

Orthotics and Prosthetics

| Categories | Subcategory | SERVICE ORDER CODE | Description | Added New |
|--------------------------|--|--------------------------|--|--------------|
| Orthotics and Prosthetic | Custom Fabricated/Molded Cranial | A8000 | Helmet, protective, soft, prefabricated, includes all components and accessories | |
| Orthotics and Prosthetic | Custom Fabricated/Molded Cranial | A8001 | Helmet, protective, hard, prefabricated, includes all components and accessories | |
| Orthotics and Prosthetic | Custom Fabricated/Molded Cranial | A8002 | Helmet, protective, soft, custom fabricated, includes all components and accessories | |
| Orthotics and Prosthetic | Custom Fabricated/Molded Cranial | A8003 | Helmet, protective, hard, custome fabricated, includes all components and accessories | |
| Orthotics and Prosthetic | Custom Fabricated/Molded Cranial | A8004 | Soft interface for helmet, replacement only | |
| Orthotics and Prosthetic | Prosthetic Devices and Equipment | E1902 | Communication board, non-electronic augmentative or alternative communication device | |
| Orthotics and Prosthetic | Prosthetic Devices and Equipment | L1840 | Knee orthotic (KO), derotation, medial-lateral, anterior cruciate ligament, custom fabricated | |
| Orthotics and Prosthetic | Prosthetic Devices and Equipment | L1844 | Knee orthotic (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, custom fabricated | |
| Orthotics and Prosthetic | Prosthetic Devices and Equipment | L1846 | Knee orthotic, 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, custom fabricated | |

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| Orthotics and Prosthetic | | L2005 | KAFO SNG/DBL MECHANICAL | |
| Orthotics and Prosthetic | Prosthetic Devices and Equipment | L5856 | Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type | |
| Orthotics and Prosthetic | Prosthetic Devices and Equipment | L5857 | Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type | |
| Orthotics and Prosthetic | Prosthetic Devices and Equipment | L5858 | Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type | |
| Orthotics and Prosthetic | Subcategory 4: Prosthetic Devices and Equipment | L5859 | Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s) | |
| Orthotics and Prosthetic | Prosthetic Devices and Equipment | L5930 | Addition, Endoskeletal System, High Activity Knee Control Frame | |
| Orthotics and Prosthetic | | L5961 | Addition, Endoskeletal system, Polycentric Hip Joint, Pneumatic or Hydraulic Control, Rotation Control, with or without Flexion and/or Extension Control | |
| Orthotics and Prosthetic | | L5969 | AK/FT POWER ASST INCL MOTORS | |
| Orthotics and Prosthetic | Prosthetic Devices and Equipment | L5973 | Ank-Foot Sys Dors-Plant Flex | |
| Orthotics and Prosthetic | Prosthetic Devices and Equipment | L5981 | All Lower Extremity Prosthesis, Flex-Walk System Or Equal | |
| Orthotics and Prosthetic | Prosthetic Devices and Equipment | L6025 | Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, 2 batteries, charger, myoelectric control of terminal device | |
| Orthotics and Prosthetic | | L6026 | Part hand myo exclu term dev | |
| Orthotics and Prosthetic | Prosthetic Devices and Equipment | L6611 | Addition to upper extremity prosthesis, external powered, additional switch, any type | |
| Orthotics and Prosthetic | Prosthetic Devices and Equipment | L6638 | Upper extremity addition to prosthesis, elec locking feature | |

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| Orthotics and Prosthetic | Prosthetic Devices and Equipment | L6646 | Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system | |
| Orthotics and Prosthetic | Prosthetic Devices and Equipment | L6647 | Upper extremity addition, shoulder lock mech; body powered actuator | |
| Orthotics and Prosthetic | Prosthetic Devices and Equipment | L6648 | Upper extremity addition, shoulder lock mechanism, external powered actuator | |
| Orthotics and Prosthetic | Prosthetic Devices and Equipment | L6715 | Terminal Device, Multiple Articulating Digit, Includes Motot(s), Initial Issue | |
| Orthotics and Prosthetic | Prosthetic Devices and Equipment | L6880 | Electric Hand, Switch or Myoelectric Controlled Independently Articulating | |
| Orthotics and Prosthetic | Prosthetic Devices and Equipment | L6882 | Microprocessor control feature, addition to upper limb prosthetic terminal device | |
| Orthotics and Prosthetic | Prosthetic Devices and Equipment | L6920 | Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, 2 batteries and 1 charger, switch control of terminal device | |
| Orthotics and Prosthetic | Prosthetic Devices and Equipment | L6925 | Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device | |
| Orthotics and Prosthetic | Prosthetic Devices and Equipment | L6930 | Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, 2 batteries and one charger, switch control of terminal device | |
| Orthotics and Prosthetic | Prosthetic Devices and Equipment | L6935 | Below Elbow, External Power, Self-Suspended Inner Socket, Removable Forearm Shell, Otto Bock Or Equal Electrodes, Cables, Two Batteries And One Charger, Myoelectronic Control Or Terminal Device | |
| Orthotics and Prosthetic | | L6940 | Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch, cables, 2 batteries and one charger, switch control of terminal device | |

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| Orthotics and Prosthetic | | L6945 | Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device | |
| Orthotics and Prosthetic | | L6950 | Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal switch, cables, 2 batteries and one charger, switch control of terminal device | |
| Orthotics and Prosthetic | | L6955 | Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device | |
| Orthotics and Prosthetic | | L6960 | Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, 2 batteries and one charger, switch control of terminal device | |
| Orthotics and Prosthetic | | L6965 | Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal d | |
| Orthotics and Prosthetic | | L6970 | Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, 2 batteries and one charger, switch control of terminal device | |
| Orthotics and Prosthetic | | L6975 | Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal dev | |
| Orthotics and Prosthetic | | L7007 | Electric hand, switch or myoelectric controlled, adult | |

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| Orthotics and Prosthetic | | L7008 | Electric hand, switch or myoelectric, controlled, pediatric | |
| Orthotics and Prosthetic | | L7009 | Electric hook, switch or myoelectric controlled, adult | |
| Orthotics and Prosthetic | | L7040 | Prehensile actuator, switch controlled | |
| Orthotics and Prosthetic | | L7045 | Electric hook, switch or myoelectric controlled, pediatric | |
| Orthotics and Prosthetic | | L7170 | Electronic elbow, Hosmer or equal, switch controlled | |
| Orthotics and Prosthetic | | L7180 | Electronic elbow, microprocessor sequential control of elbow and terminal device | |
| Orthotics and Prosthetic | Prosthetic Devices and Equipment | L7181 | Electronic elbow, microprocessor simultaneous control of elbow and terminal | |
| Orthotics and Prosthetic | | L7185 | Electronic elbow, adolescent, Variety Village or equal, switch controlled | |
| Orthotics and Prosthetic | | L7186 | Electronic elbow, child, Variety Village or equal, switch controlled | |
| Orthotics and Prosthetic | | L7190 | Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled | |
| Orthotics and Prosthetic | | L7191 | Electronic elbow, child, Variety Village or equal, myoelectronically controlled | |
| Orthotics and Prosthetic | | L7259 | Electronic wrist rotator any | |
| Orthotics and Prosthetic | | L7260 | Electronic wrist rotator, Otto Bock or equal | |
| Orthotics and Prosthetic | | L7261 | Electronic wrist rotator, for Utah arm | |
| Orthotics and Prosthetic | Prosthetic Devices and Equipment | L8040 | Nasal prosthesis, provided by a nonphysician | |
| Orthotics and Prosthetic | Prosthetic Devices and Equipment | L8041 | Midfacial prosthesis, provided by a nonphysician | |
| Orthotics and Prosthetic | Prosthetic Devices and Equipment | L8042 | Orbital prosthesis, provided by a nonphysician | |

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| Orthotics and Prosthetic | Prosthetic Devices and Equipment | L8043 | Upper facial prosthesis, provided by a nonphysician | |
| Orthotics and Prosthetic | Prosthetic Devices and Equipment | L8044 | Hemi-facial prosthesis, provided by a nonphysician | |
| Orthotics and Prosthetic | Prosthetic Devices and Equipment | L8046 | Partial facial prosthesis, provided by a nonphysician | |
| Orthotics and Prosthetic | Prosthetic Devices and Equipment | L8047 | Nasal septal prosthesis, provided by a nonphysician | |
| Orthotics and Prosthetic | Prosthetic Devices and Equipment | L8048 | Unspecified maxillofacial prosthesis, by report, provided by a non-physician | |
| Orthotics and Prosthetic | Prosthetic Devices and Equipment | L8049 | Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments, provided by a nonphysician | |
| Orthotics and Prosthetic | Prosthetic Devices and Equipment | L8510 | Voice amplifier | |
| Orthotics and Prosthetic | Prosthetic Devices and Equipment | S1040 | Cranial remolding orthosis, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s) | |
| Orthotics and Prosthetic | Prosthetic Devices and Equipment | V5336 | Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid) | |

DME

| Categories | Subcategory | SERVICE ORDER CODE | Description | Added New |
|-------------------|--------------------|---------------------------|---|------------------|
| DME | | E0481 | INTRAPULMONARY PERCUSSIVE VENTILATION SYSTEM AND RELATED ACCESSORIES | |
| DME | | E0483 | HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM, (INCLUDES HOSES AND VEST), EACH | |
| DME | | E0604 | Breast pump heavy duty, hospital grade, piston operated pulsatile vacuum suction/release cycles, vacuum regulator, supplies transformer, electric (acand/or dc) | |
| DME | Seat Lifts | E0627 | Seat lift mechanism incorporated into a combination lift-chair mechanism | |
| DME | Seat Lifts | E0628 | Separate seat lift mechanism for use with patient owned furniture - electric | |
| DME | Seat Lifts | E0629 | Separate seat lift mechanism for use with patient owned furniture - non-electric | |
| DME | Seat Lifts | E0635 | Patient lift, electric, with seat or sling | |
| DME | Seat Lifts | E0637 | Combination sit to stand system, any size, with seat lift feature, with or without wheels | |
| DME | Seat Lifts | E0638 | Standing Frame System, Any Size, With Or Without Wheels | |
| DME | Seat Lifts | E0639 | Patient lift, moveable from room to room with disassembly and reassembly | |
| DME | Seat Lifts | E0640 | Patient lift, fixed system, includes all components/accessories | |
| DME | | E0641 | Standing Frame System Multi-Postn (E.G. 3-Way Standing), Any Size Including Pediatric, W/WO Wheels | |
| DME | | E0642 | Standing Frame System, Mobile (Dynamic Stander), Any Size Including Pediatric | |
| DME | | E0656 | Segmental pneumatic appliance for use with pump compressor, trunk | |
| DME | | E0657 | Segmental pneumatic appliance for use with pump compressor, chest | |
| DME | | E0670 | Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk | |

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| DME | Electrical Stimulators/ Transcutaneous Electrical Nerve Stimulation (TENS) | E0747 | Osteogenesis stimulator, electrical, non-invasive, other than spinal applications | |
| DME | Electrical Stimulators/ Transcutaneous Electrical Nerve Stimulation (TENS) | E0748 | Osteogenesis stimulator, electrical, noninvasive, spinal applications | |
| DME | Electrical Stimulators/ Transcutaneous Electrical Nerve Stimulation (TENS) | E0760 | Osteogenesis stimulator, low intensity ultrasound, non-invasive | |
| DME | Electrical Stimulators/ Transcutaneous Electrical Nerve Stimulation (TENS) | E0764 | Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program | |
| DME | Electrical Stimulators/ Transcutaneous Electrical Nerve Stimulation (TENS) | E0765 | FDA approved nerve stimulator with replaceable batteries for treatment of nausea and vomiting | |
| DME | Electrical Stimulators/ Transcutaneous Electrical Nerve Stimulation (TENS) | E0770 | Functional Electrical Stimulator Transcutaneous Stimulation Of Nerve And/Or Muscle Groups, Any Type, Complete System, Not Otherwise Specified | |
| DME | Pumps and Non-specific Items | E0783 | Infusion Pump, Implantable, Programmable | |
| DME | Pumps and Non-specific Items | E0784 | External ambulatory infusion pump, insulin | |
| DME | Special Wheelchairs and Wheelchair Bases | E0986 | MAN W/C PUSH-RIM POW ASSIST | |
| DME | Special Wheelchairs and Wheelchair Bases | E1002 | Wheelchair accessory, power seating system, tilt only | |
| DME | Special Wheelchairs and Wheelchair Bases | E1003 | Wheelchair accessory, power seating system, recline only, without shear reduction | |

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| DME | Special Wheelchairs and Wheelchair Bases | E1004 | Wheelchair accessory, power seating system, recline only, with mechanical shear reduction | |
| DME | Special Wheelchairs and Wheelchair Bases | E1005 | Wheelchair accessory, power seating system, recline only, with power shear reduction | |
| DME | Special Wheelchairs and Wheelchair Bases | E1006 | Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction | |
| DME | Special Wheelchairs and Wheelchair Bases | E1007 | Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction | |
| DME | Special Wheelchairs and Wheelchair Bases | E1008 | Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction | |
| DME | Special Wheelchairs and Wheelchair Bases | E1009 | Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and leg rest, each | |
| DME | Special Wheelchairs and Wheelchair Bases | E1010 | Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair | |
| DME | Special Wheelchairs and Wheelchair Bases | E1220 | Wheelchair; specially sized or constructed (indicate brand name, model number, if any, and justification) | |
| DME | Special Wheelchairs and Wheelchair Bases | E1229 | Wheelchair, pediatric size, not otherwise specified | |
| DME | Special Wheelchairs and Wheelchair Bases | E1230 | Power operated vehicle (3 or 4 wheel non-highway), specify brand name and model number | |
| DME | Special Wheelchairs and Wheelchair Bases | E1239 | Power wheelchair, pediatric size, not otherwise specified | |
| DME | Special Wheelchairs and Wheelchair Bases | E2300 | Power wheelchair accessory, power seat elevation system | |
| DME | Special Wheelchairs and Wheelchair Bases | E2301 | Power wheelchair accessory, power standing system | |
| DME | Speech Generating Devices | E2502 | Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time | |
| DME | Speech Generating Devices | E2504 | Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time | |
| DME | Speech Generating Devices | E2506 | Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time | |

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| DME | Speech Generating Devices | E2508 | Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device | |
| DME | Speech Generating Devices | E2510 | Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access | |
| DME | Speech Generating Devices | E2511 | Speech generating software program, for personal computer or personal digital assistant | |
| DME | Speech Generating Devices | E2512 | Accessory for speech generating device, mounting system | |
| DME | Speech Generating Devices | E2599 | Accessory for speech generating device, not otherwise classified | |
| DME | Special Wheelchairs and Wheelchair Bases | K0005 | Ultra-lightweight wheelchair | |
| DME | Special Wheelchairs and Wheelchair Bases | K0009 | Other manual wheelchair/base | |
| DME | Special Wheelchairs and Wheelchair Bases | K0010 | Standard-weight frame motorized/power wheelchair | |
| DME | Special Wheelchairs and Wheelchair Bases | K0011 | Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking | |
| DME | Special Wheelchairs and Wheelchair Bases | K0012 | Lightweight portable motorized/power wheelchair | |
| DME | Special Wheelchairs and Wheelchair Bases | K0014 | Other motorized/power wheelchair base | |
| DME | Special Wheelchairs and Wheelchair Bases | K0108 | Wheelchair component or accessory, not otherwise specified | |
| DME | Special Wheelchairs and Wheelchair Bases | K0800 | Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds | |
| DME | Power Operated Vehicles | K0801 | Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds | |
| DME | Power Operated Vehicles | K0802 | Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds | |
| DME | Power Operated Vehicles | K0806 | Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds | |

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| DME | Power Operated Vehicles | K0807 | Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds | |
| DME | Power Operated Vehicles | K0808 | Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds | |
| DME | Power Operated Vehicles | K0812 | Power operated vehicle, not otherwise classified | |
| DME | Special Wheelchairs and Wheelchair Bases | K0813 | Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds | |
| DME | Special Wheelchairs and Wheelchair Bases | K0814 | Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds | |
| DME | Special Wheelchairs and Wheelchair Bases | K0815 | Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds | |
| DME | Special Wheelchairs and Wheelchair Bases | K0816 | Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds | |
| DME | Special Wheelchairs and Wheelchair Bases | K0820 | Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds | |
| DME | Special Wheelchairs and Wheelchair Bases | K0821 | Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds | |
| DME | Special Wheelchairs and Wheelchair Bases | K0822 | Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds | |
| DME | Special Wheelchairs and Wheelchair Bases | K0823 | Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds | |
| DME | Special Wheelchairs and Wheelchair Bases | K0824 | Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds | |
| DME | Special Wheelchairs and Wheelchair Bases | K0825 | Power wheelchair, group 2 heavy duty, captain's chair, patient weight capacity 301 to 450 pounds | |
| DME | Special Wheelchairs and Wheelchair Bases | K0826 | Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds | |
| DME | Special Wheelchairs and Wheelchair Bases | K0827 | Power wheelchair, group 2 very heavy duty, captain's chair, patient weight capacity 451 to 600 pounds | |
| DME | Special Wheelchairs and Wheelchair Bases | K0828 | Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more | |

