

These codes are for outpatient services only. Inpatient and observation services must be pre-authorized, except in-network routine vaginal and c-section deliveries.

The intent of this information is to assist processing with regard solely to authorization requirements. Each claim will continue to be evaluated as required and standard practice considering, but not limited to, factors such as plan design, covered benefits, network restrictions, etc. Codes in red font are termed codes and should not be billed after the termination date. Inpatient and observation level of care require authorization, except for routine vaginal and c-section deliveries. This includes skilled nursing facility, rehabilitation facilities, behavioral health and LTACH level of care. Services where an in-network benefit level for an out of network provider or facility is expected require prior authorization. Some plans have limited or no out of network benefits.

Codes in yellow highlighting are changes from 2023 requirements.

COLUMN DEFINITIONS

CPT	Code
ShortDesc1	Short Description
LongDesc	Long Description (if available)
Auth	Indicates if an authorization is required.
	No = No authorization is required with consideration of normal claims processing requirements (e.g. network restrictions, covered benefits, etc.)
	Yes = An authorization is required

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth na-Medicare code only	BMS Auth na-Medicare code only
A0021	Ambulance service, outside state per mile, transport (Medicaid only)		Transport	na-Medicare code only	na-Medicare code only	na-Medicare code only	NA	na-Medicare code only	NA	na-Medicare code only	na-Medicare code only
A0080	Nonemergency transportation, per mile - vehicle provided by volunteer (individual or organization), with no vested interest		Transport	Yes	Yes	No	No	No	No	Yes	Yes
A0090	Nonemergency transportation, per mile - vehicle provided by individual (family member, self, neighbor) with vested interest		Transport	Yes	Yes	No	No	No	No	Yes	Yes
A0100	Nonemergency transportation; taxi		Transport	Yes	Yes	No	No	No	No	Yes	Yes
A0110	Nonemergency transportation and bus, intra- or interstate carrier		Transport	Yes	Yes	No	No	No	No	Yes	Yes
A0120	Nonemergency transportation: mini-bus, mountain area transports, or other transportation systems		Transport	Yes	Yes	No	No	No	No	Yes	Yes
A0130	Nonemergency transportation: wheelchair van		Transport	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
A0140	Nonemergency transportation and air travel (private or commercial) intra- or interstate		Transport	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
A0160	Nonemergency transportation: per mile - caseworker or social worker		Transport	Yes	Yes	No	No	No	No	Yes	Yes
A0170	Transportation ancillary: parking fees, tolls, other		Transport	Yes	Yes	No	No	No	No	Yes	Yes
A0180	Nonemergency transportation; ancillary: iodine-recipient		Transport	Yes	Yes	No	No	No	No	Yes	Yes
A0190	Nonemergency transportation; ancillary: meals, recipient		Transport	Yes	Yes	No	No	No	No	Yes	Yes
A0200	Nonemergency transportation; ancillary: lodging, escort		Transport	Yes	Yes	No	No	No	No	Yes	Yes
A0210	Nonemergency transportation; ancillary: meals, escort		Transport	Yes	Yes	No	No	No	No	Yes	Yes
A0225	Ambulance service, neonatal transport, base rate, emergency transport, one way		Transport	No	No	No	No	No	No	No	No
A0380	BLS mileage (per mile)		Transport	Yes	Yes	No	No	No	No	Yes	Yes
A0382	BLS routine disposable supplies		Transport	Yes	Yes	No	No	No	No	Yes	Yes
A0383	BLS specialized service disposable supplies; defibrillation (used by ALS ambulances and BLS ambulances in jurisdictions where defibrillation is permitted in BLS ambulances)		Transport	Yes	Yes	No	No	No	No	Yes	Yes
A0384	ALS mileage (per mile)		Transport	Yes	Yes	No	No	No	No	Yes	Yes
A0390	ALS mileage (per mile)		Transport	Yes	Yes	No	No	No	No	Yes	Yes
A0392	ALS specialized service disposable supplies; defibrillation (to be used only in jurisdictions where defibrillation cannot be performed in BLS ambulances)		Transport	No	No	No	No	No	No	No	No
A0394	ALS specialized service disposable supplies; IV drug therapy		Transport	No	No	No	No	No	No	No	No
A0396	ALS specialized service disposable supplies; esophageal intubation		Transport	No	No	No	No	No	No	No	No
A0398	ALS routine disposable supplies		Transport	No	No	No	No	No	No	No	No
A0420	Ambulance waiting time (ALS or BLS), one-half (1/2) hour increments		Transport	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
A0422	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation		Transport	Yes	Yes	No	No	No	No	Yes	Yes
A0424	Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); (requires medical review)		Transport	Yes	Yes	No	No	No	No	Yes	Yes
A0425	Ground mileage, per statute mile		Transport	Yes	Yes	No	No	No	No	Yes	Yes
A0426	Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)		Transport	Yes	Yes	No	No	No	No	Yes	Yes
A0427	Ambulance service, advanced life support, emergency transport, level 1 (ALS 1 emergency)		Transport	No	No	No	No	No	No	No	No
A0428	Ambulance service, basic life support, nonemergency transport, (BLS)		Transport	Yes	Yes	No	No	No	No	Yes	Yes
A0429	Ambulance service, basic life support, emergency transport (BLS, emergency)		Transport	No	No	No	No	No	No	No	No
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)		Transport	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)		Transport	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
A0432	Paramedic intercept (PI), rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third-party payers		Transport	No	No	No	No	No	No	No	No
A0433	Advanced life support, level 2 (ALS 2)		Transport	No	No	No	No	No	No	No	No
A0434	Specialty care transport (SCT)		Transport	No	No	Yes	Yes	Yes	Yes	Yes	Yes
A0435	Fixed wing air mileage, per statute mile		Transport	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
A0436	Rotary wing air mileage, per statute mile		Transport	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
A0888	Noncovered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility)		Transport	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
A0998	Ambulance response and treatment, no transport		Transport	No	No	No	Yes	No	No	No	No
A0999	Unlisted ambulance service		Transport	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
A2001	InnovaMatrix AC, per sq cm		Medical/Surgical Supplies	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
A2002	Mirragen Advanced Wound Matrix, per sq cm		Medical/Surgical Supplies	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
A2004	KCellStem, 1 mg		Medical/Surgical Supplies	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
A2005	Microchitz Matrix, per sq cm		Medical/Surgical Supplies	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
A2006	NovoSorb SynPath dermal matrix, per sq cm		Medical/Surgical Supplies	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
A2007	Restrata, per sq cm		Medical/Surgical Supplies	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
A2008	TheraGenesis, per sq cm		Medical/Surgical Supplies	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
A2009	Synhomry, per sq cm		Medical/Surgical Supplies	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
A2010	Asis, per sq cm		Medical/Surgical Supplies	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
A2011	Supra SDRM, per sq cm		Medical/Surgical Supplies	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
A2012	Suprathel, per sq cm		Medical/Surgical Supplies	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
A2019	Kerecis omega 3 marian shield, per square centimeter		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A2020	ACS advanced wound system (aCS)		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A2021	Neomatrix, per square centimeter		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A2022	Innovaburn or innovamatrix xl, per square centimeter		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A2023	Innovamatrix pd, 1 mg		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A2024	Resolve matrix, per square centimeter		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A2025	Micro3d, per cubic centimeter		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A2013	Innovamatrix FS, per sq cm		Medical/Surgical Supplies	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
A4100	Skin Substitute, FDA-cleared as a device, not otherwise specified		Medical/Surgical Supplies	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
A4206	Syringe w/needle; 1cc or less; each		Medical/Surgical Supplies	OTC	OTC	OTC	No	OTC	No	OTC	OTC
A4207	Syringe w/needle; 2cc; each		Medical/Surgical Supplies	OTC	OTC	OTC	No	OTC	No	OTC	OTC
A4208	Syringe w/needle; 3cc; each		Medical/Surgical Supplies	OTC	OTC	OTC	No	OTC	No	OTC	OTC
A4209	Syringe w/needle; 5+cc; each		Medical/Surgical Supplies	OTC	OTC	OTC	No	OTC	No	OTC	OTC
A4210	Needle-free Injection Device; each		Medical/Surgical Supplies	OTC	OTC	OTC	No	OTC	No	OTC	OTC
A4211	Supplies for self-administered injections		Medical/Surgical Supplies	OTC	OTC	OTC	No	OTC	No	OTC	OTC
A4212	Noncoring Needle or Stylet w/w Catheter		Medical/Surgical Supplies	OTC	OTC	OTC	No	OTC	No	OTC	OTC
A4213	Syringe, sterile, 20+ cc; each		Medical/Surgical Supplies	OTC	OTC	OTC	No	OTC	No	OTC	OTC
A4215	Needle; sterile, any size, each		Medical/Surgical Supplies	OTC	OTC	OTC	No	OTC	No	OTC	OTC
A4216	Sterile water, saline and/or dextrose, diluent/flush, 10 ml		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A4217	Sterile water/saline 500 ml		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A4218	Sterile saline or water, metered dose dispenser, 10 ml		Infusion	OTC	OTC	OTC	No	OTC	No	OTC	OTC
A4220	Refill kit for implantable infusion pump		Infusion	OTC	OTC	OTC	No	OTC	No	OTC	OTC
A4221	Supplies for maintenance of non-insulin drug infusion catheter, per week (list drugs separately)		Infusion	No	No	No	No	No	No	No	No
A4222	Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately)		Infusion	No	No	No	No	No	No	No	No
A4223	Infusion supplies not used with external infusion pump, per cassette or bag (list drugs separately)		Infusion	No	No	No	No	No	No	No	No
A4224	Supplies for maintenance of insulin infusion catheter, per week		Diabetes	No	No	No	No	No	No	No	No
A4225	Supplies for external insulin infusion pump, syringe type cartridge, sterile, each		Diabetes	No	No	No	No	No	No	No	No
A4226	Supplies for maintenance of insulin infusion pump with dosage rate adjustment using therapeutic continuous glucose sensing, per week		Diabetes	No	No	No	No	No	No	No	No
A4230	Infusion set for external insulin pump, non needle cannula type		Diabetes	No	No	No	No	No	No	No	No
A4231	Infusion set for external insulin pump, needle type		Diabetes	No	No	No	No	No	No	No	No
A4232	Syringe with needle for external insulin pump, sterile, 3 cc		Diabetes	No	No	No	No	No	No	No	No
A4233	Replacement battery, alkaline (other than 1 cell), for use with medically necessary home blood glucose monitor owned by patient, each		Diabetes	No	No	No	No	No	No	No	No
A4234	Replacement battery, alkaline, J cell, for use with medically necessary home blood glucose monitor owned by patient, each		Diabetes	No	No	No	No	No	No	No	No
A4235	Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each		Diabetes	No	No	No	No	No	No	No	No
A4236	Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each		Diabetes	No	No	No	No	No	No	No	No
A4238	Supply allowance for adjunctive continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply/Unit of service		Diabetes	No	No	No	No	No	No	No	No
A4244	Alcohol or peroxide, per pint		Medical/Surgical Supplies	OTC	OTC	OTC	No	OTC	No	OTC	OTC
A4245	Alcohol wipes, per box		Medical/Surgical Supplies	OTC	OTC	OTC	No	OTC	No	OTC	OTC
A4246	Betadine or phisoHex solution, per pint		Medical/Surgical Supplies	OTC	OTC	OTC	No	OTC	No	OTC	OTC
A4247	Betadine or iodine swabs/wipes, per box		Medical/Surgical Supplies	OTC	OTC	OTC	No	OTC	No	OTC	OTC
A4248	Chlorhexidine containing antiseptic, 1 ml		Medical/Surgical Supplies	OTC	OTC	OTC	No	OTC	No	OTC	OTC
A4250	Urine test or reagent strips or tablets (100 tablets or strips)		Medical/Surgical Supplies	OTC	OTC	OTC	No	OTC	No	OTC	OTC
A4252	Blood ketone test or reagent strip, each		Diabetes	OTC	OTC	OTC	No	OTC	No	OTC	OTC
A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips		Diabetes	No	No	No	No	No	No	No	No
A4255	Platforms for home blood glucose monitor, 50 per box		Diabetes	No	No	No	No	No	No	No	No
A4256	Normal, low, and high calibrator solution/chips		Diabetes	No	No	No	No	No	No	No	No
A4257	Replacement lens shield cartridge for use with laser skin piercing device, each		Diabetes	No	No	No	No	No	No	No	No
A4258	Spring-powered device for lancet, each		Diabetes	No	No	No	No	No	No	No	No
A4259	Lancets per box - 100		Diabetes	No	No	No	No	No	No	No	No
A4261	Cervical cap for contraceptive use		Medical/Surgical Supplies	OTC	OTC	OTC	No	OTC	No	OTC	OTC
A4262	Temporary, absorbable lacrimal duct implant, each		Implant	OTC	OTC	OTC	No	OTC	No	OTC	OTC
A4263	Permanent, long-term, nondissolvable lacrimal duct implant, each		Implant	OTC	OTC	OTC	No	OTC	No	OTC	OTC
A4264	Permanent implantable contraceptive intrauterine occlusion device(s) and delivery system		Implant	OTC	OTC	OTC	No	OTC	No	OTC	OTC
A4265	Paraffin, per lb		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A4266	Diaphragm for contraceptive use		Medical/Surgical Supplies	OTC	OTC	OTC	No	OTC	No	OTC	OTC

