.g., biopsy taken for other purposes in a patient with a history of non-small cell lung cancer or other documented medical reasons)
HCPCS	G9283	Non small cell lung cancer biopsy and cytology specimen report documents classification into specific histologic type or classified as NSCLC-NOS with an explanation
HCPCS	G9284	Non small cell lung cancer biopsy and cytology specimen report does not document classification into specific histologic type or classified as NSCLC-NOS with an explanation
HCPCS	G9285	Specimen site other than anatomic location of lung or is not classified as non small cell lung cancer
HCPCS	G9286	Antibiotic regimen prescribed within 10 days after onset of symptoms
HCPCS	G9287	Antibiotic regimen not prescribed within 10 days after onset of symptoms
HCPCS	G9288	Documentation of medical reason(s) for not reporting the histological type or NSCLC-NOS classification with an explanation (e.g., a solitary fibrous tumor in a person with a history of non-small cell carcinoma or other documented medical reasons)
HCPCS	G9289	Non small cell lung cancer biopsy and cytology specimen report documents classification into specific histologic type or classified as NSCLC-NOS with an explanation
HCPCS	G9290	Non small cell lung cancer biopsy and cytology specimen report does not document classification into specific histologic type or classified as NSCLC-NOS with an explanation
HCPCS	G9291	Specimen site other than anatomic location of lung, is not classified as non small cell lung cancer or classified as NSCLC-NOS
HCPCS	G9292	Documentation of medical reason(s) for not reporting PT category and a statement on thickness and ulceration and for PT1, mitotic rate (e.g., negative skin biopsies in a patient with a history of melanoma or other documented medical reasons)
HCPCS	G9293	Pathology report does not include the PT category and a statement on thickness and ulceration and for PT1, mitotic rate
HCPCS	G9294	Pathology report includes the PT category and a statement on thickness and ulceration and for PT1, mitotic rate
HCPCS	G9295	Specimen site other than anatomic cutaneous location

Type of Code	Code	Description
HCPCS	G9296	Patients with documented shared decision-making including discussion of conservative (non-surgical) therapy (e.g., nsaids, analgesics, weight loss, exercise, injections) prior to the procedure
HCPCS	G9297	Shared decision-making including discussion of conservative (non-surgical) therapy (e.g., NSAIDs, analgesics, weight loss, exercise, injections) prior to the procedure, not documented, reason not given
HCPCS	G9298	Patients who are evaluated for venous thromboembolic and cardiovascular risk factors within 30 days prior to the procedure (e.g., history of DVT, PE, MI, arrhythmia and stroke)
HCPCS	G9299	Patients who are not evaluated for venous thromboembolic and cardiovascular risk factors within 30 days prior to the procedure (e.g., history of DVT, PE, MI, arrhythmia and stroke, reason not given)
HCPCS	G9305	Intervention for presence of leak of endoluminal contents through an anastomosis not required
HCPCS	G9306	Intervention for presence of leak of endoluminal contents through an anastomosis required
HCPCS	G9307	No return to the operating room for a surgical procedure, for complications of the principal operative procedure, within 30 days of the principal operative procedure
HCPCS	G9308	Unplanned return to the operating room for a surgical procedure, for complications of the principal operative procedure, within 30 days of the principal operative procedure
HCPCS	G9309	No unplanned hospital readmission within 30 days of principal procedure
HCPCS	G9310	Unplanned hospital readmission within 30 days of principal procedure
HCPCS	G9311	No surgical site infection
HCPCS	G9312	Surgical site infection
HCPCS	G9313	Amoxicillin, with or without clavulanate, not prescribed as first line antibiotic at the time of diagnosis for documented reason
HCPCS	G9314	Amoxicillin, with or without clavulanate, not prescribed as first line antibiotic at the time of diagnosis, reason not given
HCPCS	G9315	Documentation amoxicillin, with or without clavulanate, prescribed as a first line antibiotic at the time of diagnosis
HCPCS	G9316	Documentation of patient-specific risk assessment with a risk calculator based on multi-institutional clinical data, the specific risk calculator used, and communication of risk assessment from risk calculator with the patient or family

Type of Code	Code	Description
HCPCS	G9317	Documentation of patient-specific risk assessment with a risk calculator based on multi-institutional clinical data, the specific risk calculator used, and communication of risk assessment from risk calculator with the patient or family not completed
HCPCS	G9318	Imaging study named according to standardized nomenclature
HCPCS	G9319	Imaging study not named according to standardized nomenclature, reason not given
HCPCS	G9321	Count of previous CT (any type of CT) and cardiac nuclear medicine (myocardial perfusion) studies documented in the 12-month period prior to the current study
HCPCS	G9322	Count of previous CT and cardiac nuclear medicine (myocardial perfusion) studies not documented in the 12-month period prior to the current study, reason not given
HCPCS	G9341	Search conducted for prior patient CT studies completed at non-affiliated external healthcare facilities or entities within the past 12-months and are available through a secure, authorized, media-free, shared archive prior to an imaging study being performed
HCPCS	G9342	Search not conducted prior to an imaging study being performed for prior patient CT studies completed at non-affiliated external healthcare facilities or entities within the past 12-months and are available through a secure, authorized, media-free, shared archive, reason not given
HCPCS	G9344	Due to system reasons search not conducted for dicom format images for prior patient CT imaging studies completed at non-affiliated external healthcare facilities or entities within the past 12 months that are available through a secure, authorized, media-free, shared archive (e.g., non-affiliated external healthcare facilities or entities does not have archival abilities through a shared archival system)
HCPCS	G9345	Follow-up recommendations documented according to recommended guidelines for incidentally detected pulmonary nodules (e.g., follow-up CT imaging studies needed or that no follow-up is needed) based at a minimum on nodule size and patient risk factors
HCPCS	G9347	Follow-up recommendations not documented according to recommended guidelines for incidentally detected pulmonary nodules, reason not given
HCPCS	G9351	More than one CT scan of the paranasal sinuses ordered or received within 90 days after diagnosis
HCPCS	G9352	More than one CT scan of the paranasal sinuses ordered or received within 90 days after the date of diagnosis, reason not given

Type of Code	Code	Description
HCPCS	G9353	More than one CT scan of the paranasal sinuses ordered or received within 90 days after the date of diagnosis for documented reasons (eg, patients with complications, second CT obtained prior to surgery, other medical reasons)
HCPCS	G9354	One CT scan or no CT scan of the paranasal sinuses ordered within 90 days after the date of diagnosis
HCPCS	G9355	Elective delivery (without medical indication) by Cesarean birth or induction of labor not performed (<39 weeks of gestation)
HCPCS	G9356	Elective delivery (without medical indication) by Cesarean birth or induction of labor performed (<39 weeks of gestation)
HCPCS	G9357	Postpartum screenings, evaluations and education performed
HCPCS	G9358	Postpartum screenings, evaluations and education not performed
HCPCS	G9359	Documentation of negative or managed positive TB screen with further evidence that TB is not active prior to treatment with a biologic immune response modifier
HCPCS	G9360	No documentation of negative or managed positive TB screen
HCPCS	G9361	Medical indication for delivery by cesarean birth or induction of labor (<39 weeks of gestation) [documentation of reason(s) for elective delivery (e.g., hemorrhage and placental complications, hypertension, preeclampsia and eclampsia, rupture of membranes (premature or prolonged), maternal conditions complicating pregnancy/delivery, fetal conditions complicating pregnancy/delivery, late pregnancy, prior uterine surgery, or participation in clinical trial)]
HCPCS	G9364	Sinusitis caused by, or presumed to be caused by, bacterial infection
HCPCS	G9367	At least two orders for high-risk medications from the same drug class
HCPCS	G9368	At least two orders for high-risk medications from the same drug class not ordered
HCPCS	G9380	Patient offered assistance with end of life issues during the measurement period
HCPCS	G9382	Patient not offered assistance with end of life issues during the measurement period
HCPCS	G9383	Patient received screening for HCV infection within the 12 month reporting period
HCPCS	G9384	Documentation of medical reason(s) for not receiving annual screening for HCV infection (e.g., decompensated cirrhosis indicating advanced disease [i.e., ascites, esophageal variceal bleeding, hepatic encephalopathy], hepatocellular carcinoma, waitlist for organ transplant, limited life expectancy, other medical reasons)

Type of Code	Code	Description
HCPCS	G9385	Documentation of patient reason(s) for not receiving annual screening for HCV infection (e.g., patient declined, other patient reasons)
HCPCS	G9386	Screening for HCV infection not received within the 12 month reporting period, reason not given
HCPCS	G9393	Patient with an initial PHQ-9 score greater than nine who achieves remission at twelve months as demonstrated by a twelve month (+/- 30 days) PHQ-9 score of less than five
HCPCS	G9394	Patient who had a diagnosis of bipolar disorder or personality disorder, death, permanent nursing home resident or receiving hospice or palliative care any time during the measurement or assessment period
HCPCS	G9395	Patient with an initial PHQ-9 score greater than nine who did not achieve remission at twelve months as demonstrated by a twelve month (+/- 30 days) PHQ-9 score greater than or equal to five
HCPCS	G9396	Patient with an initial PHQ-9 score greater than nine who was not assessed for remission at twelve months (+/- 30 days)
HCPCS	G9402	Patient received follow-up within 30 days after discharge
HCPCS	G9403	Clinician documented reason patient was not able to complete 30 day follow-up from acute inpatient setting discharge (e.g., patient death prior to follow-up visit, patient non-compliant for visit follow-up)
HCPCS	G9404	Patient did not receive follow-up on the date of discharge or within 30 days after discharge
HCPCS	G9405	Patient received follow-up within 7 days after discharge
HCPCS	G9406	Clinician documented reason patient was not able to complete 7 day follow-up from acute inpatient setting discharge (i.e patient death prior to follow-up visit, patient non-compliance for visit follow-up)
HCPCS	G9407	Patient did not receive follow-up on or within 7 days after discharge
HCPCS	G9408	Patients with cardiac tamponade and/or pericardiocentesis occurring within 30 days
HCPCS	G9409	Patients without cardiac tamponade and/or pericardiocentesis occurring within 30 days
HCPCS	G9410	Patient admitted within 180 days, status post CIED implantation, replacement, or revision with an infection requiring device removal or surgical revision
HCPCS	G9411	Patient not admitted within 180 days, status post CIED implantation, replacement, or revision with an infection requiring device removal or surgical revision
HCPCS	G9412	Patient admitted within 180 days, status post CIED implantation, replacement, or revision with an infection requiring device removal or surgical revision

Type of Code	Code	Description
HCPCS	G9413	Patient not admitted within 180 days, status post CIED implantation, replacement, or revision with an infection requiring device removal or surgical revision
HCPCS	G9414	Patient had one dose of meningococcal vaccine (serogroups A, C, W, Y) on or between the patient's 11th and 13th birthdays
HCPCS	G9415	Patient did not have one dose of meningococcal vaccine (serogroups A, C, W, Y) on or between the patient's 11th and 13th birthdays
HCPCS	G9416	Patient had one tetanus, diphtheria toxoids and acellular pertussis vaccine (TDaP) on or between the patient's 10th and 13th birthdays
HCPCS	G9417	Patient did not have one tetanus, diphtheria toxoids and acellular pertussis vaccine (TDaP) on or between the patient's 10th and 13th birthdays
HCPCS	G9418	Primary non-small cell lung cancer biopsy and cytology specimen report documents classification into specific histologic type following IASLC guidance or classified as NSCLC-NOS with an explanation
HCPCS	G9419	Documentation of medical reason(s) for not including the histological type or NSCLC-NOS classification with an explanation (e.g. specimen insufficient or non-diagnostic, specimen does not contain cancer, or other documented medical reasons)
HCPCS	G9420	Specimen site other than anatomic location of lung or is not classified as primary non-small cell lung cancer
HCPCS	G9421	Primary non-small cell lung cancer lung biopsy and cytology specimen report does not document classification into specific histologic type or histologic type does not follow IASLC guidance or is classified as NSCLC-NOS but without an explanation
HCPCS	G9422	Primary lung carcinoma resection report documents PT category, PN category and for non-small cell lung cancer, histologic type (e.g., squamous cell carcinoma, adenocarcinoma and not NSCLC-NOS)
HCPCS	G9423	Documentation of medical reason for not including PT category, PN category and histologic type [for patient with appropriate exclusion criteria (e.g., metastatic disease, benign tumors, malignant tumors other than carcinomas, inadequate surgical specimens)]
HCPCS	G9424	Specimen site other than anatomic location of lung, or classified as NSCLC-NOS
HCPCS	G9425	Primary lung carcinoma resection report does not document PT category, PN category and for non-small cell lung cancer, histologic type (e.g., squamous cell carcinoma, adenocarcinoma)

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

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

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

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

Type of Code	Code	Description
HCPCS	G9542	Documented re-assessment for the appropriateness of filter removal within 3 months of placement
HCPCS	G9543	Documentation of at least two attempts to reach the patient to arrange a clinical re-assessment for the appropriateness of filter removal within 3 months of placement
HCPCS	G9544	Patients that do not have the filter removed, documented re-assessment for the appropriateness of filter removal, or documentation of at least two attempts to reach the patient to arrange a clinical re-assessment for the appropriateness of filter removal within 3 months of placement
HCPCS	G9547	Cystic renal lesion that is simple appearing (Bosniak I or II) , or adrenal lesion less than or equal to 1.0 cm or adrenal lesion greater than 1.0 cm but less than or equal to 4.0 cm classified as likely benign by unenhanced CT or washout protocol CT, or MRI with in- and opposed-phase sequences or other equivalent institutional imaging protocols
HCPCS	G9548	Final reports for imaging studies stating no follow-up imaging is recommended
HCPCS	G9549	Documentation of medical reason(s) that follow-up imaging is indicated (e.g., patient has lymphadenopathy, signs of metastasis or an active diagnosis or history of cancer, and other medical reason(s))
HCPCS	G9550	Final reports for imaging studies with follow-up imaging recommended, or final reports that do not include a specific recommendation of no follow-up
HCPCS	G9551	Final reports for imaging studies without an incidentally found lesion noted
HCPCS	G9552	Incidental thyroid nodule < 1.0 cm noted in report
HCPCS	G9553	Prior thyroid disease diagnosis
HCPCS	G9554	Final reports for CT, CTA, MRI or MRA of the chest or neck with follow-up imaging recommended
HCPCS	G9555	Documentation of medical reason(s) for recommending follow up imaging (e.g., patient has multiple endocrine neoplasia, patient has cervical lymphadenopathy, other medical reason(s))
HCPCS	G9556	Final reports for CT, CTA, MRI or MRA of the chest or neck with follow-up imaging not recommended
HCPCS	G9557	Final reports for CT, CTA, MRI or MRA studies of the chest or neck without an incidentally found thyroid nodule < 1.0 cm noted or no nodule found
HCPCS	G9580	Door to puncture time of 90 minutes or less
HCPCS	G9582	Door to puncture time of greater than 90 minutes, no reason given

Type of Code	Code	Description
HCPCS	G9593	Pediatric patient with minor blunt head trauma classified as low risk according to the PECARN prediction rules
HCPCS	G9594	Patient presented with a minor blunt head trauma and had a head CT ordered for trauma by an emergency care provider
HCPCS	G9595	Patient has documentation of ventricular shunt, brain tumor, or coagulopathy
HCPCS	G9596	Pediatric patient had a head CT for trauma ordered by someone other than an emergency care provider or was ordered for a reason other than trauma
HCPCS	G9597	Pediatric patient with minor blunt head trauma not classified as low risk according to the PECARN prediction rules
HCPCS	G9598	Aortic aneurysm 5.5 - 5.9 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT
HCPCS	G9599	Aortic aneurysm 6.0 cm or greater maximum diameter on centerline formatted CT or minor diameter on axial formatted CT
HCPCS	G9603	Patient survey score improved from baseline following treatment
HCPCS	G9604	Patient survey results not available
HCPCS	G9605	Patient survey score did not improve from baseline following treatment
HCPCS	G9606	Intraoperative cystoscopy performed to evaluate for lower tract injury
HCPCS	G9607	Documented medical reasons for not performing intraoperative cystoscopy (e.g., urethral pathology precluding cystoscopy, any patient who has a congenital or acquired absence of the urethra) or in the case of patient death
HCPCS	G9608	Intraoperative cystoscopy not performed to evaluate for lower tract injury
HCPCS	G9609	Documentation of an order for anti-platelet agents
HCPCS	G9610	Documentation of medical reason(s) in the patient's record for not ordering anti-platelet agents
HCPCS	G9611	Order for anti-platelet agents was not documented in the patient's record, reason not given
HCPCS	G9612	Photodocumentation of two or more cecal landmarks to establish a complete examination
HCPCS	G9613	Documentation of post-surgical anatomy (e.g., right hemicolectomy, ileocecal resection, etc.)