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| DME | Special Wheelchairs and Wheelchair Bases | K0829 | Power wheelchair, group 2 extra heavy duty, captain's chair, patient weight capacity 601 pounds or more | |
| DME | Special Wheelchairs and Wheelchair Bases | K0830 | Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds | |
| DME | Special Wheelchairs and Wheelchair Bases | K0831 | Power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds | |
| DME | Special Wheelchairs and Wheelchair Bases | K0835 | Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds | |
| DME | Special Wheelchairs and Wheelchair Bases | K0836 | Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds | |
| DME | Special Wheelchairs and Wheelchair Bases | K0837 | Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds | |
| DME | Special Wheelchairs and Wheelchair Bases | K0838 | Power wheelchair, group 2 heavy duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds | |
| DME | Special Wheelchairs and Wheelchair Bases | K0839 | Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds | |
| DME | Special Wheelchairs and Wheelchair Bases | K0840 | Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more | |
| DME | Special Wheelchairs and Wheelchair Bases | K0841 | Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds | |
| DME | Special Wheelchairs and Wheelchair Bases | K0842 | Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds | |
| DME | Special Wheelchairs and Wheelchair Bases | K0843 | Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds | |
| DME | Special Wheelchairs and Wheelchair Bases | K0848 | Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds | |

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| DME | Special Wheelchairs and Wheelchair Bases | K0849 | Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds | |
| DME | Special Wheelchairs and Wheelchair Bases | K0850 | Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds | |
| DME | Special Wheelchairs and Wheelchair Bases | K0851 | Power wheelchair, group 3 heavy duty, captain's chair, patient weight capacity 301 to 450 pounds | |
| DME | Special Wheelchairs and Wheelchair Bases | K0852 | Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds | |
| DME | Special Wheelchairs and Wheelchair Bases | K0853 | Power wheelchair, group 3 very heavy duty, captain's chair, patient weight capacity, 451 to 600 pounds | |
| DME | Special Wheelchairs and Wheelchair Bases | K0854 | Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more | |
| DME | Special Wheelchairs and Wheelchair Bases | K0855 | Power wheelchair, group 3 extra heavy duty, captain's chair, patient weight 601 pounds or more | |
| DME | Special Wheelchairs and Wheelchair Bases | K0856 | Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds | |
| DME | Special Wheelchairs and Wheelchair Bases | K0857 | Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds | |
| DME | Special Wheelchairs and Wheelchair Bases | K0858 | Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds | |
| DME | Special Wheelchairs and Wheelchair Bases | K0859 | Power wheelchair, group 3 heavy duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds | |
| DME | Special Wheelchairs and Wheelchair Bases | K0860 | Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds | |
| DME | Special Wheelchairs and Wheelchair Bases | K0861 | Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds | |
| DME | Special Wheelchairs and Wheelchair Bases | K0862 | Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds | |

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| DME | Special Wheelchairs and Wheelchair Bases | K0863 | Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds | |
| DME | Special Wheelchairs and Wheelchair Bases | K0864 | Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more | |
| DME | Special Wheelchairs and Wheelchair Bases | K0868 | Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds | |
| DME | Special Wheelchairs and Wheelchair Bases | K0869 | Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds | |
| DME | Special Wheelchairs and Wheelchair Bases | K0870 | Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds | |
| DME | Special Wheelchairs and Wheelchair Bases | K0871 | Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds | |
| DME | Special Wheelchairs and Wheelchair Bases | K0877 | Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds | |
| DME | Special Wheelchairs and Wheelchair Bases | K0878 | Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds | |
| DME | Special Wheelchairs and Wheelchair Bases | K0879 | Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds | |
| DME | Special Wheelchairs and Wheelchair Bases | K0880 | Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds | |
| DME | Special Wheelchairs and Wheelchair Bases | K0884 | Power wheelchair, group 4 standard multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds | |
| DME | Special Wheelchairs and Wheelchair Bases | K0885 | Power wheelchair, group 4 standard, multiple power option, captain's chair, weight capacity up to and including 300 pounds | |
| DME | Special Wheelchairs and Wheelchair Bases | K0886 | Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds | |

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| DME | Special Wheelchairs and Wheelchair Bases | K0890 | Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds | |
| DME | Special Wheelchairs and Wheelchair Bases | K0891 | Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds | |
| DME | Special Wheelchairs and Wheelchair Bases | K0898 | Power wheelchair, not otherwise classified | |
| DME | Special Wheelchairs and Wheelchair Bases | K0899 | Power mobility device, not coded by SADMERC or does not meet criteria | |
| DME | Electrical Stimulators/ Transcutaneous Electrical Nerve Stimulation (TENS) | L8680 | IMPLANTABLE NEUROSTIMULATOR ELECTRODE, EACH | |
| DME | Electrical Stimulators/ Transcutaneous Electrical Nerve Stimulation (TENS) | L8686 | Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension | |
| DME | Electrical Stimulators/ Transcutaneous Electrical Nerve Stimulation (TENS) | L8687 | Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension | |
| DME | | L8679 | IMP NEUROSTI PLS GN ANY TYPE | |
| DME | | K0900 | CSTM DME OTHER THAN WHEE | |
| DME | | S1034 | Art pancreas system | |

Ear Devices

| Categories | Subcategory | SERVICE ORDER CODE | Description | Added New |
|-------------|-------------|--------------------|--|-----------|
| Ear Devices | | 69715 | Implantation Osseointegrated Implant, Temporal Bone, With Percutaneous Attachment To External Speech Processor/Cochlear Stimulator With Mastoidectomy | |
| Ear Devices | | 69717 | Replacement (Including Removal Of Existing Device), Osseointegrated Implant, Temporal Bone, With Percutaneous Attachment To External Speech Processor/Cochlear Stimulator, Without Mastoidectomy | |
| Ear Devices | | 69718 | Replacement (Including Removal Of Existing Device), Osseointegrated Implant, Temporal Bone With Percutaneous Attachment To External Speech Processor/Cochlear Stimulator, With Mastoidectomy | |
| Ear Devices | | 69930 | Cochlear device implantation, with or without mastoidectomy | |
| Ear Devices | | L8614 | Cochlear device/system | |
| Ear Devices | | L8619 | Cochlear implant external speech processor, replacement | |
| Ear Devices | | S2235 | Implantation of auditory brain stem implant | |

Gastric Bypass

| Categories | Subcategory | SERVICE ORDER CODE | Description | Added New |
|--|-------------|--------------------|--|-----------|
| Gastric Bypass - Inpatient or Outpatient | | 43631 | Gastrectomy, partial, distal; with gastroduodenostomy | |
| Gastric Bypass - Inpatient or Outpatient | | 43632 | Gastrectomy, partial, distal; with gastrojejunostomy | |
| Gastric Bypass - Inpatient or Outpatient | | 43633 | Gastrectomy, partial, distal; with Roux-en-Y reconstruction | |
| Gastric Bypass - Inpatient or Outpatient | | 43634 | Gastrectomy, partial, distal; with formation of intestinal pouch | |
| Gastric Bypass - Inpatient or Outpatient | | 43770 | Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (gastric band and subcutaneous port components) | |
| Gastric Bypass - Inpatient or Outpatient | | 43771 | Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only | |
| Gastric Bypass - Inpatient or Outpatient | | 43772 | Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only | |
| Gastric Bypass - Inpatient or Outpatient | | 43773 | Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only | |
| Gastric Bypass - Inpatient or Outpatient | | 43774 | Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components | |
| Gastric Bypass - Inpatient or Outpatient | | 43775 | Lap sleeve gastrectomy | |
| Gastric Bypass - Inpatient or Outpatient | | 43842 | Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty | |
| Gastric Bypass - Inpatient or Outpatient | | 43843 | Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty | |
| Gastric Bypass - Inpatient or Outpatient | | 43846 | Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (less than 100 cm) Roux-en-Y gastroenterostomy | |

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|--|--|-------|--|--|
| Gastric Bypass - Inpatient or Outpatient | | 43847 | Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption | |
| Gastric Bypass - Inpatient or Outpatient | | 43848 | Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure) | |
| Gastric Bypass - Inpatient or Outpatient | | 43855 | REVISE STOMACH-BOWEL FUSION | |
| Gastric Bypass - Inpatient or Outpatient | | 43860 | REVISE STOMACH-BOWEL FUSION | |
| Gastric Bypass - Inpatient or Outpatient | | 43865 | REVISE STOMACH-BOWEL FUSION | |
| Gastric Bypass - Inpatient or Outpatient | | 43886 | Gastric restrictive procedure, open; revision of subcutaneous port component only | |
| Gastric Bypass - Inpatient or Outpatient | | 43888 | Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only | |

Oral Pharynx

| Categories | Subcategory | SERVICE ORDER CODE | Description | Added New |
|--------------|-------------|--------------------------|---|--------------|
| Oral Pharynx | | 41874 | Alveoloplasty, each quadrant (specify) | |
| Oral Pharynx | | 42140 | Uvulectomy | |
| Oral Pharynx | | 42145 | Palatopharyngoplasty (e.g., uvulopalatopharyngoplasty, uvulopharyngoplasty) | |
| Oral Pharynx | | 42160 | Destruction of lesion, palate or uvula (thermal, cryo or chemical) | |
| Oral Pharynx | | 42950 | Pharyngoplasty (plastic or reconstructive operation on pharynx) | |
| Oral Pharynx | | S2080 | Laser-assisted uvulopalatoplasty (LAUP) | |

Potential E-I-U

| Categories | Subcategory | SERVICE ORDER CODE | Description | Added New |
|--|--------------------|---------------------------|---|------------------|
| Potential Experimental/ Investigational/ Unproven | | 15150 | Tissue cultured epidermal autograft, trunk, arms, legs; first 25 sq cm or less | |
| Potential Experimental/ Investigational/ Unproven | | 15151 | Tissue cultured epidermal autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure) | |
| Potential Experimental/ Investigational/ Unproven | | 15152 | Tissue cultured epidermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure) | |
| Potential Experimental/ Investigational/ Unproven | | 15155 | Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less | |
| Potential Experimental/ Investigational/ Unproven | | 15156 | Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure) | |
| Potential Experimental/ Investigational/ Unproven | | 15157 | Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List sep | |
| Potential Experimental/ Investigational/ Unproven | | 15271 | Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area | |

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|--|--|-------|--|--|
| Potential Experimental/ Investigational/ Unproven | | 15272 | Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure) | |
| Potential Experimental/ Investigational/ Unproven | | 15273 | Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children | |
| Potential Experimental/ Investigational/ Unproven | | 15274 | Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure) | |
| Potential Experimental/ Investigational/ Unproven | | 15275 | Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area | |
| Potential Experimental/ Investigational/ Unproven | | 15276 | Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure) | |
| Potential Experimental/ Investigational/ Unproven | | 15277 | Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of | |
| Potential Experimental/ Investigational/ Unproven | | 15278 | Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure) | |

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|--|--|-------|--|--|
| Potential Experimental/ Investigational/ Unproven | | 15777 | Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (eg, breast, trunk) (List separately in addition to code for primary procedure) | |
| Potential Experimental/ Investigational/ Unproven | | 19105 | Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma | |
| Potential Experimental/ Investigational/ Unproven | | 20527 | Injection, enzyme (eg, collagenase), palmar fascial cord (ie, Dupuytren's contracture) | |
| Potential Experimental/ Investigational/ Unproven | | 20910 | Remove Cartilage For Graft | |
| Potential Experimental/ Investigational/ Unproven | | 20912 | Remove Cartilage For Graft | |
| Potential Experimental/ Investigational/ Unproven | | 20975 | Electrical stimulation to aid bone healing; invasive (operative) | |
| Potential Experimental/ Investigational/ Unproven | | 21073 | Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care) | |
| Potential Experimental/ Investigational/ Unproven | | 21230 | Rib Cartilage Graft | |

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|--|--|-------|---|--|
| Potential Experimental/ Investigational/ Unproven | | 22505 | Manipulation of spine requiring anesthesia, any region | |
| Potential Experimental/ Investigational/ Unproven | | 22523 | Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, one vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic | |
| Potential Experimental/ Investigational/ Unproven | | 22524 | Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, one vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar | |
| Potential Experimental/ Investigational/ Unproven | | 22525 | Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, one vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); each additional thoracic or lum | |
| Potential Experimental/ Investigational/ Unproven | | 22526 | Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level | |
| Potential Experimental/ Investigational/ Unproven | | 22527 | Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; one or more add'l levels (List separately in addition to code for primary procedure) | |
| Potential Experimental/ Investigational/ Unproven | | 22586 | Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace | |
| Potential Experimental/ Investigational/ Unproven | | 22633 | Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar | |

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|--|--|-------|---|--|
| Potential Experimental/ Investigational/ Unproven | | 22634 | Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspa | |
| Potential Experimental/ Investigational/ Unproven | | 22856 | Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection), single interspace, cervical | |
| Potential Experimental/ Investigational/ Unproven | | 22857 | Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), lumbar, single interspace | |
| Potential Experimental/ Investigational/ Unproven | | 22861 | Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical | |
| Potential Experimental/ Investigational/ Unproven | | 22862 | Revision including replacement of total disc arthroplasty (artificial disc) anterior approach, lumbar, single interspace | |
| Potential Experimental/ Investigational/ Unproven | | 23700 | Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded) | |
| Potential Experimental/ Investigational/ Unproven | | 24300 | Manipulation, elbow, under anesthesia | |
| Potential Experimental/ Investigational/ Unproven | | 25259 | Manipulation, wrist, under anesthesia | |

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|--|-----------------------|-------|--|--|
| Potential Experimental/ Investigational/ Unproven | | 25675 | Closed treatment of distal radioulnar dislocation with manipulation | |
| Potential Experimental/ Investigational/ Unproven | | 26341 | Manipulation, palmar fascial cord (i.e. Dupuytren's cord, post enzyme injection) | |
| Potential Experimental/ Investigational/ Unproven | | 27194 | Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; with manipulation, requiring more than local anesthesia | |
| Potential Experimental/ Investigational/ Unproven | | 27275 | Manipulation, hip joint, requiring general anesthesia | |
| Potential Experimental/ Investigational/ Unproven | Transplant Evaluation | 27412 | Autologous chondrocyte implantation, knee | |
| Potential Experimental/ Investigational/ Unproven | Transplant Evaluation | 27415 | Osteochondral allograft, knee, open | |
| Potential Experimental/ Investigational/ Unproven | Transplant Evaluation | 27416 | Osteochondral autograft(s) , knee, open (eg, mosaicplasty) (includes harvesting of autograft(s)) | |
| Potential Experimental/ Investigational/ Unproven | | 27570 | Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices) | |

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|--|-----------------------|-------|--|--|
| Potential Experimental/ Investigational/ Unproven | | 27702 | Arthroplasty, ankle; with implant (total ankle) | |
| Potential Experimental/ Investigational/ Unproven | | 27703 | Arthroplasty, ankle; revision, total ankle | |
| Potential Experimental/ Investigational/ Unproven | | 27860 | Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus) | |
| Potential Experimental/ Investigational/ Unproven | | 28446 | Open osteochondral autograft, talus (includes obtaining graft(s)) | |
| Potential Experimental/ Investigational/ Unproven | Potential E/I/U | 28890 | Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia | |
| Potential Experimental/ Investigational/ Unproven | Transplant Evaluation | 29868 | Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral | |
| Potential Experimental/ Investigational/ Unproven | | 31627 | Navigational bronchoscopy | |
| Potential Experimental/ Investigational/ Unproven | | 31647 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe | |

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|--|--|-------|---|--|
| Potential Experimental/ Investigational/ Unproven | | 31651 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure[s]) | |
| Potential Experimental/ Investigational/ Unproven | | 31660 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe | |
| Potential Experimental/ Investigational/ Unproven | | 31661 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes | |
| Potential Experimental/ Investigational/ Unproven | | 32491 | Removal of lung, other than total pneumonectomy; excision-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, with or without any pleural procedure | |
| Potential Experimental/ Investigational/ Unproven | | 32664 | Thoracoscopy, surgical; with thoracic sympathectomy | |
| Potential Experimental/ Investigational/ Unproven | | 33249 | Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber | |
| Potential Experimental/ Investigational/ Unproven | | 33254 | Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure) | |
| Potential Experimental/ Investigational/ Unproven | | 33255 | Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass | |

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|--|--|-------|--|--|
| Potential Experimental/ Investigational/ Unproven | | 33257 | Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (List separately in addition to code for primary procedure) | |
| Potential Experimental/ Investigational/ Unproven | | 33258 | Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass (List separately in addition to code for primary procedure) | |
| Potential Experimental/ Investigational/ Unproven | | 33265 | Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass | |
| Potential Experimental/ Investigational/ Unproven | | 33266 | Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass | |
| Potential Experimental/ Investigational/ Unproven | | 33361 | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach | |
| Potential Experimental/ Investigational/ Unproven | | 33362 | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach | |
| Potential Experimental/ Investigational/ Unproven | | 33363 | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach | |
| Potential Experimental/ Investigational/ Unproven | | 33364 | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach | |