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
A4267	Contraceptive supply, condom, male, each		Medical/Surgical Supplies	OTC	OTC	OTC	No	OTC	No	OTC	OTC
A4268	Contraceptive supply, condom, female, each		Medical/Surgical Supplies	OTC	OTC	OTC	No	OTC	No	OTC	OTC
A4269	Contraceptive supply, spermicide (e.g., foam, gel), each		Medical/Surgical Supplies	OTC	OTC	OTC	No	OTC	No	OTC	OTC
A4270	Disposable endoscope sheath, each		Medical/Surgical Supplies	OTC	OTC	OTC	No	OTC	No	OTC	OTC
A4280	Adhesive skin support attachment for use with external breast prosthesis, each		Prosthesis	No	No	No	No	No	No	No	No
A4281	Tubing for breast pump, replacement		Breast Pump	OTC	OTC	OTC	No	OTC	No	OTC	OTC
A4282	Adapter for breast pump, replacement		Breast Pump	OTC	OTC	OTC	No	OTC	No	OTC	OTC
A4283	Cap for breast pump bottle, replacement		Breast Pump	OTC	OTC	OTC	No	OTC	No	OTC	OTC
A4284	Breast shield and splash protector for use with breast pump, replacement		Breast Pump	OTC	OTC	OTC	No	OTC	No	OTC	OTC
A4285	Polycarbonate bottle for use with breast pump, replacement		Breast Pump	OTC	OTC	OTC	No	OTC	No	OTC	OTC
A4286	Locking ring for breast pump, replacement		Breast Pump	OTC	OTC	OTC	No	OTC	No	OTC	OTC
A4290	Sacral nerve stimulation test lead, each		Medical/Surgical Supplies	Yes	Yes	No	No	No	No	Yes	Yes
A4300	Implantable access catheter, (e.g., venous, arterial, epidural subarachnoid, or peritoneal), etc.) external access		Catheter	No	No	No	No	No	No	No	No
A4301	Implantable access total catheter, port/reservoir (e.g., venous, arterial, epidural, subarachnoid, peritoneal, etc.)		Catheter	No	No	No	No	No	No	No	No
A4305	Disposable drug delivery system, flow rate of 50 ml or greater per hour		Catheter	No	No	No	No	No	No	No	No
A4306	Disposable drug delivery system, flow rate of less than 50 ml per hour		Catheter	No	No	No	No	No	No	No	No
A4310	Insertion tray without drainage bag and without catheter (accessories only)		Incontinence	No	No	No	No	No	No	No	No
A4311	Insertion tray without drainage bag with indwelling catheter, Foley type, 2-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.)		Catheter	No	No	No	No	No	No	No	No
A4312	Insertion tray without drainage bag with indwelling catheter, Foley type, 2-way, all silicone		Catheter	No	No	No	No	No	No	No	No
A4313	Insertion tray without drainage bag with indwelling catheter, Foley type, 3-way, for continuous irrigation		Catheter	No	No	No	No	No	No	No	No
A4314	Insertion tray with drainage bag with indwelling catheter, Foley type, 2-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.)		Catheter	No	No	No	No	No	No	No	No
A4315	Insertion tray with drainage bag with indwelling catheter, Foley type, 2-way, all silicone		Catheter	No	No	No	No	No	No	No	No
A4316	Insertion tray with drainage bag with indwelling catheter, Foley type, 3-way, for continuous irrigation		Catheter	No	No	No	No	No	No	No	No
A4320	Irrigation tray with bulb or piston syringe, any purpose		Incontinence	No	No	No	No	No	No	No	No
A4321	Therapeutic agent for urinary catheter irrigation		Catheter	No	No	No	No	No	No	No	No
A4322	Irrigation syringe, bulb or piston, each		Incontinence	No	No	No	No	No	No	No	No
A4326	Male external catheter with integral collection chamber, any type, each		Catheter	No	No	No	No	No	No	No	No
A4327	Female external urinary collection device: meatal cup, each		Incontinence	No	No	No	No	No	No	No	No
A4328	Female external urinary collection device: pouch, each		Incontinence	No	No	No	No	No	No	No	No
A4330	Perianal fecal collection pouch with adhesive, each		Incontinence	No	No	No	No	No	No	No	No
A4331	Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each		Incontinence	No	No	No	No	No	No	No	No
A4332	Lubricant, individual sterile packet, each		Incontinence	No	No	No	No	No	No	No	No
A4333	Urinary catheter anchoring device, adhesive skin attachment, each		Catheter	No	No	No	No	No	No	No	No
A4334	Urinary catheter anchoring device, leg strap, each		Catheter	No	No	No	No	No	No	No	No
A4335	Misc incontinence supply		Incontinence	OTC	OTC	OTC	No	OTC	No	OTC	OTC
A4336	Incontinence supply, urethral insert, any type, each		Incontinence	No	No	No	No	No	No	No	No
A4337	Incontinence supply, rectal insert, any type, each		Incontinence	OTC	OTC	No	No	OTC	No	OTC	OTC
A4338	Indwelling catheter, Foley type, 2-way latex with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each		Catheter	No	No	No	No	No	No	No	No
A4340	Indwelling catheter: specialty type, (e.g., Coude, mushroom, wing, etc.), each		Catheter	No	No	No	No	No	No	No	No
A4341	Indwelling intraurethral drainage device with valve, patient inserted, replacement only, each		Catheter	No	No	No	No	No	No	No	No
A4342	Accessories for patient inserted indwelling intraurethral drainage device with valve, replacement only, each		Catheter	No	No	No	No	No	No	No	No
A4344	Indwelling catheter, Foley type, 2-way, all silicone, each		Catheter	No	No	No	No	No	No	No	No
A4346	Indwelling catheter, Foley type, 3-way for continuous irrigation, each		Catheter	No	No	No	No	No	No	No	No
A4349	Male external catheter, with or without adhesive, disposable, each		Catheter	No	No	No	No	No	No	No	No
A4351	Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each		Catheter	No	No	No	No	No	No	No	No
A4352	Intermittent urinary catheter; Coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each		Catheter	No	No	No	No	No	No	No	No
A4353	Intermittent urinary catheter, with insertion supplies		Catheter	No	No	No	No	No	No	No	No
A4354	Insertion tray with drainage bag but without catheter		Incontinence	No	No	No	No	No	No	No	No
A4355	Irrigation tubing set for continuous bladder irrigation through a 3-way indwelling Foley catheter, each		Catheter	No	No	No	No	No	No	No	No
A4356	External urethral clamp or compression device (not to be used for catheter clamp), each		Incontinence	No	No	No	No	No	No	No	No
A4357	Bedside drainage bag, day or night, with or without antireflux device, with or without tube, each		Incontinence	No	No	No	No	No	No	No	No
A4358	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each		Incontinence	No	No	No	No	No	No	No	No
A4360	Disposable external urethral clamp or compression device, with pad and/or pouch, each		Incontinence	No	No	No	No	No	No	No	No
A4361	Ostomy faceplate, each		Ostomy	No	No	No	No	No	No	No	No
A4362	Skin barrier, solid, 4 x 4 or equivalent, each		Ostomy	No	No	No	No	No	No	No	No
A4363	Ostomy clamp, any type, replacement only, each		Ostomy	No	No	No	No	No	No	No	No
A4364	Adhesive, liquid or equal, any type, per oz		Ostomy	No	No	No	No	No	No	No	No
A4366	Ostomy vent, any type, each		Ostomy	No	No	No	No	No	No	No	No
A4367	Ostomy belt, each		Ostomy	No	No	No	No	No	No	No	No
A4368	Ostomy filter, any type, each		Ostomy	No	No	No	No	No	No	No	No
A4369	Ostomy skin barrier, liquid (spray, brush, etc.), per oz		Ostomy	No	No	No	No	No	No	No	No
A4371	Ostomy skin barrier, powder, per oz		Ostomy	No	No	No	No	No	No	No	No
A4372	Ostomy skin barrier, solid 4 x 4 or equivalent, standard wear, with built-in convexity, each		Ostomy	No	No	No	No	No	No	No	No
A4373	Ostomy skin barrier, with flange (solid, flexible or accordion), with built-in convexity, any size, each		Ostomy	No	No	No	No	No	No	No	No
A4375	Ostomy pouch, drainable, with faceplate attached, plastic, each		Ostomy	No	No	No	No	No	No	No	No
A4376	Ostomy pouch, drainable, with faceplate attached, rubber, each		Ostomy	No	No	No	No	No	No	No	No
A4377	Ostomy pouch, drainable, for use on faceplate, plastic, each		Ostomy	No	No	No	No	No	No	No	No
A4378	Ostomy pouch, drainable, for use on faceplate, rubber, each		Ostomy	No	No	No	No	No	No	No	No
A4379	Ostomy pouch, urinary, with faceplate attached, plastic, each		Ostomy	No	No	No	No	No	No	No	No
A4380	Ostomy pouch, urinary, with faceplate attached, rubber, each		Ostomy	No	No	No	No	No	No	No	No
A4381	Ostomy pouch, urinary, for use on faceplate, plastic, each		Ostomy	No	No	No	No	No	No	No	No
A4382	Ostomy pouch, urinary, for use on faceplate, heavy plastic, each		Ostomy	No	No	No	No	No	No	No	No
A4383	Ostomy pouch, urinary, for use on faceplate, rubber, each		Ostomy	No	No	No	No	No	No	No	No
A4384	Ostomy faceplate equivalent, silicone ring, each		Ostomy	No	No	No	No	No	No	No	No
A4385	Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, without built-in convexity, each		Ostomy	No	No	No	No	No	No	No	No
A4387	Ostomy pouch, closed, with barrier attached, with built-in convexity (1 piece), each		Ostomy	No	No	No	No	No	No	No	No
A4388	Ostomy pouch, drainable, with extended wear barrier attached, (1 piece), each		Ostomy	No	No	No	No	No	No	No	No
A4389	Ostomy pouch, drainable, with barrier attached, with built-in convexity (1 piece), each		Ostomy	No	No	No	No	No	No	No	No
A4390	Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each		Ostomy	No	No	No	No	No	No	No	No
A4391	Ostomy pouch, urinary, with extended wear barrier attached (1 piece), each		Ostomy	No	No	No	No	No	No	No	No
A4392	Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each		Ostomy	No	No	No	No	No	No	No	No
A4393	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each		Ostomy	No	No	No	No	No	No	No	No
A4394	Ostomy deodorant, with or without lubricant, for use in ostomy pouch, per fl oz		Ostomy	No	No	No	No	No	No	No	No
A4395	Ostomy deodorant for use in ostomy pouch, solid, per tablet		Ostomy	No	No	No	No	No	No	No	No
A4396	Ostomy belt with peristomal hernia support		Ostomy	No	No	No	No	No	No	No	No
A4397	Irrigation supply, sleeve, each		Ostomy	No	No	No	No	No	No	No	No
A4398	Ostomy irrigation supply, bag, each		Ostomy	No	No	No	No	No	No	No	No
A4399	Ostomy irrigation supply, cone/catheter, with or without brush		Ostomy	No	No	No	No	No	No	No	No
A4400	Ostomy irrigation set		Ostomy	No	No	No	No	No	No	No	No
A4402	Ostomy, lubricant per ounce		Ostomy	No	No	No	No	No	No	No	No
A4404	Ostomy, ring each		Ostomy	No	No	No	No	No	No	No	No
A4405	Ostomy skin barrier, nonpectin-based, paste, per oz		Ostomy	No	No	No	No	No	No	No	No
A4406	Ostomy skin barrier, pectin-based, paste, per oz		Ostomy	No	No	No	No	No	No	No	No
A4407	Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 in or smaller, each		Ostomy	No	No	No	No	No	No	No	No
A4408	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4 x 4 in, each		Ostomy	No	No	No	No	No	No	No	No
A4409	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 x 4 in or smaller, each		Ostomy	No	No	No	No	No	No	No	No
A4410	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 x 4 in, each		Ostomy	No	No	No	No	No	No	No	No
A4411	Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, with built-in convexity, each		Ostomy	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
A4412	Ostomy pouch, drainable, high output, for use on a barrier with flange (2-piece system), without filter, each		Ostomy	No	No	No	No	No	No	No	No
A4413	Ostomy pouch, drainable, high output, for use on a barrier with flange (2-piece system), with filter, each		Ostomy	No	No	No	No	No	No	No	No
A4414	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 x 4 in or smaller, each		Ostomy	No	No	No	No	No	No	No	No
A4415	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4 x 4 in, each		Ostomy	No	No	No	No	No	No	No	No
A4416	Ostomy pouch, closed, with barrier attached, with filter (1 piece), each		Ostomy	No	No	No	No	No	No	No	No
A4417	Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (1 piece), each		Ostomy	No	No	No	No	No	No	No	No
A4418	Ostomy pouch, closed, without barrier attached, with filter (1 piece), each		Ostomy	No	No	No	No	No	No	No	No
A4419	Ostomy pouch, closed, for use on barrier with nonlocking flange, with filter (2 piece), each		Ostomy	No	No	No	No	No	No	No	No
A4420	Ostomy pouch, closed, for use on barrier with nonlocking flange (2 piece), each		Ostomy	No	No	No	No	No	No	No	No
A4421	Ostomy, supply, misc		Ostomy	No	No	No	No	No	No	No	No
A4422	Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each		Ostomy	No	No	No	No	No	No	No	No
A4423	Ostomy pouch, closed, for use on barrier with locking flange, with filter (2 piece), each		Ostomy	No	No	No	No	No	No	No	No
A4424	Ostomy pouch, drainable, with barrier attached, with filter (1 piece), each		Ostomy	No	No	No	No	No	No	No	No
A4425	Ostomy pouch, drainable; for use on barrier with nonlocking flange, with filter (2-piece system), each		Ostomy	No	No	No	No	No	No	No	No
A4426	Ostomy pouch, drainable; for use on barrier with locking flange (2-piece system), each		Ostomy	No	No	No	No	No	No	No	No
A4427	Ostomy pouch, drainable; for use on barrier with locking flange, with filter (2-piece system), each		Ostomy	No	No	No	No	No	No	No	No
A4428	Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (1 piece), each		Ostomy	No	No	No	No	No	No	No	No
A4429	Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each		Ostomy	No	No	No	No	No	No	No	No
A4430	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each		Ostomy	No	No	No	No	No	No	No	No
A4431	Ostomy pouch, urinary, with barrier attached, with faucet-type tap with valve (1 piece), each		Ostomy	No	No	No	No	No	No	No	No
A4432	Ostomy pouch, urinary, for use on barrier with nonlocking flange, with faucet-type tap with valve (2 piece), each		Ostomy	No	No	No	No	No	No	No	No
A4433	Ostomy pouch, urinary, for use on barrier with locking flange (2 piece), each		Ostomy	No	No	No	No	No	No	No	No
A4434	Ostomy pouch, urinary, for use on barrier with locking flange, with faucet-type tap with valve (2 piece), each		Ostomy	No	No	No	No	No	No	No	No
A4435	Ostomy pouch, drainable, high output, with extended wear barrier (one-piece system), with or without filter, each		Ostomy	No	No	No	No	No	No	No	No
A4436	Irrigation supply, sleeve, reusable, per month			No	No	No	No	No	No	No	No
A4437	Irrigation supply, sleeve, disposable, per month			No	No	No	No	No	No	No	No
A4450	Tape, nonwaterproof, per 18 sq in		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A4452	Tape, waterproof, per 18 sq in		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A4453	Rectal catheter for use with the manual pump-operated enema system, replacement only		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A4455	Adhesive remover or solvent (for tape, cement or other adhesive), per oz		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A4456	Adhesive remover, wipes, any type, each		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A4458	Enema bag w/tubing, reuse		Medical/Surgical Supplies	OTC	OTC	OTC	No	OTC	No	OTC	OTC
A4459	Manual pump-operated enema system, includes balloon, catheter and all accessories, reusable, any type		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A4461	Surgical dressing holder, nonreusable, each		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A4463	Surgical dressing holder, reusable, each		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A4465	Nonelastic binder for extremity		Medical/Surgical Supplies	OTC	OTC	OTC	No	OTC	No	OTC	OTC
A4467	Belt, strap, sleeve, garment, or covering, any type		Medical/Surgical Supplies	OTC	OTC	OTC	No	OTC	No	OTC	OTC
A4470	Gravide jet washer		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A4480	VABRA aspirator		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A4481	Tracheostoma filter, any type, any size, each		Tracheostomy	No	No	No	No	No	No	No	No
A4483	Moisture exchanger, disposable, for use with invasive mechanical ventilation		Respiratory	No	No	No	No	No	No	No	No
A4490	Surgical stockings above knee length, each		Compression Garment	No	No	No	No	No	No	No	No
A4495	Surgical stockings thigh length, each		Compression Garment	No	No	No	No	No	No	No	No
A4500	Surgical stockings below knee length, each		Compression Garment	No	No	No	No	No	No	No	No
A4510	Surgical stockings full-length, each		Compression Garment	No	No	No	No	No	No	No	No
A4520	Incontinence garment, any type, (e.g., brief, diaper), each		OTC	OTC	OTC	No	OTC	No	OTC	OTC	OTC
A4550	Surgical Tapes		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A4553	Non-disposable underpads, all sizes		Incontinence	OTC	OTC	OTC	No	OTC	No	OTC	OTC
A4554	Disposable underpads, all sizes		Incontinence	OTC	OTC	OTC	No	OTC	No	OTC	OTC
A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only		Medical/Surgical Supplies	Yes	Yes	No	No	No	No	Yes	Yes
A4556	Electrodes (e.g., apnea monitor), per pair		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A4557	Lead wires (e.g., apnea monitor), per pair		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A4558	Conductive gel or paste, for use with electrical device (e.g., TENS, NMES), per oz		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A4559	Coupling gel or paste, for use with ultrasound device, per oz		Ultrasound	No	No	No	No	No	No	No	No
A4560	Neuromuscular electrical stimulator (nmes), disposable, replacement only			No	No	No	No	No	No	No	No
A4561	Pessary, rubber, any type		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A4562	Pessary, nonrubber, any type		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A4563	Rectal control of system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A4565	Slings		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A4566	Shoulder sling or vest design, abduction restrainer, with or without swathe control, prefabricated, includes fitting and adjustment		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A4570	Split		Medical/Surgical Supplies	OTC	OTC	No	No	No	No	OTC	OTC
A4575	Topical hyperbaric oxygen chamber, disposable		Medical/Surgical Supplies	Yes	Yes	No	No	No	No	Yes	Yes
A4580	Cast supplies (e.g., plaster)		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A4590	Special casting material (e.g., fiberglass)		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A4595	Electrical stimulator supplies, 2 lead, per month, (e.g., TENS, NMES)		Medical/Surgical Supplies	Yes	Yes	No	No	No	No	Yes	Yes
A4600	Sleeve for intermittent limb compression device, replacement only, each		Medical/Surgical Supplies	Yes	Yes	No	No	No	No	Yes	Yes
A4601	Lithium ion battery, rechargeable, for nonprosthetic use, replacement		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A4602	Replacement battery for external infusion pump owned by patient, lithium, 1.5 volt, each		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A4604	Tubing with integrated heating element for use with positive airway pressure device		Sleep Apnea	No	No	No	No	No	No	No	No
A4605	Tracheal suction catheter, closed system, each		Catheter	No	No	No	No	No	No	No	No
A4606	Oxygen probe for use with oximeter device, replacement		Respiratory	No	No	No	No	No	No	No	No
A4608	Transtacheal oxygen catheter, each		Catheter	No	No	No	No	No	No	No	No
A4611	Battery, heavy-duty, replacement for patient-owned ventilator		Respiratory	Yes	Yes	No	No	No	No	Yes	Yes
A4612	Battery cables, replacement for patient-owned ventilator		Respiratory	Yes	Yes	No	No	No	No	Yes	Yes
A4613	Battery charger, replacement for patient-owned ventilator		Respiratory	Yes	Yes	No	No	No	No	Yes	Yes
A4614	Peak expiratory flow rate meter, hand held		Respiratory	No	No	No	No	No	No	No	No
A4615	Cannula nasal		Respiratory	No	No	No	No	No	No	No	No
A4616	Tubing (oxygen) per foot		Respiratory	No	No	No	No	No	No	No	No
A4617	Mouth piece		Respiratory	No	No	No	No	No	No	No	No
A4618	Breathing circuits		Respiratory	No	No	No	No	No	No	No	No
A4619	Face Tent		Respiratory	No	No	No	No	No	No	No	No
A4620	Variable concentration mask		Respiratory	No	No	No	No	No	No	No	No
A4623	Tracheostomy inner cannula		Tracheostomy	No	No	No	No	No	No	No	No
A4624	Tracheal suction catheter, any type other than closed system, each		Tracheostomy	No	No	No	No	No	No	No	No
A4625	Tracheostomy care kit for new tracheostomy		Tracheostomy	No	No	No	No	No	No	No	No
A4626	Tracheostomy cleaning brush, each		Tracheostomy	No	No	No	No	No	No	No	No
A4627	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler		Respiratory	No	No	No	No	No	No	No	No
A4628	Oral and/or Oropharyngeal suction catheter, each		Respiratory	No	No	No	No	No	No	No	No
A4629	Tracheostomy care kit for established tracheostomy		Tracheostomy	No	No	No	No	No	No	No	No
A4630	Replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient		Medical/Surgical Supplies	Yes	Yes	No	No	No	No	Yes	Yes
A4633	Replacement bulb/lamp for ultraviolet light therapy system, each		Light Therapy	No	No	No	No	No	No	No	No
A4634	Replacement bulb for therapeutic light box, tabletop model		Light Therapy	No	No	No	No	No	No	No	No
A4635	Underarm pad, crutch, replacement, each		Walking aids	No	No	No	No	No	No	No	No
A4636	Replacement, handgrip, cane, crutch, or walker, each		Walking aids	No	No	No	No	No	No	No	No
A4637	Replacement, tip, cane, crutch, walker, each		Walking aids	No	No	No	No	No	No	No	No
A4638	Replacement battery for patient-owned ear pulse generator, each		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A4639	Replacement pad for infrared heating pad system, each		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A4640	Replacement pad for use with medically necessary alternating pressure pad owned by patient		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A4641	Radiopharmaceutical, diagnostic, not otherwise classified		Radiological Drug	No	No	No	No	No	No	No	No
A4642	Iridium Ir-111 satumomab pentetide, diagnostic, per study dose, up to 6 millicuries		Radiological Drug	No	No	No	No	No	No	No	No
A4648	Tissue marker, implantable, any type, each		Medical or Surgical Supplies	No	No	No	No	No	No	No	No
A4649	Surgical supply, miscellaneous		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A4650	Implantable radiation dosimeter, each		Medical or Surgical Supplies	No	No	No	No	No	No	No	No
A4651	Calibrated microcapillary tube, each		Medical or Surgical Supplies	No	No	No	No	No	No	No	No
A4652	Microcapillary tube set/lot		Medical or Surgical Supplies	No	No	No	No	No	No	No	No
A4653	Peritoneal dialysis catheter anchoring device, belt, each		Diabetes	No	No	No	No	No	No	No	No
A4657	Syringe, with or without needle, each		Diabetes	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope		Diabetes	No	No	No	No	No	No	No	No
A4663	Blood pressure cuff only		Diabetes	No	No	No	No	No	No	No	No
A4670	Automatic blood pressure monitor		Diabetes	No	No	No	No	No	No	No	No
A4671	Disposable cyclor set used with cyclor dialysis machine, each		Diabetes	No	No	No	No	No	No	No	No
A4672	Drainage extension line, sterile, for dialysis, each		Diabetes	No	No	No	No	No	No	No	No
A4673	Extension line with easy lock connectors, used with dialysis		Diabetes	No	No	No	No	No	No	No	No
A4674	Chemical/antiseptics solution used to clean/sterilize dialysis equipment, per 8 oz		Diabetes	No	No	No	No	No	No	No	No
A4680	Activated carbon filter for hemodialysis, each		Diabetes	No	No	No	No	No	No	No	No
A4690	Dialyzer (artificial kidneys), all types, all sizes, for hemodialysis, each		Diabetes	No	No	No	No	No	No	No	No
A4706	Bicarbonate concentrate, solution, for hemodialysis, per gallon		Diabetes	No	No	No	No	No	No	No	No
A4707	Bicarbonate concentrate, powder, for hemodialysis, per packet		Diabetes	No	No	No	No	No	No	No	No
A4708	Acetate concentrate solution, for hemodialysis, per gallon		Diabetes	No	No	No	No	No	No	No	No
A4709	Acid concentrate, solution, for hemodialysis, per gallon		Diabetes	No	No	No	No	No	No	No	No
A4714	Treated water (deionized, distilled, or reverse osmosis) for peritoneal dialysis, per gallon		Diabetes	No	No	No	No	No	No	No	No
A4719	Y set* tubing for peritoneal dialysis		Diabetes	No	No	No	No	No	No	No	No
A4720	Dialysate solution, any concentration of dextrose, fluid volume greater than 249 cc, but less than or equal to 999 cc, for peritoneal dialysis		Diabetes	No	No	No	No	No	No	No	No
A4721	Dialysate solution, any concentration of dextrose, fluid volume greater than 999 cc but less than or equal to 1999 cc, for peritoneal dialysis		Diabetes	No	No	No	No	No	No	No	No
A4722	Dialysate solution, any concentration of dextrose, fluid volume greater than 1999 cc but less than or equal to 2999 cc, for peritoneal dialysis		Diabetes	No	No	No	No	No	No	No	No
A4723	Dialysate solution, any concentration of dextrose, fluid volume greater than 2999 cc but less than or equal to 3999 cc, for peritoneal dialysis		Diabetes	No	No	No	No	No	No	No	No
A4724	Dialysate solution, any concentration of dextrose, fluid volume greater than 3999 cc but less than or equal to 4999 cc, for peritoneal dialysis		Diabetes	No	No	No	No	No	No	No	No
A4725	Dialysate solution, any concentration of dextrose, fluid volume greater than 4999 cc but less than or equal to 5999 cc, for peritoneal dialysis		Diabetes	No	No	No	No	No	No	No	No
A4726	Dialysate solution, any concentration of dextrose, fluid volume greater than 5999 cc, for peritoneal dialysis		Diabetes	No	No	No	No	No	No	No	No
A4728	Dialysate solution, nondextrose containing, 500 ml		Diabetes	No	No	No	No	No	No	No	No
A4730	Fistula cannulation set for hemodialysis, each		Diabetes	No	No	No	No	No	No	No	No
A4736	Topical anesthetic, for dialysis, per g		Diabetes	No	No	No	No	No	No	No	No
A4737	Injectable anesthetic, for dialysis, per 10 ml		Diabetes	No	No	No	No	No	No	No	No
A4740	Shunt accessory, for hemodialysis, any type, each		Diabetes	No	No	No	No	No	No	No	No
A4750	Blood tubing, arterial or venous, for hemodialysis, each		Diabetes	No	No	No	No	No	No	No	No
A4755	Blood tubing, arterial and venous combined, for hemodialysis, each		Diabetes	No	No	No	No	No	No	No	No
A4760	Dialysate solution test kit, for peritoneal dialysis, any type, each		Diabetes	No	No	No	No	No	No	No	No
A4765	Dialysate concentrate, powder, additive for peritoneal dialysis, per packet		Diabetes	No	No	No	No	No	No	No	No
A4766	Dialysate concentrate, solution, additive for peritoneal dialysis, per 10 ml		Diabetes	No	No	No	No	No	No	No	No
A4770	Blood collection tube, vacuum, for dialysis, per 50		Diabetes	No	No	No	No	No	No	No	No
A4771	Serum clotting time tube, for dialysis, per 50		Diabetes	No	No	No	No	No	No	No	No
A4772	Blood glucose test strips, for dialysis, per 50		Diabetes	No	No	No	No	No	No	No	No
A4773	Occult blood test strips, for dialysis, per 50		Diabetes	No	No	No	No	No	No	No	No
A4774	Ammonia test strips, for dialysis, per 50		Diabetes	No	No	No	No	No	No	No	No
A4802	Protamine sulfate, for hemodialysis, per 50 mg		Diabetes	No	No	No	No	No	No	No	No
A4860	Protamine sulfate, for hemodialysis, per 50 mg		Diabetes	No	No	No	No	No	No	No	No
A4870	Plumbing and/or electrical work for home hemodialysis equipment		Diabetes	No	No	No	No	No	No	No	No
A4890	Contracts, repair and maintenance, for hemodialysis equipment		Diabetes	No	No	No	No	No	No	No	No
A4911	Drain bag/bottle, for dialysis, each		Diabetes	No	No	No	No	No	No	No	No
A4913	Miscellaneous dialysis supplies, not otherwise specified		Diabetes	No	No	No	No	No	No	No	No
A4918	Venous pressure clamp, for hemodialysis, each		Diabetes	No	No	No	No	No	No	No	No
A4927	Gloves, nonsterile, per 100		Diabetes	OTC	OTC	No	No	No	No	OTC	OTC
A4928	Surgical mask, per 20		Diabetes	OTC	OTC	No	No	No	No	OTC	OTC
A4929	Tourniquet for dialysis, each		Diabetes	No	No	No	No	No	No	No	No
A4930	Gloves, sterile, per pair		Diabetes	No	No	No	No	No	No	No	No
A4931	Oral thermometer, reusable, any type, each		Diabetes	OTC	OTC	No	No	No	No	OTC	OTC
A4932	Rectal thermometer, reusable, any type, each		Diabetes	OTC	OTC	No	No	No	No	OTC	OTC
A5051	Ostomy pouch, closed, with barrier attached (1 piece), each		Ostomy	No	No	No	No	No	No	No	No
A5052	Ostomy pouch, closed, without barrier attached (1 piece), each		Ostomy	No	No	No	No	No	No	No	No
A5053	Ostomy pouch, closed, for use on faceplate, each		Ostomy	No	No	No	No	No	No	No	No
A5054	Ostomy pouch, closed, for use on barrier with flange (2 piece), each		Ostomy	No	No	No	No	No	No	No	No
A5055	Ostomy, stoma cap		Ostomy	No	No	No	No	No	No	No	No
A5056	Ostomy pouch, drainable, with extended wear barrier attached, with filter, (1 piece), each		Ostomy	No	No	No	No	No	No	No	No
A5057	Ostomy pouch, drainable, with extended wear barrier attached, with built in convexity, with filter, (1 piece), each		Ostomy	No	No	No	No	No	No	No	No
A5061	Ostomy pouch, drainable, with barrier attached, (1 piece), each		Ostomy	No	No	No	No	No	No	No	No
A5062	Ostomy pouch, drainable, without barrier attached (1 piece), each		Ostomy	No	No	No	No	No	No	No	No
A5063	Ostomy pouch, drainable, for use on barrier with flange (2-piece system), each		Ostomy	No	No	No	No	No	No	No	No
A5071	Ostomy pouch, urinary, with barrier attached (1 piece), each		Ostomy	No	No	No	No	No	No	No	No
A5072	Ostomy pouch, urinary, without barrier attached (1 piece), each		Ostomy	No	No	No	No	No	No	No	No
A5073	Ostomy pouch, urinary, for use on barrier with flange (2 piece), each		Ostomy	No	No	No	No	No	No	No	No
A5081	Stoma plug or seal, any type		Ostomy	No	No	No	No	No	No	No	No
A5082	Continent device; catheter for continent stoma		Catheter	No	No	No	No	No	No	No	No
A5083	Continent device, stoma absorptive cover for continent stoma		Ostomy	No	No	No	No	No	No	No	No
A5093	Ostomy accessory, convex insert		Ostomy	No	No	No	No	No	No	No	No
A5102	Bedside drainage bottle with or without tubing, rigid or expandable, each		Incontinence	No	No	No	No	No	No	No	No
A5105	Urinary suspensory with leg bag, with or without tube, each		Incontinence	No	No	No	No	No	No	No	No
A5112	Urinary drainage bag, leg or abdomen, latex, with or without tube, with straps, each		Incontinence	No	No	No	No	No	No	No	No
A5113	Leg strap, latex, replacement only, per set		Incontinence	No	No	No	No	No	No	No	No
A5114	Leg strap, foam or fabric, replacement only, per set		Incontinence	No	No	No	No	No	No	No	No
A5120	Skin barrier, wipes or swabs, each		Incontinence	No	No	No	No	No	No	No	No
A5121	Skin barrier, solid, 6 x 6 or equivalent, each		Incontinence	No	No	No	No	No	No	No	No
A5122	Skin barrier, solid, 8 x 8 or equivalent, each		Incontinence	No	No	No	No	No	No	No	No
A5126	Adhesive or nonadhesive, disk or foam pad		Incontinence	No	No	No	No	No	No	No	No
A5131	Appliance cleaner, incontinence and ostomy appliances, per 16 oz		Ostomy	No	No	No	No	No	No	No	No
A5200	Percutaneous catheter/tube anchoring device, adhesive skin attachment		Catheter	No	No	No	No	No	No	No	No
A5500	For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multidensity insert(s), per shoe		Diabetes	No	No	No	No	No	No	No	No
A5501	For diabetics only, fitting (including follow-up), custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe		Diabetes	No	No	No	No	No	No	No	No
A5503	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with roller or rigid rocker bottom, per shoe		Diabetes	No	No	No	No	No	No	No	No
A5504	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with wedges(s), per shoe		Diabetes	No	No	No	No	No	No	No	No
A5505	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with metatarsal bar, per shoe		Diabetes	No	No	No	No	No	No	No	No
A5506	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with off-set heel(s), per shoe		Diabetes	No	No	No	No	No	No	No	No
A5507	For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe		Diabetes	No	No	No	No	No	No	No	No
A5508	For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe		Diabetes	No	No	No	No	No	No	No	No
A5510	For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe		Diabetes	No	No	No	No	No	No	No	No
A5512	For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of shoe a 35 durometer or 3/16 inch material of shoe a 40 durometer (or higher), prefabricated, each		Diabetes	No	No	No	No	No	No	No	No
A5513	For diabetics only, multiple density inserts, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shoe a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each		Diabetes	No	No	No	No	No	No	No	No
A5514	For diabetics only, multiple density inserts, made by direct carving w/rot cam technology from a rectified cad model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shoe a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each		Diabetes	No	No	No	No	No	No	No	No
A6000	Noncontact wound-warming wound cover for use with the noncontact wound-warming device and warming card		Wound Care	No	No	No	No	No	No	No	No
A6010	Collagen based wound filler, dry form, sterile, per g of collagen		Wound Care	No	No	No	No	No	No	No	No
A6011	Collagen based wound filler, gel/paste, per g of collagen		Wound Care	No	No	No	No	No	No	No	No
A6021	Collagen dressing, sterile, size 16 sq in or less, each		Wound Care	No	No	No	No	No	No	No	No
A6022	Collagen dressing, sterile, size more than 16 sq in but less than or equal to 48 sq in, each		Wound Care	No	No	No	No	No	No	No	No
A6023	Collagen dressing, sterile, size more than 48 sq in, each		Wound Care	No	No	No	No	No	No	No	No
A6024	Collagen dressing wound filler, sterile, per 6 in		Wound Care	No	No	No	No	No	No	No	No
A6025	Gel sheet for dermal or epidermal application, (e.g., silicone, hydrogel, other), each		Wound Care	No	No	No	No	No	No	No	No
A6154	Wound pouch each		Wound Care	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
A6196	Alginate or other fiber gelling dressing, wound cover, sterile, pad size 16 sq in or less, each dressing		Wound Care	Yes	Yes	No	No	No	No	Yes	Yes
A6197	Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, each dressing		Wound Care	No	No	No	No	No	No	No	No
A6198	Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 48 sq in, each dressing		Wound Care	No	No	No	No	No	No	No	No
A6199	Alginate or other fiber gelling dressing, wound filler, sterile, per 6 in Composite dressing, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing		Wound Care	No	No	No	No	No	No	No	No
A6203	Composite dressing, sterile, pad size more than 16 sq in, but less than or equal to 48 sq in, with any size adhesive border, each dressing		Wound Care	No	No	No	No	No	No	No	No
A6204	Composite dressing, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing		Wound Care	No	No	No	No	No	No	No	No
A6205	Contact layer, sterile, 16 sq in or less, each dressing		Wound Care	No	No	No	No	No	No	No	No
A6206	Contact layer, sterile, more than 16 sq in but less than or equal to 48 sq in, each dressing		Wound Care	No	No	No	No	No	No	No	No
A6207	Foam dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing		Wound Care	No	No	No	No	No	No	No	No
A6209	Foam dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing		Wound Care	No	No	No	No	No	No	No	No
A6210	Foam dressing, wound cover, sterile, pad size more than 48 sq in, without adhesive border, each dressing		Wound Care	No	No	No	No	No	No	No	No
A6211	Foam dressing, wound cover, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing		Wound Care	No	No	No	No	No	No	No	No
A6212	Foam dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing		Wound Care	No	No	No	No	No	No	No	No
A6213	Foam dressing, wound cover, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing		Wound Care	No	No	No	No	No	No	No	No
A6214	Foam dressing, wound filler, sterile, per 6 in		Wound Care	No	No	No	No	No	No	No	No
A6215	Gauze, nonimpregnated, nonsterile, pad size 16 sq in or less, without adhesive border, each dressing		Wound Care	No	No	No	No	No	No	No	No
A6216	Gauze, nonimpregnated, nonsterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing		Wound Care	No	No	No	No	No	No	No	No
A6217	Gauze, nonimpregnated, nonsterile, pad size more than 48 sq in, without adhesive border, each dressing		Wound Care	No	No	No	No	No	No	No	No
A6218	Gauze, nonimpregnated, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing		Wound Care	No	No	No	No	No	No	No	No
A6219	Gauze, nonimpregnated, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing		Wound Care	No	No	No	No	No	No	No	No
A6220	Gauze, nonimpregnated, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing		Wound Care	No	No	No	No	No	No	No	No
A6221	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size 16 sq in or less, without adhesive border, each dressing		Wound Care	No	No	No	No	No	No	No	No
A6222	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 16 sq in, but less than or equal to 48 sq in, without adhesive border, each dressing		Wound Care	No	No	No	No	No	No	No	No
A6223	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 48 sq in, without adhesive border, each dressing		Wound Care	No	No	No	No	No	No	No	No
A6224	Gauze, impregnated, water or normal saline, sterile, pad size 16 sq in or less, without adhesive border, each dressing		Wound Care	No	No	No	No	No	No	No	No
A6228	Gauze, impregnated, water or normal saline, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing		Wound Care	No	No	No	No	No	No	No	No
A6229	Gauze, impregnated, water or normal saline, sterile, pad size more than 48 sq in, without adhesive border, each dressing		Wound Care	No	No	No	No	No	No	No	No
A6230	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size 16 sq in or less, each dressing		Wound Care	No	No	No	No	No	No	No	No
A6231	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size greater than 16 sq in, but less than or equal to 48 sq in, each dressing		Wound Care	No	No	No	No	No	No	No	No
A6232	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size more than 48 sq in, each dressing		Wound Care	No	No	No	No	No	No	No	No
A6233	Hydrocolloid dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing		Wound Care	No	No	No	No	No	No	No	No
A6234	Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing		Wound Care	No	No	No	No	No	No	No	No
A6235	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq in, without adhesive border, each dressing		Wound Care	No	No	No	No	No	No	No	No
A6236	Hydrocolloid dressing, wound cover, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing		Wound Care	No	No	No	No	No	No	No	No
A6237	Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing		Wound Care	No	No	No	No	No	No	No	No
A6238	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing		Wound Care	No	No	No	No	No	No	No	No
A6239	Hydrocolloid dressing, wound filler, paste, sterile, per oz		Wound Care	No	No	No	No	No	No	No	No
A6240	Hydrocolloid dressing, wound filler, dry form, sterile, per g		Wound Care	No	No	No	No	No	No	No	No
A6241	Hydrogel dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing		Wound Care	No	No	No	No	No	No	No	No
A6242	Hydrogel dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing		Wound Care	No	No	No	No	No	No	No	No
A6243	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq in, without adhesive border, each dressing		Wound Care	No	No	No	No	No	No	No	No
A6244	Hydrogel dressing, wound cover, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing		Wound Care	No	No	No	No	No	No	No	No
A6245	Hydrogel dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing		Wound Care	No	No	No	No	No	No	No	No
A6246	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing		Wound Care	No	No	No	No	No	No	No	No
A6247	Hydrogel dressing, wound filler, gel, per fl oz		Wound Care	No	No	No	No	No	No	No	No
A6248	Skin sealants, protectants, moisturizers, ointments, any type, any size		Wound Care	No	No	No	No	No	No	No	No
A6250	Specialty absorbent dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing		Wound Care	No	No	No	No	No	No	No	No
A6251	Specialty absorbent dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing		Wound Care	No	No	No	No	No	No	No	No
A6252	Specialty absorbent dressing, wound cover, sterile, pad size more than 48 sq in, without adhesive border, each dressing		Wound Care	No	No	No	No	No	No	No	No
A6253	Specialty absorbent dressing, wound cover, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing		Wound Care	No	No	No	No	No	No	No	No
A6254	Specialty absorbent dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing		Wound Care	No	No	No	No	No	No	No	No
A6255	Specialty absorbent dressing, wound cover, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing		Wound Care	No	No	No	No	No	No	No	No
A6256	Transparent film, sterile, 16 sq in or less, each dressing		Wound Care	No	No	No	No	No	No	No	No
A6257	Transparent film, sterile, more than 16 sq in but less than or equal to 48 sq in, each dressing		Wound Care	No	No	No	No	No	No	No	No
A6258	Transparent film, sterile, more than 48 sq in, each dressing		Wound Care	No	No	No	No	No	No	No	No
A6259	Wound cleansers, any type, any size		Wound Care	No	No	No	No	No	No	No	No
A6260	Wound filler, gel/paste, per fl oz, not otherwise specified		Wound Care	No	No	No	No	No	No	No	No
A6261	Wound filler, dry form, per g, not otherwise specified		Wound Care	No	No	No	No	No	No	No	No
A6262	Gauze, impregnated, other than water, normal saline, or zinc paste, sterile, any width, per linear yd		Wound Care	No	No	No	No	No	No	No	No
A6266	Gauze, nonimpregnated, sterile, pad size 16 sq in or less, without adhesive border, each dressing		Wound Care	No	No	No	No	No	No	No	No
A6402	Gauze, nonimpregnated, sterile, pad size more than 16 sq in, less than or equal to 48 sq in, without adhesive border, each dressing		Wound Care	No	No	No	No	No	No	No	No
A6403	Gauze, nonimpregnated, sterile, pad size more than 48 sq in, without adhesive border, each dressing		Wound Care	No	No	No	No	No	No	No	No
A6404	Packing strips, nonimpregnated, sterile, up to 2 in in width, per linear yd		Wound Care	No	No	No	No	No	No	No	No
A6407	Eye pad, sterile, each		Vision	OTC	OTC	OTC	No	OTC	No	OTC	OTC
A6411	Eye pad, nonsterile, each		Vision	OTC	OTC	OTC	No	OTC	No	OTC	OTC
A6412	Eye patch, occlusive, each		Vision	OTC	OTC	OTC	No	OTC	No	OTC	OTC
A6413	Adhesive bandage, first aid type, any size, ea		Medical/Surgical Supplies	OTC	OTC	OTC	No	OTC	No	OTC	OTC
A6441	Padding bandage, nonelastic, nonwoven/nonknitted, width greater than or equal to 3 in and less than 5 in, per yd		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A6442	Conforming bandage, nonelastic, knitted/woven, nonsterile, width less than 3 in, per yd		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A6443	Conforming bandage, nonelastic, knitted/woven, nonsterile, width greater than or equal to 3 in and less than 5 in, per yd		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A6444	Conforming bandage, nonelastic, knitted/woven, nonsterile, width greater than or equal to 5 in, per yd		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A6445	Conforming bandage, nonelastic, knitted/woven, sterile, width less than 3 in, per yd		Medical/Surgical Supplies	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
A6446	Conforming bandage, nonelastic, knitted/woven, sterile, width greater than or equal to 3 in and less than 5 in, per yd		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A6447	Conforming bandage, nonelastic, knitted/woven, sterile, width greater than or equal to 5 in, per yd		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A6448	Light compression bandage, elastic, knitted/woven, width less than 3 in, per yd		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A6449	Light compression bandage, elastic, knitted/woven, width greater than or equal to 3 in and less than 5 in, per yd		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A6450	Light compression bandage, elastic, knitted/woven, width greater than or equal to 5 in, per yd		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A6451	Moderate compression bandage, elastic, knitted/woven, load resistance of 1.25 to 1.34 lbs at 50% maximum stretch, width greater than or equal to 3 in and less than 5 in, per yd		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A6452	High compression bandage, elastic, knitted/woven, load resistance greater than or equal to 1.35 lbs at 50% maximum stretch, width greater than or equal to 3 in and less than 5 in, per yd		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A6453	Self-adherent bandage, elastic, nonknitted/nonwoven, width less than 3 in, per yd		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A6454	Self-adherent bandage, elastic, nonknitted/nonwoven, width greater than or equal to 3 in and less than 5 in, per yd		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A6455	Self-adherent bandage, elastic, nonknitted/nonwoven, width greater than or equal to 5 in, per yd		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A6456	Zinc paste impregnated bandage, nonelastic, knitted/woven, width greater than or equal to 3 in and less than 5 in, per yd		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A6457	Tubular dressing with or without elastic, any width, per linear yd		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A6460	Synthetic resorbable wound dressing, sterile, pad size 16 sq in or less, without adhesive border, each dressing		Medical or Surgical Supplies	No	No	No	No	No	No	No	No
A6461	Synthetic resorbable wound dressing, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing		Medical or Surgical Supplies	No	No	No	No	No	No	No	No
A6501	Compression burn garment, bodysuit (head to foot), custom fabricated		Compression Garment	No	No	No	No	No	No	No	No
A6502	Compression burn garment, chin strap, custom fabricated		Compression Garment	No	No	No	No	No	No	No	No
A6503	Compression burn garment, facial hood, custom fabricated		Compression Garment	No	No	No	No	No	No	No	No
A6504	Compression burn garment, glove to wrist, custom fabricated		Compression Garment	No	No	No	No	No	No	No	No
A6505	Compression burn garment, glove to elbow, custom fabricated		Compression Garment	No	No	No	No	No	No	No	No
A6506	Compression burn garment, glove to axilla, custom fabricated		Compression Garment	No	No	No	No	No	No	No	No
A6507	Compression burn garment, foot to knee length, custom fabricated		Compression Garment	No	No	No	No	No	No	No	No
A6508	Compression burn garment, foot to thigh length, custom fabricated		Compression Garment	No	No	No	No	No	No	No	No
A6509	Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated		Compression Garment	No	No	No	No	No	No	No	No
A6510	Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated		Compression Garment	No	No	No	No	No	No	No	No
A6511	Compression burn garment, lower trunk including leg openings (panty), custom fabricated		Compression Garment	No	No	No	No	No	No	No	No
A6512	Compression burn garment, not otherwise classified		Compression Garment	No	No	No	No	No	No	No	No
A6513	Compression burn mask, face and/or neck, plastic or equal, custom fabricated		Compression Garment	No	No	No	No	No	No	No	No
A6530	Gradient compression stocking, below knee, 18-30 mm Hg, each		Compression Garment	Yes	Yes	No	No	No	No	Yes	Yes
A6531	Gradient compression stocking, below knee, 30-40 mm Hg, each		Compression Garment	Yes	Yes	No	No	No	No	Yes	Yes
A6532	Gradient compression stocking, below knee, 40-50 mm Hg, each		Compression Garment	Yes	Yes	No	No	No	No	Yes	Yes
A6533	Gradient compression stocking, thigh length, 18-30 mm Hg, each		Compression Garment	Yes	Yes	No	No	No	No	Yes	Yes
A6534	Gradient compression stocking, thigh length, 30-40 mm Hg, each		Compression Garment	Yes	Yes	No	No	No	No	Yes	Yes
A6535	Gradient compression stocking, thigh length, 40-50 mm Hg, each		Compression Garment	Yes	Yes	No	No	No	No	Yes	Yes
A6536	Gradient compression stocking, full-length/chap style, 18-30 mm Hg, each		Compression Garment	Yes	Yes	No	No	No	No	Yes	Yes
A6537	Gradient compression stocking, full-length/chap style, 30-40 mm Hg, each		Compression Garment	Yes	Yes	No	No	No	No	Yes	Yes
A6538	Gradient compression stocking, full-length/chap style, 40-50 mm Hg, each		Compression Garment	Yes	Yes	No	No	No	No	Yes	Yes
A6539	Gradient compression stocking, waist length, 18-30 mm Hg, each		Compression Garment	Yes	Yes	No	No	No	No	Yes	Yes
A6540	Gradient compression stocking, waist length, 30-40 mm Hg, each		Compression Garment	Yes	Yes	No	No	No	No	Yes	Yes
A6541	Gradient compression stocking, waist length, 40-50 mm Hg, each		Compression Garment	Yes	Yes	No	No	No	No	Yes	Yes
A6544	Gradient compression stocking, garter belt		Compression Garment	Yes	Yes	No	No	No	No	Yes	Yes
A6545	Gradient compression wrap, nonelastic, below knee, 30-50 mm Hg, each		Compression Garment	Yes	Yes	No	No	No	No	Yes	Yes
A6549	Gradient compression stocking/leewe, not otherwise specified		Compression Garment	Yes	Yes	No	No	No	No	Yes	Yes
A6550	Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A6590	External urinary catheters; disposable, with wicking material, for use with suction pump, per month		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A6591	External urinary catheter; non-disposable, for use with suction pump, per month		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A7000	Canister, disposable, used with suction pump, each		Respiratory	No	No	No	No	No	No	No	No
A7001	Canister, nondisposable, used with suction pump, each		Respiratory	No	No	No	No	No	No	No	No
A7002	Tubing, used with suction pump, each		Respiratory	No	No	No	No	No	No	No	No
A7003	Administration set, with small volume nonfiltered pneumatic nebulizer, disposable		Respiratory	No	No	No	No	No	No	No	No
A7004	Small volume nonfiltered pneumatic nebulizer, disposable		Respiratory	No	No	No	No	No	No	No	No
A7005	Administration set, with small volume nonfiltered pneumatic nebulizer, nondisposable		Respiratory	No	No	No	No	No	No	No	No
A7006	Administration set, with small volume filtered pneumatic nebulizer		Respiratory	No	No	No	No	No	No	No	No
A7007	Large volume nebulizer, disposable, unfilled, used with aerosol compressor		Respiratory	No	No	No	No	No	No	No	No
A7008	Large volume nebulizer, disposable, prefilled, used with aerosol compressor		Respiratory	No	No	No	No	No	No	No	No
A7009	Reservoir bottle, nondisposable, used with large volume ultrasonic nebulizer		Respiratory	No	No	No	No	No	No	No	No
A7010	Corrugated tubing, disposable, used with large volume nebulizer, 100 ft		Respiratory	No	No	No	No	No	No	No	No
A7012	Water collection device, used with large volume nebulizer		Respiratory	No	No	No	No	No	No	No	No
A7013	Filter, disposable, used with aerosol compressor or ultrasonic generator		Respiratory	No	No	No	No	No	No	No	No
A7014	Filter, nondisposable, used with aerosol compressor or ultrasonic generator		Respiratory	No	No	No	No	No	No	No	No
A7015	Aerosol mask, used with DME nebulizer		Respiratory	No	No	No	No	No	No	No	No
A7016	Dome and mouthpiece, used with small volume ultrasonic nebulizer		Respiratory	No	No	No	No	No	No	No	No
A7017	Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen		Respiratory	No	No	No	No	No	No	No	No
A7018	Water, distilled, used with large volume nebulizer, 1000 ml		Respiratory	No	No	No	No	No	No	No	No
A7020	Interface for cough stimulating device, includes all components, replacement only		Respiratory	No	No	No	No	No	No	No	No
A7025	High frequency chest wall oscillation system vest, replacement for use with patient-owned equipment, each		Respiratory	Yes	Yes	No	No	No	No	Yes	Yes
A7026	High frequency chest wall oscillation system hose, replacement for use with patient-owned equipment, each		Respiratory	Yes	Yes	No	No	No	No	Yes	Yes
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each		Sleep Apnea	Yes	Yes	No	No	No	No	Yes	Yes
A7028	Oral cushion for combination oral/nasal mask, replacement only, each		Sleep Apnea	Yes	Yes	No	No	No	No	Yes	Yes
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair		Sleep Apnea	Yes	Yes	No	No	No	No	Yes	Yes
A7030	Full face mask used with positive airway pressure device, each		Sleep Apnea	Yes	Yes	No	No	No	No	Yes	Yes
A7031	Face mask interface, replacement for full face mask, each		Sleep Apnea	Yes	Yes	No	No	No	No	Yes	Yes
A7032	Cushion for use on nasal mask interface, replacement only, each		Sleep Apnea	Yes	Yes	No	No	No	No	Yes	Yes
A7033	Pillow for use on nasal cannula type interface, replacement only, pair		Sleep Apnea	Yes	Yes	No	No	No	No	Yes	Yes
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap		Sleep Apnea	Yes	Yes	No	No	No	No	Yes	Yes
A7035	Headgear used with positive airway pressure device		Sleep Apnea	Yes	Yes	No	No	No	No	Yes	Yes
A7036	Chinstrap used with positive airway pressure device		Sleep Apnea	Yes	Yes	No	No	No	No	Yes	Yes
A7037	Tubing used with positive airway pressure device		Sleep Apnea	Yes	Yes	No	No	No	No	Yes	Yes
A7038	Filter, disposable, used with positive airway pressure device		Sleep Apnea	Yes	Yes	No	No	No	No	Yes	Yes
A7039	Filter, nondisposable, used with positive airway pressure device		Sleep Apnea	Yes	Yes	No	No	No	No	Yes	Yes
A7040	One way chest drain valve		Respiratory	No	No	No	No	No	No	No	No
A7041	Water seal drainage container and tubing for use with implanted chest tube		Respiratory	No	No	No	No	No	No	No	No
A7044	Oral interface used with positive airway pressure device, each		Sleep Apnea	Yes	Yes	No	No	No	No	Yes	Yes
A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only		Sleep Apnea	Yes	Yes	No	No	No	No	Yes	Yes
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each		Sleep Apnea	Yes	Yes	No	No	No	No	Yes	Yes
A7047	Oral interface used with respiratory suction pump, each		Respiratory	No	No	No	No	No	No	No	No
A7048	Vacuum drainage collection unit and tubing kit, including all supplies needed for collection unit change, for use with implanted catheter, each		Respiratory	No	No	No	No	No	No	No	No
A7049	Expiratory positive airway pressure intranasal resistance valve		Respiratory	No	No	No	No	No	No	No	No
A7501	Tracheostoma valve, including diaphragm, each		Tracheostomy	No	No	No	No	No	No	No	No
A7502	Replacement diaphragm/facelate for tracheostoma valve, each		Tracheostomy	No	No	No	No	No	No	No	No
A7503	Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each		Tracheostomy	No	No	No	No	No	No	No	No
A7504	Filter for use in a tracheostoma heat and moisture exchange system, each		Tracheostomy	No	No	No	No	No	No	No	No
A7505	Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each		Tracheostomy	No	No	No	No	No	No	No	No
A7506	Adhesive disc for use in a heat and moisture exchange system and/or with tracheostoma valve, any type each		Tracheostomy	No	No	No	No	No	No	No	No
A7507	Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each		Tracheostomy	No	No	No	No	No	No	No	No
A7508	Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each		Tracheostomy	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
A7509	Filter holder and integrated filter housing, and adhesive, for use as a tracheostoma heat and moisture exchange system, each		Tracheostomy	No	No	No	No	No	No	No	No
A7520	Tracheostomy/laryngectomy tube, noncuffed, polyvinylchloride (PVC), silicone or equal, each		Tracheostomy	No	No	No	No	No	No	No	No
A7521	Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each		Tracheostomy	No	No	No	No	No	No	No	No
A7522	Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each		Tracheostomy	No	No	No	No	No	No	No	No
A7523	Tracheostomy shower protector, each		Tracheostomy	No	No	No	No	No	No	No	No
A7524	Tracheostoma stent/stud/button, each		Tracheostomy	No	No	No	No	No	No	No	No
A7525	Tracheostomy mask, each		Tracheostomy	No	No	No	No	No	No	No	No
A7526	Tracheostomy tube collar/holder, each		Tracheostomy	No	No	No	No	No	No	No	No
A7527	Tracheostomy/laryngectomy tube plug/stop, each		Tracheostomy	No	No	No	No	No	No	No	No
A8000	Helmet, protective, soft, prefabricated, includes all components and accessories		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A8001	Helmet, protective, hard, prefabricated, includes all components and accessories		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A8002	Helmet, protective, soft, custom fabricated, includes all components and accessories		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A8003	Helmet, protective, hard, custom fabricated, includes all components and accessories		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A8004	Soft interface for helmet, replacement only		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A9150	Nonprescription drugs		Medical/Surgical Supplies	OTC	OTC	OTC	No	OTC	No	OTC	OTC
A9152	Single vitamin/mineral/trace element, oral, per dose, not otherwise specified		Medical/Surgical Supplies	OTC	OTC	OTC	No	OTC	No	OTC	OTC
A9153	Multiple vitamins, with or without minerals and trace elements, oral, per dose, not otherwise specified		Medical/Surgical Supplies	OTC	OTC	OTC	No	OTC	No	OTC	OTC
A9155	Artificial saliva, 30 ml		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A9156	Oral mucoadhesive, any type [liquid, gel, paste, etc.] per 1 ml		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A9268	Programmer for transient, orally ingested capsule			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
A9269	Prescription digital visual therapy, software-only, fda cleared, per course of treatment			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
A9180	Pediculosis (lice infestation) treatment, topical, for administration by patient/caretaker		Medical/Surgical Supplies	OTC	OTC	OTC	No	OTC	No	OTC	OTC
A9270	Uncovered item or service		Medical/Surgical Supplies	Yes	Yes	No	No	No	No	Yes	Yes
A9272	Wound sound, disposable, includes dressing, all accessories and components, any type, each		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A9273	Hot water bottle, ice cap or collar, heat and/or cold wrap, any type		Medical/Surgical Supplies	OTC	OTC	OTC	No	OTC	No	OTC	OTC
A9274	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories		Diabetes	No	No	No	No	No	No	No	No
A9275	Home glucose disposable monitor, includes test strips		Diabetes	No	No	No	No	No	No	No	No
A9276	Sensor, invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, 1 unit = 1 day supply		Diabetes	No	No	No	No	No	No	No	No
A9277	Transmitter, external, for use with interstitial continuous glucose monitoring system		Diabetes	No	No	No	No	No	No	No	No
A9278	Receiver (monitor), external, for use with interstitial continuous glucose monitoring system		Diabetes	No	No	No	No	No	No	No	No
A9279	Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A9280	Alert or alarm device, not otherwise classified		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A9281	Reaching/grabbing device, any type, any length, each		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A9282	Wig, any type, each		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A9283	Foot pressure off loading/supportive device, any type, each		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A9284	Spirometer, nonelectronic, includes all accessories		Respiratory	No	No	No	No	No	No	No	No
A9285	Inversion/inversion correction device		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A9286	Hygienic item or device, disposable or non-disposable, any type, each		Medical/Surgical Supplies	OTC	OTC	OTC	No	OTC	No	OTC	OTC
A9291	Prescription digital behavioral therapy, FDA-cleared, per course of treatment			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
A9300	Exercise equipment		Medical/Surgical Supplies	Yes	Yes	No	No	No	No	Yes	Yes
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9501	Technetium Tc-99m tetrofosmin, diagnostic, per study dose		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9503	Technetium Tc-99m medronate, diagnostic, per study dose, up to 30 millicuries		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9504	Technetium Tc-99m apcitide, diagnostic, per study dose, up to 20 millicuries		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9505	Thallium TI-201 thallous chloride, diagnostic, per millicurie		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9507	Indium In-111 capromab pentetide, diagnostic, per study dose, up to 10 millicuries		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9508	Iodine I-131 iobenguane sulfate, diagnostic, per 0.5 millicurie		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9509	Iodine I-123 sodium iodide, diagnostic, per millicurie		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9510	Technetium Tc-99m disofenin, diagnostic, per study dose, up to 15 millicuries		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9512	Technetium Tc-99m pertechnate, diagnostic, per millicurie		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi		Therapeutic Radiological Drug	No	No	No	Yes	No	Yes	No	No
A9515	Choline C-11, diagnostic, per study dose up to 20 millicuries		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9516	Iodine I-123 sodium iodide, diagnostic, per 100 microcuries, up to 999 microcuries		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9517	Iodine I-131 sodium iodide capsule(s), therapeutic, per millicurie		Therapeutic Radiological Drug	No	No	No	No	No	No	No	No
A9520	Technetium Tc-99m, tilmanocept, diagnostic, up to 0.5 millicuries		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9521	Technetium Tc-99m exametazime, diagnostic, per study dose, up to 25 millicuries		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9524	Iodine I-131 iodinated serum albumin, diagnostic, per 5 microcuries		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9526	Nitrogen N-13 ammonia, diagnostic, per study dose, up to 40 millicuries		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9527	Iodine I-125, sodium iodide solution, therapeutic, per millicurie		Therapeutic Radiological Drug	No	No	No	No	No	No	No	No
A9528	Iodine I-131 sodium iodide capsule(s), diagnostic, per millicurie		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9529	Iodine I-131 sodium iodide solution, diagnostic, per millicurie		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9530	Iodine I-131 sodium iodide solution, therapeutic, per millicurie		Therapeutic Radiological Drug	No	No	No	No	No	No	No	No
A9531	Iodine I-131 sodium iodide, diagnostic, per microcurie (up to 100 microcuries)		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9532	Iodine I-125 serum albumin, diagnostic, per 5 microcuries		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9536	Technetium Tc-99m mebrofenin, diagnostic, per study dose, up to 15 millicuries		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9537	Technetium Tc-99m pyrophosphate, diagnostic, per study dose, up to 25 millicuries		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9538	Technetium Tc-99m pentetate, diagnostic, per study dose, up to 25 millicuries		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9539	Technetium Tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 millicuries		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9540	Technetium Tc-99m sulfur colloid, diagnostic, per study dose, up to 20 millicuries		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9541	Indium In-111 ibritumomab tuxetan, diagnostic, per study dose, up to 5 millicuries		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9542	Indium In-111 ibritumomab tuxetan, diagnostic, per study dose, up to 5 millicuries		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9543	Yttrium Y-90 ibritumomab tuxetan, therapeutic, per treatment dose, up to 40 millicuries		Therapeutic Radiological Drug	No	No	No	Yes	No	Yes	No	No
A9546	Cobalt Co-57/58, cyanocobalamin, diagnostic, per study dose, up to 1 microcurie		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9547	Indium In-111 oxiquinolone, diagnostic, per 0.5 millicurie		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9548	Indium In-111 pentetate, diagnostic, per 0.5 millicurie		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9550	Technetium Tc-99m sodium gluceptate, diagnostic, per study dose, up to 25 millicurie		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9551	Technetium Tc-99m succimer, diagnostic, per study dose, up to 10 millicuries		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9552	Fluorodeoxyglucose F-18 FDG, diagnostic, per study dose, up to 45 millicuries		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9553	Chromium Cr-51 sodium chromate, diagnostic, per study dose, up to 250 microcuries		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9554	Iodine I-125 sodium iothalamate, diagnostic, per study dose, up to 10 microcuries		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9555	Rubidium Rb-82, diagnostic, per study dose, up to 60 millicuries		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9556	Gallium Ga-67 citrate, diagnostic, per millicurie		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9557	Technetium Tc-99m bicisate, diagnostic, per study dose, up to 25 millicuries		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9558	Xenon Xe-133 gas, diagnostic, per 10 millicuries		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9559	Cobalt Co-57 cyanocobalamin, oral, diagnostic, per study dose, up to 1 microcurie		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9560	Technetium Tc-99m labeled red blood cells, diagnostic, per study dose, up to 30 millicuries		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9561	Technetium Tc-99m oxidronate, diagnostic, per study dose, up to 30 millicuries		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9562	Technetium Tc-99m mertiatide, diagnostic, per study dose, up to 15 millicuries		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9563	Sodium phosphate P-32, therapeutic, per millicurie		Therapeutic Radiological Drug	No	No	No	No	No	No	No	No
A9564	Chromic phosphate P-32 suspension, therapeutic, per millicurie		Therapeutic Radiological Drug	No	No	No	No	No	No	No	No
A9566	Technetium Tc-99m falesomab, diagnostic, per study dose, up to 25 millicuries		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
A9567	Technetium Tc-99m pentetate, diagnostic, aerosol, per study dose, up to 75 millicuries		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9568	Technetium Tc-99m arcitumomab, diagnostic, per study dose, up to 45 millicuries		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9569	Technetium Tc-99m exametazime labeled autologous white blood cells, diagnostic, per study dose		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9570	Indium In-111 labeled autologous white blood cells, diagnostic, per study dose		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9571	Indium In-111 labeled autologous platelets, diagnostic, per study dose		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9572	Indium In-111 pentetate, diagnostic, per study dose, up to 6 millicuries		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9573	Injection, gadopichlenol, 1 ml		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9575	Injection, gadoterate meglumine, 0.1 ml		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9576	Injection, gadoteridol, (ProHance multipack), per ml		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9577	Injection, gadobenate dimeglumine (MultiHance), per ml		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9578	Injection, gadobenate dimeglumine (MultiHance multipack), per ml		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9579	Injection, gadolinium-based magnetic resonance contrast agent, not otherwise specified (NOS), per ml		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9580	Sodium fluoride F-18, diagnostic, per study dose, up to 30 millicuries		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9581	Injection, gadovetate disodium, 1 ml		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9582	Iodine I-123 iobenguane, diagnostic, per study dose, up to 15 millicuries		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9583	Injection, gadofosveset trisodium, 1 ml		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9584	Iodine I-123 ioflupane, diagnostic, per study dose, up to 5 millicuries		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9585	Injection, gadobutrol, 0.1 ml		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9586	Ronbatair F-18, diagnostic, per study dose, up to 10 millicuries		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9587	Gallium ga-68, dotatate, diagnostic, 0.1 millicurie		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9588	Fluciclovine f-18, diagnostic, 1 millicurie		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9589	Instillation, hexaminolevulinate hydrochloride, 100 mg		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9590	Iodine I-131, iobenguane, 1 mCi		Diagnostic Radiological Drug	No	No	No	Yes	No	Yes	No	No
A9591	Fluorodeoxyglucose F-18, diagnostic, 1 mCi		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9592	Copper Cu-64, dotatate, diagnostic, 1 mCi		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9593	Gallium Ga-68 PSMA-11, diagnostic, (UCSF), 1 mCi		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9594	Gallium Ga-68 PSMA-11, diagnostic, (UCLA), 1 mCi		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9595	Prifolastat f-18, diagnostic, 1 mCi		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9596	Gallium Ga-68 gozetotide, diagnostic, (Ilucix), 1 mCi		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9597	Positron emission tomography radiopharmaceutical, diagnostic, for tumor identification, not otherwise classified		Diagnostic Radiological Drug	Yes	Yes	No	No	No	No	Yes	Yes
A9598	Positron emission tomography radiopharmaceutical, diagnostic, for non-tumor identification, not otherwise classified		Diagnostic Radiological Drug	Yes	Yes	No	No	No	No	Yes	Yes
A9600	Strontium Sr-89 chloride, therapeutic, per millicurie		Diagnostic Radiological Drug	No	No	No	Yes	No	Yes	No	No
A9601	Flortaucipir F-18 injection, diagnostic, 1 mCi		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9603	Injection, pafolacaline, 0.1 mg		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9604	Strontium Sr-89 chloride, therapeutic, per millicurie		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9606	Radium RA-223 dichloride, therapeutic, per microcurie		Diagnostic Radiological Drug	No	No	yes	Yes	yes	Yes	No	No
A9607	Lutetium lu 177 vipivotide tetraacetate, 1 millicurie		Diagnostic Radiological Drug	No	No	No	Yes	No	Yes	No	No
A9697	Injection, carboxydextran-coated superparamagnetic iron oxide, per study dose			No	No	No	No	No	No	No	No
A9698	Nonradioactive contrast imaging material, not otherwise classified, per study		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9699	Radiopharmaceutical, therapeutic, not otherwise classified		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9700	Supply of injectable contrast material for use in echocardiography, per study		Diagnostic Radiological Drug	No	No	No	No	No	No	No	No
A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code		Medical/Surgical Supplies	Yes	Yes	No	No	No	No	Yes	Yes
A9901	DME delivery, set up, and/or dispensing service component of another HCPCS code		Medical/Surgical Supplies	No	No	No	No	No	No	No	No
A9999	Miscellaneous DME supply or accessory, not otherwise specified		Medical/Surgical Supplies	Yes	Yes	No	No	No	No	Yes	Yes