Type of Code	Code	Description
HCPCS	G9614	Photodocumentation of less than two cecal landmarks (i.e., no cecal landmarks or only one cecal landmark) to establish a complete examination
HCPCS	G9618	Documentation of screening for uterine malignancy or those that had an ultrasound and/or endometrial sampling of any kind
HCPCS	G9620	Patient not screened for uterine malignancy, or those that have not had an ultrasound and/or endometrial sampling of any kind, reason not given
HCPCS	G9621	Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method and received brief counseling
HCPCS	G9622	Patient not identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method
HCPCS	G9623	Documentation of medical reason(s) for not screening for unhealthy alcohol use (e.g., limited life expectancy, other medical reasons)
HCPCS	G9624	Patient not screened for unhealthy alcohol use using a systematic screening method or patient did not receive brief counseling if identified as an unhealthy alcohol user, reason not given
HCPCS	G9625	Patient sustained bladder injury at the time of surgery or discovered subsequently up to 30 days post-surgery
HCPCS	G9626	Documented medical reason for not reporting bladder injury (e.g., gynecologic or other pelvic malignancy documented, concurrent surgery involving bladder pathology, injury that occurs during urinary incontinence procedure, patient death from non-medical causes not related to surgery, patient died during procedure without evidence of bladder injury)
HCPCS	G9627	Patient did not sustain bladder injury at the time of surgery nor discovered subsequently up to 30 days post-surgery
HCPCS	G9628	Patient sustained bowel injury at the time of surgery or discovered subsequently up to 30 days post-surgery
HCPCS	G9629	Documented medical reasons for not reporting bowel injury (e.g., gynecologic or other pelvic malignancy documented, planned (e.g., not due to an unexpected bowel injury) resection and/or re-anastomosis of bowel, or patient death from non-medical causes not related to surgery, patient died during procedure without evidence of bowel injury)

Type of Code	Code	Description
HCPCS	G9630	Patient did not sustain a bowel injury at the time of surgery nor discovered subsequently up to 30 days post-surgery
HCPCS	G9631	Patient sustained ureter injury at the time of surgery or discovered subsequently up to 30 days post-surgery
HCPCS	G9632	Documented medical reasons for not reporting ureter injury (e.g., gynecologic or other pelvic malignancy documented, concurrent surgery involving bladder pathology, injury that occurs during a urinary incontinence procedure, patient death from non-medical causes not related to surgery, patient died during procedure without evidence of ureter injury)
HCPCS	G9633	Patient did not sustain ureter injury at the time of surgery nor discovered subsequently up to 30 days post-surgery
HCPCS	G9637	Final reports with documentation of one or more dose reduction techniques (e.g., automated exposure control, adjustment of the MA and/or KV according to patient size, use of iterative reconstruction technique)
HCPCS	G9638	Final reports without documentation of one or more dose reduction techniques (e.g., automated exposure control, adjustment of the MA and/or KV according to patient size, use of iterative reconstruction technique)
HCPCS	G9642	Current smoker (e.g., cigarette, cigar, pipe, e-cigarette or marijuana)
HCPCS	G9643	Elective surgery
HCPCS	G9644	Patients who abstained from smoking prior to anesthesia on the day of surgery or procedure
HCPCS	G9645	Patients who did not abstain from smoking prior to anesthesia on the day of surgery or procedure
HCPCS	G9646	Patients with 90 day MRS score of 0 to 2
HCPCS	G9648	Patients with 90 day MRS score greater than 2
HCPCS	G9649	Psoriasis assessment tool documented meeting any one of the specified benchmarks (e.g., (PGA; 5-point or 6-point scale), body surface area (BSA), psoriasis area and severity index (PASI) and/or dermatology life quality index) (DLQI))
HCPCS	G9651	Psoriasis assessment tool documented not meeting any one of the specified benchmarks (e.g., (PGA; 5-point or 6-point scale), body surface area (BSA), psoriasis area and severity index (PASI) and/or dermatology life quality index) (DLQI)) or psoriasis assessment tool not documented
HCPCS	G9654	Monitored anesthesia care (MAC)

Type of Code	Code	Description
HCPCS	G9655	A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is used
HCPCS	G9656	Patient transferred directly from anesthetizing location to PACU or other non-ICU location
HCPCS	G9658	A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is not used
HCPCS	G9659	Patients greater than or equal to 86 years of age who underwent a screening colonoscopy and did not have a history of colorectal cancer or other valid medical reason for the colonoscopy, including: iron deficiency anemia, lower gastrointestinal bleeding, crohn's disease (i.e., regional enteritis), familial adenomatous polyposis, lynch syndrome (i.e., hereditary non-polyposis colorectal cancer), inflammatory bowel disease, ulcerative colitis, abnormal finding of gastrointestinal tract, or changes in bowel habits
HCPCS	G9660	Documentation of medical reason(s) for a colonoscopy performed on a patient greater than or equal to 86 years of age (e.g., iron deficiency anemia, lower gastrointestinal bleeding, crohn's disease (i.e., regional enteritis), familial history of adenomatous polyposis, lynch syndrome (i.e., hereditary non-polyposis colorectal cancer), inflammatory bowel disease, ulcerative colitis, abnormal finding of gastrointestinal tract, or changes in bowel habits)
HCPCS	G9661	Patients greater than or equal to 86 years of age who received a colonoscopy for an assessment of signs/symptoms of GI tract illness, and/or because the patient meets high risk criteria, and/or to follow-up on previously diagnosed advanced lesions
HCPCS	G9662	Previously diagnosed or have an active diagnosis of clinical ASCVD, including ASCVD procedure
HCPCS	G9663	Any LDL-C laboratory test result >= 190 mg/dl
HCPCS	G9664	Patients who are currently statin therapy users or received an order (prescription) for statin therapy
HCPCS	G9665	Patients who are not currently statin therapy users or did not receive an order (prescription) for statin therapy
HCPCS	G9674	Patients with clinical ASCVD diagnosis
HCPCS	G9675	Patients who have ever had a fasting or direct laboratory result of LDL-C = 190 mg/dl
HCPCS	G9676	Patients aged 40 to 75 years at the beginning of the measurement period with type 1 or type 2 diabetes and with an LDL-C result of 70/189 mg/dl recorded as the highest fasting or direct laboratory test result in the measurement year or during the two years prior to the beginning of the measurement period

Type of Code	Code	Description
HCPCS	G9687	Hospice services provided to patient any time during the measurement period
HCPCS	G9688	Patients using hospice services any time during the measurement period
HCPCS	G9689	Patient admitted for performance of elective carotid intervention
HCPCS	G9690	Patient receiving hospice services any time during the measurement period
HCPCS	G9691	Patient had hospice services any time during the measurement period
HCPCS	G9692	Hospice services received by patient any time during the measurement period
HCPCS	G9693	Patient use of hospice services any time during the measurement period
HCPCS	G9694	Hospice services utilized by patient any time during the measurement period
HCPCS	G9695	Long-acting inhaled bronchodilator prescribed
HCPCS	G9696	Documentation of medical reason(s) for not prescribing a long-acting inhaled bronchodilator
HCPCS	G9697	Documentation of patient reason(s) for not prescribing a long-acting inhaled bronchodilator
HCPCS	G9698	Documentation of system reason(s) for not prescribing a long-acting inhaled bronchodilator
HCPCS	G9699	Long-acting inhaled bronchodilator not prescribed, reason not otherwise specified
HCPCS	G9700	Patients who use hospice services any time during the measurement period
HCPCS	G9702	Patients who use hospice services any time during the measurement period
HCPCS	G9703	Episodes where the patient is taking antibiotics (table 1) in the 30 days prior to the episode date, or had an active prescription on the episode date
HCPCS	G9704	AJCC breast cancer stage I: T1 mic or T1a documented
HCPCS	G9705	AJCC breast cancer stage I: T1b (tumor > 0.5 cm but <= 1 cm in greatest dimension) documented
HCPCS	G9706	Low (or very low) risk of recurrence, prostate cancer
HCPCS	G9707	Patient received hospice services any time during the measurement period
HCPCS	G9708	Women who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there is evidence of a right and a left unilateral mastectomy
HCPCS	G9709	Hospice services used by patient any time during the measurement period
HCPCS	G9710	Patient was provided hospice services any time during the measurement period
HCPCS	G9711	Patients with a diagnosis or past history of total colectomy or colorectal cancer

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

Type of Code	Code	Description
HCPCS	G9725	Patients who use hospice services any time during the measurement period
HCPCS	G9726	Patient refused to participate
HCPCS	G9727	Patient unable to complete the LEPF PROM at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available
HCPCS	G9728	Patient refused to participate
HCPCS	G9729	Patient unable to complete the LEPF PROM at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available
HCPCS	G9730	Patient refused to participate
HCPCS	G9731	Patient unable to complete the LEPF PROM at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available
HCPCS	G9732	Patient refused to participate
HCPCS	G9733	Patient unable to complete the low back FS PROM at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available
HCPCS	G9734	Patient refused to participate
HCPCS	G9735	Patient unable to complete the shoulder FS PROM at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available
HCPCS	G9736	Patient refused to participate
HCPCS	G9737	Patient unable to complete the elbow/wrist/hand FS PROM at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available
HCPCS	G9740	Hospice services given to patient any time during the measurement period
HCPCS	G9741	Patients who use hospice services any time during the measurement period
HCPCS	G9744	Patient not eligible due to active diagnosis of hypertension
HCPCS	G9745	Documented reason for not screening or recommending a follow-up for high blood pressure
HCPCS	G9746	Patient has mitral stenosis or prosthetic heart valves or patient has transient or reversible cause of AF (e.g., pneumonia, hyperthyroidism, pregnancy, cardiac surgery)
HCPCS	G9751	Patient died at any time during the 24-month measurement period

Type of Code	Code	Description
HCPCS	G9752	Emergency surgery
HCPCS	G9753	Documentation of medical reason for not conducting a search for DICOM format images for prior patient CT imaging studies completed at non-affiliated external healthcare facilities or entities within the past 12 months that are available through a secure, authorized, media-free, shared archive (e.g., trauma, acute myocardial infarction, stroke, aortic aneurysm where time is of the essence)
HCPCS	G9754	A finding of an incidental pulmonary nodule
HCPCS	G9755	Documentation of medical reason(s) for not including a recommended interval and modality for follow-up or for no follow-up, and source of recommendations (e.g., patients with unexplained fever, immunocompromised patients who are at risk for infection)
HCPCS	G9756	Surgical procedures that included the use of silicone oil
HCPCS	G9757	Surgical procedures that included the use of silicone oil
HCPCS	G9758	Patient in hospice at any time during the measurement period
HCPCS	G9760	Patients who use hospice services any time during the measurement period
HCPCS	G9761	Patients who use hospice services any time during the measurement period
HCPCS	G9762	Patient had at least two HPV vaccines (with at least 146 days between the two) or three HPV vaccines on or between the patient's 9th and 13th birthdays
HCPCS	G9763	Patient did not have at least two HPV vaccines (with at least 146 days between the two) or three HPV vaccines on or between the patient's 9th and 13th birthdays
HCPCS	G9764	Patient has been treated with a systemic medication for psoriasis vulgaris
HCPCS	G9765	Documentation that the patient declined change in medication or alternative therapies were unavailable, has documented contraindications, or has not been treated with a systemic medication for at least six consecutive months (e.g., experienced adverse effects or lack of efficacy with all other therapy options) in order to achieve better disease control as measured by PGA, BSA, PASI, or DLQI
HCPCS	G9766	Patients who are transferred from one institution to another with a known diagnosis of CVA for endovascular stroke treatment
HCPCS	G9767	Hospitalized patients with newly diagnosed CVA considered for endovascular stroke treatment
HCPCS	G9768	Patients who utilize hospice services any time during the measurement period

Type of Code	Code	Description
HCPCS	G9769	Patient had a bone mineral density test in the past two years or received osteoporosis medication or therapy in the past 12 months
HCPCS	G9770	Peripheral nerve block (PNB)
HCPCS	G9771	At least 1 body temperature measurement equal to or greater than 35.5 degrees celsius (or 95.9 degrees fahrenheit) achieved within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time
HCPCS	G9772	Documentation of medical reason(s) for not achieving at least 1 body temperature measurement equal to or greater than 35.5 degrees Celsius (or 95.9 degrees Fahrenheit) within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time (e.g., emergency cases, intentional hypothermia, etc.)
HCPCS	G9773	At least 1 body temperature measurement equal to or greater than 35.5 degrees celsius (or 95.9 degrees fahrenheit) not achieved within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time, reason not given
HCPCS	G9774	Patients who have had a hysterectomy
HCPCS	G9775	Patient received at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively
HCPCS	G9776	Documentation of medical reason for not receiving at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively (e.g., intolerance or other medical reason)
HCPCS	G9777	Patient did not receive at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively
HCPCS	G9778	Patients who have a diagnosis of pregnancy at any time during the measurement period
HCPCS	G9779	Patients who are breastfeeding at any time during the measurement period
HCPCS	G9780	Patients who have a diagnosis of rhabdomyolysis at any time during the measurement period
HCPCS	G9781	Documentation of medical reason(s) for not currently being a statin therapy user or receiving an order (prescription) for statin therapy (e.g., patients with statin-associated muscle symptoms or an allergy to statin medication therapy, patients who are receiving palliative or hospice care, patients with active liver disease or hepatic disease or insufficiency, and patients with end stage renal disease [ESRD])