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|--|--|-------|--|--|
| Potential Experimental/ Investigational/ Unproven | | 33365 | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy) | |
| Potential Experimental/ Investigational/ Unproven | | 33367 | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (List separately in addition to code for primary procedure) | |
| Potential Experimental/ Investigational/ Unproven | | 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) | |
| Potential Experimental/ Investigational/ Unproven | | 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) | |
| Potential Experimental/ Investigational/ Unproven | | 33548 | Surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg, ventricular remodeling, SVR, SAVER, DOR procedures) | |
| Potential Experimental/ Investigational/ Unproven | | 33880 | Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thora | |
| Potential Experimental/ Investigational/ Unproven | | 33881 | Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending t | |

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|--|--|-------|---|--|
| Potential Experimental/ Investigational/ Unproven | | 33883 | Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); initial extension | |
| Potential Experimental/ Investigational/ Unproven | | 33884 | Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); each additional proximal extension (List separatel | |
| Potential Experimental/ Investigational/ Unproven | | 33886 | Placement of distal extension prosthesis(s) delayed after endovascular repair of descending thoracic aorta | |
| Potential Experimental/ Investigational/ Unproven | | 33975 | Insertion of ventricular assist device; extracorporeal, single ventricle | |
| Potential Experimental/ Investigational/ Unproven | | 33990 | Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only | |
| Potential Experimental/ Investigational/ Unproven | | 33991 | Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; both arterial and venous access, with transeptal puncture | |
| Potential Experimental/ Investigational/ Unproven | | 33993 | Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion | |
| Potential Experimental/ Investigational/ Unproven | | 34800 | ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION; USING AORTO-AORTIC TUBE PROSTHESIS | |

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|--|-----------------|-------|---|--|
| Potential Experimental/ Investigational/ Unproven | | 34802 | ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION; USING MODULAR BIFURCATED PROSTHESIS (ONE DOCKING LIMB) | |
| Potential Experimental/ Investigational/ Unproven | | 34803 | ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION; USING MODULAR BIFURCATED PROSTHESIS (TWO DOCKING LIMBS) | |
| Potential Experimental/ Investigational/ Unproven | | 34804 | ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION; USING UNIBODY BIFURCATED PROSTHESIS | |
| Potential Experimental/ Investigational/ Unproven | | 34805 | ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION; USING AORTO-UNILIAC OR AORTO-UNIFEMORAL PROSTHESIS | |
| Potential Experimental/ Investigational/ Unproven | | 34806 | Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data | |
| Potential Experimental/ Investigational/ Unproven | | 34808 | ENDOVASCULAR PLACEMENT OF ILIAC ARTERY OCCLUSION DEVICE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) | |
| Potential Experimental/ Investigational/ Unproven | Potential E/I/U | 35884 | Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with autogenous vein patch graft | |
| Potential Experimental/ Investigational/ Unproven | Vein Treatment | 36514 | Therapeutic apheresis; for plasma pheresis | |

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|--|----------------|-------|---|--|
| Potential Experimental/ Investigational/ Unproven | | 36516 | Therapeutic apheresis; with extracorporeal selective adsorption or selective filtration and plasma reinfusion | |
| Potential Experimental/ Investigational/ Unproven | | 36522 | Photopheresis, extracorporeal | |
| Potential Experimental/ Investigational/ Unproven | Vein Treatment | 37790 | Penile venous occlusive procedure | |
| Potential Experimental/ Investigational/ Unproven | | 41512 | Tongue base suspension, permanent suture technique | |
| Potential Experimental/ Investigational/ Unproven | | 41530 | Submucosal ablation of the tongue base, radiofrequency, one or more sites, per session | |
| Potential Experimental/ Investigational/ Unproven | | 43206 | Esophagoscopy, rigid or flexible; with optical endomicroscopy | |
| Potential Experimental/ Investigational/ Unproven | | 43252 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with optical endomicroscopy | |
| Potential Experimental/ Investigational/ Unproven | | 43257 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux | |

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| Potential Experimental/ Investigational/ Unproven | | 43644 | Laparoscopy, surgical, gastic restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less) | |
| Potential Experimental/ Investigational/ Unproven | | 43645 | Laparoscopy, surgical, gastic restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption | |
| Potential Experimental/ Investigational/ Unproven | | 43647 | Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum | |
| Potential Experimental/ Investigational/ Unproven | | 43648 | Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum | |
| Potential Experimental/ Investigational/ Unproven | | 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) | |
| Potential Experimental/ Investigational/ Unproven | | 43881 | Implantation or replacement of gastric neurostimulator electrodes, antrum, open | |
| Potential Experimental/ Investigational/ Unproven | | 44705 | Preparation of fecal microbiota for instillation, including assessment of donor specimen | |
| Potential Experimental/ Investigational/ Unproven | | 46707 | Repair anorectal fist w/plug | |

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| Potential Experimental/ Investigational/ Unproven | | 52287 | Cystourethroscopy, with injection(s) for chemodenervation of the bladder | |
| Potential Experimental/ Investigational/ Unproven | | 53860 | Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence | |
| Potential Experimental/ Investigational/ Unproven | | 61863 | TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY IN SUBCORTICAL SITE (E.G., THALAMUS, GLOBUS PALLIDUS, SUBTHALAMIC NUCLEUS, PERIVENTRICULAR, PERIAQUEDUCTAL GRAY), WITHOUT USE OF IN | |
| Potential Experimental/ Investigational/ Unproven | | 61867 | TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY IN SUBCORTICAL SITE (E.G., THALAMUS, GLOBUS PALLIDUS, SUBTHALAMIC NUCLEUS, PERIVENTRICULAR, PERIAQUEDUCTAL GRAY), WITH USE OF INTRA | |
| Potential Experimental/ Investigational/ Unproven | | 61880 | Revision or removal of intracranial neurostimulator electrodes | |
| Potential Experimental/ Investigational/ Unproven | | 61885 | Insertion Or Replacement Of Cranial Neurostimulator Pulse Generator Or Receiver, Direct Or Inductive Coupling; With Connection To A Single Electrode Array | |
| Potential Experimental/ Investigational/ Unproven | | 61886 | Insertion Or Replacement Of Cranial Neurostimulator Pulse Receiver, Direct Or Inductive Coupling; With Connection To Two Or More Electrode Arrays | |

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| Potential Experimental/ Investigational/ Unproven | | 61888 | REVISION OR REMOVAL OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER | |
| Potential Experimental/ Investigational/ Unproven | | 63620 | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion | |
| Potential Experimental/ Investigational/ Unproven | | 63621 | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure) | |
| Potential Experimental/ Investigational/ Unproven | | 63650 | Percutaneous Implantation Of Neurostimulator Or Electrode Array, Epidural | |
| Potential Experimental/ Investigational/ Unproven | | 63655 | Laminectomy For Implantation Of Neurostimulator Electrodes, Plate/Paddle, Epidural | |
| Potential Experimental/ Investigational/ Unproven | | 63685 | Insertion Or Replactment Of Spinal Neurostimulator Pulse Receiver, Direct Or Inductive Coupling | |
| Potential Experimental/ Investigational/ Unproven | | 64553 | Percutaneous implantation of neurostimulator electrodes; cranial nerve | |
| Potential Experimental/ Investigational/ Unproven | | 64555 | Percutaneous Implantation Of Neurostimulator Electrodes; Peripheral Nerve (Excludes Sacral Nerve) | |

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| Potential Experimental/ Investigational/ Unproven | | 64561 | Percutaneous implantation of neurostimulator electrodes; sacral nerve (transforaminal placement) | |
| Potential Experimental/ Investigational/ Unproven | | 64565 | Percutaneous implantation of neurostimulator electrodes; neuromuscular | |
| Potential Experimental/ Investigational/ Unproven | | 64566 | Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming | |
| Potential Experimental/ Investigational/ Unproven | | 64568 | Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator | |
| Potential Experimental/ Investigational/ Unproven | | 64569 | Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator | |
| Potential Experimental/ Investigational/ Unproven | | 64575 | Incision for implantation of neurostimulator electrodes; peripheral nerve (excludes sacral nerve) | |
| Potential Experimental/ Investigational/ Unproven | | 64581 | Incision for implantation of neurostimulator electrodes; sacral nerve (transforaminal placement) | |
| Potential Experimental/ Investigational/ Unproven | | 64590 | Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling | |

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| Potential Experimental/ Investigational/ Unproven | | 64611 | Chemodenervation of parotid and submandibular salivary glands, bilateral | |
| Potential Experimental/ Investigational/ Unproven | | 64615 | Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine) | |
| Potential Experimental/ Investigational/ Unproven | Dental and Jaw/Face/TMJ | 64804 | Sympathectomy, cervicothoracic | |
| Potential Experimental/ Investigational/ Unproven | | 65710 | Keratoplasty (corneal transplant); anterior lamellar | |
| Potential Experimental/ Investigational/ Unproven | Transplant Evaluation | 65760 | Keratomileusis | |
| Potential Experimental/ Investigational/ Unproven | | 65765 | Keratophakia | |
| Potential Experimental/ Investigational/ Unproven | | 65767 | Epikeratoplasty | |
| Potential Experimental/ Investigational/ Unproven | | 66174 | Transluminal dilation of aqueous outflow canal; without retention of device or stent | |

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| Potential Experimental/ Investigational/ Unproven | | 66175 | Transluminal dilation of aqueous outflow canal; with retention of device or stent | |
| Potential Experimental/ Investigational/ Unproven | Brachytherapy | 77373 | Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions | |
| Potential Experimental/ Investigational/ Unproven | | 78456 | Acute venous thrombosis imaging, peptide | |
| Potential Experimental/ Investigational/ Unproven | | 86486 | Skin test; unlisted antigen, each | |
| Potential Experimental/ Investigational/ Unproven | | 88375 | Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session | |
| Potential Experimental/ Investigational/ Unproven | | 88384 | Array-based evaluation of multiple molecular probes; 11 through 50 probes | |
| Potential Experimental/ Investigational/ Unproven | | 88385 | Array-based evaluation of multiple molecular probes; 51 through 250 probes | |
| Potential Experimental/ Investigational/ Unproven | | 88386 | Array-based evaluation of multiple molecular probes; 251 through 500 probes | |

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| Potential Experimental/ Investigational/ Unproven | | 89329 | Sperm evaluation; hamster penetration test | |
| Potential Experimental/ Investigational/ Unproven | | 90399 | Unlisted Immune Globulin | |
| Potential Experimental/ Investigational/ Unproven | | 90867 | Therapeutic repetitive transcranial magnetic stimulation treatment; planning | |
| Potential Experimental/ Investigational/ Unproven | | 90868 | Therapeutic repetitive transcranial magnetic stimulation treatment; delivery and management, per session | |
| Potential Experimental/ Investigational/ Unproven | | 90869 | Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management | |
| Potential Experimental/ Investigational/ Unproven | | 91111 | Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with physician interpretation and report | |
| Potential Experimental/ Investigational/ Unproven | | 91112 | Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report | |
| Potential Experimental/ Investigational/ Unproven | | 91117 | Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tests, eg, meal, intracolonic balloon distension, pharmacologic agents, if performed), with interpretation and report | |

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| Potential Experimental/ Investigational/ Unproven | | 92971 | Cardioassist-method of circulatory assist; external | |
| Potential Experimental/ Investigational/ Unproven | | 93580 | Percutaneous transcatheter closure of congenital interatrial communication (i.e., Fontan fenestration, atrial septal defect) with implant | |
| Potential Experimental/ Investigational/ Unproven | | 95803 | Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording) | |
| Potential Experimental/ Investigational/ Unproven | | 95965 | Magnetoencephalography (MEG), recording and analysis; for spontaneous brain magnetic activity (eg, epileptic cerebral cortex localization) | |
| Potential Experimental/ Investigational/ Unproven | | 95966 | Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, single modality (eg, sensory, motor, language, or visual cortex localization) | |
| Potential Experimental/ Investigational/ Unproven | | 95967 | Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, each additional modality (eg, sensory, motor, language, or visual cortex localization) (List separately in addition to code for primary procedure) | |
| Potential Experimental/ Investigational/ Unproven | | 96446 | Chemotherapy administration into the peritoneal cavity via indwelling port or catheter | |
| Potential Experimental/ Investigational/ Unproven | | 99183 | PHYSICIAN ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION | |

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| Potential Experimental/ Investigational/ Unproven | | 0002M | Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilizing serum, prognostic algorithm reported as quantitative scores for fibrosis, steatosis and alcoholic steatohepatitis (ASH) | |
| Potential Experimental/ Investigational/ Unproven | | 0003M | Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilizing serum, prognostic algorithm reported as quantitative scores for fibrosis, steatosis and nonalcoholic steatohepatitis (NASH) | |
| Potential Experimental/ Investigational/ Unproven | | 0051T | Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy | |
| Potential Experimental/ Investigational/ Unproven | | 0052T | Replacement or repair of thoracic unit of a total replacement heart system (artificial heart) | |
| Potential Experimental/ Investigational/ Unproven | | 0053T | Replacement or repair of implantable or components of total replacement heart system (artificial heart), excluding thoracic unit | |
| Potential Experimental/ Investigational/ Unproven | | 0058T | Cryopreservation; reproductive tissue, ovarian | |
| Potential Experimental/ Investigational/ Unproven | | 0059T | Cryopreservation; oocyte(s) | |
| Potential Experimental/ Investigational/ Unproven | | 0071T | Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue | |

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| Potential Experimental/ Investigational/ Unproven | | 0072T | Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue | |
| Potential Experimental/ Investigational/ Unproven | | 0073T | Compensator-based beam modulation treatment delivery of inverse planned treatment using three or more high resolution (milled or cast) compensator convergent beam modulated fields, per treatment session | |
| Potential Experimental/ Investigational/ Unproven | | 0085T | Breath test for heart transplant rejection | |
| Potential Experimental/ Investigational/ Unproven | | 0092T | Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure) | |
| Potential Experimental/ Investigational/ Unproven | | 0098T | Revision of total disc arthroplasty, anterior approach; each additional interspace (List separately in addition to code for primary procedure) | |
| Potential Experimental/ Investigational/ Unproven | | 0101T | Extracorporeal shock wave involving musculoskeletal system, not otherwise specified, high energy | |
| Potential Experimental/ Investigational/ Unproven | | 0102T | Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, involving lateral humeral epicondyle | |
| Potential Experimental/ Investigational/ Unproven | | 0111T | Long-chain (C20-22) omega-3 fatty acids in red blood cell (RBC) membranes | |

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| Potential Experimental/ Investigational/ Unproven | | 0159T | Computer aided detection, including computer algorithm analysis of MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation, breast MRI | |
| Potential Experimental/ Investigational/ Unproven | | 0163T | Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), lumbar, each additional interspace | |
| Potential Experimental/ Investigational/ Unproven | | 0165T | Revision of total disc arthroplasty, anterior approach, lumbar, each additional interspace | |
| Potential Experimental/ Investigational/ Unproven | | 0173T | Monitoring of intraocular pressure during vitrectomy surgery | |
| Potential Experimental/ Investigational/ Unproven | | 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 c | |
| Potential Experimental/ Investigational/ Unproven | | 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 r | |
| Potential Experimental/ Investigational/ Unproven | | 0181T | Corneal hysteresis determination, by air impulse stimulation, bilateral, with interpretation and report | |
| Potential Experimental/ Investigational/ Unproven | Potential E/I/U | 0190T | Placement of intraocular radiation source applicator-Add on code | |

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| Potential Experimental/ Investigational/ Unproven | Potential E/I/U | 0191T | Insertion of anterior segment aqueous drainage device; internal approach | |
| Potential Experimental/ Investigational/ Unproven | | 0198T | Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report | |
| Potential Experimental/ Investigational/ Unproven | | 0200T | Percutaneous sacral augmentation (sacroplasty) unilateral injection(s), inc the use of a balloon or mechanical device (if utilized), one or more needles | |
| Potential Experimental/ Investigational/ Unproven | | 0201T | Percutaneous sacral augmentation (sacroplasty) unilateral injection(s), inc the use of a balloon or mechanical device (if utilized), two or more needles | |
| Potential Experimental/ Investigational/ Unproven | | 0202T | Posterior vertebral joint(s) arthroplasty (e.g. facet joint(s) replacement) inc facetectomy, laminectomy, foraminotomy and vertebral column fixation, with or without injection of bone cement, inc fluoroscopy, single level, lumbar spine | |
| Potential Experimental/ Investigational/ Unproven | | 0207T | Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral | |
| Potential Experimental/ Investigational/ Unproven | | 0208T | Automated Audiometry Air | |
| Potential Experimental/ Investigational/ Unproven | | 0209T | Auto Audiometry Air/Bone | |