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
B4034	Enteral feeding supply kit; syringe fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape		Feeding Therapy	No	No	No	No	No	No	No	No
B4035	Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape		Feeding Therapy	No	No	No	No	No	No	No	No
B4036	Enteral feeding supply kit; gravity fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape		Feeding Therapy	No	No	No	No	No	No	No	No
B4081	Nasogastric tubing with stylet		Feeding Therapy	No	No	No	No	No	No	No	No
B4082	Nasogastric tubing without stylet		Feeding Therapy	No	No	No	No	No	No	No	No
B4083	Stomach tube - Levine type		Feeding Therapy	No	No	No	No	No	No	No	No
B4087	Gastrostomy/jejunostomy tube, standard, any material, any type, each		Feeding Therapy	No	No	No	No	No	No	No	No
B4088	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each		Feeding Therapy	No	No	No	No	No	No	No	No
B4100	Food thickener, administered orally, per oz		Feeding Therapy	No	No	No	No	No	No	No	No
B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit		Feeding Therapy	Yes	Yes	Yes	Yes	yes	Yes	Yes	Yes
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit		Feeding Therapy	Yes	Yes	Yes	Yes	yes	Yes	Yes	Yes
B4104	Additive for enteral formula (e.g., fiber)		Feeding Therapy	Yes	Yes	Yes	Yes	yes	Yes	Yes	Yes
B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, each		Feeding Therapy	Yes	Yes	Yes	Yes	yes	Yes	Yes	Yes
B4148	Enteral feeding supply kit, elastomeric control fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape		Feeding Therapy	No	No	No	No	No	No	No	No
B4149	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit		Feeding Therapy	Yes	Yes	Yes	Yes	yes	Yes	Yes	Yes
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		Feeding Therapy	Yes	Yes	Yes	Yes	yes	Yes	Yes	Yes
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		Feeding Therapy	Yes	Yes	Yes	Yes	yes	Yes	Yes	Yes
B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit		Feeding Therapy	Yes	Yes	Yes	Yes	yes	Yes	Yes	Yes
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		Feeding Therapy	Yes	Yes	No	No	No	No	Yes	Yes
B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit		Feeding Therapy	Yes	Yes	Yes	Yes	yes	Yes	Yes	Yes
B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit		Feeding Therapy	Yes	Yes	Yes	Yes	yes	Yes	Yes	Yes
B4158	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit		Feeding Therapy	Yes	Yes	Yes	Yes	yes	Yes	Yes	Yes
B4159	Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit		Feeding Therapy	Yes	Yes	Yes	Yes	yes	Yes	Yes	Yes
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		Feeding Therapy	Yes	Yes	Yes	Yes	yes	Yes	Yes	Yes
B4161	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit		Feeding Therapy	Yes	Yes	Yes	Yes	yes	Yes	Yes	Yes
B4162	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit		Feeding Therapy	Yes	Yes	Yes	Yes	yes	Yes	Yes	Yes
B4164	Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 unit), home mix		Feeding Therapy	Yes	Yes	Yes	Yes	yes	Yes	Yes	Yes
B4168	Parenteral nutrition solution: amino acid, 3.5% (500 ml = 1 unit) - home mix		Feeding Therapy	Yes	Yes	Yes	Yes	yes	Yes	Yes	Yes
B4172	Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) - home mix		Feeding Therapy	Yes	Yes	Yes	Yes	yes	Yes	Yes	Yes
B4176	Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit) - home mix		Feeding Therapy	Yes	Yes	Yes	Yes	yes	Yes	Yes	Yes
B4178	Parenteral nutrition solution: amino acid, greater than 8.5% (500 ml = 1 unit), home mix		Feeding Therapy	Yes	Yes	Yes	Yes	yes	Yes	Yes	Yes
B4180	Parenteral nutrition solution: carbohydrates (dextrose), greater than 50% (500 ml = 1 unit), home mix		Feeding Therapy	Yes	Yes	Yes	Yes	yes	Yes	Yes	Yes
B4185	Parenteral nutrition solution, per 10 grams lipids		Feeding Therapy	Yes	Yes	Yes	Yes	yes	Yes	Yes	Yes
B4187	Omegaven, 10 g lipids		Feeding Therapy	Yes	Yes	Yes	Yes	yes	Yes	Yes	Yes
B4189	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 g of protein, premix		Feeding Therapy	Yes	Yes	Yes	Yes	yes	Yes	Yes	Yes
B4193	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 g of protein, premix		Feeding Therapy	Yes	Yes	Yes	Yes	yes	Yes	Yes	Yes
B4197	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 grams of protein - premix		Feeding Therapy	Yes	Yes	Yes	Yes	yes	Yes	Yes	Yes
B4199	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein - premix		Feeding Therapy	Yes	Yes	Yes	Yes	yes	Yes	Yes	Yes
B4216	Parenteral nutrition; additives (vitamins, trace elements, Heparin, electrolytes), home mix, per day		Feeding Therapy	Yes	Yes	Yes	Yes	yes	Yes	Yes	Yes
B4220	Parenteral nutrition supply kit; premix, per day		Feeding Therapy	No	No	No	No	No	No	No	No
B4222	Parenteral nutrition supply kit; home mix, per day		Feeding Therapy	No	No	No	No	No	No	No	No
B4224	Parenteral nutrition administration kit, per day		Feeding Therapy	No	No	No	No	No	No	No	No
B5000	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal - Amiroxyn RF, NegluAmine, RenAmine - premix		Feeding Therapy	Yes	Yes	Yes	Yes	yes	Yes	Yes	Yes
B5100	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic-HepatAmine-premix		Feeding Therapy	Yes	Yes	Yes	Yes	yes	Yes	Yes	Yes
B5200	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress-branch chain amino acids-TreAmine-HBC-premix		Feeding Therapy	Yes	Yes	Yes	Yes	yes	Yes	Yes	Yes
B9002	Enteral nutrition infusion pump, any type		Feeding Therapy	Yes	Yes	Yes	Yes	yes	Yes	Yes	Yes
B9004	Parenteral nutrition infusion pump, portable		Feeding Therapy	Yes	Yes	Yes	Yes	yes	Yes	Yes	Yes
B9006	Parenteral nutrition infusion pump, stationary		Feeding Therapy	Yes	Yes	Yes	Yes	yes	Yes	Yes	Yes
B9998	NOC for enteral supplies		Feeding Therapy	Yes	Yes	Yes	Yes	yes	Yes	Yes	Yes
B9999	NOC for parenteral supplies		Feeding Therapy	Yes	Yes	Yes	Yes	yes	Yes	Yes	Yes

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
C1052	Hemostatic agent, gastrointestinal, topical		Therapeutic Procedure	No	No	No	No	No	No	No	No
C1062	Intravertebral body fracture augmentation with implant (e.g., metal, polymer)		Therapeutic Procedure	No	No	Yes	Yes	Yes	Yes	No	No
C1713	Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)	packaged service; ; with Surgery	Orthopedics	No	No	Yes	Yes	Yes	Yes	No	No
C1714	Catheter, transluminal atherectomy, directional	packaged service	Catheter	No	No	Yes	Yes	Yes	Yes	No	No
C1715	Brachytherapy needle	packaged service	Brachytherapy	No	No	Yes	Yes	Yes	Yes	No	No
C1716	Brachytherapy source, nonstranded, gold-198, per source		Brachytherapy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C1717	Brachytherapy source, nonstranded, high dose rate iridium-192, per source		Brachytherapy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C1719	Brachytherapy source, nonstranded, nonhigh dose rate iridium-192, per source		Brachytherapy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C1721	Cardioverter-defibrillator, dual chamber (implantable)	packaged service--with Surgery	Cardiology	No	No	No	No	No	No	No	No
C1722	Cardioverter-defibrillator, single chamber (implantable)	packaged service	Cardiology	No	No	Yes	Yes	Yes	Yes	No	No
C1724	Catheter, transluminal atherectomy, rotational	packaged service	Catheter	No	No	Yes	Yes	Yes	Yes	No	No
C1725	Catheter, transluminal angioplasty, non-laser (may include guidance, infusion/perfusion capability)	packaged service	Catheter	No	No	Yes	Yes	Yes	Yes	No	No
C1726	Catheter, balloon dilatation, nonvascular	packaged service	Catheter	No	No	No	No	No	No	No	No
C1727	Catheter, balloon tissue dissector, nonvascular (insertable)	packaged service	Catheter	No	No	Yes	Yes	Yes	Yes	No	No
C1728	Catheter, brachytherapy seed administration	packaged service	Catheter	No	No	No	No	No	No	No	No
C1729	Catheter, drainage	packaged service	Catheter	No	No	Yes	Yes	Yes	Yes	No	No
C1730	Catheter, electrophysiology, diagnostic, other than 3D mapping (19 or fewer electrodes)	packaged service	Catheter	No	No	No	No	No	No	No	No
C1731	Catheter, electrophysiology, diagnostic, other than 3D mapping (20 or more electrodes)	packaged service	Catheter	No	No	Yes	Yes	Yes	Yes	No	No
C1732	Catheter, electrophysiology, diagnostic/ablation, 3D or vector mapping	packaged service	Catheter	No	No	Yes	Yes	Yes	Yes	No	No
C1733	Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, other than cool-tip	packaged service	Catheter	No	No	Yes	Yes	Yes	Yes	No	No
C1734	Orthopedic device/drug matrix for opposing bone-to-bone or soft tissue-to-bone (implantable)		Catheter	No	No	No	Yes	No	Yes	No	No
C1748	Endoscope, single-use (i.e. disposable), upper GI, imaging/illumination device (insertable)		Catheter	No	No	No	Yes	No	Yes	No	No
C1749	Endoscope, retrograde imaging/illumination colonoscope device (implantable)	packaged service	Catheter	No	No	Yes	Yes	Yes	Yes	No	No
C1750	Catheter, hemodialysis/peritoneal, long-term	packaged service	Catheter	No	No	Yes	Yes	Yes	Yes	No	No
C1751	Catheter, hemodialysis/peritoneal, long-term	packaged service	Catheter	No	No	Yes	Yes	Yes	Yes	No	No
C1752	Catheter, hemodialysis/peritoneal, short-term	packaged service	Catheter	No	No	Yes	Yes	Yes	Yes	No	No
C1753	Catheter, intravascular ultrasound	packaged service	Catheter	No	No	Yes	Yes	Yes	Yes	No	No
C1754	Catheter, intradiscal	packaged service	Catheter	No	No	No	No	No	No	No	No
C1755	Catheter, intraspinal	packaged service	Catheter	No	No	No	No	No	No	No	No
C1756	Catheter, pacing, transeptophageal	packaged service	Catheter	No	No	No	No	No	No	No	No
C1757	Catheter, thrombectomy/embolectomy	packaged service	Catheter	No	No	No	No	No	No	No	No
C1758	Catheter, ureteral	packaged service	Catheter	No	No	No	No	No	No	No	No
C1759	Catheter, intracardiac echocardiography	packaged service	Catheter	No	No	No	No	No	No	No	No
C1760	Closure device, vascular (implantable/insertable)	packaged service	Cardiology	No	No	No	No	No	No	No	No
C1761	Catheter, transluminal intravascular lithotripsy, coronary		Catheter	No	No	No	Yes	Yes	No	No	No
C1762	Connective tissue, human (includes fascia lata)	packaged service	Urinary	No	No	No	No	No	No	No	No
C1763	Connective tissue, nonhuman (includes synthetic)	packaged service	Urinary	No	No	No	No	No	No	No	No
C1764	Event recorder, cardiac (implantable)	packaged service	Cardiology	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C1765	Adhesion barrier	packaged service	Spine	No	No	No	No	No	No	No	No
C1766	Introducer/sheath, guiding, intracardiac electrophysiological, steerable, other than peel-away	packaged service	Cardiology	No	No	No	No	No	No	No	No
C1767	Generator, neurostimulator (implantable), nonrechargeable	packaged service	Stimulation Device	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C1768	Graft, vascular	packaged service	Cardiology	No	No	No	No	No	No	No	No
C1769	Guide wire	packaged service	Cardiology	No	No	No	No	No	No	No	No
C1770	Imaging coil, magnetic resonance (insertable)	packaged service	MRI	No	No	No	No	No	No	No	No
C1771	Repair device, urinary, incontinence, with sling graft	packaged service	Urinary	No	No	No	No	No	No	No	No
C1772	Infusion pump, programmable (implantable)	packaged service	Infusion	No	No	No	No	No	No	No	No
C1773	Retrieval device, insertable (used to retrieve fractured medical devices)	packaged service	Cardiology	No	No	No	No	No	No	No	No
C1776	Joint device (implantable)	packaged service	Orthopedics	No	No	No	No	No	No	No	No
C1777	Lead, cardioverter-defibrillator, endocardial single coil (implantable)	packaged service	Cardiology	No	No	No	No	No	No	No	No
C1778	Lead, neurostimulator (implantable)	packaged service	Stimulation Device	No	No	Yes	Yes	Yes	Yes	No	No
C1779	Lead, pacemaker, transvenous VDD single pass	packaged service	Pacemaker	No	No	Yes	Yes	No	Yes	No	No
C1780	Lens, intracular (new technology)	packaged service	Vision	No	No	Yes	Yes	Yes	Yes	No	No
C1781	Mesh (implantable)	packaged service	Medical/Surgical Supplies	No	No	No	No	No	No	No	No
C1782	Morcellator	packaged service	Medical/Surgical Supplies	No	No	Yes	Yes	Yes	Yes	No	No
C1783	Ocular implant, aqueous drainage assist device	packaged service	Vision	No	No	No	No	No	No	No	No
C1784	Ocular device, intraoperative, detached retina	packaged service	Vision	No	No	No	No	No	No	No	No
C1785	Pacemaker, dual chamber, rate-responsive (implantable)	packaged service	Pacemaker	No	No	Yes	Yes	Yes	Yes	No	No
C1786	Pacemaker, single chamber, rate-responsive (implantable)	packaged service	Pacemaker	No	No	Yes	Yes	Yes	Yes	No	No
C1787	Patient programmer, neurostimulator	packaged service	Stimulation Device	No	No	Yes	Yes	Yes	Yes	No	No
C1788	Port, indwelling (implantable)	packaged service	Catheter	No	No	No	No	No	No	No	No
C1789	Prosthesis, breast (implantable)	packaged service	Prosthesis	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C1813	Prosthesis, penile, inflatable	packaged service	Prosthesis	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C1814	Retinal tamponade device, silicone oil	packaged service	Vision	No	No	No	No	No	No	No	No
C1815	Prosthesis, urinary sphincter (implantable)	packaged service	Prosthesis	No	No	No	No	No	No	No	No
C1816	Receiver and/or transmitter, neurostimulator (implantable)	packaged service	Stimulation Device	No	No	Yes	Yes	Yes	Yes	No	No
C1817	Septal defect implant system, intracardiac	packaged service	Cardiology	No	No	No	No	No	No	No	No
C1818	Integrated keratoprosthesis	packaged service	Vision	No	No	No	No	No	No	No	No
C1819	Surgical tissue localization and excision device (implantable)	packaged service	Medical/Surgical Supplies	No	No	No	No	No	No	No	No
C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system	packaged service	Stimulation Device	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C1821	Interneurotic process distraction device (implantable)	packaged service	Spine	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C1822	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system	packaged service	Stimulation Device	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C1823	Generator, neurostimulator (implantable), non-rechargeable, with transvenous sensing and stimulation leads	packaged service	Stimulation Device	Yes	Yes	No	No	No	No	Yes	Yes
C1824	Generator, cardiac contractility modulation (implantable)	packaged service	Stimulation Device	Yes	Yes	No	No	No	No	Yes	Yes
C1825	Generator, neurostimulator (implantable), nonrechargeable with carotid sinus baroreceptor stimulation leads)	packaged service	Stimulation Device	Yes	Yes	No	No	No	No	Yes	Yes
C1830	Powered bone marrow biopsy needle	packaged service	Biopsy	No	No	No	No	No	No	No	No
C1831	Personalized, anterior and lateral interbody cage (implantable)		Implantation	No	No	No	Yes	No	Yes	No	No
C1832	Autograft suspension, including cell processing and application		Skin Graft	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C1833	Monitor, cardiac, including intracardiac lead and all system components (implantable)		Cardiology	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C1839	Iris prosthesis		Vision	No	No	No	No	No	No	No	No
C1840	Lens, intracular (telescopic)	packaged service	Vision	No	No	No	No	No	No	No	No
C1841	Lens, intracular (telescopic)		Vision	No	No	No	No	No	No	No	No
C1842	Retinal prosthesis, includes all internal and external components:		Vision	No	No	Yes	Yes	Yes	Yes	No	No
C1849	Skin substitute, synthetic, resorbable, per sq cm		Skin Graft/Substitute	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C1874	Stent, coated/covered, with delivery system	packaged service	Stent	No	No	No	No	No	No	No	No
C1875	Stent, coated/covered, without delivery system	packaged service	Stent	No	No	No	No	No	No	No	No
C1876	Stent, coated/covered, without delivery system	packaged service	Stent	No	No	No	No	No	No	No	No
C1877	Stent, noncoated/noncovered, without delivery system	packaged service	Stent	No	No	No	No	No	No	No	No
C1878	Material for vocal cord medialization, synthetic (implantable)	packaged service	Speech	No	No	No	No	No	No	No	No
C1880	Vena cava filter	packaged service	Cardiology	No	No	No	No	No	No	No	No
C1881	Dialysis access system (implantable)	packaged service	Dialysis	No	No	No	No	No	No	No	No
C1882	Cardioverter-defibrillator, other than single or dual chamber (implantable)	packaged service	Cardiology	No	No	No	No	No	No	No	No
C1883	Adaptor/extension, pacing lead or neurostimulator lead (implantable)	packaged service	Stimulation Device	No	No	No	No	No	No	No	No
C1884	Embolization protective system	packaged service	Medical/Surgical Supplies	No	No	No	No	No	No	No	No
C1885	Catheter, transluminal angioplasty, laser	packaged service	Catheter	No	No	Yes	Yes	Yes	Yes	No	No
C1886	Catheter, extravascular tissue ablation, any modality (insertable)	packaged service	Catheter	No	No	No	No	No	No	No	No
C1887	Catheter, guiding (may include infusion/perfusion capability)	packaged service	Catheter	No	No	No	No	No	No	No	No
C1888	Catheter, ablation, noncardiac, endovascular (implantable)	packaged service	Catheter	No	No	No	No	No	No	No	No
C1889	Implantable/insertable device, not otherwise classified	packaged service	Medical/Surgical Supplies	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C1890	No implantable/insertable device used with device-intensive procedures	packaged service	Medical/Surgical Supplies	No	No	No	No	No	No	No	No
C1891	Infusion pump, nonprogrammable, permanent (implantable)	packaged service	Infusion	No	No	No	No	No	No	No	No
C1892	Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, peel-away	packaged service	Medical/Surgical Supplies	No	No	Yes	Yes	Yes	Yes	No	No
C1893	Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, other than peel-away	packaged service	Medical/Surgical Supplies	No	No	Yes	Yes	Yes	Yes	No	No
C1894	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, nonlaser	packaged service	Medical/Surgical Supplies	No	No	Yes	Yes	Yes	Yes	No	No
C1895	Lead, cardioverter-defibrillator, endocardial dual coil (implantable)	packaged service	Cardiology	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C1896	Lead, cardioverter-defibrillator, endocardial dual coil (implantable)	packaged service	Cardiology	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C1897	Lead, neurostimulator test kit (implantable)	packaged service	Stimulation Device	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C1898	Lead, pacemaker, other than transvenous VDD single pass	packaged service	Pacemaker	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C1899	Lead, pacemaker, other than transvenous VDD single pass	packaged service	Pacemaker	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C1900	Lead, left ventricular coronary venous system	packaged service	Cardiology	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C1982	Catheter, pressure generating, one-way valve, intermittently occlusive		Catheter	No	No	No	No	No	No	No	No
C2596	Probe, image guided, robotic, water/ret ablation		Medical/Surgical Supplies	No	No	Yes	Yes	Yes	Yes	No	No
C2613	Lune biopsy plug with delivery system	packaged service	Biopsy	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
C2614	Probe, percutaneous lumbar discectomy	packaged service	Spine	No	No	Yes	Yes	Yes	Yes	No	No
C2615	Sealant, pulmonary, liquid	packaged service	Medical/Surgical Supplies	No	No	Yes	Yes	Yes	Yes	No	No
C2616	Brachytherapy source, nonstranded, yttrium-90, per source		Radiological Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C2617	Stent, noncoronary, temporary, without delivery system	packaged service	Stent	No	No	No	No	No	No	No	No
C2618	Probe/needle, cryoablation	packaged service	Cardiology	No	No	No	No	No	No	No	No
C2619	Pacemaker, dual chamber, nonrate-responsive (implantable)	packaged service	Pacemaker	No	No	No	No	No	No	No	No
C2620	Pacemaker, single chamber, nonrate-responsive (implantable)	packaged service	Pacemaker	No	No	No	No	No	No	No	No
C2621	Pacemaker, dual chamber, nonrate-responsive (implantable)	packaged service	Pacemaker	No	No	No	No	No	No	No	No
C2622	Prosthesis, penile, noninflatable	packaged service	Prosthesis	No	No	No	No	No	No	No	No
C2623	Catheter, transmural angioplasty, drug-coated, non-laser implantable wireless pulmonary artery pressure sensor with delivery catheter, including all system components	packaged service	Catheter	No	No	No	No	No	No	No	No
C2624	Stent, noncoronary, temporary, with delivery system	packaged service	Medical/Surgical Supplies	No	No	No	No	No	No	No	No
C2625	Stent, noncoronary, temporary, with delivery system	packaged service	Stent	No	No	No	No	No	No	No	No
C2626	Infusion pump, nonprogrammable, temporary (implantable)	packaged service	Infusion	No	No	No	No	No	No	No	No
C2627	Catheter, suprapubic/cystoscopic	packaged service	Catheter	No	No	No	No	No	No	No	No
C2628	Catheter, occlusion	packaged service	Catheter	No	No	No	No	No	No	No	No
C2629	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, laser	packaged service	Medical/Surgical Supplies	No	No	No	No	No	No	No	No
C2630	Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, cool-tip	packaged service	Catheter	No	No	No	No	No	No	No	No
C2631	Repair device, urinary, incontinence, without sling graft	packaged service	Urinary	No	No	No	No	No	No	No	No
C2634	Brachytherapy source, nonstranded, high activity, iodine-125, greater than 1.01 mCi (NIST), per source		Brachytherapy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C2635	Brachytherapy source, nonstranded, high activity, palladium-103, greater than 1.2 mCi (NIST), per source		Brachytherapy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C2636	Brachytherapy linear source, nonstranded, palladium-103, per 1 mm		Brachytherapy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C2637	Brachytherapy source, nonstranded, yttrium-169, per source		Brachytherapy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C2638	Brachytherapy source, stranded, iodine-125, per source		Brachytherapy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C2639	Brachytherapy source, nonstranded, iodine-125, per source		Brachytherapy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C2640	Brachytherapy source, stranded, palladium-103, per source		Brachytherapy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C2641	Brachytherapy source, nonstranded, palladium-103, per source		Brachytherapy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C2642	Brachytherapy source, stranded, cesium-131, per source		Brachytherapy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C2643	Brachytherapy source, nonstranded, cesium-131, per source		Brachytherapy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C2644	Brachytherapy source, nonstranded, cesium-131, per source		Brachytherapy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C2645	Brachytherapy planar source, palladium-103, per square millimeter		Brachytherapy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C2698	Brachytherapy source, stranded, not otherwise specified, per source		Brachytherapy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C2699	Brachytherapy source, stranded, not otherwise specified, per source		Brachytherapy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C5271	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	special coverage instructions	Skin Graft/Substitute	Yes	Yes	No	No	No	No	Yes	Yes
C5272	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area 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)	packaged service	Skin Graft/Substitute	No	No	No	No	No	No	No	No
C5273	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	special coverage instructions	Skin Graft/Substitute	Yes	Yes	No	No	No	No	Yes	Yes
C5274	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	packaged service	Skin Graft/Substitute	No	No	No	No	No	No	No	No
C5275	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	special coverage instructions	Skin Graft/Substitute	Yes	Yes	No	No	No	No	Yes	Yes
C5276	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 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)	packaged service	Skin Graft/Substitute	No	No	No	No	No	No	No	No
C5277	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; 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)	special coverage instructions	Skin Graft/Substitute	Yes	Yes	No	No	No	No	Yes	Yes
C5278	Magnetic resonance angiography with contrast, abdomen	packaged service	Skin Graft/Substitute	No	No	No	No	No	No	No	No
C8900	Magnetic resonance angiography without contrast, abdomen		MRA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C8901	Magnetic resonance angiography without contrast followed by with contrast, abdomen		MRA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C8902	Magnetic resonance imaging with contrast, breast, unilateral		MRI	No	No	No	Yes	No	Yes	No	No
C8903	Magnetic resonance imaging without contrast followed by with contrast, breast, unilateral		MRI	No	No	No	Yes	No	Yes	No	No
C8905	Magnetic resonance imaging with contrast, breast, bilateral		MRI	No	No	No	Yes	No	Yes	No	No
C8906	Magnetic resonance imaging without contrast followed by with contrast, breast, bilateral		MRI	No	No	No	Yes	No	Yes	No	No
C8908	Magnetic resonance angiography with contrast, chest (excluding myocardium)		MRA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C8909	Magnetic resonance angiography without contrast, chest (excluding myocardium)		MRA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C8910	Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium)		MRA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C8911	Magnetic resonance angiography with contrast, lower extremity		MRA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C8912	Magnetic resonance angiography without contrast, lower extremity		MRA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C8913	Magnetic resonance angiography without contrast followed by with contrast, lower extremity		MRA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C8914	Magnetic resonance angiography with contrast, pelvis		MRA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C8918	Magnetic resonance angiography without contrast, pelvis		MRA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C8919	Magnetic resonance angiography without contrast followed by with contrast, pelvis		MRA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C8920	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; complete		ECHO	No	No	No	No	No	No	No	No
C8921	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; follow-up or limited study		ECHO	No	No	No	No	No	No	No	No
C8922	Transthoracic echocardiography (tee) with contrast, or without contrast followed by with contrast, real-time with image documentation (2d), includes m-mode recording, when performed, complete, without spectral or color doppler echocardiography		ECHO	No	No	No	No	No	No	No	No
C8923	Transthoracic echocardiography (tee) with contrast, or without contrast followed by with contrast, real-time with image documentation (2d), includes m-mode recording, when performed, complete, without spectral or color doppler echocardiography		ECHO	No	No	No	No	No	No	No	No
C8924	Transthoracic echocardiography (tee) with contrast, or without contrast followed by with contrast, real-time with image documentation (2d) (with or without m-mode recording); including probe placement, image acquisition, interpretation and report		ECHO	No	No	No	No	No	No	No	No
C8925	Transthoracic echocardiography (tee) with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report		ECHO	No	No	No	No	No	No	No	No
C8926	Transthoracic echocardiography (tee) with contrast, or without contrast followed by with contrast, for monitoring purposes, including probe placement, real-time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis		ECHO	No	No	No	No	No	No	No	No
C8927	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2d), includes m-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report		ECHO	No	No	No	No	No	No	No	No
C8928	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2d), includes m-mode recording, when performed, complete, with spectral doppler echocardiography, and with color flow doppler echocardiography		ECHO	No	No	No	No	No	No	No	No
C8929	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2d), includes m-mode recording, when performed, complete, with spectral doppler echocardiography, and with color flow doppler echocardiography		ECHO	No	No	No	No	No	No	No	No