Type of Code	Code	Description
HCPCS	G9782	History of or active diagnosis of familial hypercholesterolemia
HCPCS	G9784	Pathologists/dermatopathologists providing a second opinion on a biopsy
HCPCS	G9785	Pathology report diagnosing cutaneous basal cell carcinoma, squamous cell carcinoma, or melanoma (to include in situ disease) sent from the pathologist/ dermatopathologist to the biopsying clinician for review within 7 days from the time when the tissue specimen was received by the pathologist
HCPCS	G9786	Pathology report diagnosing cutaneous basal cell carcinoma, squamous cell carcinoma, or melanoma (to include in situ disease) was not sent from the pathologist/ dermatopathologist to the biopsying clinician for review within 7 days from the time when the tissue specimen was received by the pathologist
HCPCS	G9787	Patient alive as of the last day of the measurement year
HCPCS	G9788	Most recent BP is less than or equal to 140/90 mm Hg
HCPCS	G9789	Blood pressure recorded during inpatient stays, emergency room visits, urgent care visits, and patient self-reported BP's (home and health fair BP results)
HCPCS	G9790	Most recent BP is greater than 140/90 mm Hg, or blood pressure not documented
HCPCS	G9791	Most recent tobacco status is tobacco free
HCPCS	G9792	Most recent tobacco status is not tobacco free
HCPCS	G9793	Patient is currently on a daily aspirin or other antiplatelet
HCPCS	G9794	Documentation of medical reason(s) for not on a daily aspirin or other antiplatelet (e.g., history of gastrointestinal bleed, intra-cranial bleed, idiopathic thrombocytopenic purpura (ITP), gastric bypass or documentation of active anticoagulant use during the measurement period)
HCPCS	G9795	Patient is not currently on a daily aspirin or other antiplatelet
HCPCS	G9796	Patient is currently on a statin therapy
HCPCS	G9797	Patient is not on a statin therapy
HCPCS	G9805	Patients who use hospice services any time during the measurement period
HCPCS	G9806	Patients who received cervical cytology or an HPV test
HCPCS	G9807	Patients who did not receive cervical cytology or an HPV test
HCPCS	G9808	Any patients who had no asthma controller medications dispensed during the measurement year
HCPCS	G9809	Patients who use hospice services any time during the measurement period

Type of Code	Code	Description
HCPCS	G9810	Patient achieved a PDC of at least 75% for their asthma controller medication
HCPCS	G9811	Patient did not achieve a PDC of at least 75% for their asthma controller medication
HCPCS	G9812	Patient died including all deaths occurring during the hospitalization in which the operation was performed, even if after 30 days, and those deaths occurring after discharge from the hospital, but within 30 days of the procedure
HCPCS	G9813	Patient did not die within 30 days of the procedure or during the index hospitalization
HCPCS	G9818	Documentation of sexual activity
HCPCS	G9819	Patients who use hospice services any time during the measurement period
HCPCS	G9820	Documentation of a chlamydia screening test with proper follow-up
HCPCS	G9821	No documentation of a chlamydia screening test with proper follow-up
HCPCS	G9822	Patients who had an endometrial ablation procedure during the 12 months prior to the index date (exclusive of the index date)
HCPCS	G9823	Endometrial sampling or hysteroscopy with biopsy and results documented during the 12 months prior to the index date (exclusive of the index date) of the endometrial ablation
HCPCS	G9824	Endometrial sampling or hysteroscopy with biopsy and results not documented during the 12 months prior to the index date (exclusive of the index date) of the endometrial ablation
HCPCS	G9830	HER2/neu positive
HCPCS	G9831	AJCC stage at breast cancer diagnosis = II or III
HCPCS	G9832	AJCC stage at breast cancer diagnosis = I (IA or IB) and T-stage at breast cancer diagnosis does not equal = T1, T1a, T1b
HCPCS	G9838	Patient has metastatic disease at diagnosis
HCPCS	G9839	Anti-EGFR monoclonal antibody therapy
HCPCS	G9840	RAS (KRAS and NRAS) gene mutation testing performed before initiation of anti-EGFR MoAb
HCPCS	G9841	RAS (KRAS and NRAS) gene mutation testing not performed before initiation of anti-EGFR MoAb
HCPCS	G9842	Patient has metastatic disease at diagnosis
HCPCS	G9843	RAS (KRAS or NRAS) gene mutation
HCPCS	G9844	Patient did not receive anti-EGFR monoclonal antibody therapy

Type of Code	Code	Description
HCPCS	G9845	Patient received anti-EGFR monoclonal antibody therapy
HCPCS	G9846	Patients who died from cancer
HCPCS	G9847	Patient received chemotherapy in the last 14 days of life
HCPCS	G9848	Patient did not receive chemotherapy in the last 14 days of life
HCPCS	G9852	Patients who died from cancer
HCPCS	G9853	Patient admitted to the ICU in the last 30 days of life
HCPCS	G9854	Patient was not admitted to the ICU in the last 30 days of life
HCPCS	G9858	Patient enrolled in hospice
HCPCS	G9859	Patients who died from cancer
HCPCS	G9860	Patient spent less than three days in hospice care
HCPCS	G9861	Patient spent greater than or equal to three days in hospice care
HCPCS	G9862	Documentation of medical reason(s) for not recommending at least a 10 year follow-up interval (e.g., inadequate prep, familial or personal history of colonic polyps, patient had no adenoma and age is = 66 years old, or life expectancy < 10 years old, other medical reasons)
HCPCS	G9890	Bridge payment: a one-time payment for the first Medicare Diabetes Prevention Program (MDPP) core session, core maintenance session, or ongoing maintenance session furnished by an MDPP supplier to an MDPP beneficiary during months 1-24 of the MDPP expanded model (EM) who has previously received MDPP services from a different MDPP supplier under the MDPP expanded model. A supplier may only receive one bridge payment per MDPP beneficiary
HCPCS	G9891	MDPP session reported as a line-item on a claim for a payable MDPP expanded model (EM) HCPCS code for a session furnished by the billing supplier under the MDPP expanded model and counting toward achievement of the attendance performance goal for the payable MDPP expanded model HCPCS code (this code is for reporting purposes only)
HCPCS	G9892	Documentation of patient reason(s) for not performing a dilated macular examination
HCPCS	G9893	Dilated macular exam was not performed, reason not otherwise specified
HCPCS	G9894	Androgen deprivation therapy prescribed/administered in combination with external beam radiotherapy to the prostate

Type of Code	Code	Description
HCPCS	G9895	Documentation of medical reason(s) for not prescribing/administering androgen deprivation therapy in combination with external beam radiotherapy to the prostate (e.g., salvage therapy)
HCPCS	G9896	Documentation of patient reason(s) for not prescribing/administering androgen deprivation therapy in combination with external beam radiotherapy to the prostate
HCPCS	G9897	Patients who were not prescribed/administered androgen deprivation therapy in combination with external beam radiotherapy to the prostate, reason not given
HCPCS	G9898	Patients age 66 or older in institutional special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the measurement period
HCPCS	G9899	Screening, diagnostic, film, digital or digital breast tomosynthesis (3D) mammography results documented and reviewed
HCPCS	G9900	Screening, diagnostic, film, digital or digital breast tomosynthesis (3D) mammography results were not documented and reviewed, reason not otherwise specified
HCPCS	G9901	Patient age 66 or older in institutional special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the measurement period
HCPCS	G9902	Patient screened for tobacco use and identified as a tobacco user
HCPCS	G9903	Patient screened for tobacco use and identified as a tobacco non-user
HCPCS	G9904	Documentation of medical reason(s) for not screening for tobacco use (e.g., limited life expectancy, other medical reason)
HCPCS	G9905	Patient not screened for tobacco use, reason not given
HCPCS	G9906	Patient identified as a tobacco user received tobacco cessation intervention on the date of the encounter or within the previous 12 months (counseling and/or pharmacotherapy)
HCPCS	G9907	Documentation of medical reason(s) for not providing tobacco cessation intervention on the date of the encounter or within the previous 12 months (e.g., limited life expectancy, other medical reason)
HCPCS	G9908	Patient identified as tobacco user did not receive tobacco cessation intervention on the date of the encounter or within the previous 12 months (counseling and/or pharmacotherapy), reason not given
HCPCS	G9909	Documentation of medical reason(s) for not providing tobacco cessation intervention on the date of the encounter or within the previous 12 months if identified as a tobacco user (e.g., limited life expectancy, other medical reason)

Type of Code	Code	Description
HCPCS	G9910	Patients age 66 or older in institutional special needs plans (SNP) or residing in long-term care with POSs code 32, 33, 34, 54 or 56 for more than 90 consecutive days during the measurement period
HCPCS	G9911	Clinically node negative (T1N0M0 or T2N0M0) invasive breast cancer before or after neoadjuvant systemic therapy
HCPCS	G9912	Hepatitis B virus (HBV) status assessed and results interpreted prior to initiating anti-TNF (tumor necrosis factor) therapy
HCPCS	G9913	Hepatitis B virus (HBV) status not assessed and results interpreted prior to initiating anti-TNF (tumor necrosis factor) therapy, reason not given
HCPCS	G9914	Patient receiving an anti-TNF agent
HCPCS	G9915	No record of HBV results documented
HCPCS	G9916	Functional status performed once in the last 12 months
HCPCS	G9917	Documentation of advanced stage dementia and caregiver knowledge is limited
HCPCS	G9918	Functional status not performed, reason not otherwise specified
HCPCS	G9919	Screening performed and positive and provision of recommendations
HCPCS	G9920	Screening performed and negative
HCPCS	G9921	No screening performed, partial screening performed or positive screen without recommendations and reason is not given or otherwise specified
HCPCS	G9922	Safety concerns screen provided and if positive then documented mitigation recommendations
HCPCS	G9923	Safety concerns screen provided and negative
HCPCS	G9925	Safety concerns screening not provided, reason not otherwise specified
HCPCS	G9926	Safety concerns screening positive screen is without provision of mitigation recommendations, including but not limited to referral to other resources
HCPCS	G9927	Documentation of system reason(s) for not prescribing an FDA-approved anticoagulation due to patient being currently enrolled in a clinical trial related to AF/atrial flutter treatment
HCPCS	G9928	FDA-approved anticoagulant not prescribed, reason not given
HCPCS	G9929	Patient with transient or reversible cause of AF (e.g., pneumonia, hyperthyroidism, pregnancy, cardiac surgery)

Type of Code	Code	Description
HCPCS	G9930	Patients who are receiving comfort care only
HCPCS	G9931	Documentation of CHA2DS2-VASc risk score of 0 or 1 for men; or 0, 1, or 2 for women
HCPCS	G9932	Documentation of patient reason(s) for not having records of negative or managed positive TB screen (e.g., patient does not return for mantoux (PPD) skin test evaluation)
HCPCS	G9938	Patients age 66 or older in institutional special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the six months prior to the measurement period through december 31 of the measurement period
HCPCS	G9939	Pathologists/dermatopathologists is the same clinician who performed the biopsy
HCPCS	G9940	Documentation of medical reason(s) for not on a statin (e.g., pregnancy, in vitro fertilization, clomiphene RX, ESRD, cirrhosis, muscular pain and disease during the measurement period or prior year)
HCPCS	G9942	Patient had any additional spine procedures performed on the same date as the lumbar discectomy/laminectomy
HCPCS	G9943	Back pain was not measured by the visual analog scale (VAS) within three months preoperatively and at three months (6-20 weeks) postoperatively
HCPCS	G9945	Patient had cancer, acute fracture or infection related to the lumbar spine or patient had neuromuscular, idiopathic or congenital lumbar scoliosis
HCPCS	G9946	Back pain was not measured by the visual analog scale (VAS) within three months preoperatively and at one year (9 to 15 months) postoperatively
HCPCS	G9948	Patient had any additional spine procedures performed on the same date as the lumbar discectomy/laminectomy
HCPCS	G9949	Leg pain was not measured by the visual analog scale (VAS) at three months (6 - 20 weeks) postoperatively
HCPCS	G9954	Patient exhibits 2 or more risk factors for post-operative vomiting
HCPCS	G9955	Cases in which an inhalational anesthetic is used only for induction
HCPCS	G9956	Patient received combination therapy consisting of at least two prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively

Type of Code	Code	Description
HCPCS	G9957	Documentation of medical reason for not receiving combination therapy consisting of at least two prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively (e.g., intolerance or other medical reason)
HCPCS	G9958	Patient did not receive combination therapy consisting of at least two prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively
HCPCS	G9959	Systemic antimicrobials not prescribed
HCPCS	G9960	Documentation of medical reason(s) for prescribing systemic antimicrobials
HCPCS	G9961	Systemic antimicrobials prescribed
HCPCS	G9962	Embolization endpoints are documented separately for each embolized vessel and ovarian artery angiography or embolization performed in the presence of variant uterine artery anatomy
HCPCS	G9963	Embolization endpoints are not documented separately for each embolized vessel or ovarian artery angiography or embolization not performed in the presence of variant uterine artery anatomy
HCPCS	G9964	Patient received at least one well-child visit with a PCP during the performance period
HCPCS	G9965	Patient did not receive at least one well-child visit with a PCP during the performance period
HCPCS	G9968	Patient was referred to another provider or specialist during the performance period
HCPCS	G9969	Provider who referred the patient to another provider received a report from the provider to whom the patient was referred
HCPCS	G9970	Provider who referred the patient to another provider did not receive a report from the provider to whom the patient was referred
HCPCS	G9974	Dilated macular exam performed, including documentation of the presence or absence of macular thickening or geographic atrophy or hemorrhage and the level of macular degeneration severity
HCPCS	G9975	Documentation of medical reason(s) for not performing a dilated macular examination
HCPCS	G9988	Palliative care services provided to patient any time during the measurement period
HCPCS	G9989	Documentation of medical reason(s) for not administering pneumococcal vaccine (e.g., adverse reaction to vaccine)
HCPCS	G9990	Pneumococcal vaccine was not administered on or after patient's 60th birthday and before the end of the measurement period, reason not otherwise specified

Type of Code	Code	Description
HCPCS	G9991	Pneumococcal vaccine administered on or after patient's 60th birthday and before the end of the measurement period
HCPCS	G9992	Palliative care services used by patient any time during the measurement period
HCPCS	G9993	Patient was provided pallative care services any time during the measurement period
HCPCS	G9994	Patient is using palliative care services any time during the measurement period
HCPCS	G9995	Patients who use palliative care services any time during the measurement period
HCPCS	G9996	Documentation stating the patient has received or is currently receiving palliative or hospice care
HCPCS	G9997	Documentation of patient pregnancy anytime during the measurement period prior to and including the current encounter
HCPCS	G9998	Documentation of medical reason(s) for an interval of less than 3 years since the last colonoscopy (e.g., last colonoscopy incomplete, last colonoscopy had inadequate prep, piecemeal removal of adenomas, last colonoscopy found greater than 10 adenomas, or patient at high risk for colon cancer [Crohn's disease, ulcerative colitis, lower gastrointestinal bleeding, personal or family history of colon cancer, hereditary colorectal cancer syndromes])
HCPCS	G9999	Documentation of system reason(s) for an interval of less than 3 years since the last colonoscopy (e.g., unable to locate previous colonoscopy report, previous colonoscopy report was incomplete)
HCPCS	H0004	Behavioral health counseling and therapy, per 15 minutes
HCPCS	H0006	Alcohol and/or drug services; case management
HCPCS	H0016	Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting)
HCPCS	H0021	Alcohol and/or drug training service (for staff and personnel not employed by providers)
HCPCS	H0022	Alcohol and/or drug intervention service (planned facilitation)
HCPCS	H0023	Behavioral health outreach service (planned approach to reach a targeted population)
HCPCS	H0024	Behavioral health prevention information dissemination service (one-way direct or non-direct contact with service audiences to affect knowledge and attitude)
HCPCS	H0025	Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior)