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| Potential Experimental/ Investigational/ Unproven | | 0210T | Auto Audiometry SP Thresh | |
| Potential Experimental/ Investigational/ Unproven | | 0211T | Auto Audiometry SP Recog | |
| Potential Experimental/ Investigational/ Unproven | | 0212T | Comprehen Auto Audiometry | |
| Potential Experimental/ Investigational/ Unproven | | 0213T | Us Facet JT INJ Cerv/T1 Lev | |
| Potential Experimental/ Investigational/ Unproven | | 0214T | Us Fact JT INJ Cerv/T2 Lev | |
| Potential Experimental/ Investigational/ Unproven | | 0215T | Us Facet JT INJ Cerv/T3 Lev | |
| Potential Experimental/ Investigational/ Unproven | | 0216T | Us Facet JT INJ LS1 Level | |
| Potential Experimental/ Investigational/ Unproven | | 0217T | Us Facet JT INJ LS2 Level | |

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| Potential Experimental/ Investigational/ Unproven | | 0218T | Us Facet JT INJ LS3 Level | |
| Potential Experimental/ Investigational/ Unproven | | 0219T | Fuse Spine Facet JT Cerv | |
| Potential Experimental/ Investigational/ Unproven | | 0220T | Fuse Spine Facet JT Thor | |
| Potential Experimental/ Investigational/ Unproven | | 0221T | Fuse Spine Facet JT Lumbar | |
| Potential Experimental/ Investigational/ Unproven | | 0222T | Fuse Spine Facet JT Add Seg | |
| Potential Experimental/ Investigational/ Unproven | | 0228T | US TFRML EDRL INJ CRV/T 1LVL | |
| Potential Experimental/ Investigational/ Unproven | | 0229T | US TFRML EDRL INJ CRV/T +LVL | |
| Potential Experimental/ Investigational/ Unproven | | 0230T | US TFRML EDRL INJ L/S 1LVL | |

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| Potential Experimental/ Investigational/ Unproven | | 0231T | US TFRML EDRL INJ L/S +LVL | |
| Potential Experimental/ Investigational/ Unproven | | 0232T | INJ PLSM IMG GUID HRVST&PREP | |
| Potential Experimental/ Investigational/ Unproven | | 0249T | Ligation, hemorrhoidal vascular bundle(s), including ultrasound guidance | |
| Potential Experimental/ Investigational/ Unproven | | 0253T | Insertion of anterior segment aqueous drainage device, without extraocular reservoir; internal approach, into the suprachoroidal space | |
| Potential Experimental/ Investigational/ Unproven | | 0254T | Endovascular repair of iliac artery bifurcation (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using bifurcated endoprosthesis from the common iliac artery into both the external and internal iliac artery, unilateral; | |
| Potential Experimental/ Investigational/ Unproven | | 0255T | Endovascular repair of iliac artery bifurcation (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using bifurcated endoprosthesis from the common iliac artery into both the external and internal iliac artery, unilateral; radiological supe | |
| Potential Experimental/ Investigational/ Unproven | | 0263T | Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure including unilateral or bilateral bone marrow harvest | |
| Potential Experimental/ Investigational/ Unproven | | 0264T | Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure including unilateral or bilateral bone marrow harvest. Complete procedure excluding bone marrow harvest | |

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| Potential Experimental/ Investigational/ Unproven | | 0265T | Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure including unilateral or bilateral bone marrow harvest. Unilateral or bilateral bone marrow harvest only for intramuscular autologous bone marrow cell therapy | |
| Potential Experimental/ Investigational/ Unproven | | 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) | |
| Potential Experimental/ Investigational/ Unproven | | 0267T | 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) Lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed) | |
| Potential Experimental/ Investigational/ Unproven | | 0268T | 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) Pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed) | |
| Potential Experimental/ Investigational/ Unproven | | 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) | |
| Potential Experimental/ Investigational/ Unproven | | 0270T | 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) lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed) | |

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| Potential Experimental/ Investigational/ Unproven | | 0271T | 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) pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed) | |
| Potential Experimental/ Investigational/ Unproven | | 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); | |
| Potential Experimental/ Investigational/ Unproven | | 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 | |
| Potential Experimental/ Investigational/ Unproven | Spinal-Surgery | 0274T | Percutaneous laminotomy/laminectomy (intradiscal approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy) any method under indirect image guidance (eg, fluoroscopic, CT), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; cervical or thoracic | |
| Potential Experimental/ Investigational/ Unproven | Spinal-Surgery | 0275T | Percutaneous laminotomy/laminectomy (intradiscal approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy) any method under indirect image guidance (eg, fluoroscopic, CT), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; lumbar | |

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| Potential Experimental/ Investigational/ Unproven | | 0278T | Transcutaneous electrical modulation pain reprocessing (eg, scrambler therapy), each treatment session (includes placement of electrodes) | |
| Potential Experimental/ Investigational/ Unproven | | 0290T | Corneal incisions in the recipient cornea created using a laser, in preparation for penetrating or lamellar keratoplasty (List separately in addition to code for primary procedure) | |
| Potential Experimental/ Investigational/ Unproven | | 0293T | Insertion of left atrial hemodynamic monitor; complete system, includes implanted communication module and pressure sensor lead in left atrium including transeptal access, radiological supervision and interpretation, and associated injection procedures, | |
| Potential Experimental/ Investigational/ Unproven | | 0294T | Insertion of left atrial hemodynamic monitor; pressure sensor lead at time of insertion of pacing cardioverter-defibrillator pulse generator including radiological supervision and interpretation and associated injection procedures, when performed (List se | |
| Potential Experimental/ Investigational/ Unproven | | 0295T | External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation | |
| Potential Experimental/ Investigational/ Unproven | | 0296T | External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; recording (includes connection and initial recording) | |
| Potential Experimental/ Investigational/ Unproven | | 0297T | External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; scanning analysis with report | |
| Potential Experimental/ Investigational/ Unproven | | 0298T | External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; review and interpretation | |

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| Potential Experimental/ Investigational/ Unproven | | 0299T | Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound | |
| Potential Experimental/ Investigational/ Unproven | | 0300T | Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; each additional wound (List separately in addition to code for primary procedure) | |
| Potential Experimental/ Investigational/ Unproven | | 0301T | Destruction/reduction of malignant breast tumor with externally applied focused microwave, including interstitial placement of disposable catheter with combined temperature monitoring probe and microwave focusing sensocatheter under ultrasound thermothera | |
| Potential Experimental/ Investigational/ Unproven | | 0302T | INSERTION OR REMOVAL AND REPLACEMENT OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM INCLUDING IMAGING SUPERVISION AND INTERPRETATION WHEN PERFORMED AND INTRA-OPERATIVE INTERROGATION AND PROGRAMMING WHEN PERFORMED; COMPLETE SYSTEM (INCLUDES DEVICE AND ELECTRODE) | |
| Potential Experimental/ Investigational/ Unproven | | 0303T | INSERTION OR REMOVAL AND REPLACEMENT OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM INCLUDING IMAGING SUPERVISION AND INTERPRETATION WHEN PERFORMED AND INTRA-OPERATIVE INTERROGATION AND PROGRAMMING WHEN PERFORMED; ELECTRODE ONLY | |
| Potential Experimental/ Investigational/ Unproven | | 0304T | INSERTION OR REMOVAL AND REPLACEMENT OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM INCLUDING IMAGING SUPERVISION AND INTERPRETATION WHEN PERFORMED AND INTRA-OPERATIVE INTERROGATION AND PROGRAMMING WHEN PERFORMED; DEVICE ONLY | |
| Potential Experimental/ Investigational/ Unproven | | 0305T | PROGRAMMING DEVICE EVALUATION (IN PERSON) OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM WITH ITERATIVE ADJUSTMENT OF PROGRAMMED VALUES, WITH ANALYSIS, REVIEW, AND REPORT | |

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| Potential Experimental/ Investigational/ Unproven | | 0306T | INTERROGATION DEVICE EVALUATION (IN PERSON) OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM WITH ANALYSIS, REVIEW, AND REPORT | |
| Potential Experimental/ Investigational/ Unproven | | 0307T | REMOVAL OF INTRACARDIAC ISCHEMIA MONITORING DEVICE | |
| Potential Experimental/ Investigational/ Unproven | | 0308T | INSERTION OF OCULAR TELESCOPE PROSTHESIS INCLUDING REMOVAL OF CRYSTALLINE LENS | |
| Potential Experimental/ Investigational/ Unproven | | 0309T | Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft, when performed, lumbar, L4-L5 interspace (List separately in addition to code for primary procedure) | |
| Potential Experimental/ Investigational/ Unproven | | 0310T | Motor function mapping using non-invasive navigated transcranial magnetic stimulation (nTMS) for therapeutic treatment planning, upper and lower extremity | |
| Potential Experimental/ Investigational/ Unproven | | 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 | |
| Potential Experimental/ Investigational/ Unproven | | 0313T | Vagus nerve blocking therapy (morbid obesity); laparoscopic revision or replacement of vagal trunk neurostimulator electrode array, including connection to existing pulse generator | |
| Potential Experimental/ Investigational/ Unproven | | 0314T | Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator electrode array and pulse generator | |

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| Potential Experimental/ Investigational/ Unproven | | 0315T | Vagus nerve blocking therapy (morbid obesity); removal of pulse generator | |
| Potential Experimental/ Investigational/ Unproven | | 0316T | Vagus nerve blocking therapy (morbid obesity); replacement of pulse generator | |
| Potential Experimental/ Investigational/ Unproven | | 0317T | Vagus nerve blocking therapy (morbid obesity); neurostimulator pulse generator electronic analysis, includes reprogramming when performed | |
| Potential Experimental/ Investigational/ Unproven | | A0140 | Nonemergency transport air | |
| Potential Experimental/ Investigational/ Unproven | | A0430 | Fixed wing air transport | |
| Potential Experimental/ Investigational/ Unproven | | A0435 | Fixed wing air mileage | |
| Potential Experimental/ Investigational/ Unproven | Specialty Oxygen Systems | C1821 | Interspinous process distraction device (implantable) | |
| Potential Experimental/ Investigational/ Unproven | | C2614 | Probe, percutaneous lumbar discectomy | |

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| Potential Experimental/ Investigational/ Unproven | | C9358 | Dermal substitute, native, nondenatured collagen, fetal bovine origin (SurgiMend Collagen Matrix), per 0.5 square cm | |
| Potential Experimental/ Investigational/ Unproven | | C9360 | Dermal substitute, native, nondenatured collagen, neonatal bovine origin (SurgiMend Collagen Matrix), per 0.5 square cm | |
| Potential Experimental/ Investigational/ Unproven | | C9364 | Porcine implant, Permacol, per square centimeter | |
| Potential Experimental/ Investigational/ Unproven | | C9724 | Endoscopic full-thickness plication in the gastric cardia using endoscopic plication system (EPS); includes endoscopy | |
| Potential Experimental/ Investigational/ Unproven | | C9727 | Insertion of implants into the soft palate; minimum of three implants | |
| Potential Experimental/ Investigational/ Unproven | | C9800 | Dermal injection procedure(s) for facial lipodystrophy syndrome (LDS) and provision on radiesse or sculptra dermal filler, including all items and supplies | |
| Potential Experimental/ Investigational/ Unproven | | E0446 | Topical oxygen delivery system not otherwise specified, includes all supplies and accessories | |
| Potential Experimental/ Investigational/ Unproven | | G0166 | External counterpulsation, per treatment session | |

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| Potential Experimental/ Investigational/ Unproven | | G0339 | Image-guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment | |
| Potential Experimental/ Investigational/ Unproven | | G0340 | Image-guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of treatm | |
| Potential Experimental/ Investigational/ Unproven | Potential E/I/U | G0422 | Intens Cardiac Rehab W/Exerc | |
| Potential Experimental/ Investigational/ Unproven | Potential E/I/U | G0423 | Intens Cardiac Rehab No Exer | |
| Potential Experimental/ Investigational/ Unproven | | G0428 | Collagen Meniscus Implant procedure for filling meniscal defects (e.g., CMI, collagen scaffold, Menaflex) | |
| Potential Experimental/ Investigational/ Unproven | | G0429 | Dermal Filler injection(s) for the treatment of facial lipodystrophy syndrome (LDS) (e.g.,as a result of highy active antiretroviral therapy) | |
| Potential Experimental/ Investigational/ Unproven | | G0448 | INSERTION OR REPLACEMENT OF A PERMANENT PACING CARDIOVERTER-DEFIBRILLATOR SYSTEM WITH TRANSVENOUS LEAD(S), SINGLE OR DUAL CHAMBER WITH INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRICULAR PACING | |
| Potential Experimental/ Investigational/ Unproven | | G0455 | Preparation with instillation of fecal microbiota by any method, including assessment of donor specimen | |

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| Potential Experimental/ Investigational/ Unproven | | G9143 | Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s) | |
| Potential Experimental/ Investigational/ Unproven | | K0606 | Automatic external defibrillator, with integrated electrocardiogram analysis, garment type | |
| Potential Experimental/ Investigational/ Unproven | Special Wheelchairs and Wheelchair Bases | L5781 | Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system | |
| Potential Experimental/ Investigational/ Unproven | Special Wheelchairs and Wheelchair Bases | L5782 | Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty | |
| Potential Experimental/ Investigational/ Unproven | | L8605 | Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, analcanal, 1 ml, includes shipping and necessary supplies | |
| Potential Experimental/ Investigational/ Unproven | | L8641 | Metatarsal joint implant | |
| Potential Experimental/ Investigational/ Unproven | | L8642 | Hallux implant | |
| Potential Experimental/ Investigational/ Unproven | | Q1004 | New technology intraocular lens category 4 as defined in Federal Register notice | |

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| Potential Experimental/ Investigational/ Unproven | | Q1005 | New technology intraocular lens category 5 as defined in Federal Register notice | |
| Potential Experimental/ Investigational/ Unproven | | Q2026 | Injection, Radiesse, 0.1 ML | |
| Potential Experimental/ Investigational/ Unproven | None | Q4100 | Skin Substitute, Not Otherwise Specified | |
| Potential Experimental/ Investigational/ Unproven | None | Q4102 | Skin Substitute, Oasis Wound Matrix, Per Square Centimeter | |
| Potential Experimental/ Investigational/ Unproven | Potential E/I/U | Q4103 | Skin Substitute, Oasis Burn Matriz, Per Square Centimeter | |
| Potential Experimental/ Investigational/ Unproven | | Q4106 | DERMAGRAFT SKIN SUB | |
| Potential Experimental/ Investigational/ Unproven | Potential E/I/U | Q4107 | Skin Substitute, Graftjacket, Per Square Centimeter | |
| Potential Experimental/ Investigational/ Unproven | Potential E/I/U | Q4110 | Skin Substitute, Primatrix, Per Square Centimeter | |

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| Potential Experimental/ Investigational/ Unproven | Potential E/I/U | Q4111 | Skin Substitute, Gammagraft, Per Square Centimeter | |
| Potential Experimental/ Investigational/ Unproven | Potential E/I/U | Q4112 | Allograft, Cymetra, Injectable , 1CC | |
| Potential Experimental/ Investigational/ Unproven | Potential E/I/U | Q4113 | Allograft, Graft Jacket Express, Injectable, 1CC | |
| Potential Experimental/ Investigational/ Unproven | Potential E/I/U | Q4114 | Allograft, Integra Flowable Wound Matrix, Injectable, 1CC | |
| Potential Experimental/ Investigational/ Unproven | | Q4115 | Skin substitute, Alloskin, per square centimeter | |
| Potential Experimental/ Investigational/ Unproven | | Q4117 | HYALOMATRIX, per sq cm | |
| Potential Experimental/ Investigational/ Unproven | | Q4118 | MatriStem micromatrix, 1 mg | |
| Potential Experimental/ Investigational/ Unproven | | Q4119 | MatriStem wound matrix, per sq cm | |

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| Potential Experimental/ Investigational/ Unproven | | Q4120 | MatriStem burn matrix, per sq cm | |
| Potential Experimental/ Investigational/ Unproven | | Q4121 | TheraSkin, per sq cm | |
| Potential Experimental/ Investigational/ Unproven | | Q4122 | DERMACELL, PER SQUARE CENTIMETER | |
| Potential Experimental/ Investigational/ Unproven | | Q4123 | ALLOSKIN RT, PER SQUARE CENTIMETER | |
| Potential Experimental/ Investigational/ Unproven | | Q4124 | OASIS ULTRA TRI-LAYER WOUND MATRIX, PER SQUARE CENTIMETER | |
| Potential Experimental/ Investigational/ Unproven | | Q4125 | ARTHROFLEX, PER SQUARE CENTIMETER | |
| Potential Experimental/ Investigational/ Unproven | | Q4126 | MEMODERM, PER SQUARE CENTIMETER | |
| Potential Experimental/ Investigational/ Unproven | | Q4127 | TALYMED, PER SQUARE CENTIMETER | |