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C8930	Transthoracic echocardiography, with contrast, or without contrast followed by with contrast, real-time with image documentation (2d), includes m-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with physician supervision		ECHO	No	No	No	No	No	No	No	No
C8931	Magnetic resonance angiography with contrast, spinal canal and contents		MRA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C8932	Magnetic resonance angiography without contrast, spinal canal and contents		MRA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C8933	Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents		MRA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C8934	Magnetic resonance angiography with contrast, upper extremity		MRA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C8935	Magnetic resonance angiography without contrast, upper extremity		MRA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C8936	Magnetic resonance angiography without contrast followed by with contrast, upper extremity		MRA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C8937	Computer-aided detection, including computer algorithm analysis of breast MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation (list separately in addition to code for primary procedure)		Analysis	No	No	No	No	No	No	No	No
C8957	Intravenous infusion for therapy/diagnosis; initiation of prolonged infusion (more than 8 hours), requiring use of portable or implantable pump		Infusion	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C9046	Cocaine HCl nasal solution for topical administration, 1 mg	COCAINE HCL	Inhalation Drug	Yes	Yes	No	No	No	No	Yes	Yes
C9047	Injection, caplacizumab-yhdp, 1 mg	CABLVI	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C9067	Gallium Ga-68, Dotatate, diagnostic, 0.01 mci		Radiological Drug	No	No	No	No	No	No	No	No
C9113	Injection, pantoprazole sodium, per vial	packaged service	Injectable Drug	No	No	No	No	No	No	No	No
C9145	Injection, aporivie, 1 mg			No	No	No	No	No	No	No	No
C9148	Injection, teclistamab-cqyv, 0.5 mg			Yes	Yes	Yes	No	Yes	No	No	Yes
C9149	Injection, teclistamab-cqyv, 5 mg			Yes	Yes	Yes	No	Yes	No	No	Yes
C9150	Xenon xe-129 hyperpolarized gas, diagnostic, per study dose			No	No	No	No	No	No	No	No
C9151	Injection, pegcetacoplan 1 mg	Code discontinued		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C9152	Injection, arripiprazole, (abilify asimtufil), 1 mg			No	No	No	No	No	No	No	No
C9153	Injection, amulsolide, 1 mg			No	No	No	No	No	No	No	No
C9154	Injection, buprenorphine extended-release (brixadi), 1 mg			No	No	No	No	No	No	No	No
C9155	Injection, epcoritamab-byp, 0.16 mg			No	No	No	No	No	No	No	No
C9156	Flotulofastat f 18, diagnostic, 1 millicurie			No	No	No	No	No	No	No	No
C9157	Injection, tofersen, 1 mg			No	No	No	No	No	No	No	No
C9158	Injection, risperidone, (luredyl), 1 mg			No	No	No	No	No	No	No	No
C9248	Injection, cleviprex butyrate, 1 mg	CLEVIREX	Injectable Drug	No	No	No	No	No	No	No	No
C9250	Human plasma fibrin sealant, vapor-heated, solvent-detergent (Artiss), 2 ml	ARTISS	Skin Graft/Substitute	Yes	Yes	No	No	No	No	No	Yes
C9254	Injection, lacamide, 1 mg	packaged service	Injectable Drug	No	No	No	No	No	No	No	No
C9257	Injection, bevacizumab, 0.25 mg	AVASTIN	Injectable Drug	No	No	No	No	No	No	No	No
C9285	Lidocaine 70 mg/betacaine 70 mg, per patch		Drug	No	No	No	No	No	No	No	No
C9290	Injection, bupivacaine liposome, 1 mg	EXPALE	Injectable Drug	No	No	No	No	No	No	No	No
C9293	Injection, glucapidae, 10 units	VORAXAZE	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C9352	Microporous collagen implantable tube (NeuraGen Nerve Guide), per cm length	packaged service	Skin Graft/Substitute	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C9353	Microporous collagen implantable slit tube (NeuraWrap Nerve Protector), per cm length	packaged service	Skin Graft/Substitute	No	No	No	No	No	No	No	No
C9354	Acellular pericardial tissue matrix of nonhuman origin (Veritas), per sq cm	packaged service	Skin Graft/Substitute	No	No	No	No	No	No	No	No
C9355	Collagen nerve cuff (NeuroMatrix), per 0.5 cm length	packaged service	Skin Graft/Substitute	Yes	Yes	No	No	No	No	Yes	Yes
C9356	Tendon, porous matrix of cross-linked collagen and glycosaminoglycan matrix (TenoGlide Tendon Protector Sheet), per sq cm	packaged service	Skin Graft/Substitute	Yes	Yes	No	No	No	No	Yes	Yes
C9358	Dermal substitute, native, nondenatured collagen, fetal bovine origin (SurgiMend Collagen Matrix), per 0.5 sq cm	packaged service	Skin Graft/Substitute	Yes	Yes	No	No	No	No	Yes	Yes
C9359	Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Putty, Integra OS Osteoconductive Scaffold Putty), per 0.5 cc	packaged service	Skin Graft/Substitute	No	No	No	No	No	No	No	No
C9360	Dermal substitute, native, nondenatured collagen, neonatal bovine origin (SurgiMend Collagen Matrix), per 0.5 sq cm	packaged service	Skin Graft/Substitute	No	No	No	No	No	No	No	No
C9361	Collagen matrix nerve wrap (NeuroMend Collagen Nerve Wrap), per 0.5 cm length	packaged service	Skin Graft/Substitute	No	No	No	No	No	No	No	No
C9362	Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Strip), per 0.5 cc	packaged service	Skin Graft/Substitute	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C9363	Skin substitute (Integra Meshed Bi-layer Wound Matrix), per sq cm	packaged service	Skin Graft/Substitute	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C9364	Skin substitute (Integra Meshed Bi-layer Wound Matrix), per sq cm	packaged service	Skin Graft/Substitute	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C9399	Unclassified drug or biologicals		Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C9460	Injection, canagrelor, 1 mg	KENGREAL	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C9462	Injection, delafloxacin, 1 mg	BAXDELA	Injectable Drug	No	No	Yes	Yes	Yes	Yes	Yes	No
C9482	Injection, sotolol hydrochloride, 1 mg	SOTALOL	Injectable Drug	No	No	Yes	Yes	Yes	Yes	Yes	No
C9488	Injection, conivaptan hydrochloride, 1 mg	VAPRISOL	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C9600	Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch		Stent	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C9601	Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	packaged service	Stent	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C9602	Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch		Atherectomy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C9603	Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	packaged service	Atherectomy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C9604	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel		Revascularization	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C9605	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure)	packaged service	Revascularization	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C9606	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel		Revascularization	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C9607	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel		Revascularization	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C9608	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure)	packaged service	Revascularization	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C9725	Placement of endorectal intracavitary applicator for high intensity brachytherapy		Brachytherapy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C9726	Placement and removal (if performed) of applicator into breast for intraoperative radiation therapy, add-on to primary breast procedure	packaged service	Oncology	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C9727	Insertion of implants into the soft palate; minimum of 3 implants		Minor Procedure	No	No	No	Yes	No	Yes	No	No
C9728	Placement of interstitial device(s) for radiation therapy/surgery guidance (e.g., fiducial markers, dosimeter), for other than the following sites (any approach): abdomen, pelvis, prostate, retroperitoneum, thorax, single or multiple		Oncology	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C9733	Nonophthalmic fluorescent vascular angiography	packaged service	Angiography	No	No	No	No	No	No	No	No
C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (MRI) guidance		MRI	No	No	No	No	No	No	No	No
C9738	Adjunctive blue light cystoscopy with fluorescent imaging agent (list separately in addition to code for primary procedure)	packaged service	Urinary	No	No	No	No	No	No	No	No
C9739	Cystourethroscopy, with insertion of transprostatic implant; 1 to 3 implants		Urinary	No	No	No	Yes	No	Yes	No	No
C9740	Cystourethroscopy, with insertion of transprostatic implant; 4 or more implants		Urinary	No	No	No	Yes	No	Yes	No	No

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C9751	Bronchoscopy, rigid or flexible, transbronchial ablation of lesion(s) by microwave energy, including fluoroscopic guidance, when performed, with computed tomography acquisition(s) and 3-D rendering, computer-assisted, image-guided navigation, and endobronchial ultrasound (EBUS) guided transbronchial and/or transbronchial sampling (e.g., aspiration(s)/biopsy(ies)) and all mediastinal and/or hilar lymph node stations or structures and therapeutic intervention(s)		Ablation	No	No	No	No	No	No	No	No
C9756	Intraoperative near-infrared fluorescence lymphatic mapping of lymph node(s) (sentinel or tumor draining) with administration of indocyanine green (ICG) (list separately in addition to code for primary procedure)		Imaging	No	No	No	No	No	No	No	No
C9757	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar		Laminotomy	No	No	Yes	Yes	Yes	Yes	No	No
C9758	Blind procedure for NYHA Class III/IV heart failure; transcatheter implantation of interatrial shunt including right heart catheterization, transesophageal echocardiography (TEE)/intracardiac echocardiography (ICE), and all imaging with or without guidance (e.g., ultrasound, fluoroscopy), performed in an approved investigational device exemption (IDE) study		Shunt	No	No	Yes	Yes	Yes	Yes	No	No
C9759	Transcatheter intraoperative blood vessel microinfusion(s) (e.g., intraluminal, vascular wall and/or perivascular) therapy, any vessel, including radiological supervision and interpretation, when performed	packaged service	Transcatheter	No	No	No	No	No	No	No	No
C9760	Nonrandomized, nonblinded procedure for NYHA Class II, III, IV heart failure; transcatheter implantation of interatrial shunt, including right and left heart catheterization, transeptal puncture, transesophageal echocardiography (TEE)/intracardiac echocardiography (ICE), and all imaging with or without guidance (e.g., ultrasound, fluoroscopy), performed in an approved investigational device exemption (IDE) study		Implantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C9761	Cystourethroscopy, with ureteroscopy and/or pyeloscopy, with lithotripsy, and ureteral catheterization for steerable vacuum aspiration of the kidney, collecting system, ureter, bladder, and urethra if applicable		Endoscopy	No	No	No	No	No	No	No	No
C9762	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging		MRI- cardiac	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C9763	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging		MRI- cardiac	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C9764	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed		Revascularization	No	No	Yes	Yes	Yes	Yes	No	No
C9765	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed		Revascularization	No	No	No	No	No	No	No	No
C9766	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed		Revascularization	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C9767	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed		Revascularization	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C9768	Endoscopic ultrasound-guided direct measurement of hepatic portosystemic pressure gradient by any method (list separately in addition to code for primary procedure)	bundled into procedure payment	Endoscopy	No	No	No	No	No	No	No	No
C9769	Cystourethroscopy, with insertion of temporary prostatic implant/stent with fixation/anchor and incisional struts		Cystourethroscopy	No	No	No	No	No	No	No	No
C9770	Vitrectomy, mechanical, pars plana approach, with subretinal injection of pharmacologic/biologic agent		Gene Therapy	No	No	No	No	No	No	No	No
C9771	Nasal/sinus endoscopy, cryoablation nasal tissue(s) and/or nerve(s), unilateral or bilateral		Endoscopy	No	No	No	No	No	No	No	No
C9772	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed		Revascularization	No	No	No	No	No	No	No	No
C9773	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed		Revascularization	No	No	No	No	No	No	No	No
C9774	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed		Revascularization	No	No	No	No	No	No	No	No
C9775	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed		Revascularization	No	No	No	No	No	No	No	No
C9776	Intraoperative near-infrared fluorescence imaging of major extra-hepatic bile duct(s) (e.g., cystic duct, common bile duct and common hepatic duct) with intravenous administration of indocyanine green (ICG) (list separately in addition to code for primary procedure)	packaged service	Imaging	No	No	No	No	No	No	No	No
C9777	Esophageal mucosal integrity testing by electrical impedance, transoral (list separately in addition to code for primary procedure)	packaged service	Testing	No	No	No	No	No	No	No	No
C9778	Colpopexy, vaginal; minimally invasive extraperitoneal approach (sacrospinous)		Gynecological	No	No	No	No	No	No	No	No
C9779	Endoscopic submucosal dissection (ESD), including endoscopy or colonoscopy, mucosal closure, when performed		ESD	No	No	No	No	No	No	No	No
C9780	Insertion of central venous catheter through central venous occlusion via inferior and superior approaches (e.g., inside-out technique), including imaging guidance		Catheter	No	No	No	No	No	No	No	No
C9781	Arthroscopy, shoulder, surgical; with implantation of subacromial spacer (e.g. balloon) on midline or medial; (e.g. limited or extensive), subacromial decompression, acromioplasty, and biceps denodensis when performed	Grouped with surgery	Orthopedics	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C9782	Blinded procedure for New York Heart Association (NYHA) Class II or III heart failure, or Canadian Cardiovascular Society (CCS) Class III or IV chronic refractory angina; transcatheter intramyocardial transplantation of autologous bone marrow cells (eg, mononuclear) or placebo control, autologous bone marrow harvesting and preparation for transplantation, left heart catheterization, including ventriculography, all laboratory services, and all imaging with or without guidance (eg, transthoracic echocardiography, ultrasound, fluoroscopy), performed in an approved investigational device exemption (IDE) study		Cardiology	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C9783	Blinded procedure for transcatheter implantation of coronary sinus reduction device or placebo control, including vascular access and closure, right heart catheterization, venous and coronary sinus angiography, imaging guidance and supervision and interpretation when performed in an approved investigational device exemption (IDE) study		Cardiology	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C9784	Gastric restrictive procedure, endoscopic sleeve gastropasty, with esophagogastrroduodenoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C9785	Endoscopic outlet reduction, gastric pouch application, with endoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C9786	Echocardiography image post processing for computer aided detection of heart failure with preserved ejection fraction, including interpretation and report			No	No	No	No	No	No	No	No
C9787	Gastric electrophysiology mapping with simultaneous patient symptom profiling			No	No	No	No	No	No	No	No
C9788	Opto-acoustic imaging, breast (including axilla when performed), unilateral, with image documentation, analysis and report, obtained with ultrasound examination			No	No	No	No	No	No	No	No
C9789	Installation of anti-neoplastic pharmacologic/biologic agent into renal pelvis, any method, including all imaging guidance, including volumetric measurement if performed			No	No	No	No	No	No	No	No
C9790	Histotripsy (ie-non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including image guidance			Yes	Yes	Yes	No	Yes	No	Yes	Yes
C9791	Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent, chest including preparation and administration of agent			Yes	Yes	Yes	No	Yes	No	Yes	Yes
C9792	Blinded or nonblinded procedure for symptomatic new york heart association (nyha) class i, ii, iv heart failure; transcatheter implantation of left atrial to coronary sinus shunt using jugular vein access, including all imaging necessary to intra procedurally map the coronary sinus for optimal shunt placement (e.g., tee or ice ultrasound, fluoroscopy), performed under general anesthesia in an approved investigational device exemption (ide) study			Yes	Yes	Yes	No	Yes	No	Yes	Yes

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
C9803	Hospital outpatient clinic visit specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), any specimen source			No	No	No	No	No	No	No	No
C9898	Radiolabeled product provided during a hospital inpatient stay		Radiological Drug	No	No	No	No	No	No	No	No
C9899	Radiolabeled product provided during a hospital inpatient stay		Radiological Drug	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Central-Auth Non-ASA Provider	Central-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
D7220	Removal of impacted tooth-soft tissue	if diagnosis is K01.1	Dental	Yes	Yes	Yes	No	Yes	No	Yes	Yes
D7230	Removal of impacted tooth-partially bony	if diagnosis is K01.2	Dental	Yes	Yes	Yes	No	Yes	No	Yes	Yes
D7240	Removal of impacted tooth-completely bony	if diagnosis is K01.3	Dental	Yes	Yes	Yes	No	Yes	No	Yes	Yes
D7241	Removal of impacted tooth with unusual surgical complications	if diagnosis is K01.4	Dental	Yes	Yes	Yes	No	Yes	No	Yes	Yes
Piedmont doesn't administer dental benefits. Most plans cover dental care if related to an accidental injury to a member's jaw, mouth, or face. If service requested is related to injury, please submit request for authorization and Piedmont's Utilization Management team will review for coverage based on plan benefits.											

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
E0100	Cane, includes canes of all materials, adjustable or fixed, with tip		Walking aids	No	No	No	No	No	No	No	No
E0105	Cane, quad or 3-prong, includes canes of all materials, adjustable or fixed, with tips		Walking aids	No	No	No	No	No	No	No	No
E0110	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips		Walking aids	No	No	No	No	No	No	No	No
E0111	Crutch, forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips		Walking aids	No	No	No	No	No	No	No	No
E0112	Crutches, underarm, wood, adjustable or fixed, pair, with pads, tips, and handgrips		Walking aids	No	No	No	No	No	No	No	No
E0113	Crutch, underarm, wood, adjustable or fixed, each, with pad, tip, and handgrip		Walking aids	No	No	No	No	No	No	No	No
E0114	Crutches, underarm, other than wood, adjustable or fixed, pair, with pads, tips, and handgrips		Walking aids	No	No	No	No	No	No	No	No
E0116	Crutch, underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each		Walking aids	No	No	No	No	No	No	No	No
E0117	Crutch, underarm, articulating, spring assisted, each		Walking aids	No	No	No	No	No	No	No	No
E0118	Crutch substitute, lower leg platform, with or without wheels, each		Walking aids	No	No	No	No	No	No	No	No
E0130	Walker, rigid (pickup), adjustable or fixed height		Walking aids	No	No	No	No	No	No	No	No
E0135	Walker, folding (pickup), adjustable or fixed height		Walking aids	No	No	No	No	No	No	No	No
E0140	Walker, with trunk support, adjustable or fixed height, any type		Walking aids	No	No	No	No	No	No	No	No
E0141	Walker, rigid, wheeled, adjustable or fixed height		Walking aids	No	No	No	No	No	No	No	No
E0143	Walker, folding, wheeled, adjustable or fixed height		Walking aids	No	No	No	No	No	No	No	No
E0144	Walker, enclosed, 4 sided framed, rigid or folding, wheeled with posterior seat		Walking aids	No	No	No	No	No	No	No	No
E0147	Walker, heavy-duty, multiple braking system, variable wheel resistance		Walking aids	No	No	No	No	No	No	No	No
E0148	Walker, heavy-duty, without wheels, rigid or folding, any type, each		Walking aids	No	No	No	No	No	No	No	No
E0149	Walker, heavy-duty, wheeled, rigid or folding, any type		Walking aids	No	No	No	No	No	No	No	No
E0153	Platform attachment, forearm crutch, each		Walking aids	No	No	No	No	No	No	No	No
E0154	Platform attachment, walker, each		Walking aids	No	No	No	No	No	No	No	No
E0155	Wheel attachment, rigid pick-up walker, per pair		Walking aids	No	No	No	No	No	No	No	No
E0156	Seat attachment, walker		Walking aids	No	No	No	No	No	No	No	No
E0157	Crutch attachment, walker, each		Walking aids	No	No	No	No	No	No	No	No
E0158	Leg extensions for walker, per set of 4		Walking aids	No	No	No	No	No	No	No	No
E0159	Brake attachment for wheeled walker, replacement, each		Walking aids	No	No	No	No	No	No	No	No
E0160	Sitz type bath or equipment, portable, used with or without commode		DME	No	No	No	No	No	No	No	No
E0161	Sitz type bath or equipment, portable, used with or without commode, with faucet attachment(s)		DME	No	No	No	No	No	No	No	No
E0162	Sitz bath chair		DME	No	No	No	No	No	No	No	No
E0163	Commode chair, mobile or stationary, with fixed arms		DME	No	No	No	No	No	No	No	No
E0165	Commode chair, mobile or stationary, with detachable arms		DME	No	No	No	No	No	No	No	No
E0167	Pail or pan for use with commode chair, replacement only		DME	No	No	No	No	No	No	No	No
E0168	Commode chair, extra wide and/or heavy-duty, stationary or mobile, with or without arms, any type, each		DME	No	No	No	No	No	No	No	No
E0170	Commode chair with integrated seat lift mechanism, electric, any type		DME	No	No	No	No	No	No	No	No
E0171	Commode chair with integrated seat lift mechanism, nonelectric, any type		DME	No	No	No	No	No	No	No	No
E0172	Seat lift mechanism placed over or on top of toilet, any type		DME	No	No	No	No	No	No	No	No
E0175	Footrest, for use with commode chair, each		DME	No	No	No	No	No	No	No	No
E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy-duty		DME	No	No	No	No	No	No	No	No
E0182	Pump for alternating pressure pad, for replacement only		DME	No	No	No	No	No	No	No	No
E0184	Dry pressure mattress		DME	No	No	No	No	No	No	No	No
E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width		DME	No	No	No	No	No	No	No	No
E0186	Air pressure mattress		DME	No	No	No	No	No	No	No	No
E0187	Water pressure mattress		DME	No	No	No	No	No	No	No	No
E0188	Synthetic sheepskin pad		DME	No	No	No	No	No	No	No	No
E0189	Lambswool sheepskin pad, any size		DME	No	No	No	No	No	No	No	No
E0190	Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories		DME	No	No	No	No	No	No	No	No
E0191	Heel or elbow protector, each		DME	No	No	No	No	No	No	No	No
E0193	Powered air flotation bed (low air loss therapy)		DME	Yes	Yes	No	No	No	No	Yes	Yes
E0194	Air fluidized bed		DME	Yes	Yes	No	No	No	No	Yes	Yes
E0196	Gel pressure mattress		DME	No	No	No	No	No	No	No	No
E0197	Air pressure pad for mattress, standard mattress length and width		DME	No	No	No	No	No	No	No	No
E0198	Water pressure pad for mattress, standard mattress length and width		DME	No	No	No	No	No	No	No	No
E0199	Dry pressure pad for mattress, standard mattress length and width		DME	No	No	No	No	No	No	No	No
E0200	Heat lamp, without stand (table model), includes bulb, or infrared element		Light Therapy	No	No	No	No	No	No	No	No
E0202	Phototherapy (bilirubin) light with photometer		Light Therapy	No	No	No	No	No	No	No	No
E0203	Therapeutic lightbox, minimum 10,000 lux, table top model		Light Therapy	No	No	No	No	No	No	No	No
E0205	Heat lamp, with stand, includes bulb, or infrared element		Light Therapy	No	No	No	No	No	No	No	No
E0210	Electric heat pad, standard		Light Therapy	No	No	No	No	No	No	No	No
E0215	Electric heat pad, moist		Light Therapy	No	No	No	No	No	No	No	No
E0217	Water circulating heat pad with pump		Light Therapy	No	No	No	No	No	No	No	No
E0218	Water circulating cold pad with pump		Light Therapy	No	No	No	No	No	No	No	No
E0221	Infrared heating pad system		Light Therapy	No	No	No	No	No	No	No	No
E0225	Hydrocollator unit, includes pads		Light Therapy	No	No	No	No	No	No	No	No
E0231	Noncontact wound-warming device (temperature control unit, AC adapter and power cord) for use with warming card and wound cover		Light Therapy	No	No	No	No	No	No	No	No
E0232	Warming card for use with the noncontact wound-warming device and noncontact wound-warming wound cover		Light Therapy	No	No	No	No	No	No	No	No
E0235	Paraffin bath unit, portable (see medical supply code A4265 for paraffin)		Light Therapy	No	No	No	No	No	No	No	No
E0236	Pump for water circulating pad		Light Therapy	No	No	No	No	No	No	No	No
E0239	Hydrocollator unit, portable		Light Therapy	No	No	No	No	No	No	No	No
E0240	Bath/shower chair, with or without wheels, any size		DME	OTC	OTC	OTC	No	OTC	No	OTC	OTC
E0241	Bathtub wall rail, each		DME	OTC	OTC	OTC	No	OTC	No	OTC	OTC
E0242	Bathtub rail, floor base		DME	OTC	OTC	OTC	No	OTC	No	OTC	OTC
E0243	Toilet rail, each		DME	OTC	OTC	OTC	No	OTC	No	OTC	OTC
E0244	Raised toilet seat		DME	OTC	OTC	OTC	No	OTC	No	OTC	OTC
E0245	Tub stool or bench		DME	OTC	OTC	OTC	No	OTC	No	OTC	OTC
E0246	Transfer tub rail attachment		DME	OTC	OTC	OTC	No	OTC	No	OTC	OTC
E0247	Transfer bench for tub or toilet with or without commode opening		DME	OTC	OTC	OTC	No	OTC	No	OTC	OTC

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
E0248	Transfer bench, heavy-duty, for tub or toilet with or without commode opening		DME	OTC	OTC	OTC	No	OTC	No	OTC	OTC
E0249	Pad for water circulating heat unit, for replacement only		Compression Device	No	No	No	No	No	No	No	No
E0250	Hospital bed, fixed height, with any type side rails, with mattress		Hospital beds	Yes	Yes	No	No	No	No	Yes	Yes
E0251	Hospital bed, fixed height, with any type side rails, without mattress		Hospital beds	Yes	Yes	No	No	No	No	Yes	Yes
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress		Hospital beds	Yes	Yes	No	No	No	No	Yes	Yes
E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress		Hospital beds	Yes	Yes	No	No	No	No	Yes	Yes
E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress		Hospital beds	Yes	Yes	No	No	No	No	Yes	Yes
E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress		Hospital beds	Yes	Yes	No	No	No	No	Yes	Yes
E0265	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress		Hospital beds	Yes	Yes	No	No	No	No	Yes	Yes
E0266	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress		Hospital beds	Yes	Yes	No	No	No	No	Yes	Yes
E0266	Hospital bed, institutional type includes: oscillating, circulating and Stryker frame, with mattress		Hospital beds	Yes	Yes	No	No	No	No	Yes	Yes
E0270	Mattress, innerspring		Hospital beds	Yes	Yes	No	No	No	No	Yes	Yes
E0271	Mattress, foam rubber		Hospital beds	Yes	Yes	No	No	No	No	Yes	Yes
E0272	Mattress, foam rubber		Hospital beds	Yes	Yes	No	No	No	No	Yes	Yes
E0273	Bed board		Hospital beds	Yes	Yes	No	No	No	No	Yes	Yes
E0274	Over-bed table		Hospital beds	Yes	Yes	No	No	No	No	Yes	Yes
E0275	Bed pan, standard, metal or plastic		Hospital beds	No	No	No	No	No	No	No	No
E0276	Bed pan, fracture, metal or plastic		Hospital beds	No	No	No	No	No	No	No	No
E0277	Powered pressure-reducing air mattress		Hospital beds	No	No	No	No	No	No	No	No
E0280	Bed cradle, any type		Hospital beds	No	No	No	No	No	No	No	No
E0290	Hospital bed, fixed height, without side rails, with mattress		Hospital beds	Yes	Yes	No	No	No	No	Yes	Yes
E0291	Hospital bed, fixed height, without side rails, without mattress		Hospital beds	Yes	Yes	No	No	No	No	Yes	Yes
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress		Hospital beds	Yes	Yes	No	No	No	No	Yes	Yes
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress		Hospital beds	Yes	Yes	No	No	No	No	Yes	Yes
E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress		Hospital beds	Yes	Yes	No	No	No	No	Yes	Yes
E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress		Hospital beds	Yes	Yes	No	No	No	No	Yes	Yes
E0296	Hospital bed, total electric (head, foot, and height adjustments), without side rails, with mattress		Hospital beds	Yes	Yes	No	No	No	No	Yes	Yes
E0297	Hospital bed, total electric (head, foot, and height adjustments), without side rails, without mattress		Hospital beds	Yes	Yes	No	No	No	No	Yes	Yes
E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure		Hospital beds	No	No	No	No	No	No	No	No
E0301	Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress		Hospital beds	Yes	Yes	No	No	No	No	Yes	Yes
E0302	Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress		Hospital beds	Yes	Yes	No	No	No	No	Yes	Yes
E0303	Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress		Hospital beds	Yes	Yes	No	No	No	No	Yes	Yes
E0304	Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress		Hospital beds	Yes	Yes	No	No	No	No	Yes	Yes
E0305	Bedside rails, half-length		Hospital beds	No	No	No	No	No	No	No	No
E0310	Bedside rails, full-length		Hospital beds	No	No	No	No	No	No	No	No
E0315	Bed accessory: board, table, or support device, any type		Hospital beds	No	No	No	No	No	No	No	No
E0316	Safety enclosure frame/canopy for use with hospital bed, any type		Hospital beds	No	No	No	No	No	No	No	No
E0325	Urinal; male, jug-type, any material		Hospital beds	No	No	No	No	No	No	No	No
E0326	Urinal; female, jug-type, any material		Hospital beds	No	No	No	No	No	No	No	No
E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 in above the spring, includes mattress		Hospital beds	No	No	No	No	No	No	No	No
E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 in above the spring, includes mattress		Hospital beds	Yes	Yes	Yes	No	Yes	No	Yes	Yes
E0350	Control unit for electronic bowel irrigation/evacuation system		Hospital beds	No	No	No	No	No	No	No	No
E0352	Disposable pack (water reservoir bag, speculum, valving mechanism, and collection bag/box) for use with the electronic bowel irrigation/evacuation system		Hospital beds	No	No	No	No	No	No	No	No
E0370	Air pressure elevator for heel		Hospital beds	No	No	No	No	No	No	No	No
E0371	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width		Hospital beds	No	No	No	No	No	No	No	No
E0372	Powered air overlay for mattress, standard mattress length and width		Hospital beds	No	No	No	No	No	No	No	No
E0373	Nonpowered advanced pressure reducing mattress		Hospital beds	No	No	No	No	No	No	No	No
E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing		Respiratory	No	No	No	No	No	No	No	No
E0425	Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing		Respiratory	No	No	No	No	No	No	No	No
E0430	Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing		Respiratory	No	No	No	No	No	No	No	No
E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing		Respiratory	No	No	No	No	No	No	No	No
E0433	Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or mask and tubing, with or without supply reservoir and contents gauge		Respiratory	No	No	No	No	No	No	No	No
E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing		Respiratory	No	No	No	No	No	No	No	No
E0435	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adaptor		Respiratory	No	No	No	No	No	No	No	No
E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing		Respiratory	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
E0440	Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing		Respiratory	No	No	No	No	No	No	No	No
E0441	Stationary oxygen contents, gaseous, 1 month's supply = 1 unit		Respiratory	No	No	No	No	No	No	No	No
E0442	Stationary oxygen contents, liquid, 1 month's supply = 1 unit		Respiratory	No	No	No	No	No	No	No	No
E0443	Portable oxygen contents, gaseous, 1 month's supply = 1 unit		Respiratory	No	No	No	No	No	No	No	No
E0444	Portable oxygen contents, liquid, 1 month's supply = 1 unit		Respiratory	No	No	No	No	No	No	No	No
E0445	Oximeter device for measuring blood oxygen levels noninvasively		Respiratory	No	No	No	No	No	No	No	No
E0446	Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories		Respiratory	No	No	No	No	No	No	No	No
E0447	Portable oxygen contents, liquid, 1 month's supply = 1 unit, prescribed amount at rest or nighttime exceeds 4 liters per minute (LPM)		Respiratory	No	No	No	No	No	No	No	No
E0455	Oxygen tent, excluding group or pediatric tents		Respiratory	Yes	Yes	No	No	No	No	Yes	Yes
E0457	Chest shell (cuirass)		Respiratory	Yes	Yes	No	No	No	No	Yes	Yes
E0459	Chest wrap		Respiratory	Yes	Yes	No	No	No	No	Yes	Yes
E0462	Rocking bed, with or without side rails		Respiratory	Yes	Yes	No	No	No	No	Yes	Yes
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)		Respiratory	Yes	Yes	No	No	No	No	Yes	Yes
E0466	Home ventilator, any type, used with noninvasive interface, (e.g., mask, chest shell)		Respiratory	Yes	Yes	No	No	No	No	Yes	Yes
E0467	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions		Respiratory	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)		Respiratory	Yes	Yes	No	No	No	No	Yes	Yes
E0471	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)		Respiratory	Yes	Yes	No	No	No	No	Yes	Yes
E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)		Respiratory	Yes	Yes	No	No	No	No	Yes	Yes
E0480	Percussor, electric or pneumatic, home model		Respiratory	No	No	No	No	No	No	No	No
E0481	Intrapulmonary percussive ventilation system and related accessories		Respiratory	Yes	Yes	No	No	No	No	Yes	Yes
E0482	Cough stimulating device, alternating positive and negative airway pressure		Respiratory	No	No	No	No	No	No	No	No
E0483	High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each		Respiratory	Yes	Yes	No	No	No	No	Yes	Yes
E0484	Oscillatory positive expiratory pressure device, nonelectric, any type, each		Respiratory	No	No	No	No	No	No	No	No
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, prefabricated, includes fitting and adjustment		Respiratory	Yes	Yes	No	No	No	No	Yes	Yes
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, custom fabricated, includes fitting and adjustment		Respiratory	Yes	Yes	No	No	No	No	Yes	Yes
E0487	Spirometer, electronic, includes all accessories		Respiratory	No	No	No	No	No	No	No	No
E0500	IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source		Respiratory	No	No	No	No	No	No	No	No
E0550	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery		Respiratory	No	No	No	No	No	No	No	No
E0555	Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter		Respiratory	No	No	No	No	No	No	No	No
E0560	Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery		Respiratory	No	No	No	No	No	No	No	No
E0561	Humidifier, nonheated, used with positive airway pressure device		Respiratory	No	No	No	No	No	No	No	No
E0562	Humidifier, heated, used with positive airway pressure device		Respiratory	No	No	No	No	No	No	No	No
E0565	Compressor, air power source for equipment which is not self-contained or cylinder driven		Respiratory	No	No	No	No	No	No	No	No
E0570	Nebulizer, with compressor		Respiratory	No	No	No	No	No	No	No	No
E0572	Aerosol compressor, adjustable pressure, light duty for intermittent use		Respiratory	No	No	No	No	No	No	No	No
E0574	Ultrasonic/electronic aerosol generator with small volume nebulizer		Respiratory	No	No	No	No	No	No	No	No
E0575	Nebulizer, ultrasonic, large volume		Respiratory	No	No	No	No	No	No	No	No
E0580	Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter		Respiratory	No	No	No	No	No	No	No	No
E0585	Nebulizer, with compressor and heater		Respiratory	No	No	No	No	No	No	No	No
E0490	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by hardware remote			Yes	Yes	Yes	No	Yes	No	Yes	Yes
E0491	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by hardware remote, 90-day supply			Yes	Yes	Yes	No	Yes	No	Yes	Yes
E0600	Respiratory suction pump, home model, portable or stationary, electric		Respiratory	No	No	No	No	No	No	No	No
E0601	Continuous positive airway pressure (CPAP) device		CPAP	Yes	Yes	No	No	No	No	Yes	Yes
E0602	Breast pump, manual, any type		Breast Pump	No	No	No	No	No	No	No	No
E0603	Breast pump, electric (AC and/or DC), any type		Breast Pump	No	No	No	No	No	No	No	No
E0604	Breast pump, hospital grade, electric (AC and/or DC), any type		Breast Pump	No	No	No	No	No	No	No	No
E0605	Vaporizer, room type		Respiratory	OTC	OTC	OTC	No	OTC	No	OTC	OTC
E0606	Drainage board, postural		Respiratory	No	No	No	No	No	No	No	No
E0607	Blood glucose monitor, home		Diabetes	No	No	No	No	No	No	No	No
E0610	Pacemaker monitor, self-contained, (checks battery depletion, includes audible and visible check systems)		Monitoring	No	No	No	No	No	No	No	No
E0615	Pacemaker monitor, self-contained, checks battery depletion and other pacemaker components, includes digital/visible check systems		Monitoring	No	No	No	No	No	No	No	No
E0616	Implantable cardiac event recorder with memory, activator, and programmer		Implant	No	No	No	No	No	No	No	No
E0617	External defibrillator with integrated electrocardiogram analysis		DME	No	No	No	No	No	No	No	No
E0618	Apnea monitor, without recording feature		Sleep Apnea	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
E0619	Apnea monitor, with recording feature		Sleep Apnea	No	No	No	No	No	No	No	No
E0620	Skin piercing device for collection of capillary blood, laser, each		Diabetes	No	No	No	No	No	No	No	No
E0621	Sling or seat, patient lift, canvas or nylon		Patient Lifts/Support	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
E0625	Patient lift, bathroom or toilet, not otherwise classified		Patient Lifts/Support	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
E0627	Seat lift mechanism, electric, any type		Patient Lifts/Support	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
E0629	Seat lift mechanism, non-electric, any type		Patient Lifts/Support	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s), or pad(s)		Patient Lifts/Support	No	No	No	No	No	No	No	No
E0635	Patient lift, electric, with seat or sling		Patient Lifts/Support	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
E0636	Multipositional patient support system, with integrated lift, patient accessible controls		Patient Lifts/Support	Yes	Yes	No	No	No	No	Yes	Yes
E0637	Combination sit-to-stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels		Patient Lifts/Support	Yes	Yes	No	No	No	No	Yes	Yes
E0638	Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels		Patient Lifts/Support	Yes	Yes	No	No	No	No	Yes	Yes
E0639	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories		Patient Lifts/Support	No	No	No	No	No	No	No	No
E0640	Patient lift, fixed system, includes all components/accessories		Patient Lifts/Support	No	No	No	No	No	No	No	No
E0641	Standing frame/table system, multi-position (e.g., 3-way stander), any size including pediatric, with or without wheels		Patient Lifts/Support	Yes	Yes	No	No	No	No	Yes	Yes
E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric		Patient Lifts/Support	Yes	Yes	No	No	No	No	Yes	Yes
E0650	Pneumatic compressor, nonsegmental home model		Compression Device	Yes	Yes	No	No	No	No	Yes	Yes
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure		Compression Device	Yes	Yes	No	No	No	No	Yes	Yes
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure		Compression Device	Yes	Yes	No	No	No	No	Yes	Yes
E0655	Nonsegmental pneumatic appliance for use with pneumatic compressor, half arm		Compression Device	Yes	Yes	No	No	No	No	Yes	Yes
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk		Compression Device	Yes	Yes	No	No	No	No	Yes	Yes
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest		Compression Device	Yes	Yes	No	No	No	No	Yes	Yes
E0660	Nonsegmental pneumatic appliance for use with pneumatic compressor, full leg		Compression Device	Yes	Yes	No	No	No	No	Yes	Yes
E0665	Nonsegmental pneumatic appliance for use with pneumatic compressor, full arm		Compression Device	Yes	Yes	No	No	No	No	Yes	Yes
E0666	Segmental pneumatic appliance for use with pneumatic compressor, half leg		Compression Device	Yes	Yes	No	No	No	No	Yes	Yes
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg		Compression Device	Yes	Yes	No	No	No	No	Yes	Yes
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm		Compression Device	Yes	Yes	No	No	No	No	Yes	Yes
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg		Compression Device	Yes	Yes	No	No	No	No	Yes	Yes
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk		Compression Device	Yes	Yes	No	No	No	No	Yes	Yes
E0671	Segmental gradient pressure pneumatic appliance, full leg		Compression Device	Yes	Yes	No	No	No	No	Yes	Yes
E0672	Segmental gradient pressure pneumatic appliance, full arm		Compression Device	No	No	No	No	No	No	No	No
E0673	Segmental gradient pressure pneumatic appliance, half leg		Compression Device	Yes	Yes	No	No	No	No	Yes	Yes
E0675	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system)		Compression Device	Yes	Yes	No	No	No	No	Yes	Yes
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified		Compression Device	Yes	Yes	No	No	No	No	Yes	Yes
E0677	Non-pneumatic sequential compression garment, trunk		Compression Device	Yes	Yes	Yes	No	Yes	No	Yes	Yes
E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 sq ft or less		Light Therapy	Yes	Yes	No	No	No	No	Yes	Yes
E0692	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 ft panel		Light Therapy	Yes	Yes	No	No	No	No	Yes	Yes
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 ft panel		Light Therapy	Yes	Yes	No	No	No	No	Yes	Yes
E0694	Ultraviolet multidirectional light therapy system in 6 ft cabinet, includes bulbs/lamps, timer, and eye protection		Light Therapy	Yes	Yes	No	No	No	No	Yes	Yes
E0700	Safety equipment, device or accessory, any type		DME	No	No	No	No	No	No	No	No
E0705	Transfer device, any type, each		DME	No	No	No	No	No	No	No	No
E0710	Restraints, any type (body, chest, wrist, or ankle)		DME	No	No	No	No	No	No	No	No
E0711	Upper extremity medical tubing/lines enclosure or covering device, restricts elbow range of motion		DME	No	No	No	No	No	No	No	No
E0720	Transcutaneous electrical nerve stimulation (TENS) device, 2 lead, localized stimulation		Stimulation Device	Yes	Yes	No	No	No	No	Yes	Yes
E0730	Transcutaneous electrical nerve stimulation (TENS) device, 4 or more leads, for multiple nerve stimulation		Stimulation Device	Yes	Yes	No	No	No	No	Yes	Yes
E0731	Form-fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric)		Stimulation Device	Yes	Yes	No	No	No	No	Yes	Yes
E0740	Non-implanted pelvic floor electrical stimulator, complete system		Stimulation Device	Yes	Yes	No	No	No	No	Yes	Yes
E0744	Neuromuscular stimulator for scoliosis		Stimulation Device	Yes	Yes	No	No	No	No	Yes	Yes
E0745	Neuromuscular stimulator, electronic shock unit		Stimulation Device	Yes	Yes	No	No	No	No	Yes	Yes
E0746	Electromyography (EMG), biofeedback device		EMG	Yes	Yes	No	No	No	No	Yes	Yes
E0747	Osteogenesis stimulator, electrical, noninvasive, other than spinal applications		Stimulation Device	Yes	Yes	No	No	No	No	Yes	Yes
E0748	Osteogenesis stimulator, electrical, noninvasive, spinal applications		Stimulation Device	Yes	Yes	No	No	No	No	Yes	Yes
E0749	Osteogenesis stimulator, electrical, surgically implanted		Stimulation Device	Yes	Yes	No	No	No	No	Yes	Yes
E0755	Electronic salivary reflex stimulator (intraoral/noninvasive)		Stimulation Device	Yes	Yes	No	No	No	No	Yes	Yes
E0760	Osteogenesis stimulator, low intensity ultrasound, noninvasive		Stimulation Device	Yes	Yes	No	No	No	No	Yes	Yes
E0761	Nonthermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device		Stimulation Device	Yes	Yes	No	No	No	No	Yes	Yes
E0762	Transcutaneous electrical joint stimulation device system, includes all accessories		Stimulation Device	Yes	Yes	No	No	No	No	Yes	Yes
E0764	Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program		Stimulation Device	Yes	Yes	No	No	No	No	Yes	Yes
E0765	FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting		Stimulation Device	Yes	Yes	No	No	No	No	Yes	Yes