Type of Code	Code	Description
HCPCS	H0026	Alcohol and/or drug prevention process service, community-based (delivery of services to develop skills of impactors)
HCPCS	H0027	Alcohol and/or drug prevention environmental service (broad range of external activities geared toward modifying systems in order to mainstream prevention through policy and law)
HCPCS	H0028	Alcohol and/or drug prevention problem identification and referral service (e.g., student assistance and employee assistance programs), does not include assessment
HCPCS	H0029	Alcohol and/or drug prevention alternatives service (services for populations that exclude alcohol and other drug use e.g., alcohol free social events)
HCPCS	H0030	Behavioral health hotline service
HCPCS	H0031	Mental health assessment, by non-physician
HCPCS	H0032	Mental health service plan development by non-physician
HCPCS	H0033	Oral medication administration, direct observation
HCPCS	H0034	Medication training and support, per 15 minutes
HCPCS	H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes
HCPCS	H0037	Community psychiatric supportive treatment program, per diem
HCPCS	H0038	Self-help/peer services, per 15 minutes
HCPCS	H0039	Assertive community treatment, face-to-face, per 15 minutes
HCPCS	H0040	Assertive community treatment program, per diem
HCPCS	H0041	Foster care, child, non-therapeutic, per diem
HCPCS	H0042	Foster care, child, non-therapeutic, per month
HCPCS	H0043	Supported housing, per diem
HCPCS	H0044	Supported housing, per month
HCPCS	H0045	Respite care services, not in the home, per diem
HCPCS	H0046	Mental health services, not otherwise specified
HCPCS	H0047	Alcohol and/or other drug abuse services, not otherwise specified
HCPCS	H0048	Alcohol and/or other drug testing: collection and handling only, specimens other than blood
HCPCS	H1000	Prenatal care, at-risk assessment

Type of Code	Code	Description
HCPCS	H1001	Prenatal care, at-risk enhanced service; antepartum management
HCPCS	H1002	Prenatal care, at risk enhanced service; care coordination
HCPCS	H1003	Prenatal care, at-risk enhanced service; education
HCPCS	H1004	Prenatal care, at-risk enhanced service; follow-up home visit
HCPCS	H1005	Prenatal care, at-risk enhanced service package (includes H1001-H1004)
HCPCS	H1010	Non-medical family planning education, per session
HCPCS	H1011	Family assessment by licensed behavioral health professional for state defined purposes
HCPCS	H2010	Comprehensive medication services, per 15 minutes
HCPCS	H2014	Skills training and development, per 15 minutes
HCPCS	H2015	Comprehensive community support services, per 15 minutes
HCPCS	H2016	Comprehensive community support services, per diem
HCPCS	H2017	Psychosocial rehabilitation services, per 15 minutes
HCPCS	H2018	Psychosocial rehabilitation services, per diem
HCPCS	H2019	Therapeutic behavioral services, per 15 minutes
HCPCS	H2020	Therapeutic behavioral services, per diem
HCPCS	H2021	Community-based wrap-around services, per 15 minutes
HCPCS	H2022	Community-based wrap-around services, per diem
HCPCS	H2023	Supported employment, per 15 minutes
HCPCS	H2024	Supported employment, per diem
HCPCS	H2025	Ongoing support to maintain employment, per 15 minutes
HCPCS	H2026	Ongoing support to maintain employment, per diem
HCPCS	H2027	Psychoeducational service, per 15 minutes
HCPCS	H2028	Sexual offender treatment service, per 15 minutes
HCPCS	H2029	Sexual offender treatment service, per diem
HCPCS	H2030	Mental health clubhouse services, per 15 minutes
HCPCS	H2031	Mental health clubhouse services, per diem

Type of Code	Code	Description
HCPCS	H2032	Activity therapy, per 15 minutes
HCPCS	H2033	Multisystemic therapy for juveniles, per 15 minutes
HCPCS	H2034	Alcohol and/or drug abuse halfway house services, per diem
HCPCS	H2037	Developmental delay prevention activities, dependent child of client, per 15 minutes
HCPCS	H2038	Skills training and development, per diem
HCPCS	J3591	Unclassified drug or biological used for ESRD on dialysis
HCPCS	J7331	Hyaluronan or derivative, Synojoynt, for intra-articular injection, 1 mg
HCPCS	J7332	Hyaluronan or derivative, Triluron, for intra-articular injection, 1 mg
HCPCS	K0005	Ultralightweight wheelchair
HCPCS	K0105	IV hanger, each
HCPCS	K0462	Temporary replacement for patient owned equipment being repaired, any type
HCPCS	K0601	Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each
HCPCS	K0602	Replacement battery for external infusion pump owned by patient, silver oxide, 3 volt, each
HCPCS	K0603	Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each
HCPCS	K0604	Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt, each
HCPCS	K0605	Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt, each
HCPCS	K0608	Replacement garment for use with automated external defibrillator, each
HCPCS	K0609	Replacement electrodes for use with automated external defibrillator, garment type only, each
HCPCS	K0669	Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from DME PDAC
HCPCS	K0672	Addition to lower extremity orthosis, removable soft interface, all components, replacement only, each
HCPCS	K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds
HCPCS	K0801	Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds
HCPCS	K0802	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds
HCPCS	K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds
HCPCS	K0807	Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds
HCPCS	K0808	Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds

Type of Code	Code	Description
HCPCS	K0812	Power operated vehicle, not otherwise classified
HCPCS	K0898	Power wheelchair, not otherwise classified
HCPCS	K0899	Power mobility device, not coded by DME PDAC or does not meet criteria
HCPCS	K0900	Customized durable medical equipment, other than wheelchair
HCPCS	K1001	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type
HCPCS	K1002	Cranial electrotherapy stimulation (CES) system, any type
HCPCS	K1003	Whirlpool tub, walk-in, portable
HCPCS	K1004	Low frequency ultrasonic diathermy treatment device for home use, includes all components and accessories
HCPCS	K1005	Disposable collection and storage bag for breast milk, any size, any type, each
HCPCS	K1006	Suction pump, home model, portable or stationary, electric, any type, for use with external urine management system
HCPCS	K1007	Bilateral hip, knee, ankle, foot device, powered, includes pelvic component, single or double upright(s), knee joints any type, with or without ankle joints any type, includes all components and accessories, motors, microprocessors, sensors
HCPCS	K1009	Speech volume modulation system, any type, including all components and accessories
HCPCS	K1013	Enema tube, with or without adapter, any type, replacement only, each
HCPCS	K1015	Foot, adductus positioning device, adjustable
HCPCS	K1016	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve
HCPCS	K1017	Monthly supplies for use of device coded at K1016
HCPCS	K1018	External upper limb tremor stimulator of the peripheral nerves of the wrist
HCPCS	K1019	Replacement supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist
HCPCS	K1020	Non-invasive vagus nerve stimulator
HCPCS	K1021	Exsufflation belt, includes all supplies and accessories
HCPCS	K1023	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm

Type of Code	Code	Description
HCPCS	K1026	Mechanical allergen particle barrier/inhalation filter, cream, nasal, topical
HCPCS	K1027	Oral device/appliance used to reduce upper airway collapsibility, without fixed mechanical hinge, custom fabricated, includes fitting and adjustment
HCPCS	K1028	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle for the reduction of snoring and obstructive sleep apnea, controlled by phone application
HCPCS	K1029	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply
HCPCS	K1030	External recharging system for battery (internal) for use with implanted cardiac contractility modulation generator, replacement only
HCPCS	K1031	Non-pneumatic compression controller without calibrated gradient pressure
HCPCS	K1032	Non-pneumatic sequential compression garment, full leg
HCPCS	K1033	Non-pneumatic sequential compression garment, half leg
HCPCS	L0120	Cervical, flexible, non-adjustable, prefabricated, off-the-shelf (foam collar)
HCPCS	L0160	Cervical, semi-rigid, wire frame occipital/mandibular support, prefabricated, off-the-shelf
HCPCS	L0172	Cervical, collar, semi-rigid thermoplastic foam, two-piece, prefabricated, off-the-shelf
HCPCS	L0174	Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension, prefabricated, off-the-shelf
HCPCS	L0621	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, off-the-shelf
HCPCS	L0625	Lumbar orthosis, flexible, provides lumbar support, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pendulous abdomen design, shoulder straps, stays, prefabricated, off-the-shelf
HCPCS	L0626	Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise

Type of Code	Code	Description
HCPCS	L0627	Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
HCPCS	L0628	Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf
HCPCS	L0630	Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
HCPCS	L0980	Peroneal straps, prefabricated, off-the-shelf, pair
HCPCS	L0982	Stocking supporter grips, prefabricated, off-the-shelf, set of four (4)
HCPCS	L1812	Knee orthosis, elastic with joints, prefabricated, off-the-shelf
HCPCS	L1836	Knee orthosis, rigid, without joint(s), includes soft interface material, prefabricated, off-the-shelf
HCPCS	L1851	Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf
HCPCS	L1852	Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf
HCPCS	L2750	Addition to lower extremity orthosis, plating chrome or nickel, per bar
HCPCS	L2755	Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthosis only
HCPCS	L2780	Addition to lower extremity orthosis, non-corrosive finish, per bar

Type of Code	Code	Description
HCPCS	L3000	Foot, insert, removable, molded to patient model, 'UCB' type, Berkeley shell, each
HCPCS	L3001	Foot, insert, removable, molded to patient model, Spenco, each
HCPCS	L3002	Foot, insert, removable, molded to patient model, Plastazote or equal, each
HCPCS	L3003	Foot, insert, removable, molded to patient model, silicone gel, each
HCPCS	L3010	Foot, insert, removable, molded to patient model, longitudinal arch support, each
HCPCS	L3020	Foot, insert, removable, molded to patient model, longitudinal/metatarsal support, each
HCPCS	L3030	Foot, insert, removable, formed to patient foot, each
HCPCS	L3031	Foot, insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, each
HCPCS	L3040	Foot, arch support, removable, premolded, longitudinal, each
HCPCS	L3050	Foot, arch support, removable, premolded, metatarsal, each
HCPCS	L3060	Foot, arch support, removable, premolded, longitudinal/metatarsal, each
HCPCS	L3070	Foot, arch support, non-removable attached to shoe, longitudinal, each
HCPCS	L3080	Foot, arch support, non-removable attached to shoe, metatarsal, each
HCPCS	L3090	Foot, arch support, non-removable attached to shoe, longitudinal/metatarsal, each
HCPCS	L3100	Hallus-valgus night dynamic splint, prefabricated, off-the-shelf
HCPCS	L3140	Foot, abduction rotation bar, including shoes
HCPCS	L3150	Foot, abduction rotation bar, without shoes
HCPCS	L3160	Foot, adjustable shoe-styled positioning device
HCPCS	L3170	Foot, plastic, silicone or equal, heel stabilizer, prefabricated, off-the-shelf, each
HCPCS	L3201	Orthopedic shoe, Oxford with supinator or pronator, infant
HCPCS	L3202	Orthopedic shoe, Oxford with supinator or pronator, child
HCPCS	L3203	Orthopedic shoe, Oxford with supinator or pronator, junior
HCPCS	L3204	Orthopedic shoe, hightop with supinator or pronator, infant
HCPCS	L3206	Orthopedic shoe, hightop with supinator or pronator, child
HCPCS	L3207	Orthopedic shoe, hightop with supinator or pronator, junior
HCPCS	L3208	Surgical boot, each, infant

Type of Code	Code	Description
HCPCS	L3209	Surgical boot, each, child
HCPCS	L3211	Surgical boot, each, junior
HCPCS	L3212	Benesch boot, pair, infant
HCPCS	L3213	Benesch boot, pair, child
HCPCS	L3214	Benesch boot, pair, junior
HCPCS	L3217	Orthopedic footwear, ladies shoe, hightop, depth inlay, each
HCPCS	L3222	Orthopedic footwear, mens shoe, hightop, depth inlay, each
HCPCS	L3257	Orthopedic footwear, additional charge for split size
HCPCS	L3260	Surgical boot/shoe, each
HCPCS	L3265	Plastazote sandal, each
HCPCS	L3300	Lift, elevation, heel, tapered to metatarsals, per inch
HCPCS	L3310	Lift, elevation, heel and sole, neoprene, per inch
HCPCS	L3320	Lift, elevation, heel and sole, cork, per inch
HCPCS	L3330	Lift, elevation, metal extension (skate)
HCPCS	L3332	Lift, elevation, inside shoe, tapered, up to one-half inch
HCPCS	L3334	Lift, elevation, heel, per inch
HCPCS	L3340	Heel wedge, SACH
HCPCS	L3350	Heel wedge
HCPCS	L3360	Sole wedge, outside sole
HCPCS	L3370	Sole wedge, between sole
HCPCS	L3380	Clubfoot wedge
HCPCS	L3390	Outflare wedge
HCPCS	L3400	Metatarsal bar wedge, rocker
HCPCS	L3410	Metatarsal bar wedge, between sole
HCPCS	L3420	Full sole and heel wedge, between sole
HCPCS	L3430	Heel, counter, plastic reinforced

Type of Code	Code	Description
HCPCS	L3440	Heel, counter, leather reinforced
HCPCS	L3450	Heel, SACH cushion type
HCPCS	L3455	Heel, new leather, standard
HCPCS	L3460	Heel, new rubber, standard
HCPCS	L3465	Heel, Thomas with wedge
HCPCS	L3470	Heel, thomas extended to ball
HCPCS	L3480	Heel, pad and depression for spur
HCPCS	L3485	Heel, pad, removable for spur
HCPCS	L3500	Orthopedic shoe addition, insole, leather
HCPCS	L3510	Orthopedic shoe addition, insole, rubber
HCPCS	L3520	Orthopedic shoe addition, insole, felt covered with leather
HCPCS	L3530	Orthopedic shoe addition, sole, half
HCPCS	L3540	Orthopedic shoe addition, sole, full
HCPCS	L3550	Orthopedic shoe addition, toe tap standard
HCPCS	L3560	Orthopedic shoe addition, toe tap, horseshoe
HCPCS	L3570	Orthopedic shoe addition, special extension to instep (leather with eyelets)
HCPCS	L3580	Orthopedic shoe addition, convert instep to velcro closure
HCPCS	L3590	Orthopedic shoe addition, convert firm shoe counter to soft counter
HCPCS	L3595	Orthopedic shoe addition, March bar
HCPCS	L3600	Transfer of an orthosis from one shoe to another, caliper plate, existing
HCPCS	L3610	Transfer of an orthosis from one shoe to another, caliper plate, new
HCPCS	L3620	Transfer of an orthosis from one shoe to another, solid stirrup, existing
HCPCS	L3630	Transfer of an orthosis from one shoe to another, solid stirrup, new
HCPCS	L3640	Transfer of an orthosis from one shoe to another, Dennis Browne splint (Riveton), both shoes
HCPCS	L3649	Orthopedic shoe, modification, addition or transfer, not otherwise specified
HCPCS	L3660	Shoulder orthosis, figure of eight design abduction restrainer, canvas and webbing, prefabricated, off-the-shelf