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| Potential Experimental/ Investigational/ Unproven | | Q4128 | FLEXHD OR ALLOPATCH HD, PER SQUARE CENTIMETER | |
| Potential Experimental/ Investigational/ Unproven | | Q4129 | UNITE BIOMATRIX, PER SQUARE CENTIMETER | |
| Potential Experimental/ Investigational/ Unproven | | Q4130 | STRATTICE TM, PER SQUARE CENTIMETER | |
| Potential Experimental/ Investigational/ Unproven | | Q4131 | Epifix, per square centimeter | |
| Potential Experimental/ Investigational/ Unproven | | Q4132 | Grafix core, per square centimeter | |
| Potential Experimental/ Investigational/ Unproven | | Q4133 | Grafix prime, per square centimeter | |
| Potential Experimental/ Investigational/ Unproven | | Q4134 | Hmatrix, per square centimeter | |
| Potential Experimental/ Investigational/ Unproven | | Q4135 | Mediskin, per square centimeter | |

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| Potential Experimental/ Investigational/ Unproven | | Q4136 | Ez-derm, per square centimeter | |
| Potential Experimental/ Investigational/ Unproven | | S0810 | Photorefractive Keratectomy | |
| Potential Experimental/ Investigational/ Unproven | | S1090 | MOMETASONE FUROATE SINUS IMPLANT, 370 MICROGRAMS | |
| Potential Experimental/ Investigational/ Unproven | Transplant Evaluation | S2107 | Adoptive immunotherapy i.e., development of specific anti-tumor reactivity (e.g. tumor-infiltrating lymphocyte therapy) per course of treatment | |
| Potential Experimental/ Investigational/ Unproven | Transplant Evaluation | S2117 | Arthroereisis, Subtalar | |
| Potential Experimental/ Investigational/ Unproven | Transplant Evaluation | S2225 | Myringotomy, Laser-Assisted | |
| Potential Experimental/ Investigational/ Unproven | | S2300 | Arthroscopy, shoulder, surgical; with thermally-induced capsulorrhaphy | |
| Potential Experimental/ Investigational/ Unproven | | S2348 | Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar | |

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| Potential Experimental/ Investigational/ Unproven | | S2400 | Repair, congenital diaphragmatic hernia in the fetus using temporary tracheal occlusion, procedure performed in utero | |
| Potential Experimental/ Investigational/ Unproven | | S2404 | Repair, myelomeningocele in the fetus, procedure performed in uter | |
| Potential Experimental/ Investigational/ Unproven | | S3721 | PROSTATE CANCER ANTIGEN 3 (PCA3) TESTING | |
| Potential Experimental/ Investigational/ Unproven | | S3800 | Genetic testing for amyotrophic lateral sclerosis (ALS) | |
| Potential Experimental/ Investigational/ Unproven | | S3852 | DNA analysis for APOE epsilon 4 allele for susceptibility to Alzheimer's disease | |
| Potential Experimental/ Investigational/ Unproven | | S3854 | Gene expression profiling panel for use in the management of breast cancer treatment | |
| Potential Experimental/ Investigational/ Unproven | | S3855 | Genetic testing for detection of mutations in the presenilin - 1 gene | |
| Potential Experimental/ Investigational/ Unproven | | S3861 | Genetic testing, sodium channel, voltage-gated, type V, alpha subunit (scn5a) and variants for suspected Brugada syndrome | |

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| Potential Experimental/ Investigational/ Unproven | | S3870 | Comparative genomic hybridization (CGH) microarray testing for developmental delay, autism spectrum disorder and/or mental retardation | |
| Potential Experimental/ Investigational/ Unproven | | S3890 | DNA ANALYSIS, FECAL, FOR COLORECTAL CANCER SCREENING | |
| Potential Experimental/ Investigational/ Unproven | MRI/MRA/MRS | S8080 | Scintimammography (radioimmunosintigraphy of the breast), unilateral, including supply of radiopharmaceutical | |
| Potential Experimental/ Investigational/ Unproven | PET | S8092 | Electron beam computed tomography (also known as Ultrafast CT, Cine CT) | |
| Potential Experimental/ Investigational/ Unproven | | S8130 | INTERFERENTIAL CURRENT STIMULATOR, 2 CHANNEL | |
| Potential Experimental/ Investigational/ Unproven | | S8131 | INTERFERENTIAL CURRENT STIMULATOR, 4 CHANNEL | |
| Potential Experimental/ Investigational/ Unproven | Dental and Jaw/Face/TMJ | S8948 | Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes | |
| Potential Experimental/ Investigational/ Unproven | | S9055 | Procuren or other growth factor preparation to promote wound healing | |

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| Potential Experimental/ Investigational/ Unproven | | S9056 | Coma stimulation, per diem | |
| Potential Experimental/ Investigational/ Unproven | Transplant Evaluation | T1000 | Private Duty/Independent Nsg | |
| Potential Experimental/ Investigational/ Unproven | | V2787 | Astigmatism correcting function of intraocular lens | |
| Potential Experimental/ Investigational/ Unproven | | V2788 | Presbyopia correcting function of intraocular lens | |
| Potential Experimental/ Investigational/ Unproven | Prosthetic Devices and Equipment | V2790 | Amniotic membrane for surgical reconstruction, per procedure | |
| Potential Experimental/ Investigational/ Unproven | | 33976 | Insertion VAD Extracorporeal, biventricular | |
| Potential Experimental/ Investigational/ Unproven | | 33979 | Insertion VAD Implantable intracorporeal, single vent | |
| Potential Experimental/ Investigational/ Unproven | | 33981 | Replace extracorporeal VAD, single or bivent pump | |

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| Potential Experimental/ Investigational/ Unproven | | 43882 | Rev or Removal of gastric neurostimulator electrodes, antrum, open | |
| Potential Experimental/ Investigational/ Unproven | | 57700 | Cerclage of uterine cervix, nonobstetrical | |
| Potential Experimental/ Investigational/ Unproven | | 64595 | Rev or Removal of peripheral or gastric neurostimulator pulse generator or receiver | |
| Potential Experimental/ Investigational/ Unproven | | 81210 | BRAF (v-raf murine sarcoma viral oncogene homolog B1) (eg, colon cancer), gene analysis, V600E variant | |
| Potential Experimental/ Investigational/ Unproven | | 81301 | Microsatellite instability analysis (eg, hereditary nonpolyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed | |
| Potential Experimental/ Investigational/ Unproven | | E0652 | Pneumatic compressor, segmental home model | |
| Potential Experimental/ Investigational/ Unproven | | 0004M | SCOLIOSIS, DNA ANALYSIS | |
| Potential Experimental/ Investigational/ Unproven | | 0329T | MNTR IO PRESS 24HRS/> UN | |

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|--|--|-------|---------------------------|--|
| Potential Experimental/ Investigational/ Unproven | | 0330T | TEAR FILM IMG UNI/BI W/I | |
| Potential Experimental/ Investigational/ Unproven | | 0331T | HEART SYMP IMAGE PLNR | |
| Potential Experimental/ Investigational/ Unproven | | 0332T | HEART SYMP IMAGE PLNR SP | |
| Potential Experimental/ Investigational/ Unproven | | 0333T | VISUAL EP ACUITY SCREEN | |
| Potential Experimental/ Investigational/ Unproven | | C1841 | RETINAL PROSTH INT/EXT C | |
| Potential Experimental/ Investigational/ Unproven | | G0460 | AUTOLOGOUS PRP FOR ULCER | |
| Potential Experimental/ Investigational/ Unproven | | 0004M | SCOLIOSIS 53 SNP SALIVA | |
| Potential Experimental/ Investigational/ Unproven | | 0335T | EXTRAOSSEOUS JOINT STABLJ | |

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|--|--|-------|------------------------------|--|
| Potential Experimental/ Investigational/ Unproven | | 0336T | LAP ABLAT UTERINE FIBROIDS | |
| Potential Experimental/ Investigational/ Unproven | | 0337T | ENDOTHEL FXNASSMNT NON-INVAS | |
| Potential Experimental/ Investigational/ Unproven | | 0338T | TRANSCATH RENAL SYMP DENERV | |
| Potential Experimental/ Investigational/ Unproven | | 0339T | TRANSCATH RENAL SYMP DENERV | |
| Potential Experimental/ Investigational/ Unproven | | 0340T | ABLATE PULM TUMORS + EXTNSN | |
| Potential Experimental/ Investigational/ Unproven | | 0341T | QUANT PUPILLOMETRY W/ RPRT | |
| Potential Experimental/ Investigational/ Unproven | | 0342T | THXP APHERESIS W/ HDL DELIP | |
| Potential Experimental/ Investigational/ Unproven | | 0345T | TRANSCATH MTRAL VLVE REPAIR | |

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|--|--|-------|----------------------------|--|
| Potential Experimental/ Investigational/ Unproven | | 0347T | INS BONE DEVICE FOR RSA | |
| Potential Experimental/ Investigational/ Unproven | | 0348T | RSA SPINE EXAM | |
| Potential Experimental/ Investigational/ Unproven | | 0349T | RSA UPPER EXTR EXAM | |
| Potential Experimental/ Investigational/ Unproven | | 0350T | RSA LOWER EXTR EXAM | |
| Potential Experimental/ Investigational/ Unproven | | 0351T | INTRAOP OCT BRST/NODE SPEC | |
| Potential Experimental/ Investigational/ Unproven | | 0352T | OCT BRST/NODE I&R PER SPEC | |
| Potential Experimental/ Investigational/ Unproven | | 0353T | INTRAOP OCT BREAST CAVITY | |
| Potential Experimental/ Investigational/ Unproven | | 0354T | OCT BREAST SURG CAVITY I&R | |

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|--|--|-------|----------------------------|--|
| Potential Experimental/ Investigational/ Unproven | | 0355T | GI TRACT CAPSULE ENDOSCOPY | |
| Potential Experimental/ Investigational/ Unproven | | 0356T | INSRT DRUG DEVICE FOR IOP | |
| Potential Experimental/ Investigational/ Unproven | | 0358T | BIA WHOLE BODY | |
| Potential Experimental/ Investigational/ Unproven | | 0359T | BEHAVIORAL ID ASSESSMENT | |
| Potential Experimental/ Investigational/ Unproven | | 0360T | OBSERV BEHAV ASSESSMENT | |
| Potential Experimental/ Investigational/ Unproven | | 0361T | OBSERV BEHAV ASSESS ADDL | |
| Potential Experimental/ Investigational/ Unproven | | 0362T | EXPOSE BEHAV ASSESSMENT | |
| Potential Experimental/ Investigational/ Unproven | | 0363T | EXPOSE BEHAV ASSESS ADDL | |

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| Potential Experimental/ Investigational/ Unproven | | 0364T | BEHAVIOR TREATMENT | |
| Potential Experimental/ Investigational/ Unproven | | 0365T | BEHAVIOR TREATMENT ADDL | |
| Potential Experimental/ Investigational/ Unproven | | 0366T | GROUP BEHAVIOR TREATMENT | |
| Potential Experimental/ Investigational/ Unproven | | 0367T | GROUP BEHAV TREATMENT ADDL | |
| Potential Experimental/ Investigational/ Unproven | | 0368T | BEHAVIOR TREATMENT MODIFIED | |
| Potential Experimental/ Investigational/ Unproven | | 0369T | BEHAV TREATMENT MODIFY ADDL | |
| Potential Experimental/ Investigational/ Unproven | | 0370T | FAM BEHAV TREATMENT GUIDANCE | |
| Potential Experimental/ Investigational/ Unproven | | 0371T | MULT FAM BEHAV TREAT GUIDE | |

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| Potential Experimental/ Investigational/ Unproven | | 0372T | SOCIAL SKILLS TRAINING GROUP | |
| Potential Experimental/ Investigational/ Unproven | | 0373T | EXPOSURE BEHAVIOR TREATMENT | |
| Potential Experimental/ Investigational/ Unproven | | 0374T | EXPOSE BEHAV TREATMENT ADDL | |
| Potential Experimental/ Investigational/ Unproven | | 34841 | ENDOVASC VISC AORTA 1 GRAFT | |
| Potential Experimental/ Investigational/ Unproven | | 34842 | ENDOVASC VISC AORTA 2 GRAFT | |
| Potential Experimental/ Investigational/ Unproven | | 34843 | ENDOVASC VISC AORTA 3 GRAFT | |
| Potential Experimental/ Investigational/ Unproven | | 34844 | ENDOVASC VISC AORTA 4 GRAFT | |
| Potential Experimental/ Investigational/ Unproven | | 34845 | VISC & INFRAREN ABD 1 PROSTH | |

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|--|--|-------|------------------------------|--|
| Potential Experimental/ Investigational/ Unproven | | 34846 | VISC & INFRAREN ABD 2 PROSTH | |
| Potential Experimental/ Investigational/ Unproven | | 34847 | VISC & INFRAREN ABD 3 PROSTH | |
| Potential Experimental/ Investigational/ Unproven | | 34848 | VISC & INFRAREN ABD 4+ PROST | |
| Potential Experimental/ Investigational/ Unproven | | 81223 | CFTR GENE FULL SEQUENCE | |
| Potential Experimental/ Investigational/ Unproven | | 81287 | MGMT GENE METHYLATION ANAL | |
| Potential Experimental/ Investigational/ Unproven | | 81504 | ONCOLOGY TISSUE OF ORIGI | |
| Potential Experimental/ Investigational/ Unproven | | 81507 | FETAL ANEUPLOIDY TRISOM RISK | |
| Potential Experimental/ Investigational/ Unproven | | 97610 | LOW FREQUENCY NON-THERMAL US | |

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|--|--|-------|------------------------------|--|
| Potential Experimental/ Investigational/ Unproven | | A4555 | CA TX E-STIM ELECTR/TRAN | |
| Potential Experimental/ Investigational/ Unproven | | A7047 | RESP SUCTION ORAL INTERFACE | |
| Potential Experimental/ Investigational/ Unproven | | C5271 | LOW COST SKIN SUBSTITUTE APP | |
| Potential Experimental/ Investigational/ Unproven | | C5272 | LOW COST SKIN SUBSTITUTE APP | |
| Potential Experimental/ Investigational/ Unproven | | C5273 | LOW COST SKIN SUBSTITUTE APP | |
| Potential Experimental/ Investigational/ Unproven | | C5274 | LOW COST SKIN SUBSTITUTE APP | |
| Potential Experimental/ Investigational/ Unproven | | C5275 | LOW COST SKIN SUBSTITUTE APP | |
| Potential Experimental/ Investigational/ Unproven | | C5276 | LOW COST SKIN SUBSTITUTE APP | |

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|--|--|-------|------------------------------|--|
| Potential Experimental/ Investigational/ Unproven | | C5277 | LOW COST SKIN SUBSTITUTE APP | |
| Potential Experimental/ Investigational/ Unproven | | C5278 | LOW COST SKIN SUBSTITUTE APP | |
| Potential Experimental/ Investigational/ Unproven | | C9352 | NEURAGEN NERVE GUIDE, PE | |
| Potential Experimental/ Investigational/ Unproven | | C9353 | NEURAWRAP NERVE PROTECTO | |
| Potential Experimental/ Investigational/ Unproven | | C9734 | U/S TRTMT, NOT LEIOMYOMA | |
| Potential Experimental/ Investigational/ Unproven | | C9739 | Cystoscopy prostatic imp 1-3 | |
| Potential Experimental/ Investigational/ Unproven | | C9740 | Cysto impl 4 or more | |
| Potential Experimental/ Investigational/ Unproven | | E0766 | ELEC STIM CANCER TREATMENT | |

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|--|--|-------|------------------------------|--|
| Potential Experimental/ Investigational/ Unproven | | Q4137 | AMNIOEXCEL OR BIODEXCEL, 1CM | |
| Potential Experimental/ Investigational/ Unproven | | Q4138 | BIODFENCE DRYFLEX, 1CM | |
| Potential Experimental/ Investigational/ Unproven | | Q4139 | AMNIO OR BIODMATRIX, INJ 1CC | |
| Potential Experimental/ Investigational/ Unproven | | Q4140 | BIODFENCE 1CM | |
| Potential Experimental/ Investigational/ Unproven | | Q4141 | ALLOSKIN AC, 1 CM | |
| Potential Experimental/ Investigational/ Unproven | | Q4142 | XCM BIOLOGIC TISS MATRIX 1CM | |
| Potential Experimental/ Investigational/ Unproven | | Q4143 | REPRIZA, 1CM | |
| Potential Experimental/ Investigational/ Unproven | | Q4145 | EPIFIX, INJ, 1MG | |

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| Potential Experimental/ Investigational/ Unproven | | Q4146 | TENSIX, 1CM | |
| Potential Experimental/ Investigational/ Unproven | | Q4147 | ARCHITECT ECM, 1CM | |
| Potential Experimental/ Investigational/ Unproven | | Q4148 | NEOX 1K, 1CM | |
| Potential Experimental/ Investigational/ Unproven | | Q4149 | EXCELLAGEN, 0.1 CC | |
| Potential Experimental/ Investigational/ Unproven | | S3842 | GENE TEST HIPPEL-LINDAU | |
| Potential Experimental/ Investigational/ Unproven | | S9960 | AIR AMBULANC NONEMERG FIXED | |
| Potential Experimental/ Investigational/ Unproven | | S9961 | AIR AMBULAN NONEMERG ROTARY | |
| Potential Experimental/ Investigational/ Unproven | | C9734 | U/S TRTMT, NOT LEIOMYOMA | |