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type		Stimulation Device	Yes	Yes	No	No	No	No	Yes	Yes
E0769	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified		Stimulation Device	Yes	Yes	No	No	No	No	Yes	Yes
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified		Stimulation Device	Yes	Yes	No	No	No	No	Yes	Yes
E0776	IV pole		Infusion	No	No	No	No	No	No	No	No
E0779	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater		Infusion	No	No	No	No	No	No	No	No
E0780	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours		Infusion	No	No	No	No	No	No	No	No
E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient		Infusion	No	No	No	No	No	No	No	No
E0782	Infusion pump, implantable, nonprogrammable (includes all components, e.g., pump, catheter, connectors, etc.)		Infusion	No	No	No	No	No	No	No	No
E0783	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)		Infusion	Yes	Yes	No	No	No	No	Yes	Yes
E0784	External ambulatory infusion pump, insulin implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement		Infusion	Yes	Yes	No	No	No	No	Yes	Yes
E0785	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)		Infusion	Yes	Yes	No	No	No	No	Yes	Yes
E0786	External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing		CGM	No	No	No	No	No	No	No	No
E0791	Parenteral infusion pump, stationary, single, or multichannel		Infusion	No	No	No	No	No	No	No	No
E0830	Ambulatory traction device, all types, each		Orthopedics	No	No	No	No	No	No	No	No
E0840	Traction frame, attached to headboard, cervical traction		Orthopedics	No	No	No	No	No	No	No	No
E0849	Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible		Orthopedics	No	No	No	No	No	No	No	No
E0850	Traction stand, freestanding, cervical traction		Orthopedics	No	No	No	No	No	No	No	No
E0855	Cervical traction equipment not requiring additional stand or frame		Orthopedics	No	No	No	No	No	No	No	No
E0856	Cervical traction device, with inflatable air bladder(s)		Orthopedics	No	No	No	No	No	No	No	No
E0860	Traction equipment, overdoor, cervical		Orthopedics	No	No	No	No	No	No	No	No
E0870	Traction frame, attached to footboard, extremity traction (e.g., Buck's)		Orthopedics	No	No	No	No	No	No	No	No
E0880	Traction stand, freestanding, extremity traction (e.g., Buck's)		Orthopedics	No	No	No	No	No	No	No	No
E0890	Traction frame, attached to footboard, pelvic traction		Orthopedics	No	No	No	No	No	No	No	No
E0900	Traction stand, freestanding, pelvic traction (e.g., Buck's)		Orthopedics	No	No	No	No	No	No	No	No
E0910	Trapeze bars, also known as Patient Helper, attached to bed, with grab bar		Orthopedics	No	No	No	No	No	No	No	No
E0911	Trapeze bar, heavy-duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar		Orthopedics	No	No	No	No	No	No	No	No
E0912	Trapeze bar, heavy-duty, for patient weight capacity greater than 250 pounds, freestanding, complete with grab bar		Orthopedics	No	No	No	No	No	No	No	No
E0920	Fracture frame, attached to bed, includes weights		Orthopedics	No	No	No	No	No	No	No	No
E0930	Fracture frame, freestanding, includes weights		Orthopedics	No	No	No	No	No	No	No	No
E0935	Continuous passive motion exercise device for use on knee only		Orthopedics	No	No	No	No	No	No	No	No
E0936	Continuous passive motion exercise device for use other than knee		Orthopedics	No	No	No	No	No	No	No	No
E0940	Trapeze bar, freestanding, complete with grab bar		Orthopedics	No	No	No	No	No	No	No	No
E0941	Gravity assisted traction device, any type		Orthopedics	No	No	No	No	No	No	No	No
E0942	Cervical head harness/halter		Orthopedics	No	No	No	No	No	No	No	No
E0944	Pelvic belt/harness/boot		Orthopedics	No	No	No	No	No	No	No	No
E0945	Extremity belt/harness		Orthopedics	No	No	No	No	No	No	No	No
E0946	Fracture, frame, dual with cross bars, attached to bed, (e.g., Balken, 4 Poster)		Orthopedics	No	No	No	No	No	No	No	No
E0947	Fracture frame, attachments for complex pelvic traction		Orthopedics	No	No	No	No	No	No	No	No
E0948	Fracture frame, attachments for complex cervical traction		Orthopedics	No	No	No	No	No	No	No	No
E0950	Wheelchair accessory, tray, each		Wheelchairs	No	No	No	No	No	No	No	No
E0951	Heel loop/holder, any type, with or without ankle strap, each		Wheelchairs	No	No	No	No	No	No	No	No
E0952	Toe loop/holder, any type, each		Wheelchairs	No	No	No	No	No	No	No	No
E0953	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each		Wheelchairs	Yes	Yes	No	No	No	No	Yes	Yes
E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot		Wheelchairs	Yes	Yes	No	No	No	No	Yes	Yes
E0955	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each		Wheelchairs	No	No	No	No	No	No	No	No
E0956	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each		Wheelchairs	No	No	No	No	No	No	No	No
E0957	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each		Wheelchairs	No	No	No	No	No	No	No	No
E0958	Manual wheelchair accessory, one-arm drive attachment, each		Wheelchairs	No	No	No	No	No	No	No	No
E0959	Manual wheelchair accessory, adapter for amputee, each		Wheelchairs	No	No	No	No	No	No	No	No
E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware		Wheelchairs	No	No	No	No	No	No	No	No
E0961	Manual wheelchair accessory, wheel lock brake extension (handle), each		Wheelchairs	No	No	No	No	No	No	No	No
E0966	Manual wheelchair accessory, headrest extension, each		Wheelchairs	No	No	No	No	No	No	No	No
E0967	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each		Wheelchairs	No	No	No	No	No	No	No	No
E0968	Commode seat, wheelchair		Wheelchairs	No	No	No	No	No	No	No	No
E0969	Narrowing device, wheelchair		Wheelchairs	No	No	No	No	No	No	No	No
E0970	No. 2 footplates, except for elevating legrest		Wheelchairs	Yes	Yes	No	No	No	No	Yes	Yes
E0971	Manual wheelchair accessory, antitipping device, each		Wheelchairs	No	No	No	No	No	No	No	No
E0973	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each		Wheelchairs	No	No	No	No	No	No	No	No
E0974	Manual wheelchair accessory, antirollback device, each		Wheelchairs	No	No	No	No	No	No	No	No
E0978	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each		Wheelchairs	No	No	No	No	No	No	No	No
E0980	Safety vest, wheelchair		Wheelchairs	No	No	No	No	No	No	No	No
E0981	Wheelchair accessory, seat upholstery, replacement only, each		Wheelchairs	No	No	No	No	No	No	No	No
E0982	Wheelchair accessory, back upholstery, replacement only, each		Wheelchairs	No	No	No	No	No	No	No	No
E0983	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control		Wheelchairs	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
E0984	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control		Wheelchairs	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
E0985	Wheelchair accessory, seat lift mechanism		Wheelchairs	No	No	No	No	No	No	No	No
E0986	Manual wheelchair accessory, push-rim activated power assist system		Wheelchairs	Yes	Yes	No	No	No	No	Yes	Yes
E0988	Manual wheelchair accessory, lever-activated, wheel drive, pair		Wheelchairs	No	No	No	No	No	No	No	No
E0990	Wheelchair accessory, elevating legrest, complete assembly, each		Wheelchairs	No	No	No	No	No	No	No	No
E0992	Manual wheelchair accessory, solid seat insert		Wheelchairs	No	No	No	No	No	No	No	No
E0994	Armrest, each		Wheelchairs	No	No	No	No	No	No	No	No
E0995	Wheelchair accessory, calf rest/pad, replacement only, each		Wheelchairs	No	No	No	No	No	No	No	No
E1002	Wheelchair accessory, power seating system, tilt only		Wheelchairs	No	No	No	No	No	No	No	No
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction		Wheelchairs	No	No	No	No	No	No	No	No
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction		Wheelchairs	No	No	No	No	No	No	No	No
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction		Wheelchairs	Yes	Yes	No	No	No	No	Yes	Yes
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction		Wheelchairs	Yes	Yes	No	No	No	No	Yes	Yes
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction		Wheelchairs	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction		Wheelchairs	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
E1008	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and legrest, each		Wheelchairs	No	No	No	No	No	No	No	No
E1009	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair		Wheelchairs	No	No	No	No	No	No	No	No
E1010	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)		Wheelchairs	No	No	No	No	No	No	No	No
E1011	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each		Wheelchairs	No	No	No	No	No	No	No	No
E1012	Reclining back, addition to pediatric size wheelchair		Wheelchairs	No	No	No	No	No	No	No	No
E1014	Shock absorber for manual wheelchair, each		Wheelchairs	No	No	No	No	No	No	No	No
E1015	Shock absorber for manual wheelchair, each		Wheelchairs	No	No	No	No	No	No	No	No
E1016	Shock absorber for power wheelchair, each		Wheelchairs	No	No	No	No	No	No	No	No
E1017	Heavy-duty shock absorber for heavy-duty or extra heavy-duty manual wheelchair, each		Wheelchairs	No	No	No	No	No	No	No	No
E1018	Heavy-duty shock absorber for heavy-duty or extra heavy-duty power wheelchair, each		Wheelchairs	No	No	No	No	No	No	No	No
E1020	Residual limb support system for wheelchair, any type		Wheelchairs	No	No	No	No	No	No	No	No
E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory		Wheelchairs	No	No	No	No	No	No	No	No
E1029	Wheelchair accessory, ventilator tray, fixed		Wheelchairs	No	No	No	No	No	No	No	No
E1030	Wheelchair accessory, ventilator tray, gimbaled		Wheelchairs	No	No	No	No	No	No	No	No
E1031	Rollabout chair, any and all types with castors 5 in or greater		Wheelchairs	No	No	No	No	No	No	No	No
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs		Wheelchairs	No	No	No	No	No	No	No	No
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs		Wheelchairs	Yes	Yes	No	No	No	No	Yes	Yes
E1037	Transport chair, pediatric size		Wheelchairs	No	No	No	No	No	No	No	No
E1038	Transport chair, adult size, patient weight capacity up to and including 300 pounds		Wheelchairs	No	No	No	No	No	No	No	No
E1039	Transport chair, adult size, heavy-duty, patient weight capacity greater than 300 pounds		Wheelchairs	No	No	No	No	No	No	No	No
E1050	Fully-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests		Wheelchairs	No	No	No	No	No	No	No	No
E1060	Fully-reclining wheelchair, detachable arms, desk or full-length, swing-away detachable elevating legrests		Wheelchairs	No	No	No	No	No	No	No	No
E1070	Fully-reclining wheelchair, detachable arms (desk or full-length) swing-away detachable footrest		Wheelchairs	No	No	No	No	No	No	No	No
E1083	Hemi-wheelchair, fixed full-length arms, swing-away detachable elevating legrest		Wheelchairs	No	No	No	No	No	No	No	No
E1084	Hemi-wheelchair, detachable arms desk or full-length arms, swing-away detachable elevating legrests		Wheelchairs	No	No	No	No	No	No	No	No
E1085	Hemi-wheelchair, fixed full-length arms, swing-away detachable footrests		Wheelchairs	Yes	Yes	No	No	No	No	Yes	Yes
E1086	Hemi-wheelchair, detachable arms, desk or full-length, swing-away detachable footrests		Wheelchairs	Yes	Yes	No	No	No	No	Yes	Yes
E1087	High strength lightweight wheelchair, fixed full-length arms, swing-away detachable elevating legrests		Wheelchairs	No	No	No	No	No	No	No	No
E1088	High strength lightweight wheelchair, detachable arms desk or full-length, swing-away detachable elevating legrests		Wheelchairs	No	No	No	No	No	No	No	No
E1089	High-strength lightweight wheelchair, fixed-length arms, swing-away detachable footrest		Wheelchairs	Yes	Yes	No	No	No	No	Yes	Yes
E1090	High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests		Wheelchairs	Yes	Yes	No	No	No	No	Yes	Yes
E1092	Wide heavy-duty wheel chair, detachable arms (desk or full-length), swing-away detachable elevating legrests		Wheelchairs	No	No	No	No	No	No	No	No
E1093	Wide heavy-duty wheelchair, detachable arms, desk or full-length arms, swing-away detachable footrests		Wheelchairs	No	No	No	No	No	No	No	No
E1100	Semi-reclining wheelchair, fixed full-length arms; swing-away detachable elevating legrests		Wheelchairs	No	No	No	No	No	No	No	No
E1110	Semi-reclining wheelchair, detachable arms (desk or full-length) elevating legrest		Wheelchairs	No	No	No	No	No	No	No	No
E1130	Standard wheelchair, fixed full-length arms, fixed or swing-away detachable footrests		Wheelchairs	Yes	Yes	No	No	No	No	Yes	Yes
E1140	Wheelchair, detachable arms, desk or full-length, swing-away detachable footrests		Wheelchairs	Yes	Yes	No	No	No	No	Yes	Yes
E1150	Wheelchair, detachable arms, desk or full-length swing-away detachable elevating legrests		Wheelchairs	No	No	No	No	No	No	No	No
E1160	Wheelchair, fixed full-length arms, swing-away detachable elevating legrests		Wheelchairs	No	No	No	No	No	No	No	No
E1161	Manual adult size wheelchair, includes tilt in space		Wheelchairs	No	No	No	No	No	No	No	No
E1170	Amputee wheelchair, fixed full-length arms, swing-away detachable elevating legrests		Wheelchairs	No	No	No	No	No	No	No	No
E1171	Amputee wheelchair, fixed full-length arms, without footrests or legrest		Wheelchairs	No	No	No	No	No	No	No	No
E1172	Amputee wheelchair, detachable arms (desk or full-length) without footrests or legrest		Wheelchairs	No	No	No	No	No	No	No	No
E1180	Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable footrests		Wheelchairs	No	No	No	No	No	No	No	No

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E1190	Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable elevating legrests		Wheelchairs	No	No	No	No	No	No	No	No
E1195	Heavy-duty wheelchair, fixed full-length arms, swing-away detachable elevating legrests		Wheelchairs	No	No	No	No	No	No	No	No
E1200	Amputee wheelchair, fixed full-length arms, swing-away detachable footrest		Wheelchairs	No	No	No	No	No	No	No	No
E1220	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification		Wheelchairs	Yes	Yes	No	No	No	No	Yes	Yes
E1221	Wheelchair with fixed arm, footrests		Wheelchairs	No	No	No	No	No	No	No	No
E1222	Wheelchair with fixed arm, elevating legrests		Wheelchairs	No	No	No	No	No	No	No	No
E1223	Wheelchair with detachable arms, footrests		Wheelchairs	No	No	No	No	No	No	No	No
E1224	Wheelchair with detachable arms, elevating legrests		Wheelchairs	No	No	No	No	No	No	No	No
E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each		Wheelchairs	No	No	No	No	No	No	No	No
E1226	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each		Wheelchairs	Yes	Yes	No	No	No	No	Yes	Yes
E1227	Special height arms for wheelchair		Wheelchairs	No	No	No	No	No	No	No	No
E1228	Special back height for wheelchair		Wheelchairs	No	No	No	No	No	No	No	No
E1229	Wheelchair, pediatric size, not otherwise specified		Wheelchairs	Yes	Yes	No	No	No	No	Yes	Yes
E1230	Power operated vehicle (3- or 4-wheel nonhighway), specify brand name and model number		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system		Wheelchairs	No	No	No	No	No	No	No	No
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system		Wheelchairs	No	No	No	No	No	No	No	No
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system		Wheelchairs	No	No	No	No	No	No	No	No
E1234	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system		Wheelchairs	No	No	No	No	No	No	No	No
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system		Wheelchairs	No	No	No	No	No	No	No	No
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system		Wheelchairs	No	No	No	No	No	No	No	No
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system		Wheelchairs	No	No	No	No	No	No	No	No
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system		Wheelchairs	No	No	No	No	No	No	No	No
E1239	Power wheelchair, pediatric size, not otherwise specified		Wheelchairs	Yes	Yes	No	No	No	No	Yes	Yes
E1240	Lightweight wheelchair, detachable arms, (desk or full-length) swing-away detachable, elevating legrest		Wheelchairs	No	No	No	No	No	No	No	No
E1250	Lightweight wheelchair, fixed full-length arms, swing-away detachable footrest		Wheelchairs	Yes	Yes	No	No	No	No	Yes	Yes
E1260	Lightweight wheelchair, detachable arms (desk or full-length) swing-away detachable footrest		Wheelchairs	Yes	Yes	No	No	No	No	Yes	Yes
E1270	Lightweight wheelchair, fixed full-length arms, swing-away detachable elevating legrests		Wheelchairs	No	No	No	No	No	No	No	No
E1280	Heavy-duty wheelchair, detachable arms (desk or full-length) elevating legrests		Wheelchairs	No	No	No	No	No	No	No	No
E1285	Heavy-duty wheelchair, fixed full-length arms, swing-away detachable footrest		Wheelchairs	Yes	Yes	No	No	No	No	Yes	Yes
E1290	Heavy-duty wheelchair, detachable arms (desk or full-length) swing-away detachable footrest		Wheelchairs	Yes	Yes	No	No	No	No	Yes	Yes
E1295	Heavy-duty wheelchair, fixed full-length arms, elevating legrest		Wheelchairs	No	No	No	No	No	No	No	No
E1296	Special wheelchair seat height from floor		Wheelchairs	No	No	No	No	No	No	No	No
E1297	Special wheelchair seat depth, by upholstery		Wheelchairs	No	No	No	No	No	No	No	No
E1298	Special wheelchair seat depth and/or width, by construction		Wheelchairs	No	No	No	No	No	No	No	No
E1300	Whirlpool, portable (overtub type)		DME	Yes	Yes	No	No	No	No	Yes	Yes
E1310	Whirlpool, nonportable (built-in type)		DME	Yes	Yes	No	No	No	No	Yes	Yes
E1352	Oxygen accessory, flow regulator capable of positive inspiratory pressure		Respiratory	No	No	No	No	No	No	No	No
E1353	Regulator		Respiratory	No	No	No	No	No	No	No	No
E1354	Oxygen accessory, wheeled cart for portable cylinder or portable concentrator, any type, replacement only, each		Respiratory	No	No	No	No	No	No	No	No
E1355	Stand/rack		Respiratory	No	No	No	No	No	No	No	No
E1356	Oxygen accessory, battery pack/cartridge for portable concentrator, any type, replacement only, each		Respiratory	No	No	No	No	No	No	No	No
E1357	Oxygen accessory, battery charger for portable concentrator, any type, replacement only, each		Respiratory	No	No	No	No	No	No	No	No
E1358	Oxygen accessory, DC power adapter for portable concentrator, any type, replacement only, each		Respiratory	No	No	No	No	No	No	No	No
E1372	Immersion external heater for nebulizer		Respiratory	No	No	No	No	No	No	No	No
E1390	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate		Respiratory	No	No	No	No	No	No	No	No
E1391	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each		Respiratory	No	No	No	No	No	No	No	No
E1392	Portable oxygen concentrator, rental		Respiratory	No	No	No	No	No	No	No	No
E1399	Durable medical equipment, miscellaneous		Respiratory	Yes	Yes	No	No	No	No	Yes	Yes
E1405	Oxygen and water vapor enriching system with heated delivery		Respiratory	No	No	No	No	No	No	No	No
E1406	Oxygen and water vapor enriching system without heated delivery		Respiratory	No	No	No	No	No	No	No	No
E1500	CENTRIFUGE FOR DIALYSIS		Dialysis	No	No	No	No	No	No	No	No
E1510	Kidney, dialysate delivery system kidney machine, pump recirculating, air removal system, flowrate meter, power off, heater and temperature control with alarm, IV poles, pressure gauge, concentrate container		Dialysis	No	No	No	No	No	No	No	No
E1520	HEPARIN INFUSION PUMP FOR HEMODIALYSIS		Dialysis	No	No	No	No	No	No	No	No
E1530	Air bubble detector for hemodialysis, each, replacement		Dialysis	No	No	No	No	No	No	No	No
E1540	Pressure alarm for hemodialysis, each, replacement		Dialysis	No	No	No	No	No	No	No	No
E1550	Bath conductivity meter for hemodialysis, each		Dialysis	No	No	No	No	No	No	No	No
E1560	Blood leak detector for hemodialysis, each, replacement		Dialysis	No	No	No	No	No	No	No	No
E1570	Adjustable chair, for ESRD patients		ESRD	No	No	No	No	No	No	No	No
E1575	Transducer protectors/fluid barriers, for hemodialysis, any size, per 10		Dialysis	No	No	No	No	No	No	No	No
E1580	Unipuncture control system for hemodialysis		Dialysis	No	No	No	No	No	No	No	No
E1590	Hemodialysis machine		Dialysis	No	No	No	No	No	No	No	No
E1592	Automatic intermittent peritoneal dialysis system		Dialysis	No	No	No	No	No	No	No	No
E1594	Cycler dialysis machine for peritoneal dialysis		Dialysis	No	No	No	No	No	No	No	No
E1600	Delivery and/or installation charges for hemodialysis equipment		Dialysis	No	No	No	No	No	No	No	No
E1610	Reverse osmosis water purification system, for hemodialysis		Dialysis	No	No	No	No	No	No	No	No
E1615	Deionizer water purification system, for hemodialysis		Dialysis	No	No	No	No	No	No	No	No