Type of Code	Code	Description
HCPCS	L3675	Shoulder orthosis, vest type abduction restrainer, canvas webbing type or equal, prefabricated, off-the-shelf
HCPCS	L3678	Shoulder orthosis, shoulder joint design, without joints, may include soft interface, straps, prefabricated, off-the-shelf
HCPCS	L3761	Elbow orthosis (EO), with adjustable position locking joint(s), prefabricated, off-the-shelf
HCPCS	L3762	Elbow orthosis, rigid, without joints, includes soft interface material, prefabricated, off-the-shelf
HCPCS	L3809	Wrist hand finger orthosis, without joint(s), prefabricated, off-the-shelf, any type
HCPCS	L3916	Wrist hand orthosis, includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated, off-the-shelf
HCPCS	L3918	Hand orthosis, metacarpal fracture orthosis, prefabricated, off-the-shelf
HCPCS	L3924	Hand finger orthosis, without joints, may include soft interface, straps, prefabricated, off-the-shelf
HCPCS	L3925	Finger orthosis, proximal interphalangeal (PIP)/distal interphalangeal (DIP), non torsion joint/spring, extension/flexion, may include soft interface material, prefabricated, off-the-shelf
HCPCS	L3927	Finger orthosis, proximal interphalangeal (PIP)/distal interphalangeal (DIP), without joint/spring, extension/flexion (e.g., static or ring type), may include soft interface material, prefabricated, off-the-shelf
HCPCS	L3930	Hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, off-the-shelf
HCPCS	L4397	Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated, off-the-shelf
HCPCS	L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source
HCPCS	L7900	Male vacuum erection system
HCPCS	L7902	Tension ring, for vacuum erection device, any type, replacement only, each
HCPCS	L8300	Truss, single with standard pad
HCPCS	L8310	Truss, double with standard pads
HCPCS	L8320	Truss, addition to standard pad, water pad
HCPCS	L8330	Truss, addition to standard pad, scrotal pad

Type of Code	Code	Description
HCPCS	L8505	Artificial larynx replacement battery /accessory, any type
HCPCS	L8605	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, anal canal, 1 ml, includes shipping and necessary supplies
HCPCS	L8608	Miscellaneous external component, supply or accessory for use with the Argus II retinal prosthesis system
HCPCS	L8621	Zinc air battery for use with cochlear implant device and auditory osseointegrated sound processors, replacement, each
HCPCS	L8622	Alkaline battery for use with cochlear implant device, any size, replacement, each
HCPCS	L8623	Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each
HCPCS	L8624	Lithium ion battery for use with cochlear implant or auditory osseointegrated device speech processor, ear level, replacement, each
HCPCS	L8701	Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated
HCPCS	L8702	Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated
HCPCS	M0001	Advancing cancer care MIPS value pathways
HCPCS	M0002	Optimal care for kidney health MIPS value pathways
HCPCS	M0003	Optimal care for patients with episodic neurological conditions MIPS value pathways
HCPCS	M0004	Supportive care for neurodegenerative conditions MIPS value pathways
HCPCS	M0005	Promoting wellness mips value pathways
HCPCS	M0075	Cellular therapy
HCPCS	M0076	Prolotherapy
HCPCS	M0100	Intragastric hypothermia using gastric freezing
HCPCS	M0300	IV chelation therapy (chemical endarterectomy)
HCPCS	M0301	Fabric wrapping of abdominal aneurysm
HCPCS	M1003	TB screening performed and results interpreted within twelve months prior to initiation of first-time biologic disease modifying anti-rheumatic drug therapy

Type of Code	Code	Description
HCPCS	M1004	Documentation of medical reason for not screening for TB or interpreting results (i.e., patient positive for TB and documentation of past treatment; patient who has recently completed a course of anti-TB therapy)
HCPCS	M1005	TB screening not performed or results not interpreted, reason not given
HCPCS	M1006	Disease activity not assessed, reason not given
HCPCS	M1007	>=50% of total number of a patient's outpatient RA encounters assessed
HCPCS	M1008	<50% of total number of a patient's outpatient RA encounters assessed
HCPCS	M1009	Discharge/discontinuation of the episode of care documented in the medical record
HCPCS	M1010	Discharge/discontinuation of the episode of care documented in the medical record
HCPCS	M1011	Discharge/discontinuation of the episode of care documented in the medical record
HCPCS	M1012	Discharge/discontinuation of the episode of care documented in the medical record
HCPCS	M1013	Discharge/discontinuation of the episode of care documented in the medical record
HCPCS	M1014	Discharge/discontinuation of the episode of care documented in the medical record
HCPCS	M1016	Female patients unable to bear children
HCPCS	M1017	Patient admitted to palliative care services
HCPCS	M1018	Patients with an active diagnosis or history of cancer (except basal cell and squamous cell skin carcinoma), patients who are heavy tobacco smokers, lung cancer screening patients
HCPCS	M1019	Adolescent patients 12 to 17 years of age with major depression or dysthymia who reached remission at twelve months as demonstrated by a twelve month (+/-60 days) PHQ-9 or PHQ-9M score of less than 5
HCPCS	M1020	Adolescent patients 12 to 17 years of age with major depression or dysthymia who did not reach remission at twelve months as demonstrated by a twelve month (+/-60 days) PHQ-9 or PHQ-9M score of less than 5. either PHQ-9 or PHQ-9M score was not assessed or is greater than or equal to 5
HCPCS	M1027	Imaging of the head (CT or MRI) was obtained
HCPCS	M1028	Documentation of patients with primary headache diagnosis and imaging other than CT or MRI obtained
HCPCS	M1029	Imaging of the head (CT or MRI) was not obtained, reason not given
HCPCS	M1032	Adults currently taking pharmacotherapy for OUD
HCPCS	M1034	Adults who have at least 180 days of continuous pharmacotherapy with a medication prescribed for OUD without a gap of more than seven days

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

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

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

Type of Code	Code	Description
HCPCS	M1166	Pathology report for tissue specimens produced from wide local excisions or re-excisions
HCPCS	M1167	In hospice or using hospice services during the measurement period
HCPCS	M1168	Patient received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period
HCPCS	M1169	Documentation of medical reason(s) for not administering influenza vaccine (e.g., prior anaphylaxis due to the influenza vaccine)
HCPCS	M1170	Patient did not receive an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period
HCPCS	M1171	Patient received at least one td vaccine or one TDaP vaccine between nine years prior to the encounter and the end of the measurement period
HCPCS	M1172	Documentation of medical reason(s) for not administering td or tdap vaccine (e.g., prior anaphylaxis due to the td or tdap vaccine or history of encephalopathy within seven days after a previous dose of a TD-containing vaccine)
HCPCS	M1173	Patient did not receive at least one TD vaccine or one tdap vaccine between nine years prior to the encounter and the end of the measurement period
HCPCS	M1174	Patient received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine (at least 28 days apart) anytime on or after the patient's 50th birthday before or during the measurement period
HCPCS	M1175	Documentation of medical reason(s) for not administering zoster vaccine (e.g., prior anaphylaxis due to the zoster vaccine)
HCPCS	M1176	Patient did not receive at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine (at least 28 days apart) anytime on or after the patient's 50th birthday before or during the measurement period
HCPCS	M1177	Patient received any pneumococcal conjugate or polysaccharide vaccine on or after their 60th birthday and before the end of the measurement period
HCPCS	M1178	Documentation of medical reason(s) for not administering pneumococcal vaccine (e.g., prior anaphylaxis due to the pneumococcal vaccine)

Type of Code	Code	Description
HCPCS	M1179	Patient did not receive any pneumococcal conjugate or polysaccharide vaccine, on or after their 60th birthday and before or during measurement period
HCPCS	M1180	Patients on immune checkpoint inhibitor therapy
HCPCS	M1181	Grade 2 or above diarrhea and/or grade 2 or above colitis
HCPCS	M1182	Patients not eligible due to pre-existing inflammatory bowel disease (IBD) (e.g., ulcerative colitis, Crohn's disease)
HCPCS	M1183	Documentation of immune checkpoint inhibitor therapy held and corticosteroids or immunosuppressants prescribed or administered
HCPCS	M1184	Documentation of medical reason(s) for not prescribing or administering corticosteroid or immunosuppressant treatment (e.g., allergy, intolerance, infectious etiology, pancreatic insufficiency, hyperthyroidism, prior bowel surgical interventions, celiac disease, receiving other medication, awaiting diagnostic workup results for alternative etiologies, other medical reasons/contraindication)
HCPCS	M1185	Documentation of immune checkpoint inhibitor therapy not held and/or corticosteroids or immunosuppressants prescribed or administered was not performed, reason not given
HCPCS	M1186	Patients who have an order for or are receiving hospice or palliative care
HCPCS	M1187	Patients with a diagnosis of end stage renal disease (ESRD)
HCPCS	M1188	Patients with a diagnosis of chronic kidney disease (CKD) stage 5
HCPCS	M1189	Documentation of a kidney health evaluation defined by an estimated glomerular filtration rate (EGFR) and urine albumin-creatinine ratio (UACR) performed
HCPCS	M1190	Documentation of a kidney health evaluation was not performed or defined by an estimated glomerular filtration rate (EGFR) and urine albumin-creatinine ratio (UACR)
HCPCS	M1191	Hospice services provided to patient any time during the measurement period
HCPCS	M1192	Patients with an existing diagnosis of squamous cell carcinoma of the esophagus
HCPCS	M1193	Surgical pathology reports that contain impression or conclusion of or recommendation for testing of MMR by immunohistochemistry, MSI by DNA-based testing status, or both

Type of Code	Code	Description
HCPCS	M1194	Documentation of medical reason(s) surgical pathology reports did not contain impression or conclusion of or recommendation for testing of MMR by immunohistochemistry, MSI by dna-based testing status, or both tests were not included (e.g., patient will not be treated with checkpoint inhibitor therapy, no residual carcinoma is present in the sample [tissue exhausted or status post neoadjuvant treatment], insufficient tumor for testing)
HCPCS	M1195	Surgical pathology reports that do not contain impression or conclusion of or recommendation for testing of MMR by immunohistochemistry, MSI by DNA-based testing status, or both, reason not given
HCPCS	M1196	Initial (index visit) numeric rating scale (NRS), visual rating scale (VRS), or ItchyQuant assessment score of greater than or equal to 4
HCPCS	M1197	Itch severity assessment score is reduced by 2 or more points from the initial (index) assessment score to the follow-up visit score
HCPCS	M1198	Itch severity assessment score was not reduced by at least 2 points from initial (index) score to the follow-up visit score or assessment was not completed during the follow-up encounter
HCPCS	M1199	Patients receiving rrt
HCPCS	M1200	Ace inhibitor (ACE-I) or arb therapy prescribed during the measurement period
HCPCS	M1201	Documentation of medical reason(s) for not prescribing ace inhibitor (ace-i) or arb therapy during the measurement period (e.g., pregnancy, history of angioedema to ace-i, other allergy to ace-i and arb, hyperkalemia or history of hyperkalemia while on ace-i or arb therapy, acute kidney injury due to ace-i or arb therapy), other medical reasons)
HCPCS	M1202	Documentation of patient reason(s) for not prescribing ace inhibitor or arb therapy during the measurement period, (e.g., patient declined, other patient reasons)
HCPCS	M1203	Ace inhibitor or arb therapy not prescribed during the measurement period, reason not given
HCPCS	M1204	Initial (index visit) numeric rating scale (NRS), visual rating scale (VRS), or itchyquant assessment score of greater than or equal to 4
HCPCS	M1205	Itch severity assessment score is reduced by 2 or more points from the initial (index) assessment score to the follow-up visit score
HCPCS	M1206	Itch severity assessment score was not reduced by at least 2 points from initial (index) score to the follow-up visit score or assessment was not completed during the follow-up encounter

Type of Code	Code	Description
HCPCS	M1207	Number of patients screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety
HCPCS	M1208	Number of patients not screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety
HCPCS	M1209	At least two orders for high-risk medications from the same drug class, (table 4), not ordered
HCPCS	M1210	At least two orders for high-risk medications from the same drug class, (table 4), not ordered
HCPCS	P2028	Cephalin floculation, blood
HCPCS	P2029	Congo red, blood
HCPCS	P2031	Hair analysis (excluding arsenic)
HCPCS	P2033	Thymol turbidity, blood
HCPCS	P2038	Mucoprotein, blood (seromucoid) (medical necessity procedure)
HCPCS	P9603	Travel allowance one way in connection with medically necessary laboratory specimen collection drawn from home bound or nursing home bound patient; prorated miles actually travelled
HCPCS	P9604	Travel allowance one way in connection with medically necessary laboratory specimen collection drawn from home bound or nursing home bound patient; prorated trip charge
HCPCS	P9612	Catheterization for collection of specimen, single patient, all places of service
HCPCS	Q0035	Cardiokymography
HCPCS	Q0092	Set-up portable x-ray equipment
HCPCS	Q0111	Wet mounts, including preparations of vaginal, cervical or skin specimens
HCPCS	Q0112	All potassium hydroxide (KOH) preparations
HCPCS	Q0113	Pinworm examinations
HCPCS	Q0114	Fern test
HCPCS	Q0115	Post-coital direct, qualitative examinations of vaginal or cervical mucous
HCPCS	Q0144	Azithromycin dihydrate, oral, capsules/powder, 1 gram
HCPCS	Q0161	Chlorpromazine hydrochloride, 5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen

Type of Code	Code	Description
HCPCS	Q0162	Ondansetron 1 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
HCPCS	Q0163	Diphenhydramine hydrochloride, 50 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at time of chemotherapy treatment not to exceed a 48 hour dosage regimen
HCPCS	Q0478	Power adapter for use with electric or electric/pneumatic ventricular assist device, vehicle type
HCPCS	Q0479	Power module for use with electric or electric/pneumatic ventricular assist device, replacement only
HCPCS	Q0480	Driver for use with pneumatic ventricular assist device, replacement only
HCPCS	Q0481	Microprocessor control unit for use with electric ventricular assist device, replacement only
HCPCS	Q0482	Microprocessor control unit for use with electric/pneumatic combination ventricular assist device, replacement only
HCPCS	Q0483	Monitor/display module for use with electric ventricular assist device, replacement only
HCPCS	Q0484	Monitor/display module for use with electric or electric/pneumatic ventricular assist device, replacement only
HCPCS	Q0485	Monitor control cable for use with electric ventricular assist device, replacement only
HCPCS	Q0486	Monitor control cable for use with electric/pneumatic ventricular assist device, replacement only
HCPCS	Q0487	Leads (pneumatic/electrical) for use with any type electric/pneumatic ventricular assist device, replacement only
HCPCS	Q0488	Power pack base for use with electric ventricular assist device, replacement only
HCPCS	Q0489	Power pack base for use with electric/pneumatic ventricular assist device, replacement only
HCPCS	Q0490	Emergency power source for use with electric ventricular assist device, replacement only
HCPCS	Q0491	Emergency power source for use with electric/pneumatic ventricular assist device, replacement only
HCPCS	Q0492	Emergency power supply cable for use with electric ventricular assist device, replacement only
HCPCS	Q0493	Emergency power supply cable for use with electric/pneumatic ventricular assist device, replacement only
HCPCS	Q0494	Emergency hand pump for use with electric or electric/pneumatic ventricular assist device, replacement only