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|--|--|-------|------------------------------|--|
| Potential Experimental/ Investigational/ Unproven | | C9741 | Impl pressure sensor w/angio | |
| Potential Experimental/ Investigational/ Unproven | | 81223 | CFTR GENE FULL SEQUENCE | |
| Potential Experimental/ Investigational/ Unproven | | 0351T | INTRAOP OCT BRST/NODE SPEC | |
| Potential Experimental/ Investigational/ Unproven | | Q4137 | AMNIOEXCEL OR BIODExcel, 1CM | |
| Potential Experimental/ Investigational/ Unproven | | 81243 | FMR1 GENE DETECTION | |
| Potential Experimental/ Investigational/ Unproven | | 81244 | FMR1 GENE CHARACTERIZATI | |
| Potential Experimental/ Investigational/ Unproven | | 33946 | ECMO/ECLS INITIATION VENOUS | |
| Potential Experimental/ Investigational/ Unproven | | 33947 | ECMO/ECLS INITIATION ARTERY | |

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| Potential Experimental/ Investigational/ Unproven | | 33948 | ECMO/ECLS DAILY MGMT-VENOUS | |
| Potential Experimental/ Investigational/ Unproven | | 33949 | ECMO/ECLS DAILY MGMT ARTERY | |
| Potential Experimental/ Investigational/ Unproven | | 33953 | ECMO/ECLS INSJ PRPH CANNULA | |
| Potential Experimental/ Investigational/ Unproven | | 33954 | ECMO/ECLS INSJ PRPH CANNULA | |
| Potential Experimental/ Investigational/ Unproven | | 33955 | ECMO/ECLS INSJ CTR CANNULA | |
| Potential Experimental/ Investigational/ Unproven | | 33956 | ECMO/ECLS INSJ CTR CANNULA | |
| Potential Experimental/ Investigational/ Unproven | | 45393 | COLONOSCOPY W/DECOMPRESSION | |
| Potential Experimental/ Investigational/ Unproven | | 45398 | COLONOSCOPY W/BAND LIGATION | |

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|--|--|-------|------------------------------|--|
| Potential Experimental/ Investigational/ Unproven | | 47383 | PERQ ABLTJ LVR CRYOABLATION | |
| Potential Experimental/ Investigational/ Unproven | | 0357T | CRYOPRESERVATION OOCYTE(S) | |
| Potential Experimental/ Investigational/ Unproven | | 0377T | ANOSCPY INJ AGENT FOR INCONT | |
| Potential Experimental/ Investigational/ Unproven | | 0378T | VISUAL FIELD ASSMNT REV/RPRT | |
| Potential Experimental/ Investigational/ Unproven | | 0379T | VIS FIELD ASSMNT TECH SUPPT | |
| Potential Experimental/ Investigational/ Unproven | | 0380T | COMP ANIMAT RET IMAG SERIES | |
| Potential Experimental/ Investigational/ Unproven | | 0381T | EXT H RATE EPI SZ 14 DAYS | |
| Potential Experimental/ Investigational/ Unproven | | 0382T | EXT H RATE SZ 14 DAY RI ONLY | |

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|--|--|-------|------------------------------|--|
| Potential Experimental/ Investigational/ Unproven | | 0383T | EXT H RATE SZ UP TO 30 DAYS | |
| Potential Experimental/ Investigational/ Unproven | | 0384T | EXT H RATE SZ UP TO 30 DAYS | |
| Potential Experimental/ Investigational/ Unproven | | 0385T | EX H RATE FOR SZ OVR 30 DAY | |
| Potential Experimental/ Investigational/ Unproven | | 0386T | EX H RATE SZ 30+ DAY RI ONLY | |
| Potential Experimental/ Investigational/ Unproven | | 0387T | LEADLESS C PM INS/RPL VENTR | |
| Potential Experimental/ Investigational/ Unproven | | 0388T | LEADLESS C PM REMOVE VENTR | |
| Potential Experimental/ Investigational/ Unproven | | 0389T | PROG EVAL INPER LEADLS PM | |
| Potential Experimental/ Investigational/ Unproven | | 0390T | PERIPROC EVAL INPER LEDLS PM | |

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| Potential Experimental/ Investigational/ Unproven | | 0391T | INTERGT EVAL INPER LEADLS PM | |
| Potential Experimental/ Investigational/ Unproven | | 33270 | INS/REP SUBQ DEFIBRILLATOR | |
| Potential Experimental/ Investigational/ Unproven | | 46601 | DIAGNOSTIC ANOSCOPY | |
| Potential Experimental/ Investigational/ Unproven | | 46607 | DIAGNOSTIC ANOSCOPY & BIOPSY | |
| Potential Experimental/ Investigational/ Unproven | | 52441 | CYSTOURETHRO W/IMPLANT | |
| Potential Experimental/ Investigational/ Unproven | | 52442 | CYSTOURETHRO W/ADDL IMPLANT | |
| Potential Experimental/ Investigational/ Unproven | | 77061 | BREAST TOMOSYNTHESIS UNI | |
| Potential Experimental/ Investigational/ Unproven | | 77062 | BREAST TOMOSYNTHESIS BI | |

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|--|--|-------|------------------------------|--|
| Potential Experimental/ Investigational/ Unproven | | 77063 | BREAST TOMOSYNTHESIS BI | |
| Potential Experimental/ Investigational/ Unproven | | 77085 | DXA BONE DENSITY STUDY | |
| Potential Experimental/ Investigational/ Unproven | | 92145 | CORNEAL HYSTERESIS DETER | |
| Potential Experimental/ Investigational/ Unproven | | 93260 | PRGRMG DEV EVAL IMPLTBL SYS | |
| Potential Experimental/ Investigational/ Unproven | | 93261 | INTERROGATE SUBQ DEFIB | |
| Potential Experimental/ Investigational/ Unproven | | 93702 | BIS XTRACELL FLUID ANALYSIS | |
| Potential Experimental/ Investigational/ Unproven | | 93895 | CAROTID INTIMA ATHEROMA EVAL | |
| Potential Experimental/ Investigational/ Unproven | | C2624 | Wireless pressure sensor | |

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| Potential Experimental/ Investigational/ Unproven | | G0279 | Tomosynthesis, mammo screen | |
| Potential Experimental/ Investigational/ Unproven | | G6027 | Anoscopy hra w/spec collect | |
| Potential Experimental/ Investigational/ Unproven | | G6028 | Anoscopy hra w/biopsy | |
| Potential Experimental/ Investigational/ Unproven | | Q4150 | Allowrap ds or dry 1 sq cm | |
| Potential Experimental/ Investigational/ Unproven | | Q4151 | Amnioband, guardian 1 sq cm | |
| Potential Experimental/ Investigational/ Unproven | | Q4152 | Dermapure 1 square cm | |
| Potential Experimental/ Investigational/ Unproven | | Q4153 | Dermavest 1 square cm | |
| Potential Experimental/ Investigational/ Unproven | | Q4154 | Biovance 1 square cm | |

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| Potential Experimental/ Investigational/ Unproven | | Q4155 | Neoxflo or clariflo 1 mg | |
| Potential Experimental/ Investigational/ Unproven | | Q4156 | Neox 100 1 square cm | |
| Potential Experimental/ Investigational/ Unproven | | Q4157 | Revitalon 1 square cm | |
| Potential Experimental/ Investigational/ Unproven | | Q4158 | Marigen 1 square cm | |
| Potential Experimental/ Investigational/ Unproven | | Q4159 | Affinity1 square cm | |
| Potential Experimental/ Investigational/ Unproven | | Q4160 | Nushield 1 square cm | |

Outpatient Procedures Including Invasive Diagnostic Testing

| Categories | Subcategory | SERVICE ORDER CODE | Description | Added New |
|-----------------------|--------------------------------|---------------------------|---|------------------|
| Outpatient Procedures | Potential Cosmetic - Skin | 11950 | Subcutaneous injection of filling material (e.g., collagen); 1 cc or less | |
| Outpatient Procedures | Potential Cosmetic - Skin | 11951 | Subcutaneous injection of filling material (e.g., collagen); 1.1 to 5.0 cc | |
| Outpatient Procedures | Potential Cosmetic - Skin | 11952 | Subcutaneous injection of filling material (e.g., collagen); 5.1 to 10.0 cc | |
| Outpatient Procedures | Potential Cosmetic - Skin | 11954 | Subcutaneous injection of filling material (e.g., collagen); over 10.0 cc | |
| Outpatient Procedures | Potential Cosmetic - Skin | 15786 | Abrasion; single lesion (e.g., keratosis, scar) | |
| Outpatient Procedures | Potential Cosmetic - Skin | 15787 | Abrasion; each additional four lesions or less(list separately in addition to code for primary procedure) | |
| Outpatient Procedures | Potential Cosmetic – Head/Ear | 15819 | Cervicoplasty | |
| Outpatient Procedures | Potential Cosmetic – Eyes/Nose | 15820 | Blepharoplasty, lower eyelid | |
| Outpatient Procedures | Potential Cosmetic – Eyes/Nose | 15821 | Blepharoplasty, lower eyelid with extensive herniated fat pad | |
| Outpatient Procedures | Potential Cosmetic – Eyes/Nose | 15822 | Blepharoplasty, upper eyelid | |
| Outpatient Procedures | Potential Cosmetic – Eyes/Nose | 15823 | Blepharoplasty, upper eyelid; with extensive skin weighting down lid | |
| Outpatient Procedures | Potential Cosmetic – Head/Ear | 15824 | Rhytidectomy, forehead | |
| Outpatient Procedures | Potential Cosmetic – Head/Ear | 15825 | Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap) | |
| Outpatient Procedures | Potential Cosmetic – Head/Ear | 15828 | Rhytidectomy; cheek, chin, neck | |
| Outpatient Procedures | Potential Cosmetic – Head/Ear | 15829 | Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap | |

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|-----------------------|---------------------------------|-------|---|--|
| Outpatient Procedures | Potential Cosmetic – Trunk/Body | 15830 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy | |
| Outpatient Procedures | Potential Cosmetic – Trunk/Body | 15832 | Excision, excessive skin and subcutaneous tissue (including lipectomy); thigh | |
| Outpatient Procedures | Potential Cosmetic – Trunk/Body | 15833 | Excision, excessive skin and subcutaneous tissue (including lipectomy); leg | |
| Outpatient Procedures | Potential Cosmetic – Trunk/Body | 15834 | Excision, excessive skin and subcutaneous tissue (including lipectomy); hip | |
| Outpatient Procedures | Potential Cosmetic – Trunk/Body | 15835 | Excision, excessive skin and subcutaneous tissue (including lipectomy); buttock | |
| Outpatient Procedures | Potential Cosmetic – Trunk/Body | 15836 | Excision, excessive skin and subcutaneous tissue (including lipectomy); arm | |
| Outpatient Procedures | Potential Cosmetic – Trunk/Body | 15837 | Excision, excessive skin and subcutaneous tissue (including lipectomy); forearm or hand | |
| Outpatient Procedures | Potential Cosmetic – Trunk/Body | 15838 | Excision, excessive skin and subcutaneous tissue (including lipectomy); submental fat pad | |
| Outpatient Procedures | Potential Cosmetic – Trunk/Body | 15839 | Excision, excessive skin and subcutaneous tissue (including lipectomy); other area | |
| Outpatient Procedures | Potential Cosmetic – Trunk/Body | 15847 | Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication)(List separately in addition to code for primary procedure) | |
| Outpatient Procedures | Potential Cosmetic – Head/Ear | 15876 | Suction assisted lipectomy, head and neck | |
| Outpatient Procedures | Potential Cosmetic – Trunk/Body | 15877 | Suction assisted lipectomy; trunk | |
| Outpatient Procedures | Potential Cosmetic – Trunk/Body | 15878 | Suction assisted lipectomy; upper extremity | |
| Outpatient Procedures | Potential Cosmetic – Trunk/Body | 15879 | Suction assisted lipectomy; lower extremity | |
| Outpatient Procedures | Potential Cosmetic - Skin | 17106 | Destruction of cutaneous vascular proliferative lesions (e.g.laser technique); less than 10 sq cm | |
| Outpatient Procedures | Potential Cosmetic - Skin | 17107 | Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm | |

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| Outpatient Procedures | Potential Cosmetic - Skin | 17108 | Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm | |
| Outpatient Procedures | Potential Cosmetic - Breast | 19300 | Mastectomy for gynecomastia | |
| Outpatient Procedures | Potential Cosmetic - Breast | 19304 | Mastectomy, subcutaneous | |
| Outpatient Procedures | Potential Cosmetic - Breast | 19316 | Mastopexy | |
| Outpatient Procedures | Potential Cosmetic - Breast | 19318 | Reduction mammoplasty | |
| Outpatient Procedures | Potential Cosmetic - Breast | 19324 | Mammoplasty, augmentation; without prosthetic implant | |
| Outpatient Procedures | Potential Cosmetic - Breast | 19325 | Mammoplasty, augmentation; with prosthetic implant | |
| Outpatient Procedures | Potential Cosmetic - Breast | 19328 | Removal of intact mammary implant | |
| Outpatient Procedures | Potential Cosmetic - Breast | 19330 | Removal of mammary implant material | |
| Outpatient Procedures | Potential Cosmetic - Breast | 19340 | IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION | |
| Outpatient Procedures | Potential Cosmetic - Breast | 19342 | DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION | |
| Outpatient Procedures | Potential Cosmetic - Breast | 19350 | Nipple/areola reconstruction | |
| Outpatient Procedures | Potential Cosmetic - Breast | 19355 | Correction of inverted nipples | |
| Outpatient Procedures | Potential Cosmetic - Breast | 19357 | Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion | |
| Outpatient Procedures | Potential Cosmetic - Breast | 19370 | Open periprosthetic capsulotomy, breast | |
| Outpatient Procedures | Potential Cosmetic - Breast | 19371 | Periprosthetic capsulectomy, breast | |
| Outpatient Procedures | Potential Cosmetic - Breast | 19380 | Revision of reconstructed breast | |

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| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21025 | Excision of bone (e.g., for osteomyelitis or bone abscess) mandible | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21032 | Excision of maxillary torus palatinus | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21050 | Condylectomy, temporomandibular joint (TMJ) | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21060 | Meniscectomy, partial or complete, temporomandibular joint (TMJ) | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21085 | Impression and custom preparation; oral surgical splint | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21088 | Impression and custom preparation; facial prosthesis | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21110 | Application Of Interdental Fixation Device For Conditions Other Than Fracture Or Dislocation, Includes Removal | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21120 | Genioplasty; augmentation (autograft, allograft, prosthetic material) | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21121 | Genioplasty, sliding osteotomy, single piece | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21122 | Genioplasty, sliding osteotomies, two or more osteotomies (e.g., wedge excision or bone wedge reversal for asymmetrical chin) | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21123 | Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts) | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21125 | Augmentation, mandibular body or angle; prosthetic material | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21127 | Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft) | |
| Outpatient Procedures | Potential Cosmetic – Head/Ear | 21137 | Reduction forehead; contouring only | |
| Outpatient Procedures | Potential Cosmetic – Head/Ear | 21138 | Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft) | |
| Outpatient Procedures | Potential Cosmetic – Head/Ear | 21139 | Reduction forehead; contouring and setback of anterior frontal sinus wall | |

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| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21141 | Reconstruction midface, LeFort I; single piece, segment movement in any direction (e.g., for Long Face Syndrome), without bone graft | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21142 | Reconstruction midface, LeFort I; two pieces, segment movement in any direction, without bone graft | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21143 | Reconstruction midface, LeFort I; three or more pieces, segment move in any direction, without bone graft | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21145 | Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts) | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21146 | Reconstruction midface, LeFort I; two pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted unilateral alveolar cleft) | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21147 | Reconstruction midface, LeFort I; three or more pieces, segment move in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted bilateral alveolar cleft or multiple osteotomies) | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21150 | Reconstruction midface, LeFort II; anterior intrusion (e.g., Treacher-Collins Syndrome) | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21151 | Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts) | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21154 | Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21155 | Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts) with LeFort I | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21159 | Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (e.g., mono bloc) requiring bone grafts (includes obtaining autografts); without LeFort I | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21160 | Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (e.g., mono bloc) requiring bone grafts (includes obtaining autografts); with LeFort I | |

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| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21172 | Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts) | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21179 | Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material) | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21180 | Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts) | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21181 | Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21182 | Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (e.g. fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting les | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21188 | Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts) | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21193 | Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21194 | Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft) | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21195 | Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21196 | Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21198 | Osteotomy, mandible, segmental | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21199 | Osteotomy, mandible, segmental; with genioglossus advancement | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21206 | Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard) | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21208 | Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant) | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21209 | Osteoplasty, facial bones; reduction | |