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E1620	Blood pump for hemodialysis, replacement		Dialysis	No	No	No	No	No	No	No	No
E1625	Water softening system, for hemodialysis		Dialysis	No	No	No	No	No	No	No	No
E1630	Reciprocating peritoneal dialysis system		Dialysis	No	No	No	No	No	No	No	No
E1632	Wearable artificial kidney, each		Dialysis	No	No	No	No	No	No	No	No
E1634	Peritoneal dialysis clamps, each		Dialysis	No	No	No	No	No	No	No	No
E1635	Compact (portable) travel hemodialyzer system		Dialysis	No	No	No	No	No	No	No	No
E1636	Sorbent cartridges, for hemodialysis, per 10		Dialysis	No	No	No	No	No	No	No	No
E1637	Hemostats, each		Dialysis	No	No	No	No	No	No	No	No
E1639	Scale, each		Dialysis	No	No	No	No	No	No	No	No
E1699	Dialysis equipment, nos		Dialysis	No	No	No	No	No	No	No	No
E1700	Jaw motion rehab system		Rehab Systems	No	No	No	No	No	No	No	No
E1701	Replacement cushions for jaw motion rehabilitation system, package of 6		Rehab Systems	No	No	No	No	No	No	No	No
E1702	Replacement measuring scales for jaw motion rehabilitation system, package of 200		Rehab Systems	No	No	No	No	No	No	No	No
E1800	Dynamic adjustable elbow extension/flexion device, includes soft interface material		Rehab Systems	No	No	No	No	No	No	No	No
E1801	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories		Rehab Systems	No	No	No	No	No	No	No	No
E1802	Dynamic adjustable forearm pronation/supination device, includes soft interface material		Rehab Systems	No	No	No	No	No	No	No	No
E1805	Dynamic adjustable wrist extension/flexion device, includes soft interface material		Rehab Systems	No	No	No	No	No	No	No	No
E1806	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories		Rehab Systems	No	No	No	No	No	No	No	No
E1810	Dynamic adjustable knee extension/flexion device, includes soft interface material		Rehab Systems	No	No	No	No	No	No	No	No
E1811	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories		Rehab Systems	No	No	No	No	No	No	No	No
E1812	Dynamic knee, extension/flexion device with active resistance control		Rehab Systems	No	No	No	No	No	No	No	No
E1815	Dynamic adjustable ankle extension/flexion device, includes soft interface material		Rehab Systems	No	No	No	No	No	No	No	No
E1816	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories		Rehab Systems	No	No	No	No	No	No	No	No
E1818	Static progressive stretch forearm pronation/supination device, with or without range of motion adjustment, includes all components and accessories		Rehab Systems	No	No	No	No	No	No	No	No
E1820	Replacement soft interface material, dynamic adjustable extension/flexion device		Rehab Systems	No	No	No	No	No	No	No	No
E1821	Replacement soft interface material/cuffs for bi-directional static progressive stretch device		Rehab Systems	No	No	No	No	No	No	No	No
E1825	Dynamic adjustable finger extension/flexion device, includes soft interface material		Rehab Systems	No	No	No	No	No	No	No	No
E1830	Dynamic adjustable toe extension/flexion device, includes soft interface material		Rehab Systems	No	No	No	No	No	No	No	No
E1831	Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories		Rehab Systems	No	No	No	No	No	No	No	No
E1840	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material		Rehab Systems	Yes	Yes	No	No	No	No	Yes	Yes
E1841	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories		Rehab Systems	No	No	No	No	No	No	No	No
E1902	Communication board, nonelectronic augmentative or alternative communication device		Speech	Yes	Yes	No	No	No	No	Yes	Yes
E1905	Virtual reality cognitive behavioral therapy device including pre-programmed therapy software			Yes	Yes	yes	No	yes	No	Yes	Yes
E2000	Gastric suction pump, home model, portable or stationary, electric		DME	No	No	No	No	No	No	No	No
E2100	Blood glucose monitor with integrated voice synthesizer		Diabetes	Yes	Yes	No	No	No	No	Yes	Yes
E2101	Blood glucose monitor with integrated lancing/blood sample		Diabetes	No	No	No	No	No	No	No	No
E2120	Pulse generator system for tympanic treatment of inner ear endolymphatic fluid		DME	No	No	No	No	No	No	No	No
E2201	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 in and less than 24 in		Wheelchairs	No	No	No	No	No	No	No	No
E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 in		Wheelchairs	No	No	No	No	No	No	No	No
E2203	Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 in		Wheelchairs	No	No	No	No	No	No	No	No
E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 in		Wheelchairs	Yes	Yes	No	No	No	No	Yes	Yes
E2205	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each		Wheelchairs	No	No	No	No	No	No	No	No
E2206	Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each		Wheelchairs	No	No	No	No	No	No	No	No
E2207	Wheelchair accessory, crutch and cane holder, each		Wheelchairs	No	No	No	No	No	No	No	No
E2208	Wheelchair accessory, cylinder tank carrier, each		Wheelchairs	No	No	No	No	No	No	No	No
E2209	Accessory, arm trough, with or without hand support, each		Wheelchairs	No	No	No	No	No	No	No	No
E2210	Wheelchair accessory, bearings, any type, replacement only, each		Wheelchairs	No	No	No	No	No	No	No	No
E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each		Wheelchairs	No	No	No	No	No	No	No	No
E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each		Wheelchairs	No	No	No	No	No	No	No	No
E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each		Wheelchairs	No	No	No	No	No	No	No	No
E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each		Wheelchairs	No	No	No	No	No	No	No	No
E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each		Wheelchairs	No	No	No	No	No	No	No	No
E2216	Manual wheelchair accessory, foam filled propulsion tire, any size, each		Wheelchairs	No	No	No	No	No	No	No	No
E2217	Manual wheelchair accessory, foam filled caster tire, any size, each		Wheelchairs	No	No	No	No	No	No	No	No
E2218	Manual wheelchair accessory, foam propulsion tire, any size, each		Wheelchairs	No	No	No	No	No	No	No	No
E2219	Manual wheelchair accessory, foam caster tire, any size, each		Wheelchairs	No	No	No	No	No	No	No	No
E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each		Wheelchairs	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each		Wheelchairs	No	No	No	No	No	No	No	No
E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each		Wheelchairs	No	No	No	No	No	No	No	No
E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each		Wheelchairs	No	No	No	No	No	No	No	No
E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each		Wheelchairs	No	No	No	No	No	No	No	No
E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each		Wheelchairs	No	No	No	No	No	No	No	No
E2227	Manual wheelchair accessory, gear reduction drive wheel, each		Wheelchairs	No	No	No	No	No	No	No	No
E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each		Wheelchairs	No	No	No	No	No	No	No	No
E2230	Manual wheelchair accessory, manual standing system		Wheelchairs	No	No	No	No	No	No	No	No
E2231	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware		Wheelchairs	No	No	No	No	No	No	No	No
E2291	Back, planar, for pediatric size wheelchair including fixed attaching hardware		Wheelchairs	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
E2292	Seat, planar, for pediatric size wheelchair including fixed attaching hardware		Wheelchairs	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
E2293	Back, contoured, for pediatric size wheelchair including fixed attaching hardware		Wheelchairs	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
E2294	Seat, contoured, for pediatric size wheelchair including fixed attaching hardware		Wheelchairs	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
E2295	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features		Wheelchairs	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
E2300	Wheelchair accessory, power seat elevation system, any type		Wheelchairs	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
E2301	Wheelchair accessory, power standing system, any type		Wheelchairs	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
E2310	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware		Wheelchairs	No	No	No	No	No	No	No	No
E2311	Power wheelchair accessory, electronic connection between wheelchair controller and 2 or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware		Wheelchairs	No	No	No	No	No	No	No	No
E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware		Wheelchairs	Yes	Yes	No	No	No	No	Yes	Yes
E2313	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each		Wheelchairs	No	No	No	No	No	No	No	No
E2321	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware		Wheelchairs	Yes	Yes	No	No	No	No	Yes	Yes
E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware		Wheelchairs	No	No	No	No	No	No	No	No
E2323	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated		Wheelchairs	No	No	No	No	No	No	No	No
E2324	Power wheelchair accessory, chin cup for chin control interface		Wheelchairs	No	No	No	No	No	No	No	No
E2325	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware		Wheelchairs	Yes	Yes	No	No	No	No	Yes	Yes
E2326	Power wheelchair accessory, breath tube kit for sip and puff interface		Wheelchairs	No	No	No	No	No	No	No	No
E2327	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware		Wheelchairs	Yes	Yes	No	No	No	No	Yes	Yes
E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware		Wheelchairs	Yes	Yes	No	No	No	No	Yes	Yes
E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware		Wheelchairs	No	No	No	No	No	No	No	No
E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware		Wheelchairs	Yes	Yes	No	No	No	No	Yes	Yes
E2331	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware		Wheelchairs	Yes	Yes	No	No	No	No	Yes	Yes
E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 in		Wheelchairs	Yes	Yes	No	No	No	No	Yes	Yes
E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 in		Wheelchairs	Yes	Yes	No	No	No	No	Yes	Yes
E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 in		Wheelchairs	Yes	Yes	No	No	No	No	Yes	Yes
E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 in		Wheelchairs	Yes	Yes	No	No	No	No	Yes	Yes
E2351	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface		Wheelchairs	Yes	Yes	No	No	No	No	Yes	Yes
E2358	Power wheelchair accessory, group 34 nonsealed lead acid battery, each		Wheelchairs	Yes	Yes	No	No	No	No	Yes	Yes
E2359	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)		Wheelchairs	No	No	No	No	No	No	No	No
E2360	Power wheelchair accessory, 22 NF nonsealed lead acid battery, each		Wheelchairs	No	No	No	No	No	No	No	No
E2361	Power wheelchair accessory, 22 NF sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)		Wheelchairs	No	No	No	No	No	No	No	No
E2362	Power wheelchair accessory, group 24 nonsealed lead acid battery, each		Wheelchairs	No	No	No	No	No	No	No	No
E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)		Wheelchairs	No	No	No	No	No	No	No	No
E2364	Power wheelchair accessory, U-1 nonsealed lead acid battery, each		Wheelchairs	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
E2365	Power wheelchair accessory, U-1 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)		Wheelchairs	No	No	No	No	No	No	No	No
E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or nonsealed, each		Wheelchairs	No	No	No	No	No	No	No	No
E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or nonsealed, each		Wheelchairs	No	No	No	No	No	No	No	No
E2368	Power wheelchair component, drive wheel motor, replacement only		Wheelchairs	No	No	No	No	No	No	No	No
E2369	Power wheelchair component, drive wheel gear box, replacement only		Wheelchairs	No	No	No	No	No	No	No	No
E2370	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only		Wheelchairs	No	No	No	No	No	No	No	No
E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each		Wheelchairs	No	No	No	No	No	No	No	No
E2372	Power wheelchair accessory, group 27 nonsealed lead acid battery, each		Wheelchairs	No	No	No	No	No	No	No	No
E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware		Wheelchairs	No	No	No	No	No	No	No	No
E2374	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only		Wheelchairs	No	No	No	No	No	No	No	No
E2375	Power wheelchair accessory, nonexpandable controller, including all related electronics and mounting hardware, replacement only		Wheelchairs	No	No	No	No	No	No	No	No
E2376	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only		Wheelchairs	No	No	No	No	No	No	No	No
E2377	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue		Wheelchairs	No	No	No	No	No	No	No	No
E2378	Power wheelchair component, actuator, replacement only		Wheelchairs	No	No	No	No	No	No	No	No
E2381	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each		Wheelchairs	No	No	No	No	No	No	No	No
E2382	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each		Wheelchairs	No	No	No	No	No	No	No	No
E2383	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each		Wheelchairs	No	No	No	No	No	No	No	No
E2384	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each		Wheelchairs	No	No	No	No	No	No	No	No
E2385	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each		Wheelchairs	No	No	No	No	No	No	No	No
E2386	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each		Wheelchairs	No	No	No	No	No	No	No	No
E2387	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each		Wheelchairs	No	No	No	No	No	No	No	No
E2388	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each		Wheelchairs	No	No	No	No	No	No	No	No
E2389	Power wheelchair accessory, foam caster tire, any size, replacement only, each		Wheelchairs	No	No	No	No	No	No	No	No
E2390	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each		Wheelchairs	No	No	No	No	No	No	No	No
E2391	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each		Wheelchairs	No	No	No	No	No	No	No	No
E2392	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each		Wheelchairs	No	No	No	No	No	No	No	No
E2394	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each		Wheelchairs	No	No	No	No	No	No	No	No
E2395	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each		Wheelchairs	No	No	No	No	No	No	No	No
E2396	Power wheelchair accessory, caster fork, any size, replacement only, each		Wheelchairs	No	No	No	No	No	No	No	No
E2397	Power wheelchair accessory, lithium-based battery, each		Wheelchairs	No	No	No	No	No	No	No	No
E2398	Wheelchair accessory, dynamic positioning hardware for back		Wheelchairs	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
E2402	Negative pressure wound therapy electrical pump, stationary or portable		DME	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
E2500	Speech generating device, digitized speech, using prerecorded messages, less than or equal to 8 minutes recording time		Speech	Yes	Yes	No	No	No	No	Yes	Yes
E2502	Speech generating device, digitized speech, using prerecorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time		Speech	Yes	Yes	No	No	No	No	Yes	Yes
E2504	Speech generating device, digitized speech, using prerecorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time		Speech	Yes	Yes	No	No	No	No	Yes	Yes
E2506	Speech generating device, digitized speech, using prerecorded messages, greater than 40 minutes recording time		Speech	Yes	Yes	No	No	No	No	Yes	Yes
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device		Speech	Yes	Yes	No	No	No	No	Yes	Yes
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access		Speech	Yes	Yes	No	No	No	No	Yes	Yes
E2511	Speech generating software program, for personal computer or personal digital assistant		Speech	No	No	No	No	No	No	No	No
E2512	Accessory for speech generating device, mounting system		Speech	No	No	No	No	No	No	No	No
E2599	Accessory for speech generating device, not otherwise classified		Speech	Yes	Yes	No	No	No	No	Yes	Yes
E2601	General use wheelchair seat cushion, width less than 22 in, any depth		Wheelchairs	No	No	No	No	No	No	No	No
E2602	General use wheelchair seat cushion, width 22 in or greater, any depth		Wheelchairs	No	No	No	No	No	No	No	No
E2603	Skin protection wheelchair seat cushion, width less than 22 in, any depth		Wheelchairs	No	No	No	No	No	No	No	No
E2604	Skin protection wheelchair seat cushion, width 22 in or greater, any depth		Wheelchairs	No	No	No	No	No	No	No	No
E2605	Positioning wheelchair seat cushion, width less than 22 in, any depth		Wheelchairs	No	No	No	No	No	No	No	No
E2606	Positioning wheelchair seat cushion, width 22 in or greater, any depth		Wheelchairs	No	No	No	No	No	No	No	No
E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 in, any depth		Wheelchairs	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
E2608	Skin protection and positioning wheelchair seat cushion, width 22 in or greater, any depth		Wheelchairs	No	No	No	No	No	No	No	No
E2609	Custom fabricated wheelchair seat cushion, any size		Wheelchairs	Yes	Yes	No	No	No	No	Yes	Yes
E2610	Wheelchair seat cushion, powered		Wheelchairs	Yes	Yes	No	No	No	No	Yes	Yes
E2611	General use wheelchair back cushion, width less than 22 in, any height, including any type mounting hardware		Wheelchairs	No	No	No	No	No	No	No	No
E2612	General use wheelchair back cushion, width 22 in or greater, any height, including any type mounting hardware		Wheelchairs	No	No	No	No	No	No	No	No
E2613	Positioning wheelchair back cushion, posterior, width less than 22 in, any height, including any type mounting hardware		Wheelchairs	No	No	No	No	No	No	No	No
E2614	Positioning wheelchair back cushion, posterior, width 22 in or greater, any height, including any type mounting hardware		Wheelchairs	No	No	No	No	No	No	No	No
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 in, any height, including any type mounting hardware		Wheelchairs	No	No	No	No	No	No	No	No
E2616	Positioning wheelchair back cushion, posterior-lateral, width 22 in or greater, any height, including any type mounting hardware		Wheelchairs	No	No	No	No	No	No	No	No
E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware		Wheelchairs	Yes	Yes	No	No	No	No	Yes	Yes
E2619	Replacement cover for wheelchair seat cushion or back cushion, each		Wheelchairs	No	No	No	No	No	No	No	No
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 in, any height, including any type mounting hardware		Wheelchairs	No	No	No	No	No	No	No	No
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 in or greater, any height, including any type mounting hardware		Wheelchairs	No	No	No	No	No	No	No	No
E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 in, any depth		Wheelchairs	No	No	No	No	No	No	No	No
E2623	Skin protection wheelchair seat cushion, adjustable, width 22 in or greater, any depth		Wheelchairs	No	No	No	No	No	No	No	No
E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 in, any depth		Wheelchairs	No	No	No	No	No	No	No	No
E2625	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 in or greater, any depth		Wheelchairs	No	No	No	No	No	No	No	No
E2626	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable		Wheelchairs	Yes	Yes	No	No	No	No	Yes	Yes
E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable Rancho type		Wheelchairs	Yes	Yes	No	No	No	No	Yes	Yes
E2628	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining		Wheelchairs	Yes	Yes	No	No	No	No	Yes	Yes
E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)		Wheelchairs	Yes	Yes	No	No	No	No	Yes	Yes
E2630	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support		Wheelchairs	Yes	Yes	No	No	No	No	Yes	Yes
E2631	Wheelchair accessory, addition to mobile arm support, elevating proximal arm		Wheelchairs	No	No	No	No	No	No	No	No
E2632	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control		Wheelchairs	No	No	No	No	No	No	No	No
E2633	Wheelchair accessory, addition to mobile arm support, supinator		Wheelchairs	No	No	No	No	No	No	No	No
E8000	Gait trainer, pediatric size, posterior support, includes all accessories and components		DME	No	No	No	No	No	No	No	No
E8001	Gait trainer, pediatric size, upright support, includes all accessories and components		DME	No	No	No	No	No	No	No	No
E8002	Gait trainer, pediatric size, anterior support, includes all accessories and components		DME	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO/ Auth	Commercial PPO/ Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
G0008	Administration of influenza virus vaccine		Vaccine	No	No	No	No	No	No	No	No
G0009	Administration of pneumococcal vaccine		Vaccine	No	No	No	No	No	No	No	No
G0010	Administration of hepatitis B vaccine		Vaccine	No	No	No	No	No	No	No	No
G0027	Semen analysis, presence and/or motility of sperm excluding Huhner		Analysis	Yes	Yes	No	No	No	No	Yes	Yes
G0068	Professional services for the administration of antineoplastic, pain management, chelation, pulmonary hypertension, and/or inotropic infusion drug(s) for each infusion drug administration calendar day in the individual's home, each 15 minutes	Medicare not covered	Infusion	No	No	No	No	No	No	No	No
G0069	Professional services for the administration of subcutaneous immunotherapy for each infusion drug administration calendar day in the individual's home, each 15 minutes		Infusion	No	No	No	No	No	No	No	No
G0070	Professional services for the administration of chemotherapy for each infusion drug administration calendar day in the individual's home, each 15 minutes		Infusion	No	No	No	No	No	No	No	No
G0071	Payment for communication technology-based services for 5 minutes or more of a real-time (non-face-to-face) communication between a rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only		Telehealth	No	No	No	No	No	No	No	No
G0076	Brief (20 minutes) care management home visit for a new patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)		Medicare-approved CMMI Model	n/a-Medicare	n/a-Medicare	No	No	No	No	n/a-Medicare	n/a-Medicare
G0077	Limited (30 minutes) care management home visit for a new patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)		Medicare-approved CMMI Model	n/a-Medicare	n/a-Medicare	No	No	No	No	n/a-Medicare	n/a-Medicare
G0078	Moderate (45 minutes) care management home visit for a new patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)		Medicare-approved CMMI Model	n/a-Medicare	n/a-Medicare	No	No	No	No	n/a-Medicare	n/a-Medicare
G0079	Comprehensive (60 minutes) care management home visit for a new patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)		Medicare-approved CMMI Model	n/a-Medicare	n/a-Medicare	No	No	No	No	n/a-Medicare	n/a-Medicare
G0080	Extensive (75 minutes) care management home visit for a new patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)		Medicare-approved CMMI Model	n/a-Medicare	n/a-Medicare	No	No	No	No	n/a-Medicare	n/a-Medicare
G0081	Brief (20 minutes) care management home visit for an existing patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)		Medicare-approved CMMI Model	n/a-Medicare	n/a-Medicare	No	No	No	No	n/a-Medicare	n/a-Medicare
G0082	Limited (30 minutes) care management home visit for an existing patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)		Medicare-approved CMMI Model	n/a-Medicare	n/a-Medicare	No	No	No	No	n/a-Medicare	n/a-Medicare
G0083	Moderate (45 minutes) care management home visit for an existing patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)		Medicare-approved CMMI Model	n/a-Medicare	n/a-Medicare	No	No	No	No	n/a-Medicare	n/a-Medicare
G0084	Comprehensive (60 minutes) care management home visit for an existing patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)		Medicare-approved CMMI Model	n/a-Medicare	n/a-Medicare	No	No	No	No	n/a-Medicare	n/a-Medicare
G0085	Extensive (75 minutes) care management home visit for an existing patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)		Medicare-approved CMMI Model	n/a-Medicare	n/a-Medicare	No	No	No	No	n/a-Medicare	n/a-Medicare
G0086	Limited (30 minutes) care management home care plan oversight. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)		Medicare-approved CMMI Model	n/a-Medicare	n/a-Medicare	No	No	No	No	n/a-Medicare	n/a-Medicare
G0087	Comprehensive (60 minutes) care management home care plan oversight. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)		Medicare-approved CMMI Model	n/a-Medicare	n/a-Medicare	No	No	No	No	n/a-Medicare	n/a-Medicare
G0088	Professional services, initial visit, for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 min		Infusion	No	No	No	No	No	No	No	No
G0089	Professional services, initial visit, for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 min		Infusion	No	No	No	No	No	No	No	No
G0090	Professional services, initial visit, for the administration of intravenous chemotherapy or other highly complex infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 min		Infusion	No	No	No	No	No	No	No	No
G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination		Screenings	No	No	No	No	No	No	No	No
G0102	Prostate cancer screening; digital rectal examination		Screenings	No	No	No	No	No	No	No	No
G0103	Prostate cancer screening; prostate specific antigen test (PSA)		Screenings	No	No	No	No	No	No	No	No
G0104	Colorectal cancer screening; flexible sigmoidoscopy		Screenings	No	No	No	No	No	No	No	No
G0105	Colorectal cancer screening; colonoscopy on individual at high risk		Screenings	No	No	No	No	No	No	No	No
G0106	Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema		Screenings	No	No	No	No	No	No	No	No
G0108	Diabetes outpatient self-management training services, individual, per 30 minutes		Diabetes	No	No	No	No	No	No	No	No
G0109	Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes		Diabetes	No	No	No	No	No	No	No	No
G0117	Glaucoma screening for high risk patients furnished by an optometrist or ophthalmologist		Vision	No	No	No	No	No	No	No	No
G0118	Glaucoma screening for high risk patient furnished under the direct supervision of an optometrist or ophthalmologist		Vision	No	No	No	No	No	No	No	No
G0120	Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema		Screenings	No	No	No	No	No	No	No	No
G0121	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk		Screenings	No	No	No	No	No	No	No	No
G0122	Colorectal cancer screening; barium enema		Screenings	No	No	No	No	No	No	No	No
G0123	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision		Screenings	No	No	No	No	No	No	No	No
G0124	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician		Screenings	No	No	No	No	No	No	No	No
G0127	Trimming of dystrophic nail, any number		Minor Procedure	No	No	No	No	No	No	No	No
G0128	Direct (face-to-face with patient) skilled nursing services of a registered nurse provided in a comprehensive outpatient rehabilitation facility, each 10 minutes beyond the first 15 minutes		Rehab Services	No	No	No	No	No	No	No	No
G0129	Occupational therapy services requiring the skills of a qualified occupational therapist, furnished as a component of a partial hospitalization treatment program, per session (45 minutes or more)		Rehab Services	No	No	No	No	No	No	No	No
G0130	Single energy x-ray absorptiometry (DEXA) bone density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)		Bone Density	No	No	No	No	No	No	No	No
G0141	Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician		Screenings	No	No	No	No	No	No	No	No
G0143	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening by cytotechnologist under physician supervision		Screenings	No	No	No	No	No	No	No	No
G0144	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system, under physician supervision		Screenings	No	No	No	No	No	No	No	No
G0145	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening under physician supervision		Screenings	No	No	No	No	No	No	No	No
G0147	Screening cytopathology smears, cervical or vaginal, performed by automated system under physician supervision		Screenings	No	No	No	No	No	No	No	No
G0148	Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening		Screenings	No	No	No	No	No	No	No	No
G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes		Home Health	No	No	No	No	No	No	No	No
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes		Home Health	No	No	No	No	No	No	No	No
G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes		Home Health	No	No	No	No	No	No	No	No
G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes		Home Health	No	No	No	No	No	No	No	No
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes		Home Health	No	No	No	No	No	No	No	No
G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes		Home Health	No	No	No	No	No	No	No	No
G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes		Home Health	No	No	No	No	No	No	No	No
G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes		Home Health	No	No	No	No	No	No	No	No
G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes		Home Health	No	No	No	No	No	No	No	No
G0161	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes		Home Health	No	No	No	No	No	No	No	No
G0162	Skilled services by a registered nurse (RN) for management and evaluation of the plan of care; each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential nonskilled care achieves its purpose in the home health or hospice setting)		Home Health	No	No	No	No	No	No	No	No
G0166	External counter radiation, per treatment session		Minor Procedure	No	No	No	No	No	No	No	No
G0168	Wound closure utilizing tissue adhesive(s) only		Minor Procedure	No	No	No	No	No	No	No	No
G0175	Scheduled interdisciplinary team conference (minimum of 3 exclusive of patient care nursing staff) with patient present		Team Care Meeting	No	No	No	No	No	No	No	No
G0176	Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more)		Mental Health	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
G0177	Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more)		Mental Health	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
G0179	Physician re-certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per re-certification period		Home Health	No	No	No	No	No	No	No	No
G0180	Physician certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per certification period		Home Health	No	No	No	No	No	No	No	No
G0181	Physician supervision of a patient receiving Medicare-covered services provided by a participating home health agency (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more		Home Health	No	No	No	No	No	No	No	No
G0182	Physician supervision of a patient under a Medicare-approved hospice (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more		Team Care Meeting	No	No	No	No	No	No	No	No
G0186	Destruction of localized lesion of choroid (for example, choroidal neovascularization); photocoagulation, feeder vessel technique (one or more sessions)		Vision	No	No	No	No	No	No	No	No
G0219	PET imaging whole body, melanoma for noncovered indications		PET Scan	Yes	Yes	No	No	No	No	No	No
G0235	PET imaging, any site, not otherwise specified		PET Scan	Yes	Yes	No	No	No	No	No	No
G0237	Therapeutic procedures to increase strength or endurance of respiratory muscles, face-to-face, one-on-one, each 15 minutes (includes monitoring)		Respiratory	No	No	No	No	No	No	No	No
G0238	Therapeutic procedures to improve respiratory function, other than described by G0237, one-on-one, face-to-face, per 15 minutes (includes monitoring)		Respiratory	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
G0239	Therapeutic procedures to improve respiratory function or increase strength or endurance of respiratory muscles, 2 or more individuals (includes monitoring)		Respiratory	No	No	No	No	No	No	No	No
G0245	Initial physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) which must include: (1) the diagnosis of LOPS, (2) a patient history, (3) a physical examination that consists of at least the following elements: (a) visual inspection of the forefoot, hindfoot, and toe web spaces, (b) evaluation of a protective sensation, (c) evaluation of foot structure and biomechanics, (d) evaluation of vascular status and skin integrity, and (e) evaluation and recommendation of footwear, and (4) patient education		Diabetes	No	No	No	No	No	No	No	No
G0246	Follow-up physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to include at least the following: (1) a patient history, (2) a physical examination that includes: (a) visual inspection of the forefoot, hindfoot, and toe web spaces, (b) evaluation of protective sensation, (c) evaluation of foot structure and biomechanics, (d) evaluation of vascular status and skin integrity, and (e) evaluation and recommendation of footwear, and (3) patient education		Diabetes	No	No	No	No	No	No	No	No
G0247	Routine foot care by a physician of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to include the local care of superficial wounds (i.e., superficial to muscle and fascia) and at least the following, if present: (1) local care of superficial wounds, (2) debridement of corns and calluses, and (3) trimming and debridement of nails		Diabetes	No	No	No	No	No	No	No	No
G0248	Demonstration, prior to initiation of home INR monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria, under the direction of a physician; includes: face-to-face demonstration of use and care of the INR monitor, obtaining at least one blood sample, provision of instructions for reporting home INR test results, and documentation of patient's ability to perform testing and report results		Home Health	No	No	No	No	No	No	No	No
G0249	Provision of test materials and equipment for home INR monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; includes: provision of materials for use in the home and reporting of test results to physician; testing not occurring more frequently than once a week; testing materials, billing units of service include 4 tests		Home Health	No	No	No	No	No	No	No	No
G0250	Physician review, interpretation, and patient management of home INR testing for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; testing not occurring more frequently than once a week; billing units of service include 4 tests		Cardiology	No	No	No	No	No	No	No	No
G0252	PET imaging, full and partial PET scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g., initial staging of axillary lymph nodes)		PET Scan	Yes	Yes	No	No	No	No	Yes	Yes
G0255	Current perception threshold/sensory nerve conduction test, (SNCCT) per limb, any nerve		Vision	No	No	No	No	No	No	No	No
G0257	Glaucoma screening for high risk patient furnished under the direct supervision of an optometrist or ophthalmologist		ESRD	No	No	No	No	No	No	No	No
G0259	Injection procedure for sacroiliac joint arthrography		Injection	no	no	Yes	Yes	Yes	Yes	no	no
G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography		Injection	no	no	Yes	Yes	Yes	Yes	no	no
G0268	Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing		Hearing	No	No	No	No	No	No	No	No
G0269	Placement of occlusive device into either a venous or arterial access site, postsurgical or interventional procedure (e.g., angiaseal plug, vascular plug)		Placement	No	No	No	No	No	No	No	No
G0270	Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face-to-face with the patient, each 15 minutes		Nutrition Therapy	Yes	Yes	No	No	No	No	Yes	Yes
G0271	Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (2 or more individuals), each 30 minutes		Nutrition Therapy	Yes	Yes	No	No	No	No	Yes	Yes
G0276	Blinded procedure for lumbar stenosis, percutaneous image-guided lumbar decompression (PLD) or placebo-control, performed in an approved coverage with evidence development (CED) clinical trial		Decompression	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval		Hyperbaric	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
G0278	Islet and/or islet cell transplantation, nonselective, bilateral or ipsilateral to catheter insertion, performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement of the catheter in the distal aorta or ipsilateral femoral or iliac artery, injection of dye, production of permanent images, and radiologic supervision and interpretation (list separately in addition to primary procedure)		Angiography	No	No	No	No	No	No	No	No
G0279	Diagnostic distal breast tomosynthesis, unilateral or bilateral (list separately in addition to 77065 or 77066)		Diagnostic	No	No	No	No	No	No	No	No
G0281	Electrical stimulation, (unattended), to one or more areas, for chronic Stage III and Stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as part of a therapy plan of care		Wound Care	Yes	Yes	No	No	No	No	Yes	Yes
G0282	Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281		Wound Care	Yes	Yes	No	No	No	No	Yes	Yes
G0283	Electrical stimulation (unattended), to one or more areas for wound care, as part of a therapy plan of care		Stimulation	No	No	No	No	No	No	No	No
G0288	Reconstruction, computed tomographic angiography of aorta for surgical planning for vascular surgery		Reconstruction	Yes	Yes	No	No	No	No	Yes	Yes
G0289	Arthroscopy, knee, surgical, for removal of loose body, foreign body, debridement/shaving of articular cartilage (chondroplasty) at the time of other surgical knee arthroscopy in a different compartment of the same knee		Arthroscopy	No	No	No	No	No	No	No	No
G0293	Noncovered surgical procedure(s) using conscious sedation, regional, general, or spinal anesthesia in a Medicare qualifying clinical trial, per day		Noncovered procedure	Yes	Yes	No	No	No	No	Yes	Yes
G0294	Noncovered procedure(s) using either no anesthesia or local anesthesia only, in a Medicare qualifying clinical trial, per day		Noncovered procedure	Yes	Yes	No	No	No	No	Yes	Yes
G0295	Electromagnetic therapy, to one or more areas, for wound care other than described in G0329 or for other uses		Wound Care	N	N	No	No	No	No	No	No
G0296	Counseling visit to discuss need for lung cancer screening using low dose CT scan (LDCT) (service is for eligibility determination and shared decision making)		Counseling	No	No	No	No	No	No	No	No
G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes		Nursing Services	No	No	No	No	No	No	No	No
G0300	Direct skilled nursing services of a licensed practical nurse (LPN) in the home health or hospice setting, each 15 minutes		Nursing Services	No	No	No	No	No	No	No	No
G0302	Preoperative pulmonary surgery services for preparation for LVRS, complete course of services, to include a minimum of 16 days of services		Preoperative Services	No	No	No	No	No	No	No	No
G0303	Preoperative pulmonary surgery services for preparation for LVRS, 10 to 15 days of services		Preoperative Services	No	No	No	No	No	No	No	No
G0304	Preoperative pulmonary surgery services for preparation for LVRS, 1 to 9 days of services		Preoperative Services	No	No	No	No	No	No	No	No
G0305	Postdischarge pulmonary surgery services after LVRS, minimum of 6 days of services		Postdischarge Services	No	No	No	No	No	No	No	No
G0306	Complete CBC, automated (Hgb, Hct, RBC, WBC, without platelet count) and automated WBC differential count		Pathology or Labs	No	No	No	No	No	No	No	No
G0307	Complete (CBC), automated (Hgb, Hct, RBC, WBC, without platelet count)		Pathology or Labs	No	No	No	No	No	No	No	No
G0327	Colorectal cancer screening, blood-based biomarker		Screenings	No	No	No	No	No	No	No	No
G0328	Colorectal cancer screening, fecal occult blood test, immunoassay, 1-3 simultaneous determinations		Screenings	No	No	No	No	No	No	No	No
G0329	Electromagnetic therapy, to one or more areas for chronic Stage III and Stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care as part of a therapy plan of care		Wound Care	No	No	No	No	No	No	No	No
G0333	Pharmacy dispensing fee for inhalation drug(s); initial 30-day supply as a beneficiary		Pharmacy	No	No	No	No	No	No	No	No
G0337	Hospice evaluation and counseling services, pre-evaluation		Evaluation	No	No	No	No	No	No	No	No
G0339	Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment		Treatment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
G0340	Image guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom planning, fractionated treatment, all lesions, per session, second through fifth sessions, maximum 5 sessions per course of treatment		Treatment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
G0341	Percutaneous islet cell transplant, includes portal vein catheterization and infusion		Transplantation	Yes	Yes	No	No	No	No	Yes	Yes
G0342	Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion		Transplantation	Yes	Yes	No	No	No	No	Yes	Yes
G0343	Laparotomy for islet cell transplant, includes portal vein catheterization and infusion		Transplantation	Yes	Yes	No	No	No	No	Yes	Yes
G0372	Physician service required to establish and document the need for a power mobility device		Professional Services	No	No	No	No	No	No	No	No
G0378	Hospital Observation Service, per hour		Observation	Yes	Yes	No	No	No	No	Yes	Yes
G0379	Direct admission of patient for hospital observation care		Observation	Yes	Yes	No	No	No	No	Yes	Yes
G0380	Level 1 hospital emergency department visit provided in a type B emergency department; (the ED must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) it is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) during the calendar year immediately preceding the calendar year in which a determination under 42 CFR 489.24 is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment)		Emergency Room	No	No	No	No	No	No	No	No
G0381	Level 2 hospital emergency department visit provided in a type B emergency department; (the ED must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) it is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) during the calendar year immediately preceding the calendar year in which a determination under 42 CFR 489.24 is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment)		Emergency Room	No	No	No	No	No	No	No	No
G0382	Level 3 hospital emergency department visit provided in a type B emergency department; (the ED must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) it is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) during the calendar year immediately preceding the calendar year in which a determination under 42 CFR 489.24 is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment)		Emergency Room	No	No	No	No	No	No	No	No
G0383	Level 4 hospital emergency department visit provided in a type B emergency department; (the ED must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) it is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) during the calendar year immediately preceding the calendar year in which a determination under 42 CFR 489.24 is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment)		Emergency Room	No	No	No	No	No	No	No	No
G0384	Level 5 hospital emergency department visit provided in a type B emergency department; (the ED must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) it is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) during the calendar year immediately preceding the calendar year in which a determination under 42 CFR 489.24 is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment)		Emergency Room	No	No	No	No	No	No	No	No
G0385	Trauma response team associated with hospital critical care service		Critical Care	No	No	No	No	No	No	No	No
G0396	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and brief intervention 15 to 30 minutes		Alcohol or Drug Abuse Treatment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
G0397	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and intervention, greater than 30 minutes		Alcohol or Drug Abuse Treatment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
G0398	Home sleep study test (HST) with type II portable monitor, unattended, minimum of 7 channels: EEG, EOG, EMG, ECG/heart rate, airflow, respiratory effort and oxygen saturation		Sleep Study	Yes	Yes	No	No	No	No	Yes	Yes