Type of Code	Code	Description
HCPCS	Q0495	Battery/power pack charger for use with electric or electric/pneumatic ventricular assist device, replacement only
HCPCS	Q0496	Battery, other than lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only
HCPCS	Q0497	Battery clips for use with electric or electric/pneumatic ventricular assist device, replacement only
HCPCS	Q0498	Holster for use with electric or electric/pneumatic ventricular assist device, replacement only
HCPCS	Q0499	Belt/vest/bag for use to carry external peripheral components of any type ventricular assist device, replacement only
HCPCS	Q0500	Filters for use with electric or electric/pneumatic ventricular assist device, replacement only
HCPCS	Q0501	Shower cover for use with electric or electric/pneumatic ventricular assist device, replacement only
HCPCS	Q0502	Mobility cart for pneumatic ventricular assist device, replacement only
HCPCS	Q0503	Battery for pneumatic ventricular assist device, replacement only, each
HCPCS	Q0504	Power adapter for pneumatic ventricular assist device, replacement only, vehicle type
HCPCS	Q0506	Battery, lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only
HCPCS	Q0507	Miscellaneous supply or accessory for use with an external ventricular assist device
HCPCS	Q0508	Miscellaneous supply or accessory for use with an implanted ventricular assist device
HCPCS	Q0509	Miscellaneous supply or accessory for use with any implanted ventricular assist device for which payment was not made under Medicare Part A
HCPCS	Q0510	Pharmacy supply fee for initial immunosuppressive drug(s), first month following transplant
HCPCS	Q0511	Pharmacy supply fee for oral anti-cancer, oral anti-emetic or immunosuppressive drug(s); for the first prescription in a 30-day period
HCPCS	Q0512	Pharmacy supply fee for oral anti-cancer, oral anti-emetic or immunosuppressive drug(s); for a subsequent prescription in a 30-day period
HCPCS	Q0513	Pharmacy dispensing fee for inhalation drug(s); per 30 days
HCPCS	Q0514	Pharmacy dispensing fee for inhalation drug(s); per 90 days
HCPCS	Q0515	Injection, sermorelin acetate, 1 microgram
HCPCS	Q1004	New technology intraocular lens category 4 as defined in Federal Register notice

Type of Code	Code	Description
HCPCS	Q1005	New technology intraocular lens category 5 as defined in Federal Register notice
HCPCS	Q2004	Irrigation solution for treatment of bladder calculi, for example renacidin, per 500 ml
HCPCS	Q2009	Injection, fosphenytoin, 50 mg phenytoin equivalent
HCPCS	Q2017	Injection, teniposide, 50 mg
HCPCS	Q2026	Injection, Radiesse, 0.1 ml
HCPCS	Q2043	Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion
HCPCS	Q2049	Injection, doxorubicin hydrochloride, liposomal, imported Lipodox, 10 mg
HCPCS	Q3014	Telehealth originating site facility fee
HCPCS	Q3031	Collagen skin test
HCPCS	Q4049	Finger splint, static
HCPCS	Q4050	Cast supplies, for unlisted types and materials of casts
HCPCS	Q4051	Splint supplies, miscellaneous (includes thermoplastics, strapping, fasteners, padding and other supplies)
HCPCS	Q4074	Iloprost, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, up to 20 micrograms
HCPCS	Q4082	Drug or biological, not otherwise classified, Part B Drug Competitive Acquisition Program (CAP)
HCPCS	Q4100	Skin substitute, not otherwise specified
HCPCS	Q4103	Oasis burn matrix, per square centimeter
HCPCS	Q4107	Graftjacket, per square centimeter
HCPCS	Q4111	Gammagraft, per square centimeter
HCPCS	Q4112	Cymetra, injectable, 1 cc
HCPCS	Q4113	Graftjacket Xpress, injectable, 1 cc
HCPCS	Q4115	Alloskin, per square centimeter
HCPCS	Q4117	Hyalomatrix, per square centimeter
HCPCS	Q4118	Matristem MicroMatrix, 1 mg
HCPCS	Q4122	DermACELL, DermACELL AWM or DermACELL AWM porous, per square centimeter
HCPCS	Q4123	Alloskin RT, per square centimeter

Type of Code	Code	Description
HCPCS	Q4124	OASIS Ultra Tri-Layer wound matrix, per square centimeter
HCPCS	Q4125	Arthroflex, per square centimeter
HCPCS	Q4126	MemoDerm, DermaSpan, TranZgraft or IntegüPly, per square centimeter
HCPCS	Q4127	Talymed, per square centimeter
HCPCS	Q4128	Flex HD, or AlloPatch HD, per square centimeter
HCPCS	Q4130	Strattice TM, per square centimeter
HCPCS	Q4132	Grafix Core and GrafixPL Core, per square centimeter
HCPCS	Q4133	Grafix Prime, GrafixPL Prime, Stravix and StravixPL, per square centimeter
HCPCS	Q4134	HMatrix, per square centimeter
HCPCS	Q4135	Mediskin, per square centimeter
HCPCS	Q4136	EZ-Derm, per square centimeter
HCPCS	Q4137	AmnioExcel, AmnioExcel Plus or BioDExcel, per square centimeter
HCPCS	Q4138	BioDFence DryFlex, per square centimeter
HCPCS	Q4139	AmnioMatrix or BioDMatrix, injectable, 1 cc
HCPCS	Q4140	BioDFence, per square centimeter
HCPCS	Q4141	AlloSkin ac, per square centimeter
HCPCS	Q4142	XCM biologic tissue matrix, per square centimeter
HCPCS	Q4143	Repriza, per square centimeter
HCPCS	Q4145	Epifix, injectable, 1 mg
HCPCS	Q4146	Tensix, per square centimeter
HCPCS	Q4147	Architect, Architect PX, or Architect FX, extracellular matrix, per square centimeter
HCPCS	Q4148	Neox Cord 1K, Neox Cord RT, or Clarix Cord 1K, per square centimeter
HCPCS	Q4149	Excellagen, 0.1 cc
HCPCS	Q4150	Allowrap DS or dry, per square centimeter
HCPCS	Q4151	AmnioBand or Guardian, per square centimeter
HCPCS	Q4152	DermaPure, per square centimeter

Type of Code	Code	Description
HCPCS	Q4153	Dermavest and plurivest, per square centimeter
HCPCS	Q4154	Biovance, per square centimeter
HCPCS	Q4155	Neox Flo or Clarix Flo, 1 mg
HCPCS	Q4156	Neox 100 or Clarix 100, per square centimeter
HCPCS	Q4157	Revitalon, per square centimeter
HCPCS	Q4158	Kerecis Omega3, per square centimeter
HCPCS	Q4159	Affinity, per square centimeter
HCPCS	Q4160	Nushield, per square centimeter
HCPCS	Q4166	Cytal, per square centimeter
HCPCS	Q4167	Truskin, per square centimeter
HCPCS	Q4168	AmnioBand, 1 mg
HCPCS	Q4169	Artacent wound, per square centimeter
HCPCS	Q4170	Cygnus, per square centimeter
HCPCS	Q4171	Interfyl, 1 mg
HCPCS	Q4173	PalinGen or PalinGen XPlus, per square centimeter
HCPCS	Q4174	PalinGen or ProMatrX, 0.36 mg per 0.25 cc
HCPCS	Q4175	Miroderm, per square centimeter
HCPCS	Q4176	Neopatch or Therion, per square centimeter
HCPCS	Q4177	FlowerAmnioFlo, 0.1 cc
HCPCS	Q4178	FlowerAmnioPatch, per square centimeter
HCPCS	Q4179	FlowerDerm, per square centimeter
HCPCS	Q4180	Revita, per square centimeter
HCPCS	Q4181	Amnio Wound, per square centimeter
HCPCS	Q4182	Transcyte, per square centimeter
HCPCS	Q4205	Membrane graft or membrane wrap, per square centimeter
HCPCS	Q4206	Fluid Flow or Fluid GF, 1 cc

Type of Code	Code	Description
HCPCS	Q4208	Novafix, per square cenitmeter
HCPCS	Q4209	SurGraft, per square centimeter
HCPCS	Q4210	Axolotl Graft or Axolotl DualGraft, per square centimeter
HCPCS	Q4211	Amnion bio or AxoBioMembrane, per square centimeter
HCPCS	Q4212	Allogen, per cc
HCPCS	Q4213	Ascent, 0.5 mg
HCPCS	Q4214	Cellesta cord, per square centimeter
HCPCS	Q4215	Axolotl Ambient or Axolotl Cryo, 0.1 mg
HCPCS	Q4216	Artacent cord, per square centimeter
HCPCS	Q4217	WoundFix, BioWound, WoundFix Plus, BioWound Plus, WoundFix Xplus or BioWound Xplus, per square centimeter
HCPCS	Q4218	surgiCORD, per square centimeter
HCPCS	Q4219	surgiGRAFT-Dual, per square centimeter
HCPCS	Q4220	BellaCell HD or SureDerm, per square centimeter
HCPCS	Q4221	AmnioWrap2, per square centimeter
HCPCS	Q4222	ProgenaMatrix, per square centimeter
HCPCS	Q4224	Human health factor 10 amniotic patch (hhf10-p), per square centimeter
HCPCS	Q4225	Amniobind, per square centimeter
HCPCS	Q4226	MyOwn Skin, includes harvesting and preparation procedures, per square centimeter
HCPCS	Q4227	AmnioCore, per square centimeter
HCPCS	Q4229	Cogenex Amniotic Membrane, per square centimeter
HCPCS	Q4230	Cogenex Flowable Amnion, per 0.5 cc
HCPCS	Q4231	Corplex P, per cc
HCPCS	Q4232	Corplex, per square centimeter
HCPCS	Q4233	Surfactor or Nudyn, per 0.5 cc
HCPCS	Q4234	XCellerate, per square centimeter
HCPCS	Q4235	AmnioRepair or AltiPly, per square centimeter

Type of Code	Code	Description
HCPCS	Q4237	Cryo-Cord, per square centimeter
HCPCS	Q4238	Derm-Maxx, per square centimeter
HCPCS	Q4239	Amnio-Maxx or Amnio-Maxx Lite, per square centimeter
HCPCS	Q4240	CoreCyte, for topical use only, per 0.5 cc
HCPCS	Q4241	PolyCyte, for topical use only, per 0.5 cc
HCPCS	Q4242	AmnioCyte Plus, per 0.5 cc
HCPCS	Q4244	Procenta, per 200 mg
HCPCS	Q4245	Amniotext, per cc
HCPCS	Q4246	Coretext or protext, per cc
HCPCS	Q4247	Amniotext patch, per square centimeter
HCPCS	Q4248	Dermacyte amniotic membrane allograft, per square centimeter
HCPCS	Q4249	Amniply, for topical use only, per square centimeter
HCPCS	Q4250	AmnioAMP-MP, per square centimeter
HCPCS	Q4251	Vim, per square centimeter
HCPCS	Q4252	Vendaje, per square centimeter
HCPCS	Q4253	Zenith amniotic membrane, per square centimeter
HCPCS	Q4254	Novafix DL, per square centimeter
HCPCS	Q4255	Reguard, for topical use only, per square centimeter
HCPCS	Q4256	Mlg-complete, per square centimeter
HCPCS	Q4257	Relese, per square centimeter
HCPCS	Q4258	Enverse, per square centimeter
HCPCS	Q4259	celera Dual Layer or celera Dual Membrane, per square centimeter
HCPCS	Q4260	Signature APatch, per square centimeter
HCPCS	Q4261	TAG, per square centimeter
HCPCS	Q9001	Assessment by chaplain services
HCPCS	Q9002	Counseling, individual, by chaplain services

Type of Code	Code	Description
HCPCS	Q9003	Counseling, group, by chaplain services
HCPCS	Q9004	Department of veterans affairs whole health partner services
HCPCS	R0070	Transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, one patient seen
HCPCS	R0075	Transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, more than one patient seen
HCPCS	R0076	Transportation of portable EKG to facility or location, per patient
HCPCS	S0209	Wheelchair van, mileage, per mile
HCPCS	S0215	Non-emergency transportation; mileage, per mile
HCPCS	S0220	Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient is present); approximately 30 minutes
HCPCS	S0221	Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient is present); approximately 60 minutes
HCPCS	S0250	Comprehensive geriatric assessment and treatment planning performed by assessment team
HCPCS	S0257	Counseling and discussion regarding advance directives or end of life care planning and decisions, with patient and/or surrogate (List separately in addition to code for appropriate evaluation and management service)
HCPCS	S0260	History and physical (outpatient or office) related to surgical procedure (List separately in addition to code for appropriate evaluation and management service)
HCPCS	S0265	Genetic counseling, under physician supervision, each 15 minutes
HCPCS	S0270	Physician management of patient home care, standard monthly case rate (per 30 days)
HCPCS	S0271	Physician management of patient home care, hospice monthly case rate (per 30 days)
HCPCS	S0272	Physician management of patient home care, episodic care monthly case rate (per 30 days)
HCPCS	S0273	Physician visit at member's home, outside of a capitation arrangement
HCPCS	S0274	Nurse practitioner visit at member's home, outside of a capitation arrangement

Type of Code	Code	Description
HCPCS	S0280	Medical home program, comprehensive care coordination and planning, initial plan
HCPCS	S0281	Medical home program, comprehensive care coordination and planning, maintenance of plan
HCPCS	S0315	Disease management program; initial assessment and initiation of the program
HCPCS	S0316	Disease management program, follow-up/reassessment
HCPCS	S0317	Disease management program; per diem
HCPCS	S0320	Telephone calls by a registered nurse to a disease management program member for monitoring purposes; per month
HCPCS	S0340	Lifestyle modification program for management of coronary artery disease, including all supportive services; first quarter/stage
HCPCS	S0341	Lifestyle modification program for management of coronary artery disease, including all supportive services; second or third quarter/stage
HCPCS	S0342	Lifestyle modification program for management of coronary artery disease, including all supportive services; fourth quarter/stage
HCPCS	S0353	Treatment planning and care coordination management for cancer, initial treatment
HCPCS	S0354	Treatment planning and care coordination management for cancer, established patient with a change of regimen
HCPCS	S0500	Disposable contact lens, per lens
HCPCS	S0504	Single vision prescription lens (safety, athletic, or sunglass), per lens
HCPCS	S0506	Bifocal vision prescription lens (safety, athletic, or sunglass), per lens
HCPCS	S0508	Trifocal vision prescription lens (safety, athletic, or sunglass), per lens
HCPCS	S0510	Non-prescription lens (safety, athletic, or sunglass), per lens
HCPCS	S0512	Daily wear specialty contact lens, per lens
HCPCS	S0514	Color contact lens, per lens
HCPCS	S0515	Scleral lens, liquid bandage device, per lens
HCPCS	S0516	Safety eyeglass frames
HCPCS	S0518	Sunglasses frames
HCPCS	S0580	Polycarbonate lens (list this code in addition to the basic code for the lens)