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| Outpatient Procedures | Potential Cosmetic – Eyes/Nose | 21210 | Graft, bone; nasal, maxillary or malar areas (includes obtaining graft) | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21215 | Graft, bone; mandible (includes obtaining graft) | |
| Outpatient Procedures | Potential Cosmetic – Eyes/Nose | 21235 | Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft) | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21240 | Arthroplasty, temporomandibular joint (TMJ), with or without autograft (includes obtaining graft) | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21242 | Arthroplasty, temporomandibular joint (TMJ), with allograft | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21243 | Arthroplasty, temporomandibular joint (TMJ), with prosthetic joint replacement | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21244 | Reconstruction of mandible, extraoral, with transosteal bone plate (e.g., mandibular staple bone plate) | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21245 | Reconstruction of mandible or maxilla, subperiosteal implant; partial | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21246 | Reconstruction of mandible or maxilla, subperiosteal implant; complete | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21247 | Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (e.g. for hemifacial microsomia) | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21248 | Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); partial | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21249 | Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); complete | |
| Outpatient Procedures | Potential Cosmetic – Head/Ear | 21270 | Malar augmentation, prosthetic material | |
| Outpatient Procedures | Potential Cosmetic – Head/Ear | 21280 | Medial canthopexy (separate procedure) | |
| Outpatient Procedures | Potential Cosmetic – Head/Ear | 21282 | Lateral canthopexy | |
| Outpatient Procedures | Potential Cosmetic - Skin | 21325 | Open treatment of nasal fracture; uncomplicated | |
| Outpatient Procedures | Potential Cosmetic – Eyes/Nose | 21335 | Open treatment of nasal fracture; with concomitant open treatment of fractured septum | |

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| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21347 | Open treatment of nasomaxillary complex fracture (LeFort II type); requiring multiple open approaches | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21348 | Open treatment of nasomaxillary complex fracture (LeFort II type); bone grafting (includes obtaining graft) | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21432 | Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21433 | Open treatment of craniofacial separation (LeFort III type); complicated (e.g., comminuted or involving cranial nerve foramina), multiple surgical approaches | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21435 | Open treatment of craniofacial separation (LeFort III type); complicated, utilizing internal and/or external fixation | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21436 | Open treatment of craniofacial separation (LeFort III type); complicated, utilizing internal and/or external fixation techniques (e.g., head cap, halo device, and/or intermaxillary fixation) | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21497 | Interdental Wiring | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 21685 | Hyoid myotomy and suspension | |
| Outpatient Procedures | Potential Cosmetic – Trunk/Body | 21740 | Reconstructive repair of pectus excavatum or carinatum; open | |
| Outpatient Procedures | Potential Cosmetic – Trunk/Body | 21742 | Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure) without thoracoscopy | |
| Outpatient Procedures | Potential Cosmetic – Trunk/Body | 21743 | Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure) with thoracoscopy | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 29800 | Arthroscopy, temporomandibular joint (TMJ), diagnostic, with or without synovial biopsy (separate procedure) | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 29804 | Arthroscopy , temporomandibular joint (TMJ), surgical | |
| Outpatient Procedures | Transplant Evaluation (Tissue) | 29866 | Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft) | |
| Outpatient Procedures | Transplant Evaluation (Tissue) | 29867 | Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty) | |

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| Outpatient Procedures | Potential Cosmetic – Eyes/Nose | 30150 | Rhinectomy; partial | |
| Outpatient Procedures | Potential Cosmetic – Eyes/Nose | 30400 | Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip | |
| Outpatient Procedures | Potential Cosmetic – Eyes/Nose | 30410 | Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip | |
| Outpatient Procedures | Potential Cosmetic – Eyes/Nose | 30420 | Rhinoplasty, primary; including major septal repair | |
| Outpatient Procedures | Potential Cosmetic – Eyes/Nose | 30430 | Rhinoplasty, secondary; minor revision (small amount of nasal tip work) | |
| Outpatient Procedures | Potential Cosmetic – Eyes/Nose | 30435 | Rhinoplasty, secondary; intermediate revision (bony work with osteotomies) | |
| Outpatient Procedures | Potential Cosmetic – Eyes/Nose | 30450 | Rhinoplasty, secondary; major revision (nasal tip work and osteotomies) | |
| Outpatient Procedures | Potential Cosmetic – Eyes/Nose | 30460 | Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only | |
| Outpatient Procedures | Potential Cosmetic – Eyes/Nose | 30462 | Rhinoplasty for nasal deformity secondary to congenital cleft lip and palate, including columellar lengthening; tip, septum, osteotomies | |
| Outpatient Procedures | Potential Cosmetic – Eyes/Nose | 30465 | Repair Of Nasal Vestibular Stenosis (E.G. Spreader Grafting, Lateral Nasal Wall Reconstruction) | |
| Outpatient Procedures | Potential Cosmetic – Eyes/Nose | 30620 | Intranasal Reconstruction | |
| Outpatient Procedures | Potential Cosmetic – Eyes/Nose | 30801 | Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); superficial | |
| Outpatient Procedures | Potential Cosmetic – Eyes/Nose | 30802 | Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); intramural (ie, submucosal) | |
| Outpatient Procedures | | 33230 | Insertion of pacing cardioverter-defibrillator pulse generator only; with existing dual leads | |
| Outpatient Procedures | | 33231 | Insertion of pacing cardioverter-defibrillator pulse generator only; with existing multiple leads | |

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| Outpatient Procedures | | 33240 | Insertion of single or dual chamber pacing cardioverter-defibrillator pulse generator | |
| Outpatient Procedures | | 33271 | INSJ SUBQ IMPLTBL DFB ELCTRD | |
| Outpatient Procedures | | 33272 | RMVL OF SUBQ DEFIBRILLATOR | |
| Outpatient Procedures | | 33273 | REPOS PREV IMPLTBL SUBQ DFB | |
| Outpatient Procedures | | 33418 | REPAIR TCAT MITRAL VALVE | |
| Outpatient Procedures | | 33419 | REPAIR TCAT MITRAL VALVE | |
| Outpatient Procedures | | 33951 | ECMO/ECLS INSJ PRPH CANNULA | |
| Outpatient Procedures | | 33952 | ECMO/ECLS INSJ PRPH CANNULA | |
| Outpatient Procedures | | 33969 | ECMO/ECLS RMVL PERPH CANNULA | |
| Outpatient Procedures | | 33984 | ECMO/ECLS RMVL PRPH CANNULA | |
| Outpatient Procedures | | 33985 | ECMO/ECLS RMVL CTR CANNULA | |
| Outpatient Procedures | | 33986 | ECMO/ECLS RMVL CTR CANNULA | |
| Outpatient Procedures | | 33987 | ARTERY EXPOS/GRAFT ARTERY | |
| Outpatient Procedures | | 33988 | INSERTION OF LEFT HEART VENT | |
| Outpatient Procedures | | 33989 | REMOVAL OF LEFT HEART VENT | |
| Outpatient Procedures | | 34839 | PLNNING PT SPEC FENEST GRAFT | |
| Outpatient Procedures | Vein Treatment | 36468 | Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk | |
| Outpatient Procedures | Vein Treatment | 36469 | Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); face | |
| Outpatient Procedures | Vein Treatment | 36470 | Injection of sclerosing solution; single vein | |
| Outpatient Procedures | Vein Treatment | 36471 | Injection of sclerosing solution; multiple veins, same leg | |
| Outpatient Procedures | Vein Treatment | 36475 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated | |
| Outpatient Procedures | Vein Treatment | 36476 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in a | |
| Outpatient Procedures | Vein Treatment | 36478 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated | |

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| Outpatient Procedures | Vein Treatment | 36479 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition t | |
| Outpatient Procedures | | 37218 | STENT PLACEMT ANTE CAROTID | |
| Outpatient Procedures | | 37241 | VASC EMBOLIZE/OCCLUDE VENOUS | |
| Outpatient Procedures | | 37242 | VASC EMBOLIZE/OCCLUDE ARTERY | |
| Outpatient Procedures | | 37243 | VASC EMBOLIZE/OCCLUDE ORGAN | |
| Outpatient Procedures | | 37244 | VASC EMBOLIZE/OCCLUDE BLEED | |
| Outpatient Procedures | Vein Treatment | 37500 | Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS) | |
| Outpatient Procedures | Vein Treatment | 37700 | Ligation and division long saphenous vein at saphenofemoral junction, or distal interruptions | |
| Outpatient Procedures | Vein Treatment | 37718 | Ligation, division, and stripping, short saphenous vein | |
| Outpatient Procedures | Vein Treatment | 37722 | Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below | |
| Outpatient Procedures | Vein Treatment | 37735 | Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg with excision of deep fascia | |
| Outpatient Procedures | Vein Treatment | 37760 | Ligation of perforator veins, subfascial, radical (Linton type), with or without skin graft, open | |
| Outpatient Procedures | Vein Treatment | 37761 | Ligate leg veins open | |
| Outpatient Procedures | Vein Treatment | 37765 | Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions | |
| Outpatient Procedures | Vein Treatment | 37766 | Stab phlebectomy of varicose veins, one extremity; more than 20 incisions | |
| Outpatient Procedures | Vein Treatment | 37780 | Ligation and division of short saphenous vein at saphenopopliteal junction | |
| Outpatient Procedures | Vein Treatment | 37785 | Ligation, division, and/or excision of varicose vein cluster(s), one leg | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 41820 | Gingivectomy, excision gingiva, each quadrant | |

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| Outpatient Procedures | Potential Cosmetic - Skin | 54161 | Circumcision, surgical excision other than clamp, device or dorsal slit; older than 28 days | |
| Outpatient Procedures | Potential Cosmetic - Skin | 54660 | Insertion of testicular prosthesis (separate procedure) | |
| Outpatient Procedures | Potential Cosmetic | 55970 | Intersex Surgery; Male To Female | |
| Outpatient Procedures | Potential Cosmetic | 55980 | Intersex Surgery; Female To Male | |
| Outpatient Procedures | Potential Cosmetic - Skin | 56620 | Vulvectomy simple; partial | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | 64612 | Chemodeneration of muscle(s); muscle(s) innervated by facial nerve (e.g., for blepharospasm, hemifacial spasm) | |
| Outpatient Procedures | Potential Cosmetic – Eyes/Nose | 65771 | Radial Keratotomy | |
| Outpatient Procedures | Potential Cosmetic – Eyes/Nose | 65772 | Corneal relaxing incision for correction of surgically induced astigmatism | |
| Outpatient Procedures | | 66183 | INSERT ANT DRAINAGE DEVICE | |
| Outpatient Procedures | | 66184 | REVISION OF AQUEOUS SHUNT | |
| Outpatient Procedures | Potential Cosmetic – Eyes/Nose | 67900 | Repair of brow ptosis (supraciliary, mid-forehead or coronal approach) | |
| Outpatient Procedures | Potential Cosmetic – Eyes/Nose | 67901 | Repair of blepharoptosis; frontalis muscle technique with suture or other material | |
| Outpatient Procedures | Potential Cosmetic – Eyes/Nose | 67902 | Repair of blepharoptosis; frontalis muscle technique with fascial sling (includes obtaining fascia) | |
| Outpatient Procedures | Potential Cosmetic – Eyes/Nose | 67903 | Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach | |
| Outpatient Procedures | Potential Cosmetic – Eyes/Nose | 67904 | Repair of blepharoptosis; (tarso) Levator resection or advancement, external approach | |
| Outpatient Procedures | Potential Cosmetic – Eyes/Nose | 67906 | Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia) | |
| Outpatient Procedures | Potential Cosmetic – Eyes/Nose | 67908 | Repair of blepharoptosis; conjunctivo-tarso-Muller’s muscle-levator resection (e.g., Fasanella-Servat type) | |
| Outpatient Procedures | Potential Cosmetic – Eyes/Nose | 67909 | Reduction of overcorrection of ptosis | |
| Outpatient Procedures | Potential Cosmetic – Eyes/Nose | 67911 | Correction of lid retraction | |

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| Outpatient Procedures | Potential Cosmetic – Head/Ear | 69300 | Otoplasty, protruding ear, with or without size reduction | |
| Outpatient Procedures | Potential Cosmetic - Eyes/Nose | 69714 | Implantation, Osseointegrated Implant, Temporal Bone, With Percutaneous Attachment To External Speech Processor/Cochler Stimulator; Without Mastoidectomy | |
| Outpatient Procedures | | 77293 | RESPIRATOR MOTION MGMT SIMUL | |
| Outpatient Procedures | | 81246 | FLT3 GENE ANALYSIS | |
| Outpatient Procedures | | 81288 | MLH1 GENE | |
| Outpatient Procedures | | 81313 | PCA3/KLK3 ANTIGEN | |
| Outpatient Procedures | | 81410 | AORTIC DYSFUNCTION/DILATION | |
| Outpatient Procedures | | 81411 | AORTIC DYSFUNCTION/DILATION | |
| Outpatient Procedures | | 81415 | EXOME SEQUENCE ANALYSIS | |
| Outpatient Procedures | | 81416 | EXOME SEQUENCE ANALYSIS | |
| Outpatient Procedures | | 81417 | EXOME RE-EVALUATION | |
| Outpatient Procedures | | 81420 | FETAL CHRMOML ANEUPLOIDY | |
| Outpatient Procedures | | 81425 | GENOME SEQUENCE ANALYSIS | |
| Outpatient Procedures | | 81426 | GENOME SEQUENCE ANALYSIS | |
| Outpatient Procedures | | 81427 | GENOME RE-EVALUATION | |
| Outpatient Procedures | | 81430 | HEARING LOSS SEQUENCE ANALYS | |
| Outpatient Procedures | | 81431 | HEARING LOSS DUP/DEL ANALYS | |
| Outpatient Procedures | | 81435 | HEREDITARY COLON CANCER | |
| Outpatient Procedures | | 81436 | HEREDITARY COLON CA SYND | |
| Outpatient Procedures | | 81440 | MITOCHONDRIAL GENE | |
| Outpatient Procedures | | 81445 | TARGETED GENOMIC SEQ ANALYS | |
| Outpatient Procedures | | 81450 | TARGETED GENOMIC SEQ ANALYS | |
| Outpatient Procedures | | 81455 | TARGETED GENOMIC SEQ ANALYS | |
| Outpatient Procedures | | 81460 | WHOLE MITOCHONDRIAL GENOME | |
| Outpatient Procedures | | 81465 | WHOLE MITOCHONDRIAL GENOME | |
| Outpatient Procedures | | 81470 | X-LINKED INTELLECTUAL DBLT | |
| Outpatient Procedures | | 81471 | X-LINKED INTELLECTUAL DBLT | |
| Outpatient Procedures | | 81519 | ONCOLOGY BREAST MRNA | |
| Outpatient Procedures | | 83006 | GROWTH STIMULATION GENE 2 | |
| Outpatient Procedures | | 91200 | LIVER ELASTOGRAPHY | |
| Outpatient Procedures | | 93350 | ECHO TRANSTHORACIC | |

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| Outpatient Procedures | | 93351 | ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY I | |
| Outpatient Procedures | | 93451 | RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF OXYGEN SATURATION AND CARDIAC OUTPUT, WHEN PERFORMED | |
| Outpatient Procedures | | 93452 | LEFT HRT CATH W/VENTRCLG | |
| Outpatient Procedures | | 93453 | COMBINED RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION, WHEN PERFORMED | |
| Outpatient Procedures | | 93454 | CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; | |
| Outpatient Procedures | | 93455 | CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH CATHETER PLACEMENT(S) IN BYPASS GRAFT(S) (I | |
| Outpatient Procedures | | 93456 | CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT HEART CATHETERIZATION | |
| Outpatient Procedures | | 93457 | CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH CATHETER PLACEMENT(S) IN BYPASS GRAFT(S) (I | |

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| Outpatient Procedures | | 93458 | CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAP | |
| Outpatient Procedures | | 93459 | CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAP | |
| Outpatient Procedures | | 93460 | CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT AND LEFT HEART CATHETERIZATION INCLUD | |
| Outpatient Procedures | | 93461 | CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT AND LEFT HEART CATHETERIZATION INCLUD | |
| Outpatient Procedures | | 93530 | RT HEART CATH CONGENITAL | |
| Outpatient Procedures | | 93531 | R & L HEART CATH CONGENI | |
| Outpatient Procedures | | 93532 | R & L HEART CATH CONGENI | |
| Outpatient Procedures | | 93533 | R & L HEART CATH CONGENI | |
| Outpatient Procedures | | 93582 | PERQ TRANSCATH CLOSURE PDA | |
| Outpatient Procedures | | 93583 | PERQ TRANSCATH SEPTAL REDUXN | |
| Outpatient Procedures | | 93644 | ELECTROPHYSIOLOGY EVALUATION | |
| Outpatient Procedures | | 96127 | BRIEF EMOTIONAL/BEHAV ASSMT | |
| Outpatient Procedures | Potential Cosmetic - Skin | 96920 | Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm | |
| Outpatient Procedures | Potential Cosmetic - Skin | 96921 | Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm | |
| Outpatient Procedures | Potential Cosmetic - Skin | 96922 | Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm | |
| Outpatient Procedures | | 0376T | INSERT ANT SEGMENT DRAIN INT | |