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
G0399	Home sleep test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ECG/heart rate and 1 oxygen saturation		Sleep Study	Yes	Yes	No	No	No	No	Yes	Yes
G0400	Home sleep test (HST) with type IV portable monitor, unattended; minimum of 3 channels		Sleep Study	Yes	Yes	No	No	No	No	Yes	Yes
G0402	Initial or preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment		Medicare	n/a-Medicare	n/a-Medicare	No	No	No	No	n/a-Medicare	n/a-Medicare
G0403	Electrocardiogram, routine ECG with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report		Medicare	n/a-Medicare	n/a-Medicare	No	No	No	No	n/a-Medicare	n/a-Medicare
G0404	Electrocardiogram, routine ECG with 12 leads; tracing only, without interpretation and report, performed as a screening for the initial preventive physical examination		Medicare	n/a-Medicare	n/a-Medicare	No	No	No	No	n/a-Medicare	n/a-Medicare
G0405	Electrocardiogram, routine ECG with 12 leads; interpretation and report only, performed as a screening for the initial preventive physical examination		Medicare	n/a-Medicare	n/a-Medicare	No	No	No	No	n/a-Medicare	n/a-Medicare
G0406	Follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth		Telehealth	No	No	Yes	Yes	Yes	Yes	No	No
G0407	Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth		Telehealth	No	No	Yes	Yes	Yes	Yes	No	No
G0408	Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth		Telehealth	No	No	Yes	No	No	No	No	No
G0409	Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each 15 minutes, face-to-face; individual services provided by a CORF qualified social worker or psychologist in a CORF		Psychological Services	No	No	No	No	No	No	No	No
G0410	Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each 15 minutes, face-to-face; individual services provided by a CORF qualified social worker or psychologist in a CORF		Psychological Services	No	No	No	No	No	No	No	No
G0411	Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50 minutes		Psychological Services	No	No	No	No	No	No	No	No
G0412	Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s), unilateral or bilateral for pelvic bone fracture patterns which do not disrupt the pelvic ring, includes internal fixation, when performed		Treatment	Yes	Yes	No	No	No	No	Yes	Yes
G0413	Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, (includes ilium, sacroiliac joint and/or sacrum)		Fixation	Yes	Yes	No	No	No	No	Yes	Yes
G0414	Open treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, includes internal fixation when performed (includes pubic symphysis and/or superior/inferior ram)		Treatment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
G0415	Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, includes internal fixation, when performed (includes ilium, sacroiliac joint and/or sacrum)		Treatment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
G0416	Surgical pathology, gross and microscopic examinations, for prostate needle biopsy, any method		Biopsy	No	No	No	No	No	No	No	No
G0420	Face-to-face educational services related to the care of chronic kidney disease, individual, per session, per one hour		Education	Yes	Yes	No	No	No	No	Yes	Yes
G0421	Face-to-face educational services related to the care of chronic kidney disease, group, per session, per one hour		Education	Yes	Yes	No	No	No	No	Yes	Yes
G0422	Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, per session		Rehabilitation	Yes	Yes	No	No	No	No	Yes	Yes
G0423	Intensive cardiac rehabilitation; with or without continuous ECG monitoring, without exercise, per session		Rehabilitation	Yes	Yes	No	No	No	No	Yes	Yes
G0424	Pulmonary rehabilitation, including exercise (includes monitoring), one hour, per session, up to 2 sessions per day		Rehabilitation	Yes	Yes	No	No	No	No	Yes	Yes
G0425	Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth		Telehealth	No	No	No	No	No	No	No	No
G0426	Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth		Telehealth	No	No	No	No	No	No	No	No
G0427	Telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth		Telehealth	No	No	No	No	No	No	No	No
G0428	Collagenase menses implant procedure for filling meniscal defects (e.g., CMI, collagen scaffold, Menaflex)		Telehealth	No	No	Yes	Yes	Yes	Yes	Yes	Yes
G0429	Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome (LDS) (e.g., as a result of highly active antiretroviral therapy)		Injection	Yes	Yes	No	No	No	No	Yes	Yes
G0432	Infectious agent antibody detection by enzyme immunoassay (EIA) technique, HIV-1 and/or HIV-2, screening		Screenings	No	No	No	No	No	No	No	No
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening		Screenings	No	No	No	No	No	No	No	No
G0435	Infectious agent antibody detection by rapid antibody test of oral mucosa transudate, HIV-1 or HIV-2, screening		Screenings	No	No	No	No	No	No	No	No
G0438	Annual wellness visit, includes a personalized prevention plan of service (PPS), initial visit		Medicare	No	No	No	No	No	No	No	No
G0439	Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit		Medicare	No	No	No	No	No	No	No	No
G0442	Annual alcohol misuse screening, 15 minutes		Screenings	No	No	No	No	No	No	No	No
G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes		Counseling	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
G0444	Annual depression screening, 15 minutes		Screenings	No	No	No	No	No	No	No	No
G0445	Seminal high intensity behavior or counseling to prevent STIs, individual, face-to-face, includes education skills training & guidance on how to change sexual behavior		Counseling	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
G0446	Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes		Behavioral Health	No	No	No	No	No	No	No	No
G0447	Face-to-face behavioral counseling for obesity, 15 minutes		Behavioral Health	No	No	No	No	No	No	No	No
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		Insertion	No	No	No	No	No	No	No	No
G0451	Development testing, with interpretation and report, per standardized instrument form	over 6 hours they need auth	Testing	No	No	No	No	No	No	No	No
G0452	Molecular pathology procedure, physician interpretation and report		Pathology or Labs	No	No	No	No	No	No	No	No
G0453	Continuous intra-operative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure)		Monitoring	No	No	No	No	No	No	No	No
G0454	Physician documentation of face-to-face visit for durable medical equipment determination performed by nurse practitioner, physician assistant or clinical nurse specialist		Professional Services	No	No	No	No	No	No	No	No
G0455	Preparation with instillation of fecal microbiota by any method, includes assessment of donor specimen		Pathology or Labs	No	No	No	No	No	No	No	No
G0458	Low dose rate (LDR) prostate brachytherapy services, composite rate		Radiation Therapy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
G0459	Inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy		Telehealth	Yes	Yes	No	No	No	No	Yes	Yes
G0460	Autologous platelet rich plasma for chronic wounds/ulcers, including phlebotomy, centrifugation, and all other preparatory procedures, administration and dressings, per treatment		Wound Care	Yes	Yes	No	No	No	No	Yes	Yes
G0463	Hospital outpatient clinic visit for assessment and management of a patient		Assessment	No	No	No	No	No	No	No	No
G0465	Autologous platelet rich plasma (prp) or other blood-derived product for diabetic chronic wounds/ulcers, using an fda-cleared device for this indication		Wound Care	Yes	Yes	Yes	No	Yes	No	Yes	Yes
G0466	Federally qualified health center (FQHC) visit, new patient		Federally qualified health center (FQHC)	No	No	No	No	No	No	No	No
G0467	Federally qualified health center (FQHC) visit, established patient		Federally qualified health center (FQHC)	No	No	No	No	No	No	No	No
G0468	Federally qualified health center (FQHC) visit, initial preventive physical exam (IPPE) or annual wellness visit (AWV)		Federally qualified health center (FQHC)	No	No	No	No	No	No	No	No
G0469	Federally qualified health center (FQHC) visit, mental health, new patient		Federally qualified health center (FQHC)	No	No	No	No	No	No	No	No
G0470	Federally qualified health center (FQHC) visit, mental health, established patient		Federally qualified health center (FQHC)	No	No	No	No	No	No	No	No
G0471	Collection of venous blood by venipuncture or urine sample by catheterization from an individual in a skilled nursing facility (SNF) or by a laboratory on behalf of a home health agency (HHA)		Collection	No	No	No	No	No	No	No	No
G0472	Hepatitis C antibody screening for individual at high risk and other covered indication(s)		Screenings	No	No	No	No	No	No	No	No
G0473	Face-to-face behavioral counseling for obesity, group (2-10), 30 minutes		Counseling	No	No	No	No	No	No	No	No
G0475	HIV antigen/antibody, combination assay, screening		Screenings	No	No	No	No	No	No	No	No
G0476	Infectious agent detection by nucleic acid (DNA or RNA); human papillomavirus (HPV), high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) for cervical cancer screening, must be performed in addition to pap test		Screenings	No	No	No	No	No	No	No	No
G0480	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 1-7 drug class(es), including metabolite(s) if performed	no auth if done while inpatient, observation or ED	Drug Class Screening	Yes	Yes	No	No	No	No	Yes	Yes
G0481	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 8-14 drug class(es), including metabolite(s) if performed	no auth if done while inpatient, observation or ED	Drug Class Screening	Yes	Yes	No	No	No	No	Yes	Yes
G0482	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 15-21 drug class(es), including metabolite(s) if performed	no auth if done while inpatient, observation or ED	Drug Class Screening	Yes	Yes	No	No	No	No	Yes	Yes
G0483	Face-to-face home health nursing visit by a Rural Health Clinic (RHC) or Federally Qualified Health Center (FQHC) in an area with a shortage of home health agencies (services limited to RN or LPN only)		Federally qualified health center (FQHC)	No	No	No	No	No	No	No	No
G0491	Dialysis procedure at a Medicare certified ESRD facility for acute kidney injury without ESRD		Dialysis	No	No	No	No	No	No	No	No
G0492	Dialysis procedure with single evaluation by a physician or other qualified health care professional for acute kidney injury without ESRD		Dialysis	No	No	No	No	No	No	No	No
G0493	Skilled services of a registered nurse (RN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)		Observation	No	No	No	No	No	No	No	No
G0494	Skilled services of a registered nurse (RN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes		Education	No	No	No	No	No	No	No	No
G0495	Skilled services of a licensed practical nurse (LPN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)		Education	No	No	No	No	No	No	No	No
G0496	Skilled services of a licensed practical nurse (LPN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes		Education	No	No	No	No	No	No	No	No
G0498	Chemotherapy administration, intravenous infusion technique; initiation of infusion in the office/clinic setting using office/clinic pump/supplies, with continuation of the infusion in the community setting (e.g., home, domiciliary, rest home or assisted living) using a portable pump provided by the office/clinic, includes follow up office/clinic visit at the conclusion of the infusion		Chemotherapy	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
G0499	Hepatitis B screening in non-pregnant, high risk individual includes hepatitis B surface antigen (HBsAg) followed by a neutralizing confirmatory test for initially reactive results, and antibodies to HBsAg (anti-HBs) and hepatitis B core antigen (anti-HBc)		Screenings	No	No	No	No	No	No	No	No
G5000	Moderate sedation services provided by the same physician or other qualified health care professional performing a gastroenterological endoscopic service that sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intra-service time; patient age 5 years or older (additional time may be reported with 99153, as appropriate)		Sedation	No	No	No	No	No	No	No	No
G5001	Resource-intensive services for patients for whom the use of specialized mobility-assistive technology (such as adjustable height chairs or tables, patient lift, and adjustable padded leg supports) is medically necessary and used during the provision of an office/outpatient, evaluation and management visit (list separately in addition to primary service)		Professional Services	No	No	No	No	No	No	No	No
G5006	Comprehensive assessment of and care planning for patients requiring chronic care management services (list separately in addition to primary monthly care management service)		Assessment	No	No	No	No	No	No	No	No
G5008	Telehealth consultation, critical care, initial; physicians typically spend 60 minutes communicating with the patient and providers via telehealth		Telehealth	No	No	No	No	No	No	No	No
G5009	Telehealth consultation, critical care, subsequent; physicians typically spend 50 minutes communicating with the patient and providers via telehealth		Telehealth	No	No	No	No	No	No	No	No
G5011	Rural health clinic or federally qualified health center (RHC or FQHC) only, general care management, 20 minutes or more of clinical staff time for chronic care management services or behavioral health integration services directed by an RHC or FQHC practitioner (physician, NP, PA, or CNM), per calendar month		Federally qualified health center (FQHC)	No	No	No	No	No	No	No	No
G5012	Rural health clinic or federally qualified health center (RHC or FQHC) only, psychiatric collaborator care model (psychiatric COCM), 60 minutes or more of clinical staff time for psychiatric COCM services directed by an RHC or FQHC practitioner (physician, NP, PA, or CNM) and including services furnished by a behavioral health care manager and consultation with a psychiatric consultant, per calendar month		Federally qualified health center (FQHC)	No	No	No	No	No	No	No	No
G5013	Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes (list separately in addition to code for preventive service)		Preventive Medicine Services	No	No	No	No	No	No	No	No
G5014	Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (list separately in addition to code G5013 for additional 30 minutes of preventive service)		Preventive Medicine Services	No	No	No	No	No	No	No	No
G5016	Insertion of non-biodegradable drug delivery implants, 4 or more (services for subdermal rod implant)		Insertion	No	No	No	No	No	No	No	No
G5017	Removal of non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)		Removal	No	No	No	No	No	No	No	No
G5018	Removal with reinsertion, non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)		Removal	No	No	No	No	No	No	No	No
G5059	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem), excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase), performed without method or drug-specific calibration, without matrix-matched quality control material, or without use of stable isotope or other universally recognized internal standard(s) for each drug, drug metabolite or drug class per specimen; qualitative or quantitative, all sources, includes specimen validity testing, per day, any number of drug classes	will need an auth if over once a month	Definitive Drug Testing	No	No	No	No	No	No	No	No
G5093	Improvement in visual function achieved within 90 days following cataract surgery		Quality Measures	No	No	No	No	No	No	No	No
G5094	Patient care survey was not completed by patient		Quality Measures	No	No	No	No	No	No	No	No
G5095	Improvement in visual function not achieved within 90 days following cataract surgery		Quality Measures	No	No	No	No	No	No	No	No
G5096	Satisfaction with care achieved within 90 days following cataract surgery		Quality Measures	No	No	No	No	No	No	No	No
G5097	Patient satisfaction survey was not completed by patient		Quality Measures	No	No	No	No	No	No	No	No
G5098	Satisfaction with care not achieved within 90 days following cataract surgery		Quality Measures	No	No	No	No	No	No	No	No
G1001	Clinical Decision Support Mechanism EvCore, as defined by the Medicare Appropriate Use Criteria Program		Quality Measures	No	No	No	No	No	No	No	No
G1002	Clinical Decision Support Mechanism MedixCart, as defined by the Medicare Appropriate Use Criteria Program		Quality Measures	No	No	No	No	No	No	No	No
G1003	Clinical Decision Support Mechanism Medix, as defined by the Medicare Appropriate Use Criteria Program		Quality Measures	No	No	No	No	No	No	No	No
G1004	Clinical Decision Support Mechanism National Decision Support Company, as defined by the Medicare Appropriate Use Criteria Program		Quality Measures	No	No	No	No	No	No	No	No
G1007	Clinical Decision Support Mechanism AIM Specialty Health, as defined by the Medicare Appropriate Use Criteria Program		Quality Measures	No	No	No	No	No	No	No	No
G1008	Clinical Decision Support Mechanism Carberry Peak, as defined by the Medicare Appropriate Use Criteria Program		Quality Measures	No	No	No	No	No	No	No	No
G1009	Clinical Decision Support Mechanism Sage Health Management Solutions, as defined by the Medicare Appropriate Use Criteria Program		Quality Measures	No	No	No	No	No	No	No	No
G1010	Clinical Decision Support Mechanism Stanston, as defined by the Medicare Appropriate Use Criteria Program		Quality Measures	No	No	No	No	No	No	No	No
G1011	Clinical Decision Support Mechanism, qualified tool not otherwise specified, as defined by the Medicare Appropriate Use Criteria Program		Quality Measures	No	No	No	No	No	No	No	No
G1012	Clinical Decision Support Mechanism AgileMD, as defined by the Medicare Appropriate Use Criteria Program		Quality Measures	No	No	No	No	No	No	No	No
G1013	Clinical Decision Support Mechanism EvidenceCare Imaging Advisor, as defined by the Medicare Appropriate Use Criteria Program		Quality Measures	No	No	No	No	No	No	No	No
G1014	Clinical Decision Support Mechanism InvenioQA Semantic Answers in Medicine, as defined by the Medicare Appropriate Use Criteria Program		Quality Measures	No	No	No	No	No	No	No	No
G1015	Clinical Decision Support Mechanism Reliant Medical Group, as defined by the Medicare Appropriate Use Criteria Program		Quality Measures	No	No	No	No	No	No	No	No
G1016	Clinical Decision Support Mechanism Speed of Care, as defined by the Medicare Appropriate Use Criteria Program		Quality Measures	No	No	No	No	No	No	No	No
G1017	Clinical Decision Support Mechanism Healthhelp, as defined by the Medicare Appropriate Use Criteria Program		Quality Measures	No	No	No	No	No	No	No	No
G1018	Clinical Decision Support Mechanism INTRIX, as defined by the Medicare Appropriate Use Criteria Program		Quality Measures	No	No	No	No	No	No	No	No
G1019	Clinical Decision Support Mechanism Logixx, as defined by the Medicare Appropriate Use Criteria Program		Quality Measures	No	No	No	No	No	No	No	No
G1020	Clinical Decision Support Mechanism Curbside Clinical Augmented Workflow, as defined by the Medicare Appropriate Use Criteria Program		Quality Measures	No	No	No	No	No	No	No	No
G1021	Clinical Decision Support Mechanism EHealthLine Clinical Decision Support Mechanism, as defined by the Medicare Appropriate Use Criteria Program		Quality Measures	No	No	No	No	No	No	No	No
G1022	Clinical Decision Support Mechanism Intermountain Clinical Decision Support Mechanism, as defined by the Medicare Appropriate Use Criteria Program		Quality Measures	No	No	No	No	No	No	No	No
G1023	Clinical Decision Support Mechanism Persiva Clinical Decision Support, as defined by the Medicare Appropriate Use Criteria Program		Quality Measures	No	No	No	No	No	No	No	No
G2000	Blinded administration of convulsive therapy procedure, either electroconvulsive therapy (ECT, current covered gold standard) or magnetic seizure therapy (MST, non-covered experimental therapy), performed in an approved IDE-based clinical trial, per treatment session		Quality Measures	No	No	No	No	No	No	No	No
G2001	Brief (20 minutes) in-home visit for a new patient postdischarge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)		Home Visit	No	No	No	No	No	No	No	No
G2002	Limited (30 minutes) in-home visit for a new patient postdischarge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)		Home Visit	No	No	No	No	No	No	No	No
G2003	Modest (45 minutes) in-home visit for a new patient postdischarge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)		Home Visit	No	No	No	No	No	No	No	No
G2004	Comprehensive (60 minutes) in-home visit for a new patient postdischarge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)		Home Visit	No	No	No	No	No	No	No	No
G2005	Extensive (75 minutes) in-home visit for a new patient postdischarge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)		Home Visit	No	No	No	No	No	No	No	No
G2006	Brief (20 minutes) in-home visit for an existing patient postdischarge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)		Home Visit	No	No	No	No	No	No	No	No
G2007	Limited (30 minutes) in-home visit for an existing patient postdischarge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)		Home Visit	No	No	No	No	No	No	No	No
G2008	Modest (45 minutes) in-home visit for an existing patient postdischarge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)		Home Visit	No	No	No	No	No	No	No	No
G2009	Comprehensive (60 minutes) in-home visit for an existing patient postdischarge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)		Home Visit	No	No	No	No	No	No	No	No
G2010	Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment		Evaluation	No	No	No	No	No	No	No	No
G2011	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, DAST), and brief intervention, 5-14 minutes		Alcohol or Drug Abuse Treatment	yes	Yes	yes	Yes	Yes	Yes	yes	yes
G2012	Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion		Telehealth	No	No	No	No	No	No	No	No
G2013	Extensive (75 minutes) in-home visit for an existing patient postdischarge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)		Home Visit	No	No	No	No	No	No	No	No
G2014	Limited (30 minutes) care plan oversight. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)		Home Visit	No	No	No	No	No	No	No	No
G2015	Comprehensive (60 minutes) home care plan oversight. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility.)		Home Visit	No	No	No	No	No	No	No	No
G2020	Services for high intensity clinical services associated with the initial engagement and outreach of beneficiaries assigned to the SIP component of the PCF model (do not bill with chronic care management codes)		Quality Measures	No	No	No	No	No	No	No	No
G2021	Health care practitioner's rendering treatment in place (TIP)		Quality Measures	No	No	No	No	No	No	No	No
G2022	A model participant (ambulance supplier/provider), the beneficiary refuses services covered under the model (to transport to an alternate destination/treatment in place)		Quality Measures	No	No	No	No	No	No	No	No
G2023	Specimen collection for Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) [Coronavirus disease (COVID-19)], any specimen source	Code discontinued 5/12/23	COVID	No	No	No	No	No	No	No	No
G2024	Specimen collection for Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) [Coronavirus disease (COVID-19)] from an individual in a SHF or by a laboratory on behalf of a HHA, any specimen source	Code discontinued 5/12/23	COVID	No	No	No	No	No	No	No	No
G2025	Payment for a telehealth distant site service furnished by a Rural Health Clinic (RHC) or Federally Qualified Health Center (FQHC) only		Telehealth	No	No	No	No	No	No	No	No
G2064	Comprehensive care management services for a single high risk disease, e.g., principal care management, at least 30 minutes of physician or other qualified health care professional time per calendar month with the following elements: one complex chronic condition lasting at least 3 months, which is the focus of the care plan, the condition is of sufficient severity to place patient at risk of hospitalization or have been the cause of a recent hospitalization, the condition requires development or revision of disease specific care plan, the condition requires frequent adjustments in the medication regimen, and/or the management of the condition is unusually complex due to comorbidities		Care Management	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
G2065	Comprehensive care management for a single high risk disease services, e.g., principal care management, at least 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month with the following elements: one complex chronic condition lasting at least 3 months, which is the focus of the care plan, the condition of sufficient severity to place patient at risk of hospitalization or have been cause of a recent hospitalization, the condition requires development or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen, and/or the management of the condition is unusually complex due to comorbidities. (Intermittent device evaluation(s), treatment) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results		Care Management	No	No	No	No	No	No	No	No
G2066	Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program)		Evaluation	No	No	No	No	No	No	No	No
G2067	Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program)		Medication assisted treatment	No	No	No	No	No	No	No	No
G2068	Medication assisted treatment, buprenorphine (injectable); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program)		Medication assisted treatment	No	No	No	No	No	No	No	No
G2069	Medication assisted treatment, buprenorphine (implant insertion); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program)		Medication assisted treatment	No	No	No	No	No	No	No	No
G2070	Medication assisted treatment, buprenorphine (implant removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program)		Medication assisted treatment	No	No	No	No	No	No	No	No
G2071	Medication assisted treatment, buprenorphine (implant insertion and removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program)		Medication assisted treatment	No	No	No	No	No	No	No	No
G2072	Medication assisted treatment, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program)		Medication assisted treatment	No	No	No	No	No	No	No	No
G2073	Medication assisted treatment, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program)		Medication assisted treatment	No	No	No	No	No	No	No	No
G2074	Medication assisted treatment, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program)		Medication assisted treatment	No	No	No	No	No	No	No	No
G2075	Medication assisted treatment, medication not otherwise specified, weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program)		Medication assisted treatment	No	No	No	No	No	No	No	No
G2076	Intake activities, including initial medical examination that is a complete, fully documented physical evaluation and initial assessment by a program physician or a primary care physician, or an authorized health care professional under the supervision of a program physician qualified personnel that includes preparation of a treatment plan that includes the patient's short-term goals and the tasks the patient must perform to complete the short-term goals; the patient's requirements for education, vocational rehabilitation, and employment; and the medical, psycho-social, economic, legal, or other supportive services that a patient needs, conducted by qualified personnel (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure		Opioid Use Disorder	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
G2077	Periodic assessment, assessing periodically by qualified personnel to determine the most appropriate combination of services and treatment (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure		Opioid Use Disorder	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
G2078	Take home supply of methadone; up to 7 additional daily supply (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure		Opioid Use Disorder	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
G2079	Take home supply of buprenorphine (oral); up to 7 additional daily supply (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure		Opioid Use Disorder	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
G2080	Each additional 30 minutes of counseling in a week of medication assisted treatment, (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure		Opioid Use Disorder	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
G2081	Patients age 66 and older in institutional special needs plans (SNP) or residing in long-term care with a POS code 32, 33, 34, 54 or 56 for more than 90 days during the measurement period		Opioid Use Disorder	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
G2082	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self administration, includes 2 hours post administration observation		E/M	Yes	Yes	No	No	No	No	Yes	Yes
G2083	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self administration, includes 2 hours post administration observation		E/M	Yes	Yes	No	No	No	No	Yes	Yes
G2086	Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month		Opioid Use Disorder	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
G2087	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month		Opioid Use Disorder	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
G2088	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; each additional 30 minutes beyond the first 120 minutes (list separately in addition to code for primary procedure)		Opioid Use Disorder	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
G2090	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period		Functional Status	No	No	No	No	No	No	No	No
G2091	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period		Functional Status	No	No	No	No	No	No	No	No
G2092	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) or angiotensin receptor-neprilysin inhibitor (ARNI) therapy prescribed or currently being taken		Functional Status	No	No	No	No	No	No	No	No
G2093	Documentation of medical reason(s) for not prescribing ACE inhibitor or ARB or ARNI therapy (e.g., hypotensive patients who are at immediate risk of cardiogenic shock, hospitalized patients who have experienced marked azotemia, allergy, intolerance, other medical reasons)		Functional Status	No	No	No	No	No	No	No	No
G2094	Documentation of patient reason(s) for not prescribing ACE inhibitor or ARB or ARNI therapy (e.g., patient declined, other patient reasons)		Functional Status	No	No	No	No	No	No	No	No
G2095	Documentation of system reason(s) for not prescribing ACE inhibitor or ARB or ARNI therapy (e.g., other system reasons)		Functional Status	No	No	No	No	No	No	No	No
G2096	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) or angiotensin receptor-neprilysin inhibitor (ARNI) therapy was not prescribed, reason not given		Functional Status	No	No	No	No	No	No	No	No
G2097	Episodes where the patient had a competing diagnosis within three days after the episode date (e.g., intestinal infection, pertussis, bacterial infection, Lyme disease, otitis media, acute sinusitis, chronic sinusitis, infection of the adenoids, prostatitis, cellulitis, mastoiditis, or bone infections, acute lymphadenitis, impetigo, skin staph infections, pneumonia/gonococcal infections, venereal disease (syphilis, chlamydia, inflammatory diseases [female reproductive organs]), infections of the kidney, cystitis or UTI)		Functional Status	No	No	No	No	No	No	No	No
G2098	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period		Functional Status	No	No	No	No	No	No	No	No
G2099	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period		Functional Status	No	No	No	No	No	No	No	No
G2100	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period		Functional Status	No	No	No	No	No	No	No	No
G2101	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period		Functional Status	No	No	No	No	No	No	No	No
G2105	Patient age 66 or older in institutional special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54 or 56 for more than 90 consecutive days during the measurement period		Functional Status	No	No	No	No	No	No	No	No
G2106	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period		Functional Status	No	No	No	No	No	No	No	No
G2107	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period		Functional Status	No	No	No	No	No	No	No	No
G2108	Patient age 66 or older in institutional special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54 or 56 for more than 90 consecutive days during the measurement period		Functional Status	No	No	No	No	No	No	No	No
G2109	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period		Functional Status	No	No	No	Yes	No	Yes	No	No
G2110	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period		Functional Status	No	No	No	No	No	No	No	No
G2112	Patient receiving <=5 mg daily prednisone (or equivalent), or RA activity is worsening, or glucocorticoid use is for less than 6 months		Functional Status	No	No	No	No	No	No	No	No
G2113	Patient receiving >5 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity		Functional Status	No	No	No	No	No	No	No	No
G2115	Patients 66 - 80 years of age with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period		Functional Status	No	No	No	No	No	No	No	No
G2116	Patients 66 - 80 years of age with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period		Functional Status	No	No	No	No	No	No	No	No
G2118	Patients 81 years of age and older with at least one claim/encounter for frailty during the measurement period		Functional Status	No	No	No	No	No	No	No	No
G2121	Psychosis, depression, anxiety, apathy, and impulse control disorder assessed		Functional Status	No	No	No	No	No	No	No	No
G2122	Psychosis, depression, anxiety, apathy, and impulse control disorder not assessed		Functional Status	No	No	No	No	No	No	No	No
G2125	Patients 81 years of age and older with at least one claim/encounter for frailty during the six months prior to the measurement period through December 31 of the measurement period		Functional Status	No	No	No	No	No	No	No	No
G2126	Patients 66 - 80 years of age with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period		Functional Status	No	No	No	No	No	No	No	No
G2127	Patients 66 - 80 years of age with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period		Functional Status	No	No	No	No	No	No	No	No
G2128	Documentation of medical reason(s) for not on a daily aspirin or other antiplatelet (e.g., history of gastrointestinal bleed, intracranial bleed, blood disorders, thrombocytopenic purpura (TPP), gastric bypass or documentation of active anticoagulant use during the measurement period)		Functional Status	No	No	No	No	No	No	No	No
G2129	Procedure related BP's not taken during an outpatient visit. Examples include same day surgery, ambulatory service center, GI, lab, dialysis, infusion center, chemotherapy		Functional Status	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
G2136	Back pain measured by the visual analog scale (VAS) at 3 months (6 to 20 weeks) postoperatively was less than or equal to 3.0 or back pain measured by the visual analog scale (VAS) within 3 months preoperatively and at 3 months (6 to 20 weeks) postoperatively demonstrated an improvement of 5.0 points or greater		Functional Status	No	No	No	No	No	No	No	No
G2137	Back pain measured by the visual analog scale (VAS) at three months (6-20 weeks) postoperatively was greater than 3.0 and back pain measured by the visual analog scale (vas) within three months preoperatively and at three months (6-20 weeks) postoperatively demonstrated a change of less than an improvement of 5.0 points		Functional Status	No	No	No	No	No	No	No	No
G2138	Back pain as measured by the visual analog scale (VAS) at 1 year (9 to 15 months) postoperatively was less than or equal to 3.0 or back pain measured by the visual analog scale (VAS) within 3 months preoperatively and at 1 year (9 to 15 months) postoperatively demonstrated a change of 5.0 points or greater		Functional Status	No	No	No	No	No	No	No	No
G2139	Back pain measured by the visual analog scale (VAS) pain at 1 year (9 to 15 months) postoperatively was greater than 3.0 and back pain measured by the visual analog scale (VAS) within 3 months preoperatively and at 1 year (9 to 15 months) postoperatively demonstrated a change of less than 5.0		Functional Status	No	No	No	No	No	No	No	No
G2140	Leg pain measured by the visual analog scale (VAS) at three months (6 to 20 weeks) postoperatively was less than or equal to 3.0 or leg pain measured by the visual analog scale (VAS) within three months preoperatively and at three months (6 to 20 weeks) postoperatively demonstrated an improvement of 5.0 points or greater		Functional Status	No	No	No	No	No	No	No	No
G2141	Leg pain measured by the visual analog scale (vas) within three months preoperatively and at three months (6-20 weeks) postoperatively demonstrated less than an improvement of 5.0 points		Functional Status	No	No	No	No	No	No	No	No
G2142	Functional status measured by the Oswestry Disability Index (ODI version 2.1a) at 1 year (9 to 15 months) postoperatively was less than or equal to 22 or functional status measured by the ODI version 2.1a within 3 months preoperatively and at 1 year (9 to 15 months) postoperatively demonstrated a change of 30 points or greater		Functional Status	No	No	No	No	No	No	No	No
G2143	Functional status measured by the Oswestry Disability Index (ODI version 2.1a) at 1 year (9 to 15 months) postoperatively was greater than 22 and functional status measured by the ODI version 2.1a within 3 months preoperatively and at 1 year (9 to 15 months) postoperatively demonstrated a change of less than 30 points		Functional Status	No	No	No	No	No	No	No	No
G2144	Functional status measured by the Oswestry Disability Index (ODI version 2.1a) at 3 months (6 to 20 weeks) postoperatively was less than or equal to 22 or functional status measured by the ODI version 2.1a within 3 months preoperatively and at 3 months (6 to 20 weeks) postoperatively demonstrated a change of 30 points or greater		Functional Status	No	No	No	No	No	No	No	No
G2145	Functional status measured by the Oswestry Disability Index (ODI version 2.1a) at three months (6-20 weeks) postoperatively was greater than 22 and functional status measured by the ODI version 2.1a within three months preoperatively and at three months (6-20 weeks) postoperatively demonstrated a change of less than 30 points		Functional Status	No	No	No	No	No	No	No	No
G2146	Leg pain as measured by the visual analog scale (VAS) at 1 year (9 to 15 months) postoperatively was less than or equal to 3.0 or leg pain measured by the visual analog scale (VAS) within 3 months preoperatively and at 1 year (9 to 15 months) postoperatively demonstrated an improvement of 5.0 points or greater		Functional Status	No	No	No	No	No	No	No	No
G2147	Leg pain measured by the visual analog scale (VAS) at 1 year (9 to 15 months) postoperatively was greater than 3.0 and leg pain measured by the visual analog scale (VAS) within 3 months preoperatively and at 1 year (9 to 15 months) postoperatively demonstrated less than an improvement of 5.0 points		Functional Status	No	No	No	No	No	No	No	No
G2148	Performance met: multimodal pain management was used		Functional Status	No	No	No	No	No	No	No	No
G2149	Documentation of medical reason(s) for not using multimodal pain management (e.g., allergy to multiple classes of analgesics, intubated patient, hepatic failure, patient reports no pain during PACU stay, other medical reason(s))		Functional Status	No	No	No	No	No	No	No	No
G2150	Performance not met: multimodal pain management was not used		Functional Status	No	No	No	No	No	No	No	No
G2151	Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care		Functional Status	No	No	No	No	No	No	No	No
G2152	Risk-adjusted functional status change residual score for the neck impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0)		Functional Status	No	No	No	No	No	No	No	No
G2153	Risk-adjusted functional status change residual score for the neck impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0)		Functional Status	No	No	No	No	No	No	No	No
G2157	Services performed by a physical therapist assistant in the home health setting in the delivery of a safe and effective physical therapy maintenance program, each 15 minutes		Performance Measure	No	No	No	No	No	No	No	No
G2158	Services performed by an occupational therapist assistant in the home health setting in the delivery of a safe and effective occupational therapy maintenance program, each 15 minutes		Performance Measure	No	No	No	No	No	No	No	No
G2159	Percutaneous arteriovenous fistula creation (AVF), direct, any site, by tissue approximation using thermal resistance energy, and secondary procedures to correct blood flow (e.g., transluminal balloon angioplasty, coil embolization) when performed, and includes all imaging and radiologic guidance, supervision and interpretation, when performed		Performance Measure	No	No	No	No	No	No	No	No
G2170	Percutaneous arteriovenous fistula creation (AVF), direct, any site, using magnetic-guided arterial and venous catheters and radiofrequency energy, including flow-directing procedures (e.g., vascular coil embolization with radiologic supervision and interpretation, when performed) and fistulogram(s), angiography, venography, and/or ultrasound, with radiologic supervision and interpretation, when performed		Performance Measure	No	No	No	No	No	No	No	No
G2171	All inclusive payment for services related to highly coordinated and integrated opioid use disorder (OUD) treatment services furnished for the demonstration project		Opioid Use Disorder	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
G2172	URI episodes where the patient had a competing comorbid condition during the 12 months prior to or on the episode date (e.g., tuberculosis, neutropenia, cystic fibrosis, chronic bronchitis, pulmonary edema, respiratory failure, rheumatoid lung disease)		Clinical Documentation	No	No	No	No	No	No	No	No
G2173	URI episodes when the patient had a new or refill prescription of antibiotics (table 1) in the 30 days prior to or on the episode date		Clinical Documentation	No	No	No	No	No	No	No	No
G2175	Episodes where the patient had a competing comorbid condition during the 12 months prior to or on the episode date (e.g., tuberculosis, neutropenia, cystic fibrosis, chronic bronchitis, pulmonary edema, respiratory failure, rheumatoid lung disease)		Clinical Documentation	Yes	Yes	No	No	No	No	No	No
G2176	Outpatient, ED, or observation visits that result in an inpatient admission		Clinical Documentation	Yes	Yes	No	No	No	No	Yes	Yes
G2177	Acute bronchitis/bronchiolitis episodes when the patient had a new or refill prescription of antibiotics (table 1) in the 30 days prior to or on the episode date(s)		Clinical Documentation	No	No	No	No	No	No	No	No
G2178	Clinician documented that patient was not an eligible candidate for lower extremity neurological exam measure, for example patient bilateral amputee; patient has condition that would not allow them to accurately respond to a neurological exam (dementia, Alzheimer's, etc.); patient has previously documented diabetic peripheral neuropathy with loss of protective sensation		Clinical Documentation	No	No	No	No	No	No	No	No
G2179	Clinician documented that patient had medical reason for not performing lower extremity neurological exam		Clinical Documentation	No	No	No	No	No	No	No	No
G2180	Clinician documented that patient was not an eligible candidate for evaluation of footcare as patient is bilateral lower extremity amputee		Clinical Documentation	No	No	No	No	No	No	No	No
G2181	BMI not documented due to medical reason or patient refusal of height or weight measurement		Clinical Documentation	No	No	No	No	No	No	No	No
G2182	Patient receives first-time biologic disease modifying anti-rheumatic drug therapy		Clinical Documentation	No	No	No	No	No	No	No	No
G2183	Documentation patient unable to communicate and informant not available		Clinical Documentation	No	No	No	No	No	No	No	No
G2184	Patient does not have a caregiver		Clinical Documentation	No	No	No	No	No	No	No	No
G2185	Documentation caregiver is trained and certified in dementia care		Clinical Documentation	No	No	No	No	No	No	No	No
G2186	Patient /caregiver dyad has been referred to appropriate resources and connection to those resources is confirmed		Clinical Documentation	No	No	No	No	No	No	No	No
G2187	Patients with clinical indications for imaging of the head: head trauma		Clinical Documentation	No	No	No	No	No	No	No	No
G2188	Patients with clinical indications for imaging of the head: new or change in headache above 30 years of age		Clinical Documentation	No	No	No	No	No	No	No	No
G2189	Patients with clinical indications for imaging of the head: abnormal neurological exam		Clinical Documentation	No	No	No	No	No	No	No	No
G2190	Patients with clinical indications for imaging of the head: headache radiating to the neck		Clinical Documentation	No	No	No	No	No	No	No	No
G2191	Patients with clinical indications for imaging of the head: positional headaches		Clinical Documentation	No	No	No	No	No	No	No	No
G2192	Patients with clinical indications for imaging of the head: temporal headaches in patients over 55 years of age		Clinical Documentation	No	No	No	No	No	No	No	No
G2193	Patients with clinical indications for imaging of the head: new onset headache in preschool children or younger (<6 years of age)		Clinical Documentation	No	No	No	No	No	No	No	No
G2194	Patients with clinical indications for imaging of the head: new onset headache in pediatric patients with disabilities for which headache is a concern as inferred from behavior		Clinical Documentation	No	No	No	No	No	No	No	No
G2195	Patients with clinical indications for imaging of the head: occipital headache in children		Clinical Documentation	No	No	No	No	No	No	No	No
G2196	Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method		Clinical Documentation	No	No	No	No	No	No	No	No
G2197	Patient screened for unhealthy alcohol use using a systematic screening method and not identified as an unhealthy alcohol user		Clinical Documentation	No	No	No	No	No	No	No	No
G2198	Documentation of medical reason(s) for not screening for unhealthy alcohol use using a systematic screening method (e.g., limited life expectancy, other medical reasons)		Clinical Documentation	No	No	No	No	No	No	No	No
G2199	Patient not screened for unhealthy alcohol use using a systematic screening method, reason not given		Clinical Documentation	No	No	No	No	No	No	No	No
G2200	Patient identified as an unhealthy alcohol user received brief counseling		Clinical Documentation	No	No	No	No	No	No	No	No
G2201	Documentation of medical reason(s) for not providing brief counseling (e.g., limited life expectancy, other medical reasons)		Clinical Documentation	No	No	No	No	No	No	No	No
G2202	Patient did not receive brief counseling if identified as an unhealthy alcohol user, reason not given		Clinical Documentation	No	No	No	No	No	No	No	No
G2203	Documentation of medical reason(s) for not providing brief counseling if identified as an unhealthy alcohol user (e.g., limited life expectancy, other medical reasons)		Clinical Documentation	No	No	No	No	No	No	No	No
G2204	Patients between 50 and 65 years of age who received a screening colonoscopy during the performance period		Clinical Documentation	No	No	No	No	No	No	No	No
G2205	Patients with pregnancy during adjuvant treatment course		Clinical Documentation	No	No	No	No	No	No	No	No
G2206	Patient received adjuvant treatment course including both chemotherapy and HER2-targeted therapy		Clinical Documentation	No	No	No	No	No	No	No	No
G2207	Reason for not administering adjuvant treatment course including both chemotherapy and HER2-targeted therapy (e.g., poor performance status (ECOG 3-4; Karnofsky <50), cardiac contraindications, insufficient renal function, insufficient hepatic function, other active or secondary cancer diagnoses, other medical contraindications, patients who died during initial treatment course or transferred during or after initial treatment course)		Clinical Documentation	No	No	No	No	No	No	No	No
G2208	Patient did not receive adjuvant treatment course including both chemotherapy and HER2-targeted therapy		Clinical Documentation	No	No	No	No	No	No	No	No
G2209	Patient refused to participate		Clinical Documentation	No	No	No	No	No	No	No	No
G2210	Risk-adjusted functional status change residual score for the neck impairment not measured because the patient did not complete the neck FS PROM at initial evaluation and/or near discharge, reason not given		Clinical Documentation	No	No	No	No	No	No	No	No
G2211	Visit completely irrelevant to evaluation and management associated with clinical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious condition or a complex condition. (add-on code, list separately in addition to office/outpatient evaluation and management visit, new or established)		E/M	No	No	No	No	No	No	No	No
G2212	Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (list separately in addition to CPT codes 99205, 99215 for office or other outpatient evaluation and management services) (Do not report G2212 on the same date of service as 99354, 99355, 99358, 99359, 99415, 99416). (Do not report G2212 for any time unit less than 15 minutes)		E/M	No	No	No	No	No	No	No	No
G2213	Initiation of medication for the treatment of opioid use disorder in the emergency department setting, including assessment, referral to ongoing care, and arranging access to supportive services (list separately in addition to code for primary procedure)		Opioid Use Disorder	No	No	No	No	No	No	No	No
G2214	Initial or subsequent psychiatric collaborative care management, first 30 minutes in a month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional		Mental Health	No	No	No	No	No	No	No	No
G2215	Take home supply of nasal naloxone (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure		Drug	No	No	No	No	No	No	No	No
G2216	Take home supply of injectable naloxone (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure		Drug	No	No	No	No	No	No	No	No
G2250	Remote assessment of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or sooner available appointment		Assessment	No	No	No	No	No	No	No	No
G2251	Brief communication technology-based service, e.g., virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or sooner available appointment; 5-10 minutes of clinical discussion		Telehealth	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
	Brief communication technology-assisted service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related EM service provided within the previous 7 days nor leading to an EM service or procedure within the next 24 hours or soonest available appointment. 11-20 minutes of medical discussion										
G2252	Telehealth			No	No	No	No	No	No	No	No
G6001	Ultrasound guidance for placement of radiation therapy fields		Ultrasound	No	No	No	Yes	No	Yes	No	No
G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy		Radiological Guidance	Yes	Yes	No	Yes	No	Yes	No	No
G6003	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev		Radiation Therapy	Yes	Yes	No	Yes	No	Yes	No	No
G6004	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev		Radiation Therapy	Yes	Yes	No	Yes	No	Yes	No	No
G6005	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev		Radiation Therapy	Yes	Yes	No	Yes	No	Yes	No	No
G6006	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20 mev or greater		Radiation Therapy	Yes	Yes	No	Yes	No	Yes	No	No
G6007	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5 mev		Radiation Therapy	Yes	Yes	No	Yes	No	Yes	No	No
G6008	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10 mev		Radiation Therapy	Yes	Yes	No	Yes	No	Yes	No	No
G6009	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19 mev		Radiation Therapy	Yes	Yes	No	Yes	No	Yes	No	No
G6010	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater		Radiation Therapy	Yes	Yes	No	Yes	No	Yes	No	No
G6011	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 mev		Radiation Therapy	Yes	Yes	No	Yes	No	Yes	No	No
G6012	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mev		Radiation Therapy	Yes	Yes	No	Yes	No	Yes	No	No
G6013	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 mev		Radiation Therapy	Yes	Yes	No	Yes	No	Yes	No	No
G6014	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater		Radiation Therapy	Yes	Yes	No	Yes	No	Yes	No	No
G6015	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session		Radiation Therapy	Yes	Yes	No	Yes	No	Yes	No	No
G6016	Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session		Radiation Therapy	Yes	Yes	No	Yes	No	Yes	No	No
G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (e.g., 3D positional tracking, gating, 3D surface tracking), each fraction of treatment		Radiation Therapy	Yes	Yes	No	Yes	No	Yes	No	No
G8395	Left ventricular ejection fraction (LVEF) >= 40% or documentation as normal or mildly depressed left ventricular systolic function		Quality Measures	No	No	No	No	No	No	No	No
G8396	Left ventricular ejection fraction (LVEF) not performed or documented		Quality Measures	No	No	No	No	No	No	No	No
G8397	Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema and level of severity of retinopathy		Quality Measures	No	No	No	No	No	No	No	No
G8399	Patient with documented results of a central dual-energy x-ray absorptiometry (DXA) ever being performed		Quality Measures	No	No	No	No	No	No	No	No
G8400	Patient with central dual-energy x-ray absorptiometry (DXA) results not documented, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G8404	Lower extremity neurological exam performed and documented		Quality Measures	No	No	No	No	No	No	No	No
G8405	Lower extremity neurological exam not performed		Quality Measures	No	No	No	No	No	No	No	No
G8410	Footwear evaluation performed and documented		Quality Measures	No	No	No	No	No	No	No	No
G8415	Footwear evaluation was not performed		Quality Measures	No	No	No	No	No	No	No	No
G8416	Clinician documented that patient was not an eligible candidate for footwear evaluation measure		Quality Measures	No	No	No	No	No	No	No	No
G8417	BMI is documented above normal parameters and a follow-up plan is documented		Quality Measures	No	No	No	No	No	No	No	No
G8418	BMI is documented below normal parameters and a follow-up plan is documented		Quality Measures	No	No	No	No	No	No	No	No
G8419	BMI is documented outside normal parameters, no follow-up plan documented, no reason given		Quality Measures	No	No	No	No	No	No	No	No
G8420	BMI is documented within normal parameters and no follow-up plan is required		Quality Measures	No	No	No	No	No	No	No	No
G8421	BMI not documented and no reason is given		Quality Measures	No	No	No	No	No	No	No	No
G8422	BMI not documented, documentation the patient is not eligible for BMI calculation		Quality Measures	No	No	No	No	No	No	No	No
G8427	Eligible clinician attests to documenting in the medical record they obtained, updated, or reviewed the patient's current medications		Quality Measures	No	No	No	No	No	No	No	No
G8428	Current list of medications not documented as obtained, updated, or reviewed by the eligible clinician, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G8430	Eligible clinician attests to documenting in the medical record the patient is not eligible for a current list of medications being obtained, updated, or reviewed by the eligible clinician		Quality Measures	No	No	No	No	No	No	No	No
G8431	Screening for depression is documented as being positive and a follow-up plan is documented		Quality Measures	No	No	No	No	No	No	No	No
G8432	Depression screening not documented, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G8433	Screening for depression not completed, documented reason		Quality Measures	No	No	No	No	No	No	No	No
G8442	Pain assessment not documented as being performed, documentation the patient is not eligible for a pain assessment using a standardized tool at the time of the encounter		Quality Measures	No	No	No	No	No	No	No	No
G8450	Beta-blocker therapy prescribed		Quality Measures	No	No	No	No	No	No	No	No
G8451	Beta-blocker therapy for LVEF < 40% not prescribed for reasons documented by the clinician (e.g., low blood pressure, fluid overload, asthma, patients recently treated with an intravenous positive inotropic agent, allergy, intolerance, other medical reasons, patient declined, other patient reasons, or other reasons attributable to the healthcare system)		Quality Measures	No	No	No	No	No	No	No	No
G8452	Beta-blocker therapy not prescribed		Quality Measures	No	No	No	No	No	No	No	No
G8465	High or very high risk of recurrence of prostate cancer		Quality Measures	No	No	No	No	No	No	No	No
G8473	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy prescribed		Quality Measures	No	No	No	No	No	No	No	No
G8474	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy not prescribed for reasons documented by the clinician (e.g., allergy, intolerance, pregnancy, renal failure due to ACE-inhibitor, diseases of the aortic or mitral valve, other medical reason) or (e.g., patient declined, other patient reasons) or (e.g., lack of drug availability, other reasons attributable to the health care system)		Quality Measures	No	No	No	No	No	No	No	No
G8475	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy not prescribed, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G8476	Most recent blood pressure has a systolic measurement of < 140 mm Hg and a diastolic measurement of < 90 mm Hg		Quality Measures	No	No	No	No	No	No	No	No
G8477	Most recent blood pressure has a systolic measurement of >= 140 mm Hg and/or a diastolic measurement of >= 90 mm Hg		Quality Measures	No	No	No	No	No	No	No	No
G8478	Blood pressure measurement not performed or documented, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G8482	Influenza immunization administered or previously received		Quality Measures	No	No	No	No	No	No	No	No
G8483	Influenza immunization was not administered for reasons documented by clinician (e.g., patient allergy or other medical reasons, patient declined or other patient reasons, vaccine not available or other system reason)		Quality Measures	No	No	No	No	No	No	No	No
G8484	Influenza immunization was not administered, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G8506	Patient receiving angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy		Quality Measures	No	No	No	No	No	No	No	No
G8510	Screening for depression is documented as negative, a follow-up plan is not required		Quality Measures	No	No	No	No	No	No	No	No
G8511	Screening for depression documented as positive, follow-up plan not documented, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G8535	Elder maltreatment screen not documented, documentation that patient is not eligible for the elder maltreatment screen at the time of the encounter		Quality Measures	No	No	No	No	No	No	No	No
G8536	No documentation of an elder maltreatment screen, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G8539	Functional outcome assessment documented as positive using a standardized tool and a care plan based on identified deficiencies on the date of functional outcome assessment, is documented		Quality Measures	No	No	No	No	No	No	No	No
G8540	Functional outcome assessment not documented as being performed, documentation the patient is not eligible for a functional outcome assessment using a standardized tool at the time of the encounter		Quality Measures	No	No	No	No	No	No	No	No
G8541	Functional outcome assessment using a standardized tool, not documented, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G8542	Functional outcome assessment using a standardized tool is documented; no functional deficiencies identified, care plan not required		Quality Measures	No	No	No	No	No	No	No	No
G8543	Documentation of a positive functional outcome assessment using a standardized tool; care plan not documented, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G8559	Patient referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation		Quality Measures	No	No	No	No	No	No	No	No
G8560	Patient has a history of active drainage from the ear within the previous 90 days		Quality Measures	No	No	No	No	No	No	No	No
G8561	Patient is not eligible for the referral for otologic evaluation for patients with a history of active drainage measure		Quality Measures	No	No	No	No	No	No	No	No
G8562	Patient does not have a history of active drainage from the ear within the previous 90 days		Quality Measures	No	No	No	No	No	No	No	No
G8563	Patient not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G8564	Patient was referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation, reason not specified		Quality Measures	No	No	No	No	No	No	No	No
G8565	Verification and documentation of sudden or rapidly progressive hearing loss		Quality Measures	No	No	No	No	No	No	No	No
G8566	Patient is not eligible for the "referral for otologic evaluation for sudden or rapidly progressive hearing loss" measure		Quality Measures	No	No	No	No	No	No	No	No
G8567	Patient does not have verification and documentation of sudden or rapidly progressive hearing loss		Quality Measures	No	No	No	No	No	No	No	No
G8568	Patient was not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G8569	Prolonged postoperative intubation (> 24 hr) is required		Quality Measures	No	No	No	No	No	No	No	No
G8570	Prolonged postoperative intubation (> 24 hr) is not required		Quality Measures	No	No	No	No	No	No	No	No
G8575	Developed postoperative renal failure or required dialysis		Quality Measures	No	No	No	No	No	No	No	No
G8576	No postoperative renal failure/dialysis not required		Quality Measures	No	No	No	No	No	No	No	No
G8577	Re-exploration required due to mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction or other cardiac reason		Quality Measures	No	No	No	No	No	No	No	No
G8578	Re-exploration not required due to mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction or other cardiac reason		Quality Measures	No	No	No	No	No	No	No	No
G8579	Aspirin or another antiplatelet therapy used		Quality Measures	No	No	No	No	No	No	No	No
G8599	Aspirin or another antiplatelet therapy not used, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G8600	IV IPA initiated within 3 hours (<= 180 minutes) of time last known well		Quality Measures	No	No	No	No	No	No	No	No
G8601	IV IPA not initiated within 3 hours (<= 180 minutes) of time last known well for reasons documented by clinician		Quality Measures	No	No	No	No	No	No	No	No
G8602	IV IPA not initiated within 3 hours (<= 180 minutes) of time last known well, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G8603	Pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed		Quality Measures	No	No	No	No	No	No	No	No
G8635	Pharmacologic therapy for osteoporosis was not prescribed, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G8647	Risk-adjusted functional status change residual score for the knee impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0)		Quality Measures - Risk Adjustment	No	No	No	No	No	No	No	No
G8648	Risk-adjusted functional status change residual score for the knee impairment successfully calculated and the score was less than zero (< 0)		Quality Measures - Risk Adjustment	No	No	No	No	No	No	No	No
G8650	Risk-adjusted functional status change residual scores for the knee impairment not measured because the patient did not complete the FS intake survey on admission and/or follow up FS status survey near discharge, reason not given		Quality Measures - Risk Adjustment	No	No	No	No	No	No	No	No
G8651	Risk-adjusted functional status change residual score for the hip impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0)		Quality Measures - Risk Adjustment	No	No	No	No	No	No	No	No
G8652	Risk-adjusted functional status change residual score for the hip impairment successfully calculated and the score was less than zero (< 0)		Quality Measures - Risk Adjustment	No	No	No	No	No	No	No	No
G8654	Risk-adjusted functional status change residual score for the hip impairment not measured because the patient did not complete the FS intake survey on admission and/or follow up FS status survey near discharge, reason not given		Quality Measures - Risk Adjustment	No	No	No	No	No	No	No	No
G8655	Risk-adjusted functional status change residual score for the lower leg, foot or ankle impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0)		Quality Measures - Risk Adjustment	No	No	No	No	No	No	No	No
G8656	Risk-adjusted functional status change residual score for the lower leg, foot or ankle impairment successfully calculated and the score was less than zero (< 0)		Quality Measures - Risk Adjustment	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TBRC Auth	BMS Auth
G8658	Risk-adjusted functional status change residual score for the lower leg, foot or ankle impairment not measured because the patient did not complete the F5 intake survey on admission and/or follow up F5 status survey near discharge, reason not given		Quality Measures - Risk Adjustment	No	No	No	No	No	No	No	No
G8659	Risk-adjusted functional status change residual score for the low back impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0)		Quality Measures - Risk Adjustment	No	No	No	No	No	No	No	No
G8660	Risk-adjusted functional status change residual score for the low back impairment not measured because the patient did not complete the F5 intake survey near discharge, reason not given		Quality Measures - Risk Adjustment	No	No	No	No	No	No	No	No
G8661	Risk-adjusted functional status change residual score for the low back impairment not measured because the patient did not complete the F5 intake survey near discharge, reason not given		Quality Measures - Risk Adjustment	No	No	No	No	No	No	No	No
G8662	Risk-adjusted functional status change residual score for the low back impairment not measured because the patient did not complete the F5 intake survey on admission and/or follow up F5 status survey near discharge, reason not given		Quality Measures - Risk Adjustment	No	No	No	No	No	No	No	No
G8663	Risk-adjusted functional status change residual score for the shoulder impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0)		Quality Measures - Risk Adjustment	No	No	No	No	No	No	No	No
G8664	Risk-adjusted functional status change residual score for the shoulder impairment successfully calculated and the score was less than zero (< 0)		Quality Measures - Risk Adjustment	No	No	No	No	No	No	No	No
G8665	Risk-adjusted functional status change residual score for the shoulder impairment not measured because the patient did not complete the F5 intake survey on admission and/or follow up F5 status survey near discharge, reason not given		Quality Measures - Risk Adjustment	No	No	No	No	No	No	No	No
G8666	Risk-adjusted functional status change residual score for the elbow, wrist or hand impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0)		Quality Measures - Risk Adjustment	No	No	No	No	No	No	No	No
G8667	Risk-adjusted functional status change residual score for the elbow, wrist or hand impairment successfully calculated and the score was less than zero (< 0)		Quality Measures - Risk Adjustment	No	No	No	No	No	No	No	No
G8668	Risk-adjusted functional status change residual score for the elbow, wrist or hand impairment not measured because the patient did not complete the F5 intake survey on admission and/or follow up F5 status survey near discharge, reason not given		Quality Measures - Risk Adjustment	No	No	No	No	No	No	No	No
G8670	Left ventricular ejection fraction (LVEF) < 40%		Quality Measures	No	No	No	No	No	No	No	No
G8694	Patient not prescribed or dispensed antibiotic		Quality Measures	No	No	No	No	No	No	No	No
G8708	Patient prescribed or dispensed antibiotic for documented medical reason(s) within three days after the initial diagnosis of URI (e.g., intestinal infection, pertussis, bacterial infection, Lyme disease, otitis media, acute sinusitis, acute pharyngitis, acute tonsillitis, chronic sinusitis, infection of the pharynx/larynx/tonsils/adrenoids, prostatitis, cellulitis, mastoiditis, or bone infections, acute lymphadenitis, impetigo, skin staph infections, pneumonia/gonococcal infections, venereal disease (syphilis, chlamydia, inflammatory diseases [female reproductive organs]), infections of the kidney, cystitis or UTI, and acne)		Quality Measures	No	No	No	No	No	No	No	No
G8709	Patient prescribed or dispensed antibiotic		Quality Measures	No	No	No	No	No	No	No	No
G8710	Prescribed or dispensed antibiotic		Quality Measures	No	No	No	No	No	No	No	No
G8711	Antibiotic not prescribed or dispensed		Quality Measures	No	No	No	No	No	No	No	No
G8712	PT category (primary tumor), PN category (regional lymph nodes), and histologic grade were documented in pathology report		Quality Measures	No	No	No	No	No	No	No	No
G8721	Documentation of medical reason(s) for not including the PT category, the PN category or the histologic grade in the pathology report (e.g., re-excision without residual tumor, non-carcinomatous canal)		Quality Measures	No	No	No	No	No	No	No	No
G8722	Specimen site is other than anatomic location of primary tumor		Quality Measures	No	No	No	No	No	No	No	No
G8723	PT category, PN category and histologic grade were not documented in the pathology report, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G8724	Elder maltreatment screen documented as positive and a follow-up plan is documented		Quality Measures	No	No	No	No	No	No	No	No
G8734	Elder maltreatment screen documented as negative, no follow-up required		Quality Measures	No	No	No	No	No	No	No	No
G8735	Elder maltreatment screen documented as positive, follow-up plan not documented, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G8749	Absence of signs of melanoma (tenderness, jaundice, localized neurologic signs such as weakness, or any other sign suggesting systemic spread) or absence of symptoms of melanoma (cough, dyspnea, pain, paresthesia, or any other symptom suggesting the possibility of systemic spread of melanoma)		Quality Measures	No	No	No	No	No	No	No	No
G8752	Most recent systolic blood pressure < 140 mm Hg		Quality Measures	No	No	No	No	No	No	No	No
G8753	Most recent systolic blood pressure >= 140 mm Hg		Quality Measures	No	No	No	No	No	No	No	No
G8754	Most recent diastolic blood pressure < 90 mm Hg		Quality Measures	No	No	No	No	No	No	No	No
G8755	Most recent diastolic blood pressure >= 90 mm Hg		Quality Measures	No	No	No	No	No	No	No	No
G8756	No documentation of blood pressure measurement, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G8783	Normal blood pressure reading documented, follow-up not required		Quality Measures	No	No	No	No	No	No	No	No
G8785	Blood pressure reading not documented, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G8797	Specimen site other than anatomic location of esophagus		Quality Measures	No	No	No	No	No	No	No	No
G8798	Specimen site other than anatomic location of prostate		Quality Measures	No	No	No	No	No	No	No	No
G8806	Performance of trans-abdominal or trans-vaginal ultrasound and pregnancy location documented		Quality Measures	No	No	No	No	No	No	No	No
G8807	Trans-abdominal or trans-vaginal ultrasound not performed for reasons documented by clinician (e.g., patient has visited the ED multiple times within 72 hours, patient has a documented intrauterine pregnancy (IUP))		Quality Measures	No	No	No	No	No	No	No	No
G8808	Trans-abdominal or trans-vaginal ultrasound not performed, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G8815	Documented reason in the medical record for why the patient was not prescribed (i.e., lower extremity bypass was for a patient with non-atherosclerotic disease)		Quality Measures	No	No	No	No	No	No	No	No
G8816	Statin medication prescribed at discharge		Quality Measures	No	No	No	No	No	No	No	No
G8817	Statin therapy not prescribed at discharge, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G8818	Patient discharged to home no later than postoperative day #7		Quality Measures	No	No	No	No	No	No	No	No
G8825	Patient not discharged to home by postoperative day #7		Quality Measures	No	No	No	No	No	No	No	No
G8826	Patient discharged to home no later than postoperative day #2 following EVAR		Quality Measures	No	No	No	No	No	No	No	No
G8833	Patient not discharged to home by postoperative day #2 following EVAR		Quality Measures	No	No	No	No	No	No	No	No
G8834	Patient discharged to home no later than postoperative day #2 following CEA		Quality Measures	No	No	No	No	No	No	No	No
G8838	Patient not discharged to home by postoperative day #2 following CEA		Quality Measures	No	No	No	No	No	No	No	No
G8839	Sleep apnea symptoms assessed, including presence or absence of snoring and daytime sleepiness		Quality Measures	No	No	No	No	No	No	No	No
G8840	Documentation of reason(s) for not documenting an assessment of sleep symptoms (e.g., patient didn't have initial daytime sleepiness, patient visited between initial testing and initiation of therapy)		Quality Measures	No	No	No	No	No	No	No	No
G8841	Sleep apnea symptoms not assessed, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G8842	Apnea hypopnea index (AHI) or respiratory disturbance index (RDI) measured at the time of initial diagnosis		Quality Measures	No	No	No	No	No	No	No	No
G8843	Documentation of reason(s) for not measuring an apnea hypopnea index (AHI) or a respiratory disturbance index (RDI) at the time of initial diagnosis (e.g., psychiatric disease, dementia, patient declined, financial, insurance coverage, test ordered but not yet completed)		Quality Measures	No	No	No	No	No	No	No	No
G8844	Apnea hypopnea index (AHI) or respiratory disturbance index (RDI) not measured at the time of initial diagnosis, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G8845	Positive airway pressure therapy prescribed		Quality Measures	No	No	No	No	No	No	No	No
G8846	Moderate or severe obstructive sleep apnea (apnea hypopnea index (AHI) or respiratory disturbance index (RDI) of 15 or greater)		Quality Measures	No	No	No	No	No	No	No	No
G8849	Documentation of reason(s) for not prescribing positive airway pressure therapy (e.g., patient unable to tolerate, alternative therapies use, patient declined, financial, insurance coverage)		Quality Measures	No	No	No	No	No	No	No	No
G8850	Positive airway pressure therapy not prescribed, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G8851	Objective measurement of adherence to positive airway pressure therapy, documented		Quality Measures	No	No	No	No	No	No	No	No
G8852	Positive airway pressure therapy prescribed		Quality Measures	No	No	No	No	No	No	No	No
G8854	Documentation of reason(s) for not objectively measuring adherence to positive airway pressure therapy (e.g., patient did not bring data from continuous positive airway pressure (CPAP) therapy not yet initiated, not available on machine)		Quality Measures	No	No	No	No	No	No	No	No
G8855	Objective measurement of adherence to positive airway pressure therapy not performed, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G8856	Referral to a physician for an otologic evaluation performed		Quality Measures	No	No	No	No	No	No	No	No
G8857	Patient is not eligible for the referral for otologic evaluation measure (e.g., patients who are already under the care of a physician for acute or chronic dizziness)		Quality Measures	No	No	No	No	No	No	No	No
G8858	Referral to a physician for an otologic evaluation not performed, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G8863	Patients not assessed for risk of bone loss, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G8864	Pneumococcal vaccine administered or previously received		Quality Measures	No	No	No	No	No	No	No	No
G8865	Documentation of medical reason(s) for not administering or previously receiving pneumococcal vaccine (e.g., patient allergic reaction, potential adverse drug reaction)		Quality Measures	No	No	No	No	No	No	No	No
G8866	Documentation of patient reason(s) for not administering or previously receiving pneumococcal vaccine (e.g., patient refusal)		Quality Measures	No	No	No	No	No	No	No	No
G8867	Pneumococcal vaccine not administered or previously received, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G8869	Patient has documented immunity to hepatitis B and initiating anti-TNF therapy		Quality Measures	No	No	No	No	No	No	No	No
G8875	Clinician diagnosed breast cancer preoperatively by a minimally invasive biopsy method		Quality Measures	No	No	No	No	No	No	No	No
G8876	Documentation of reason(s) for not performing minimally invasive biopsy to diagnose breast cancer preoperatively (e.g., lesion too close to skin, implant, chest wall, etc., lesion could not be adequately visualized for needle biopsy, patient condition prevents needle biopsy [weight, breast thickness, etc.], duct excision without imaging abnormality, prophylactic mastectomy, reduction mammoplasty, excisional biopsy performed by another physician)		Quality Measures	No	No	No	No	No	No	No	No
G8877	Clinician did not attempt to achieve the diagnosis of breast cancer preoperatively by a minimally invasive biopsy method, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G8878	Sentinel lymph node biopsy procedure performed for medical documentation or to establish sentinel lymph node biopsy not performed (e.g., reasons: cosmetic procedure not intended to, non-invasive cancer, incidental discovery of breast cancer on prophylactic mastectomy, incidental discovery of breast cancer on reduction mammoplasty, pre-operative biopsy proven lymph node (LN) metastases, inflammatory carcinoma, stage 3 locally advanced cancer, recurrent invasive breast cancer, clinically node positive after neoadjuvant systemic therapy, patient refusal after informed consent, patient with significant age, comorbidities, or limited life expectancy and favorable tumor, adjuvant systemic therapy unlikely to change)		Quality Measures	No	No	No	No	No	No	No	No
G8880	Stage of breast cancer is greater than T1N0M0 or T2N0M0		Quality Measures	No	No	No	No	No	No	No	No
G8882	Sentinel lymph node biopsy procedure not performed, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G8883	Biopsy results reviewed, communicated, tracked and documented		Quality Measures	No	No	No	No	No	No	No	No
G8884	Clinician documented reason that patient's biopsy results were not reviewed		Quality Measures	No	No	No	No	No	No	No	No
G8885	Biopsy results not reviewed, communicated, tracked or documented		Quality Measures	No	No	No	No	No	No	No	No
G8907	Patient documented not to have experienced any of the following events: a burn prior to discharge; a fall within the facility; wrong site/side/patient/procedure/implant event; or a hospital transfer or hospital admission upon discharge from the facility		Quality Measures	No	No	No	No	No	No	No	No
G8908	Patient documented not to have received a burn prior to discharge		Quality Measures	No	No	No	No	No	No	No	No
G8909	Patient documented not to have received a burn prior to discharge		Quality Measures	No	No	No	No	No	No	No	No
G8910	Patient documented not to have experienced a fall within ASC		Quality Measures	No	No	No	No	No	No	No	No
G8911	Patient documented not to have experienced a fall within ambulatory surgery center		Quality Measures	No	No	No	No	No	No	No	No
G8912	Patient documented not to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant event		Quality Measures	No	No	No	No	No	No	No	No
G8913	Patient documented not to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant event		Quality Measures	No	No	No	No	No	No	No	No
G8914	Patient documented not to have experienced a hospital transfer or hospital admission upon discharge from ASC		Quality Measures	No	No	No	No	No	No	No	No
G8915	Patient documented not to have experienced a hospital transfer or hospital admission upon discharge from ASC		Quality Measures	No	No	No	No	No	No	No	No
G8916	Patient with preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis, antibiotic initiated on time		Quality Measures	No	No	No	No	No	No	No	No
G8917	Patient with preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis, antibiotic not initiated on time		Quality Measures	No	No	No	No	No	No	No	No
G8918	Patient without preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis		Quality Measures	No	No	No	No	No	No	No	No
G8923	Left ventricular ejection fraction (LVEF) < 40% or documentation of moderately or severely depressed left ventricular systolic function		Quality Measures	No	No	No	No	No	No	No	No
G8924	Spirometry test results demonstrate FEV1/FVC < 70%, FEV1 < 60% predicted and patient has COPD symptoms (e.g., dyspnea, cough/sputum, wheezing)		Quality Measures	No	No	No	No	No	No	No	No
G8925	Spirometry test results demonstrate FEV1 >= 60%, FEV1/FVC >= 70%, predicted or patient does not have COPD symptoms		Quality Measures	No	No	No	No	No	No	No	No
G8926	Spirometry test not performed or documented, reason not given		Quality Measures	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TBSC Auth	BMS Auth
G8934	Left ventricular ejection fraction (LVEF) <40% or documentation of moderately or severely depressed left ventricular systolic function		Quality Measures	No	No	No	No	No	No	No	No
G8934	Clinician prescribed angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy		Quality Measures	No	No	No	No	No	No	No	No
G8936	Clinical documentation that patient was not an eligible candidate for angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy (e.g., allergy, intolerance, pregnancy, renal failure due to ACE inhibitor, diseases of the aortic or mitral valve, other medical reasons) or (e.g., patient declined, other patient reasons) or (e.g., lack of drug availability, other reasons attributable to the health care system)		Quality Measures	No	No	No	No	No	No	No	No
G8937	Clinician did not prescribe angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G8938	BMI is documented as being outside of normal limits, follow-up plan is not documented, documentation the patient is not eligible		Quality Measures	No	No	No	No	No	No	No	No
G8941	Elder malnutrition screen documented as positive, follow-up plan not documented, documentation the patient is not eligible for follow-up plan at the time of the encounter		Quality Measures	No	No	No	No	No	No	No	No
G8942	Functional outcomes assessment using a standardized tool is documented within the previous 30 days and care plan, based on identified deficiencies on the date of the functional outcome assessment, is documented		Quality Measures	No	No	No	No	No	No	No	No
G8944	AJCC melanoma cancer stage 0 through IIC melanoma		Quality Measures	No	No	No	No	No	No	No	No
G8946	Minimally invasive biopsy method attempted but not diagnostic of breast cancer (e.g., high risk lesion of breast such as atypical ductal hyperplasia, lobular neoplasia, atypical lobular hyperplasia, lobular carcinoma in situ, atypical columnar hyperplasia, flat epithelial atypia, radial scar, complex sclerosing lesion, papillary lesion, or any lesion with spindle cells)		Quality Measures	No	No	No	No	No	No	No	No
G8950	Prehypertensive or hypertensive blood pressure reading documented, and the indicated follow-up is documented		Quality Measures	No	No	No	No	No	No	No	No
G8952	Prehypertensive or hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G8955	Prehypertensive or hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G8956	Patient receiving maintenance hemodialysis in an outpatient dialysis facility		Quality Measures	No	No	No	No	No	No	No	No
G8958	Assessment of adequacy of volume management not documented, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G8961	Cardiac stress imaging test primarily performed on low-risk surgery patient for preoperative evaluation within 30 days preceding the surgery		Quality Measures	No	No	No	No	No	No	No	No
G8962	Cardiac stress imaging test performed on patient for any reason including those who did not have low risk surgery or test that was performed more than 30 days preceding low risk surgery		Quality Measures	No	No	No	No	No	No	No	No
G8963	Cardiac stress imaging performed primarily for monitoring of asymptomatic patient who had PCI within 2 years		Quality Measures	No	No	No	No	No	No	No	No
G8964	Cardiac stress imaging test performed primarily for any other reason than monitoring of asymptomatic patient who had PCI within 2 years (e.g., symptomatic patient, patient greater than 2 years since PCI, initial evaluation, etc.)		Quality Measures	No	No	No	No	No	No	No	No
G8965	Cardiac stress imaging test primarily performed on low CHD risk patient for initial detection and risk assessment		Quality Measures	No	No	No	No	No	No	No	No
G8966	Cardiac stress imaging test performed on symptomatic or higher than low CHD risk patient or for any reason other than initial detection and risk assessment		Quality Measures	No	No	No	No	No	No	No	No
G8967	Warfarin or another FDA-approved oral anticoagulant is prescribed		Quality Measures	No	No	No	No	No	No	No	No
G8968	Documentation of medical reason(s) for not prescribing warfarin or another FDA-approved anticoagulant (e.g., atrial appendage device in place)		Quality Measures	No	No	No	No	No	No	No	No
G8969	Documentation of patient reason(s) for not prescribing warfarin or another FDA-approved oral anticoagulant that is FDA approved for the prevention of thromboembolism (e.g., patient choice of having atrial appendage device placed)		Quality Measures	No	No	No	No	No	No	No	No
G8970	No risk factors or one moderate risk factor for thromboembolism		Quality Measures	No	No	No	No	No	No	No	No
G9001	Coordinated care fee, initial rate	Medicare Only	MCDD - Medicare Coordinated Care Demonstration	No	No	No	No	No	No	No	No
G9002	Coordinated care fee (Level 1)	Medicare Only	MCDD - Medicare Coordinated Care Demonstration	No	No	No	No	No	No	No	No
G9003	Coordinated care fee, risk adjusted high, initial	Medicare Only	MCDD - Medicare Coordinated Care Demonstration	No	No	No	No	No	No	No	No
G9004	Coordinated care fee, risk adjusted low, initial	Medicare Only	MCDD - Medicare Coordinated Care Demonstration	No	No	No	No	No	No	No	No
G9005	Coordinated care fee risk adjusted maintenance	Medicare Only	MCDD - Medicare Coordinated Care Demonstration	No	No	No	No	No	No	No	No
G9006	Coordinated care fee, home monitoring	Medicare Only	MCDD - Medicare Coordinated Care Demonstration	No	No	No	No	No	No	No	No
G9007	Coordinated care fee, scheduled team conference	Medicare Only	MCDD - Medicare Coordinated Care Demonstration	No	No	No	No	No	No	No	No
G9008	Coordinated care fee, physician coordinated care oversight services	Medicare Only	MCDD - Medicare Coordinated Care Demonstration	No	No	No	No	No	No	No	No
G9009	Coordinated care fee, risk adjusted maintenance, level 3	Medicare Only	MCDD - Medicare Coordinated Care Demonstration	No	No	No	No	No	No	No	No
G9010	Coordinated care fee, risk adjusted maintenance, level 4	Medicare Only	MCDD - Medicare Coordinated Care Demonstration	No	No	No	No	No	No	No	No
G9011	Coordinated care fee, risk adjusted maintenance, Level 5	Medicare Only	MCDD - Medicare Coordinated Care Demonstration	No	No	No	No	No	No	No	No
G9012	Other specified case management service not elsewhere classified	Medicare Only	MCDD - Medicare Coordinated Care Demonstration	No	No	No	No	No	No	No	No
G9013	ESRD demo basic bundle Level 1	Medicare Only	Medicare Demonstration Projects	No	No	No	No	No	No	No	No
G9014	ESRD demo expanded bundle including venous access and related services	Medicare Only	Medicare Demonstration Projects	No	No	No	No	No	No	No	No
G9016	Smoking cessation counseling, individual, in the absence of or in addition to any other evaluation and management service, per session (6-10 minutes) (demo project code only)	Medicare Only	Medicare Demonstration Projects	No	No	No	No	No	No	No	No
G9050	Oncology; primary focus of visit, work-up, evaluation, or staging at the time of cancer diagnosis or recurrence (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No	No	No	No	No
G9051	Oncology; primary focus of visit, treatment decision-making after disease is staged or restaged, discussion of treatment options, supervising/coordinating active cancer-directed therapy or managing consequences of cancer-directed therapy (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No	No	No	No	No
G9052	Oncology; primary focus of visit, surveillance for disease recurrence for patient who has completed definitive cancer-directed therapy and currently lacks evidence of recurrent disease, cancer-directed therapy might be considered in the future (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No	No	No	No	No
G9053	Oncology; primary focus of visit, expectant management of patient with evidence of cancer for whom no cancer-directed therapy is being administered or arranged at present; cancer-directed therapy might be considered in the future (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No	No	No	No	No
G9054	Oncology; primary focus of visit, supervising, coordinating or managing care of patient with terminal cancer or for whom other medical illness prevents further cancer treatment; includes symptom management, end-of-life care planning, management of palliative therapies (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No	No	No	No	No
G9055	Oncology; primary focus of visit, other, unspecified service not otherwise listed (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No	No	No	No	No
G9056	Oncology; practice guidelines; management adheres to guidelines (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No	No	No	No	No
G9057	Oncology; practice guidelines; management differs from guidelines as a result of patient enrollment in an institutional review board approved clinical trial (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No	No	No	No	No
G9058	Oncology; practice guidelines; management differs from guidelines because the treating physician disagrees with guideline recommendations (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No	No	No	No	No
G9059	Oncology; practice guidelines; management differs from guidelines because the patient, after being offered treatment consistent with guidelines, has opted for alternative treatment or management, including no treatment (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No	No	No	No	No
G9060	Oncology; practice guidelines; management differs from guidelines for reason(s) associated with patient comorbid illness or performance status not factored into guidelines (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No	No	No	No	No
G9061	Oncology; practice guidelines; patient's condition not addressed by available guidelines (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No	No	No	No	No
G9062	Oncology; practice guidelines; management differs from guidelines for other reason(s) not listed (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No	No	No	No	No
G9063	Oncology; disease status; limited to nonsmall cell lung cancer; extent of disease initially established as Stage I (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No	No	No	No	No
G9064	Oncology; disease status; limited to nonsmall cell lung cancer; extent of disease initially established as Stage II (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No	No	No	No	No
G9065	Oncology; disease status; limited to nonsmall cell lung cancer; extent of disease initially established as Stage III (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No	No	No	No	No
G9066	Oncology; disease status; limited to nonsmall cell lung cancer; Stage III B-IV at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No	No	No	No	No
G9067	Oncology; disease status; limited to nonsmall cell lung cancer; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No	No	No	No	No
G9068	Oncology; disease status; limited to small cell and combined small cell/non-small cell; extent of disease initially established as limited with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No	No	No	No	No
G9069	Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/non-small cell; extensive Stage at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No	No	No	No	No
G9070	Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/non-small cell; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No	No	No	No	No
G9071	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage I or stage IIA-IIIb; or T3, N1, M0, and ER and/or PR positive; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No	No	No	No	No
G9072	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage I or stage IIA-IIIb; or T3, N1, M0, and ER and PR positive; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No	No	No	No	No
G9073	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage IIA-IIIb; and not T3, N1, M0, and ER and PR positive; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No	No	No	No	No
G9074	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage IIA-IIIb; and not T3, N1, M0, and ER and PR negative; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No	No	No	No	No
G9075	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No	No	No	No	No
G9077	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; T1-T2c and Gleason 2-7 and PSA < or equal to 20 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No	No	No	No	No