Type of Code	Code	Description
HCPCS	S0581	Nonstandard lens (list this code in addition to the basic code for the lens)
HCPCS	S0590	Integral lens service, miscellaneous services reported separately
HCPCS	S0592	Comprehensive contact lens evaluation
HCPCS	S0595	Dispensing new spectacle lenses for patient supplied frame
HCPCS	S0596	Phakic intraocular lens for correction of refractive error
HCPCS	S0622	Physical exam for college, new or established patient (List separately in addition to appropriate evaluation and management code)
HCPCS	S0800	Laser in situ keratomileusis (LASIK)
HCPCS	S0810	Photorefractive keratectomy (PRK)
HCPCS	S0812	Phototherapeutic keratectomy (PTK)
HCPCS	S1001	Deluxe item, patient aware (list in addition to code for basic item)
HCPCS	S1002	Customized item (list in addition to code for basic item)
HCPCS	S1015	IV tubing extension set
HCPCS	S1016	Non-PVC (polyvinyl chloride) intravenous administration set, for use with drugs that are not stable in PVC e.g., paclitaxel
HCPCS	S1030	Continuous noninvasive glucose monitoring device, purchase (for physician interpretation of data, use CPT code)
HCPCS	S1031	Continuous noninvasive glucose monitoring device, rental, including sensor, sensor replacement, and download to monitor (for physician interpretation of data, use CPT code)
HCPCS	S1034	Artificial pancreas device system (e.g., low glucose suspend (LGS) feature) including continuous glucose monitor, blood glucose device, insulin pump and computer algorithm that communicates with all of the devices
HCPCS	S1035	Sensor; invasive (e.g., subcutaneous), disposable, for use with artificial pancreas device system
HCPCS	S1036	Transmitter; external, for use with artificial pancreas device system
HCPCS	S1037	Receiver (monitor); external, for use with artificial pancreas device system
HCPCS	S1091	Stent, non-coronary, temporary, with delivery system (propel)
HCPCS	S2079	Laparoscopic esophagomyotomy (Heller type)

Type of Code	Code	Description
HCPCS	S2083	Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline
HCPCS	S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres
HCPCS	S2102	Islet cell tissue transplant from pancreas; allogeneic
HCPCS	S2118	Metal-on-metal total hip resurfacing, including acetabular and femoral components
HCPCS	S2140	Cord blood harvesting for transplantation, allogeneic
HCPCS	S2142	Cord blood-derived stem-cell transplantation, allogeneic
HCPCS	S2202	Echosclerotherapy
HCPCS	S2260	Induced abortion, 17 to 24 weeks
HCPCS	S2265	Induced abortion, 25 to 28 weeks
HCPCS	S2266	Induced abortion, 29 to 31 weeks
HCPCS	S2267	Induced abortion, 32 weeks or greater
HCPCS	S2348	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar
HCPCS	S2400	Repair, congenital diaphragmatic hernia in the fetus using temporary tracheal occlusion, procedure performed in utero
HCPCS	S2401	Repair, urinary tract obstruction in the fetus, procedure performed in utero
HCPCS	S2402	Repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero
HCPCS	S2403	Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero
HCPCS	S2404	Repair, myelomeningocele in the fetus, procedure performed in utero
HCPCS	S2405	Repair of sacrococcygeal teratoma in the fetus, procedure performed in utero
HCPCS	S2409	Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified
HCPCS	S2411	Fetoscopic laser therapy for treatment of twin-to-twin transfusion syndrome
HCPCS	S2900	Surgical techniques requiring use of robotic surgical system (List separately in addition to code for primary procedure)
HCPCS	S3000	Diabetic indicator; retinal eye exam, dilated, bilateral
HCPCS	S3005	Performance measurement, evaluation of patient self assessment, depression

Type of Code	Code	Description
HCPCS	S3600	STAT laboratory request (situations other than S3601)
HCPCS	S3601	Emergency STAT laboratory charge for patient who is homebound or residing in a nursing facility
HCPCS	S3630	Eosinophil count, blood, direct
HCPCS	S3645	HIV-1 antibody testing of oral mucosal transudate
HCPCS	S3650	Saliva test, hormone level; during menopause
HCPCS	S3652	Saliva test, hormone level; to assess preterm labor risk
HCPCS	S3655	Antisperm antibodies test (Immunobead)
HCPCS	S3708	Gastrointestinal fat absorption study
HCPCS	S3722	Dose optimization by area under the curve (AUC) analysis, for infusional 5-fluorouracil
HCPCS	S3800	Genetic testing for amyotrophic lateral sclerosis (ALS)
HCPCS	S3852	DNA analysis for APOE epsilon 4 allele for susceptibility to alzheimer's disease
HCPCS	S3902	Ballistocardiogram
HCPCS	S3904	Masters two step
HCPCS	S4011	In vitro fertilization; including but not limited to identification and incubation of mature oocytes, fertilization with sperm, incubation of embryo(s), and subsequent visualization for determination of development
HCPCS	S4013	Complete cycle, gamete intrafallopian transfer (GIFT), case rate
HCPCS	S4014	Complete cycle, zygote intrafallopian transfer (ZIFT), case rate
HCPCS	S4015	Complete in vitro fertilization cycle, not otherwise specified, case rate
HCPCS	S4016	Frozen in vitro fertilization cycle, case rate
HCPCS	S4017	Incomplete cycle, treatment cancelled prior to stimulation, case rate
HCPCS	S4018	Frozen embryo transfer procedure cancelled before transfer, case rate
HCPCS	S4020	In vitro fertilization procedure cancelled before aspiration, case rate
HCPCS	S4021	In vitro fertilization procedure cancelled after aspiration, case rate
HCPCS	S4022	Assisted oocyte fertilization, case rate
HCPCS	S4023	Donor egg cycle, incomplete, case rate
HCPCS	S4025	Donor services for in vitro fertilization (sperm or embryo), case rate
HCPCS	S4026	Procurement of donor sperm from sperm bank

Type of Code	Code	Description
HCPCS	S4027	Storage of previously frozen embryos
HCPCS	S4028	Microsurgical epididymal sperm aspiration (MESA)
HCPCS	S4030	Sperm procurement and cryopreservation services; initial visit
HCPCS	S4031	Sperm procurement and cryopreservation services; subsequent visit
HCPCS	S4035	Stimulated intrauterine insemination (IUI), case rate
HCPCS	S4037	Cryopreserved embryo transfer, case rate
HCPCS	S4040	Monitoring and storage of cryopreserved embryos, per 30 days
HCPCS	S4042	Management of ovulation induction (interpretation of diagnostic tests and studies, non-face-to-face medical management of the patient), per cycle
HCPCS	S4981	Insertion of levonorgestrel-releasing intrauterine system
HCPCS	S4990	Nicotine patches, legend
HCPCS	S4991	Nicotine patches, non-legend
HCPCS	S4995	Smoking cessation gum
HCPCS	S5000	Prescription drug, generic
HCPCS	S5001	Prescription drug, brand name
HCPCS	S5010	5% dextrose and 0.45% normal saline, 1000 ml
HCPCS	S5012	5% dextrose with potassium chloride, 1000 ml
HCPCS	S5013	5% dextrose/0.45% normal saline with potassium chloride and magnesium sulfate, 1000 ml
HCPCS	S5014	5% dextrose/0.45% normal saline with potassium chloride and magnesium sulfate, 1500 ml
HCPCS	S5100	Day care services, adult; per 15 minutes
HCPCS	S5101	Day care services, adult; per half day
HCPCS	S5102	Day care services, adult; per diem
HCPCS	S5105	Day care services, center-based; services not included in program fee, per diem
HCPCS	S5108	Home care training to home care client, per 15 minutes
HCPCS	S5109	Home care training to home care client, per session
HCPCS	S5110	Home care training, family; per 15 minutes
HCPCS	S5111	Home care training, family; per session

Type of Code	Code	Description
HCPCS	S5115	Home care training, non-family; per 15 minutes
HCPCS	S5116	Home care training, non-family; per session
HCPCS	S5120	Chore services; per 15 minutes
HCPCS	S5121	Chore services; per diem
HCPCS	S5125	Attendant care services; per 15 minutes
HCPCS	S5126	Attendant care services; per diem
HCPCS	S5130	Homemaker service, nos; per 15 minutes
HCPCS	S5131	Homemaker service, nos; per diem
HCPCS	S5135	Companion care, adult (e.g., IADL/ADL); per 15 minutes
HCPCS	S5136	Companion care, adult (e.g., IADL/ADL); per diem
HCPCS	S5140	Foster care, adult; per diem
HCPCS	S5141	Foster care, adult; per month
HCPCS	S5145	Foster care, therapeutic, child; per diem
HCPCS	S5146	Foster care, therapeutic, child; per month
HCPCS	S5150	Unskilled respite care, not hospice; per 15 minutes
HCPCS	S5151	Unskilled respite care, not hospice; per diem
HCPCS	S5160	Emergency response system; installation and testing
HCPCS	S5161	Emergency response system; service fee, per month (excludes installation and testing)
HCPCS	S5162	Emergency response system; purchase only
HCPCS	S5165	Home modifications; per service
HCPCS	S5170	Home delivered meals, including preparation; per meal
HCPCS	S5175	Laundry service, external, professional; per order
HCPCS	S5180	Home health respiratory therapy, initial evaluation
HCPCS	S5181	Home health respiratory therapy, NOS, per diem
HCPCS	S5185	Medication reminder service, non-face-to-face; per month
HCPCS	S5190	Wellness assessment, performed by non-physician

Type of Code	Code	Description
HCPCS	S5199	Personal care item, NOS, each
HCPCS	S5565	Insulin cartridge for use in insulin delivery device other than pump; 150 units
HCPCS	S5566	Insulin cartridge for use in insulin delivery device other than pump; 300 units
HCPCS	S8055	Ultrasound guidance for multifetal pregnancy reduction(s), technical component (only to be used when the physician doing the reduction procedure does not perform the ultrasound, guidance is included in the cpt code for multifetal pregnancy reduction - 59866)
HCPCS	S8080	Scintimammography (radioimmunoscintigraphy of the breast), unilateral, including supply of radiopharmaceutical
HCPCS	S8096	Portable peak flow meter
HCPCS	S8097	Asthma kit (including but not limited to portable peak expiratory flow meter, instructional video, brochure, and/or spacer)
HCPCS	S8110	Peak expiratory flow rate (physician services)
HCPCS	S8120	Oxygen contents, gaseous, 1 unit equals 1 cubic foot
HCPCS	S8121	Oxygen contents, liquid, 1 unit equals 1 pound
HCPCS	S8130	Interferential current stimulator, 2 channel
HCPCS	S8131	Interferential current stimulator, 4 channel
HCPCS	S8185	Flutter device
HCPCS	S8186	Swivel adapter
HCPCS	S8189	Tracheostomy supply, not otherwise classified
HCPCS	S8270	Enuresis alarm, using auditory buzzer and/or vibration device
HCPCS	S8301	Infection control supplies, not otherwise specified
HCPCS	S8415	Supplies for home delivery of infant
HCPCS	S8420	Gradient pressure aid (sleeve and glove combination), custom made
HCPCS	S8421	Gradient pressure aid (sleeve and glove combination), ready made
HCPCS	S8422	Gradient pressure aid (sleeve), custom made, medium weight
HCPCS	S8423	Gradient pressure aid (sleeve), custom made, heavy weight
HCPCS	S8424	Gradient pressure aid (sleeve), ready made

Type of Code	Code	Description
HCPCS	S8425	Gradient pressure aid (glove), custom made, medium weight
HCPCS	S8426	Gradient pressure aid (glove), custom made, heavy weight
HCPCS	S8427	Gradient pressure aid (glove), ready made
HCPCS	S8428	Gradient pressure aid (gauntlet), ready made
HCPCS	S8429	Gradient pressure exterior wrap
HCPCS	S8430	Padding for compression bandage, roll
HCPCS	S8431	Compression bandage, roll
HCPCS	S8450	Splint, prefabricated, digit (specify digit by use of modifier)
HCPCS	S8451	Splint, prefabricated, wrist or ankle
HCPCS	S8452	Splint, prefabricated, elbow
HCPCS	S8460	Camisole, post-mastectomy
HCPCS	S8930	Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with the patient
HCPCS	S8940	Equestrian/hippotherapy, per session
HCPCS	S8948	Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes
HCPCS	S8950	Complex lymphedema therapy, each 15 minutes
HCPCS	S8990	Physical or manipulative therapy performed for maintenance rather than restoration
HCPCS	S8999	Resuscitation bag (for use by patient on artificial respiration during power failure or other catastrophic event)
HCPCS	S9001	Home uterine monitor with or without associated nursing services
HCPCS	S9007	Ultrafiltration monitor
HCPCS	S9024	Paranasal sinus ultrasound
HCPCS	S9025	Omnicardiogram/cardiointegram
HCPCS	S9034	Extracorporeal shockwave lithotripsy for gallstones (if performed with ERCP, use 43265)
HCPCS	S9055	Procuren or other growth factor preparation to promote wound healing
HCPCS	S9056	Coma stimulation per diem

Type of Code	Code	Description
HCPCS	S9061	Home administration of aerosolized drug therapy (e.g., Pentamidine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
HCPCS	S9083	Global fee urgent care centers
HCPCS	S9090	Vertebral axial decompression, per session
HCPCS	S9110	Telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and software; maintenance; patient education and support; per month
HCPCS	S9117	Back school, per visit
HCPCS	S9125	Respite care, in the home, per diem
HCPCS	S9145	Insulin pump initiation, instruction in initial use of pump (pump not included)
HCPCS	S9326	Home infusion therapy, continuous (twenty-four hours or more) pain management infusion; administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
HCPCS	S9327	Home infusion therapy, intermittent (less than twenty-four hours) pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
HCPCS	S9330	Home infusion therapy, continuous (twenty-four hours or more) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
HCPCS	S9331	Home infusion therapy, intermittent (less than twenty-four hours) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
HCPCS	S9335	Home therapy, hemodialysis; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately), per diem
HCPCS	S9338	Home infusion therapy, immunotherapy, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