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| Outpatient Procedures | | A9606 | Radium ra223 dichloride ther | |
| Outpatient Procedures | | C9349 | Fortaderm, fortaderm antimic | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | D5934 | Mandibular resection prosthesis with guide flange | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | D5935 | Mandibular resection prosthesis without guide flange | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | D5952 | Speech aid prosthesis; pediatric | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | D5953 | Speech aid prosthesis; adult | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | D5955 | Palatal lift prosthesis, definitive | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | D5958 | Palatal lift prosthesis; interim | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | D5959 | Palatal lift prosthesis; modification | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | D5960 | Speech aid prosthesis; modification | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | D5999 | Unspecified maxillofacial prosthesis, by report | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | D7899 | Unspecified temporomandibular joint dysfunctions (TMD) therapy, by report | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | D8999 | Unspecified orthodontic procedure, by report | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | D9999 | Unspecified adjunctive procedure, by report | |
| Outpatient Procedures | Prosthetic Devices and Equipment | L8045 | Auricular Prosthesis, Provided By A Non-Physician | |
| Outpatient Procedures | | Q2028 | INJ, SCULPTRA, 0.5MG | |
| Outpatient Procedures | Potential Cosmetic – Eyes | S0800 | Laser In Situ Keratomileusis (Lasik) | |
| Outpatient Procedures | Vein Treatment | S2202 | Echosclerotherapy | |
| Outpatient Procedures | Dental and Jaw/Face/TMJ | S8262 | Mandibular orthopedic repositioning device, each | |

Home Infusion Therapy

| Categories | Subcategory | SERVICE ORDER CODE | Description | Added New |
|--------------------|-------------|--------------------|--|-----------|
| PAIN INFUSION PUMP | | E0779 | Ambulatory infusion pump | |
| | | E0783 | Infusion pump, implantable, programmable | |
| | | S9325 | Home infusion therapy, pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (do not use this code with S9326, S9327 or S9328) | |
| | | 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 | |
| | | 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 | |
| | | S9328 | Home infusion therapy, implanted pump pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem | |
| | | S9329 | Home infusion therapy, chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (do not use this code with S9330 or S9331) | |

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| | | 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 | |
| | | 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 | |
| | | S9336 | Home infusion therapy, continuous anticoagulant infusion therapy (e.g., heparin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem | |
| | | S9338 | Home infusion therapy, immunotherapy therapy (e.g., intravenous immunoglobulin interferon); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem | |
| | | S9340 | Home therapy, enteral nutrition; professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem | |
| | | S9341 | Home therapy, enteral nutrition via gravity; professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem | |
| | | S9342 | Home therapy, enteral nutrition via pump; professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem | |

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| | | S9343 | Home therapy, enteral nutrition via bolus; professional pharmacy services, care coordination, and all necessary supplies and equipment, (enteral formula and nursing visits coded separately), per diem | |
| | | B4034 | Enteral feeding supply kit; syringe fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape | |
| | | B4102 | Enteral formula for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500ml=1 unit | |
| | | B4103 | Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids) 500ml=1 unit | |
| | | B4104 | Additive for enteral formula (e.g., fiber) | |
| | | 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 | |
| | | 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 | |
| | | B4153 | Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain) with intact nutrients, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories=1 unit | |
| | | 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 | |
| | | B4155 | Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories=1 unit | |

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| | | B4157 | Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories=1 unit | |
| | | B5158 | Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through and enteral feeding tube, 100 calories = 1 unit | |
| | | 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 and enteral feeding tube, 100 calories = 1 unit | |
| | | 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 | |
| | | B4161 | Enteral formula, for pediatrics, nutritionally complete, hydrolyzed amino acids and peptide chain proteins with intact nutrients, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories=1 unit | |
| | | B4162 | Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories=1 unit | |
| | | S9345 | Home infusion therapy, anti-hemophilic agent infusion therapy (e.g., Factor VIII); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem | |

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| | | S9346 | Home infusion therapy, alpha-1-proteinase inhibitor (e.g., prolastin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem | |
| | | S9347 | Home infusion therapy, uninterrupted, long term, controlled rate intravenous or subcutaneous infusion therapy (e.g., epoprostenol); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem | |
| | | S9348 | Home infusion therapy, sympathomimetic/inotropic infusion therapy (e.g., dobutamine); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem | |
| | | S9351 | Home infusion therapy, continuous or intermittent anti-emetic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem | |
| | | S9353 | Home infusion therapy, continuous insulin infusion therapy (e.g., dobutamine); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem | |
| | | S9355 | Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem | |
| | | S9357 | Home infusion therapy, enzyme replacement intravenous therapy, (e.g., Imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem | |

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| | | S9359 | Home infusion therapy, anti-tumor necrosis factor intravenous therapy, (e.g., Infliximab); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem | |
| | | S9361 | Home infusion therapy, diuretic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem | |
| | | S9363 | Home infusion therapy, anti-spasmodic therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem | |
| | | 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) | |
| | | S9365 | Home infusion therapy, total parenteral nutrition (TPN); one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem | |
| | | S9366 | Home infusion therapy, total parenteral nutrition (TPN); more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem | |

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| | | S9367 | Home infusion therapy, total parenteral nutrition (TPN); more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem | |
| | | S9368 | Home infusion therapy, total parenteral nutrition (TPN); more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem | |
| | | S9370 | Home therapy,intermittent anti-emetic injection therapy;administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem | |
| | | S9372 | Home therapy,intermittent anti-coagulant injection therapy;administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (do not use this code for flushing of infusion devices with heparin to maintain patency) | |
| | | S9373 | Home infusion therapy; hydration therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (do not use with hydration therapy codes S9374-S9377 using daily volume scales) | |
| | | S9374 | Home infusion therapy, hydration therapy; one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem | |

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| | | S9375 | Home infusion therapy, hydration therapy; more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | |
| | | S9376 | Home infusion therapy, hydration therapy; more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | |
| | | S9377 | Home infusion therapy, hydration therapy; more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | |
| | | S9379 | Home infusion therapy, infusion therapy; not otherwise classified, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | |
| | | S9490 | Home infusion therapy, corticosteroid infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | |
| | | S9494 | Home infusion therapy, antibiotic, antiviral or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use with home infusion codes for hourly dosing schedules S9497-S9504) | |
| | | S9497 | Home infusion therapy, antibiotic, antiviral or antifungal therapy; once every three hours administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | |

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| | | S9500 | Home infusion therapy, antibiotic, antiviral or antifungal therapy;once every 24 hours administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | |
| | | S9501 | Home infusion therapy, antibiotic, antiviral or antifungal therapy;once every 12 hours administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | |
| | | S9502 | Home infusion therapy, antibiotic, antiviral or antifungal therapy;once every 8 hours administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | |
| | | S9503 | Home infusion therapy, antibiotic, antiviral or antifungal therapy;once every 6 hours administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | |
| | | S9504 | Home infusion therapy, antibiotic, antiviral or antifungal therapy;once every 4 hours administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | |
| | | S9537 | Home therapy, hematopoietic hormone injection therapy (e.g., erythropoietin, G-CSF, GM-CSF); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | |
| | | S9538 | Home transfusion of blood product(s); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (blood products, drugs and nursing visits coded separately), per diem | |

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| | | S9542 | Home injectible therapy; not otherwise classified, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (blood products, drugs and nursing visits coded separately), per diem | |
| | | S9558 | Home injectible therapy; growht hormone, including administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | |
| | | S9559 | Home injectible therapy; interferon, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | |
| | | S9560 | Home injectible 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 | |
| | | S9562 | Home injectible therapy; palivizumab, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | |
| | | 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 | |
| | | 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) | |

Transplants-Organ, Tissue and Stem Cell

| Categories | Subcategory | SERVICE ORDER CODE | Description | Added New |
|-------------------|-----------------------|---------------------------|--|------------------|
| Transplants | Transplant Evaluation | 32851 | Lung transplant, single; without cardiopulmonary bypass | |
| Transplants | Transplant Evaluation | 32852 | Lung transplant, single; with cardiopulmonary bypass | |
| Transplants | Transplant Evaluation | 32853 | Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass | |
| Transplants | Transplant Evaluation | 32854 | Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass | |
| Transplants | Transplant Evaluation | 33935 | Heart-lung transplant with recipient cardiectomy-pneumonectomy | |
| Transplants | Transplant Evaluation | 33945 | Heart transplant, with or without recipient cardiectomy | |
| Transplants | | 38204 | Management of recipient hematopoietic progenitor cell donor search and cell acquisition | |
| Transplants | Transplant Evaluation | 38205 | Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogenic | |
| Transplants | Transplant Evaluation | 38206 | Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous | |
| Transplants | Transplant Evaluation | 38207 | Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage | |
| Transplants | Transplant Evaluation | 38208 | Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing | |
| Transplants | Transplant Evaluation | 38209 | Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing | |
| Transplants | Transplant Evaluation | 38210 | Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion | |
| Transplants | Transplant Evaluation | 38211 | Transplant preparation of hematopoietic progenitor cells; tumor cell depletion | |
| Transplants | Transplant Evaluation | 38212 | Transplant preparation of hematopoietic progenitor cells; red blood cell removal | |
| Transplants | Transplant Evaluation | 38213 | Transplant preparation of hematopoietic progenitor cells; platelet depletion | |
| Transplants | Transplant Evaluation | 38214 | Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion | |

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|-------------|-----------------------|-------|--|--|
| Transplants | Transplant Evaluation | 38215 | Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer | |
| Transplants | Transplant Evaluation | 38230 | Bone marrow harvesting for transplantation | |
| Transplants | Bone Marrow | 38232 | Bone marrow harvesting for transplantation; autologous | |
| Transplants | Bone Marrow | 38240 | Bone marrow or blood derived peripheral stem cell transplantation, allogenic | |
| Transplants | Bone Marrow | 38241 | Bone marrow or blood derived peripheral stem cell, transplantation autologous | |
| Transplants | Bone Marrow | 38242 | Bone marrow or blood-derived peripheral stem cell transplantation; allogeneic donor lymphocyte infusions | |
| Transplants | | 38243 | Hematopoietic progenitor cell (HPC); HPC boost | |
| Transplants | | 44136 | Intestinal allotransplantation; from living donor | |
| Transplants | Transplant Evaluation | 44715 | Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobilization and fashioning of the superior mesenteric artery and vein | |
| Transplants | Transplant Evaluation | 44720 | Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, venous anastomosis, each | |
| Transplants | Transplant Evaluation | 44721 | Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, arterial anastomosis each | |
| Transplants | Transplant Evaluation | 47135 | Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age | |
| Transplants | Transplant Evaluation | 47136 | Liver allotransplantation; heterotopic, partial or whole, from cadaver or living donor, any age | |
| Transplants | Transplant Evaluation | 47140 | Donor hepatectomy, with preparation and maintenance of allograft, from living donor; left lateral segment only (segments II and III) | |
| Transplants | Transplant Evaluation | 47141 | Donor hepatectomy, with preparation and maintenance of allograft, from living donor; total left lobectomy (segments II, III and IV) | |

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| Transplants | Transplant Evaluation | 47142 | Donor hepatectomy, with preparation and maintenance of allograft, from living donor; total right lobectomy (segments V, VI, VII and VIII) | |
| Transplants | Transplant Evaluation | 47146 | Backbench reconstructon of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each | |
| Transplants | Transplant Evaluation | 47147 | Backbench reconstructon of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each | |
| Transplants | | 48160 | Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells | |
| Transplants | | 48554 | Transplantation of pancreatic allograft | |
| Transplants | Transplant Evaluation | 48556 | Removal of transplanted pancreatic allograft | |
| Transplants | | 50320 | Donor nephrectomy, open from living donor (excluding preparation and maintenance of allograft) | |
| Transplants | Transplant Evaluation | 50325 | Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, including dissection and removal of perinephric fat and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as nec | |
| Transplants | Transplant Evaluation | 50327 | Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each | |
| Transplants | Transplant Evaluation | 50328 | Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each | |
| Transplants | Transplant Evaluation | 50329 | Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each | |
| Transplants | Transplant Evaluation | 50340 | Recipient nephrectomy (separate procedure) | |
| Transplants | Transplant Evaluation | 50360 | Renal allotransplantation, implantation of graft; excluding donor and recipient nephrectomy | |
| Transplants | Transplant Evaluation | 50365 | Renal allotransplantation, implantation of graft; with recipient nephrectomy | |
| Transplants | Transplant Evaluation | 50370 | Removal of transplanted renal allograft | |
| Transplants | Transplant Evaluation | 50380 | Renal autotransplantation, reimplantation of kidney | |
| Transplants | Transplant Evaluation | 50547 | Laparoscopy, surgical; donor nephrectomy from living donor (excluding preparation and maintenance of allograft) | |
| Transplants | Transplant Evaluation | G0341 | Percutaneous islet cell transplant, includes portal vein catheterization and infusion | |

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| Transplants | Transplant Evaluation | G0342 | Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion | |
| Transplants | Transplant Evaluation | G0343 | Laparoscopy for islet cell transplant, includes porgal vein catheterization and infusion | |
| Transplants | Transplant Evaluation | S2053 | Transplantation of small intestine and liver allografts | |
| Transplants | Transplant Evaluation | S2054 | Transplantation of multivisceral organs | |
| Transplants | Transplant Evaluation | S2060 | Lobar lung transplantation | |
| Transplants | Transplant Evaluation | S2061 | Donor lobectomy (lung) for transplantation, living donor | |
| Transplants | Transplant Evaluation | S2065 | Simultaneous pancreas kidney transplantation | |
| Transplants | Transplant Evaluation | S2102 | Islet cell tissue transplant from pancreas; allogenic | |
| Transplants | Transplant Evaluation | S2103 | Adrenal tissue transplant to brain | |
| Transplants | Transplant Evaluation | S2140 | Cord blood harvesting for transplantation, allogeneic | |
| Transplants | Transplant Evaluation | S2142 | Cord blood-derived stem-cell transplantation, allogeneic | |
| Transplants | Transplant Evaluation | S2150 | Bone marrow or blood-derived peripheral stem cell harvesting and transplantation, allogenic or autologous, including pheresis, high-dose chemotherapy, and the number of days of post-transplant care in the global definition (including drugs; hospitalizatio | |
| Transplants | Transplant Evaluation | S2152 | Solid organ(s), complete or segmental, single organ or combination of organs; deceased or living donor(s), procurement, transplantation, and related complications including: drugs; supplies; hospitalization with outpatient follow-up; medical/surgical, dia | |
| Transplants | Transplant Evaluation | S9975 | Transplant related lodging, meals and transportation, per diem | |
| Transplants | | 32850 | DONOR PNEUMONECTOMY | |
| Transplants | | 44132 | ENTERECTOMY CADAVER DONO | |
| Transplants | | 44133 | ENTERECTOMY LIVE DONOR | |
| Transplants | | 44135 | INTESTINE TRANSPLNNT CADA | |

Injectable Medications

| Categories | Subcategory | SERVICE ORDER CODE | Description | Added New |
|------------------------|------------------|--------------------|-------------|-----------|
| Bisphosphonate | Reclast, Zometra | J3489 | | |
| BOTOX | BOTOX | J0585 | | |
| BOTOX | BOTOX | J0587 | | |
| IgE Inhibitor | Xolair | J2357 | | |
| Immune Globulin | PRIVIGEN | J1459-J1559 | | |
| Immune Globulin | GAMUNEX | J1561 | | |
| Immune Globulin | NOS | J1599 | | |
| Immune Globulin | GAMMAPLEX | J1557 | | |
| Immune Globulin | HIZENTRA | J1559 | | |
| Immune Globulin | VIVAGLOBIN | J1562 | | DISCONT |
| Immune Globulin | NOS | J1566 | | |
| Immune Globulin | OCTAGAM | J1568 | | |
| Immune Globulin | GAMAGARD LIQUID | J1569 | | |
| Immune Globulin | FLEBOGAMMA | J1572 | | |
| Immune Globulin | BIVIGAM | J1556 | | |
| RANK ligand inhibitors | Prolia, Xgeva | J0897 | | |
| TNF Inhibitor | Humira | J0135 | | |
| TNF Inhibitor | Remiciad | J1745 | | |
| FACTOR VII, VIII | | J7180-J7201 | | |
| RITUXAN | | J9310 | | |

Genetic Testing

| Categories | Subcategory | SERVICE ORDER CODE | Description | Added New |
|-------------------|--------------------|-----------------------------------|--------------------|----------------------|
| Genetic Testing | | 81161 | | |
| Genetic Testing | | 81200-81355 | | |
| Genetic Testing | | 81400-81599 | | |

| Place of Service | | | | Added New |
|--------------------------------|-------------|-------------|-------------|-----------|
| Categories | Subcategory | SERVICE ORD | Description | |
| Acute Care Hospital | | POS 21 | | |
| Transplants | | POS 21 | | |
| New Born Stays (beyond mother) | | POS 21 | | |
| Long Term Acute Care | | POS 21 | | |
| Skilled Nursing Facility | | POS 31, 33 | | |
| Behavioral Health/SA | | POS 51 | | |
| PHP | | POS 52 | | |
| Acute Inpatient Rehabilitation | | POS 61 | | |