Type of Code	Code	Description
HCPCS	S9364	Home infusion therapy, total parenteral nutrition (TPN); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem (do not use with home infusion codes S9365-S9368 using daily volume scales)
HCPCS	S9381	Delivery or service to high risk areas requiring escort or extra protection, per visit
HCPCS	S9401	Anticoagulation clinic, inclusive of all services except laboratory tests, per session
HCPCS	S9432	Medical foods for non-inborn errors of metabolism
HCPCS	S9433	Medical food nutritionally complete, administered orally, providing 100% of nutritional intake
HCPCS	S9434	Modified solid food supplements for inborn errors of metabolism
HCPCS	S9435	Medical foods for inborn errors of metabolism
HCPCS	S9436	Childbirth preparation/Lamaze classes, non-physician provider, per session
HCPCS	S9437	Childbirth refresher classes, non-physician provider, per session
HCPCS	S9438	Cesarean birth classes, non-physician provider, per session
HCPCS	S9439	VBAC (vaginal birth after cesarean) classes, non-physician provider, per session
HCPCS	S9441	Asthma education, non-physician provider, per session
HCPCS	S9442	Birthing classes, non-physician provider, per session
HCPCS	S9443	Lactation classes, non-physician provider, per session
HCPCS	S9444	Parenting classes, non-physician provider, per session
HCPCS	S9445	Patient education, not otherwise classified, non-physician provider, individual, per session
HCPCS	S9446	Patient education, not otherwise classified, non-physician provider, group, per session
HCPCS	S9447	Infant safety (including CPR) classes, non-physician provider, per session
HCPCS	S9449	Weight management classes, non-physician provider, per session
HCPCS	S9451	Exercise classes, non-physician provider, per session
HCPCS	S9452	Nutrition classes, non-physician provider, per session
HCPCS	S9453	Smoking cessation classes, non-physician provider, per session
HCPCS	S9454	Stress management classes, non-physician provider, per session
HCPCS	S9455	Diabetic management program, group session

Type of Code	Code	Description
HCPCS	S9460	Diabetic management program, nurse visit
HCPCS	S9474	Enterostomal therapy by a registered nurse certified in enterostomal therapy, per diem
HCPCS	S9476	Vestibular rehabilitation program, non-physician provider, per diem
HCPCS	S9482	Family stabilization services, per 15 minutes
HCPCS	S9529	Routine venipuncture for collection of specimen(s), single home bound, nursing home, or skilled nursing facility patient
HCPCS	S9542	Home injectable therapy, not otherwise classified, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
HCPCS	S9558	Home injectable therapy; growth hormone, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
HCPCS	S9559	Home injectable therapy, interferon, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
HCPCS	S9560	Home injectable therapy; hormonal therapy (e.g.; leuprolide, goserelin), including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
HCPCS	S9562	Home injectable therapy, palivizumab, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
HCPCS	S9590	Home therapy, irrigation therapy (e.g., sterile irrigation of an organ or anatomical cavity); including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
HCPCS	S9810	Home therapy; professional pharmacy services for provision of infusion, specialty drug administration, and/or disease state management, not otherwise classified, per hour (do not use this code with any per diem code)
HCPCS	S9900	Services by a journa-listed christian science practitioner for the purpose of healing, per diem

Type of Code	Code	Description
HCPCS	S9901	Services by a journal-listed christian science nurse, per hour
HCPCS	S9970	Health club membership, annual
HCPCS	S9975	Transplant related lodging, meals and transportation, per diem
HCPCS	S9976	Lodging, per diem, not otherwise classified
HCPCS	S9977	Meals, per diem, not otherwise specified
HCPCS	S9981	Medical records copying fee, administrative
HCPCS	S9982	Medical records copying fee, per page
HCPCS	S9986	Not medically necessary service (patient is aware that service not medically necessary)
HCPCS	S9988 - Q0	Services provided as part of a Phase I clinical trial
HCPCS	S9989	Services provided outside of the United States of America (list in addition to code(s) for service(s))
HCPCS	S9990 - Q0	Services provided as part of a Phase II clinical trial
HCPCS	S9991 - Q0	Services provided as part of a Phase III clinical trial
HCPCS	S9992	Transportation costs to and from trial location and local transportation costs (e.g., fares for taxicab or bus) for clinical trial participant and one caregiver/companion
HCPCS	S9994	Lodging costs (e.g., hotel charges) for clinical trial participant and one caregiver/companion
HCPCS	S9996	Meals for clinical trial participant and one caregiver/companion
HCPCS	S9999	Sales tax
HCPCS	T1000	Private duty/independent nursing service(s), licensed, up to 15 minutes
HCPCS	T1001	Nursing assessment/evaluation
HCPCS	T1002	RN services, up to 15 minutes
HCPCS	T1003	LPN/LVN services, up to 15 minutes
HCPCS	T1004	Services of a qualified nursing aide, up to 15 minutes
HCPCS	T1005	Respite care services, up to 15 minutes
HCPCS	T1006	Alcohol and/or substance abuse services, family/couple counseling
HCPCS	T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification
HCPCS	T1009	Child sitting services for children of the individual receiving alcohol and/or substance abuse services

Type of Code	Code	Description
HCPCS	T1010	Meals for individuals receiving alcohol and/or substance abuse services (when meals not included in the program)
HCPCS	T1012	Alcohol and/or substance abuse services, skills development
HCPCS	T1013	Sign language or oral interpretive services, per 15 minutes
HCPCS	T1014	Telehealth transmission, per minute, professional services bill separately
HCPCS	T1015	Clinic visit/encounter, all-inclusive
HCPCS	T1016	Case management, each 15 minutes
HCPCS	T1017	Targeted case management, each 15 minutes
HCPCS	T1018	School-based individualized education program (IEP) services, bundled
HCPCS	T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)
HCPCS	T1020	Personal care services, per diem, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)
HCPCS	T1021	Home health aide or certified nurse assistant, per visit
HCPCS	T1022	Contracted home health agency services, all services provided under contract, per day
HCPCS	T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter
HCPCS	T1024	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter
HCPCS	T1025	Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, mental and psychosocial impairments, per diem
HCPCS	T1026	Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, medical and psychosocial impairments, per hour
HCPCS	T1027	Family training and counseling for child development, per 15 minutes
HCPCS	T1028	Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs

Type of Code	Code	Description
HCPCS	T1029	Comprehensive environmental lead investigation, not including laboratory analysis, per dwelling
HCPCS	T1030	Nursing care, in the home, by registered nurse, per diem
HCPCS	T1031	Nursing care, in the home, by licensed practical nurse, per diem
HCPCS	T1032	Services performed by a doula birth worker, per 15 minutes
HCPCS	T1033	Services performed by a doula birth worker, per diem
HCPCS	T1040	Medicaid certified community behavioral health clinic services, per diem
HCPCS	T1041	Medicaid certified community behavioral health clinic services, per month
HCPCS	T1502	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit
HCPCS	T1503	Administration of medication, other than oral and/or injectable, by a health care agency/professional, per visit
HCPCS	T1505	Electronic medication compliance management device, includes all components and accessories, not otherwise classified
HCPCS	T1999	Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"
HCPCS	T2001	Non-emergency transportation; patient attendant/escort
HCPCS	T2002	Non-emergency transportation; per diem
HCPCS	T2003	Non-emergency transportation; encounter/trip
HCPCS	T2004	Non-emergency transport; commercial carrier, multi-pass
HCPCS	T2005	Non-emergency transportation; stretcher van
HCPCS	T2007	Transportation waiting time, air ambulance and non-emergency vehicle, one-half (1/2) hour increments
HCPCS	T2010	Preadmission screening and resident review (PASRR) level I identification screening, per screen
HCPCS	T2011	Preadmission screening and resident review (PASRR) level II evaluation, per evaluation
HCPCS	T2012	Habilitation, educational; waiver, per diem
HCPCS	T2013	Habilitation, educational, waiver; per hour
HCPCS	T2014	Habilitation, prevocational, waiver; per diem
HCPCS	T2015	Habilitation, prevocational, waiver; per hour

Type of Code	Code	Description
HCPCS	T2016	Habilitation, residential, waiver; per diem
HCPCS	T2017	Habilitation, residential, waiver; 15 minutes
HCPCS	T2018	Habilitation, supported employment, waiver; per diem
HCPCS	T2019	Habilitation, supported employment, waiver; per 15 minutes
HCPCS	T2020	Day habilitation, waiver; per diem
HCPCS	T2021	Day habilitation, waiver; per 15 minutes
HCPCS	T2022	Case management, per month
HCPCS	T2023	Targeted case management; per month
HCPCS	T2024	Service assessment/plan of care development, waiver
HCPCS	T2025	Waiver services; not otherwise specified (NOS)
HCPCS	T2026	Specialized childcare, waiver; per diem
HCPCS	T2027	Specialized childcare, waiver; per 15 minutes
HCPCS	T2028	Specialized supply, not otherwise specified, waiver
HCPCS	T2029	Specialized medical equipment, not otherwise specified, waiver
HCPCS	T2030	Assisted living, waiver; per month
HCPCS	T2031	Assisted living; waiver, per diem
HCPCS	T2032	Residential care, not otherwise specified (NOS), waiver; per month
HCPCS	T2033	Residential care, not otherwise specified (NOS), waiver; per diem
HCPCS	T2034	Crisis intervention, waiver; per diem
HCPCS	T2035	Utility services to support medical equipment and assistive technology/devices, waiver
HCPCS	T2036	Therapeutic camping, overnight, waiver; each session
HCPCS	T2037	Therapeutic camping, day, waiver; each session
HCPCS	T2038	Community transition, waiver; per service
HCPCS	T2039	Vehicle modifications, waiver; per service
HCPCS	T2040	Financial management, self-directed, waiver; per 15 minutes
HCPCS	T2041	Supports brokerage, self-directed, waiver; per 15 minutes

Type of Code	Code	Description
HCPCS	T2042	Hospice routine home care; per diem
HCPCS	T2043	Hospice continuous home care; per hour
HCPCS	T2044	Hospice inpatient respite care; per diem
HCPCS	T2045	Hospice general inpatient care; per diem
HCPCS	T2046	Hospice long term care, room and board only; per diem
HCPCS	T2047	Habilitation, prevocational, waiver; per 15 minutes
HCPCS	T2048	Behavioral health; long-term care residential (non-acute care in a residential treatment program where stay is typically longer than 30 days), with room and board, per diem
HCPCS	T2049	Non-emergency transportation; stretcher van, mileage; per mile
HCPCS	T2050	Financial management, self-directed, waiver; per diem
HCPCS	T2051	Supports brokerage, self-directed, waiver; per diem
HCPCS	T2101	Human breast milk processing, storage and distribution only
HCPCS	T4521	Adult sized disposable incontinence product, brief/diaper, small, each
HCPCS	T4522	Adult sized disposable incontinence product, brief/diaper, medium, each
HCPCS	T4523	Adult sized disposable incontinence product, brief/diaper, large, each
HCPCS	T4524	Adult sized disposable incontinence product, brief/diaper, extra large, each
HCPCS	T4525	Adult sized disposable incontinence product, protective underwear/pull-on, small size, each
HCPCS	T4526	Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each
HCPCS	T4527	Adult sized disposable incontinence product, protective underwear/pull-on, large size, each
HCPCS	T4528	Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each
HCPCS	T4529	Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each
HCPCS	T4530	Pediatric sized disposable incontinence product, brief/diaper, large size, each
HCPCS	T4531	Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each
HCPCS	T4532	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each
HCPCS	T4533	Youth sized disposable incontinence product, brief/diaper, each
HCPCS	T4534	Youth sized disposable incontinence product, protective underwear/pull-on, each
HCPCS	T4535	Disposable liner/shield/guard/pad/undergarment, for incontinence, each

Type of Code	Code	Description
HCPCS	T4536	Incontinence product, protective underwear/pull-on, reusable, any size, each
HCPCS	T4537	Incontinence product, protective underpad, reusable, bed size, each
HCPCS	T4538	Diaper service, reusable diaper, each diaper
HCPCS	T4539	Incontinence product, diaper/brief, reusable, any size, each
HCPCS	T4540	Incontinence product, protective underpad, reusable, chair size, each
HCPCS	T4541	Incontinence product, disposable underpad, large, each
HCPCS	T4542	Incontinence product, disposable underpad, small size, each
HCPCS	T4543	Adult sized disposable incontinence product, protective brief/diaper, above extra large, each
HCPCS	T4544	Adult sized disposable incontinence product, protective underwear/pull-on, above extra large, each
HCPCS	T4545	Incontinence product, disposable, penile wrap, each
HCPCS	T5001	Positioning seat for persons with special orthopedic needs
HCPCS	T5999	Supply, not otherwise specified
HCPCS	V2524	Contact lens, hydrophilic, spherical, photochromic additive, per lens
HCPCS	V2785	Processing, preserving and transporting corneal tissue
HCPCS	V5020	Conformity evaluation
HCPCS	V5070	Glasses, air conduction
HCPCS	V5080	Glasses, bone conduction
HCPCS	V5150	Binaural, glasses
HCPCS	V5171	Hearing aid, contralateral routing device, monaural, in the ear (ITE)
HCPCS	V5172	Hearing aid, contralateral routing device, monaural, in the canal (ITC)
HCPCS	V5181	Hearing aid, contralateral routing device, monaural, behind the ear (BTE)
HCPCS	V5190	Hearing aid, contralateral routing, monaural, glasses
HCPCS	V5211	Hearing aid, contralateral routing system, binaural, ITE/ITE
HCPCS	V5212	Hearing aid, contralateral routing system, binaural, ITE/ITC
HCPCS	V5213	Hearing aid, contralateral routing system, binaural, ITE/BTE
HCPCS	V5214	Hearing aid, contralateral routing system, binaural, ITC/ITC

Type of Code	Code	Description
HCPCS	V5215	Hearing aid, contralateral routing system, binaural, ITC/BTE
HCPCS	V5221	Hearing aid, contralateral routing system, binaural, BTE/BTE
HCPCS	V5262	Hearing aid, disposable, any type, monaural
HCPCS	V5263	Hearing aid, disposable, any type, binaural
HCPCS	V5265	Ear mold/insert, disposable, any type
HCPCS	V5266	Battery for use in hearing device
HCPCS	V5267	Hearing aid or assistive listening device/supplies/accessories, not otherwise specified
HCPCS	V5268	Assistive listening device, telephone amplifier, any type
HCPCS	V5269	Assistive listening device, alerting, any type
HCPCS	V5270	Assistive listening device, television amplifier, any type
HCPCS	V5271	Assistive listening device, television caption decoder
HCPCS	V5272	Assistive listening device, TDD
HCPCS	V5273	Assistive listening device, for use with cochlear implant
HCPCS	V5274	Assistive listening device, not otherwise specified
HCPCS	V5275	Ear impression, each
HCPCS	V5281	Assistive listening device, personal FM/DM system, monaural, (1 receiver, transmitter, microphone), any type
HCPCS	V5282	Assistive listening device, personal FM/DM system, binaural, (2 receivers, transmitter, microphone), any type
HCPCS	V5283	Assistive listening device, personal FM/DM neck, loop induction receiver
HCPCS	V5284	Assistive listening device, personal FM/DM, ear level receiver
HCPCS	V5285	Assistive listening device, personal FM/DM, direct audio input receiver
HCPCS	V5286	Assistive listening device, personal blue tooth FM/DM receiver
HCPCS	V5287	Assistive listening device, personal FM/DM receiver, not otherwise specified
HCPCS	V5288	Assistive listening device, personal FM/DM transmitter assistive listening device
HCPCS	V5289	Assistive listening device, personal FM/DM adapter/boot coupling device for receiver, any type
HCPCS	V5290	Assistive listening device, transmitter microphone, any type

Type of Code	Code	Description
HCPCS	V5298	Hearing aid, not otherwise classified
HCPCS	V5299	Hearing service, miscellaneous