[illegible]

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TBRC Auth	BMS Auth
	Frontier extended stay clinic demonstration; for a patient stay in a clinic approved for the CMS demonstration project, the following measures should be present: the stay must be equal to or greater than 4 hours; weather or other conditions must prevent transfer or the case falls into a category of monitoring and observation cases that are permitted by the rules of the demonstration; there is a maximum frontier extended stay clinic (FESC) visit of 48 hours, except in the case when weather or other conditions prevent transfer; payment is made on each period up to 4 hours, after the first 4 hours	Medicare Only	Medicare Demonstration Projects	No	No	No	No	No	No	No	No
G9140	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)		Testing	No	No	No	No	No	No	No	No
G9143	Oral patient risk assessment (oral) (DVT) either point-of-care or continuous, by any means, guided by the results of measurements for: respiratory quotient; and/or, urine urea nitrogen (UUN); and/or, arterial, venous or capillary glucose; and/or potassium concentration		Treatment	No	No	No	No	No	No	No	No
G9148	National Committee for Quality Assurance-level 1 medical home		Quality Measures	No	No	No	No	No	No	No	No
G9149	National Committee for Quality Assurance-level 2 medical home		Quality Measures	No	No	No	No	No	No	No	No
G9150	National Committee for Quality Assurance-level 3 medical home		Quality Measures	No	No	No	No	No	No	No	No
G9151	MACPC Demonstration-state provided services		Quality Measures	No	No	No	No	No	No	No	No
G9152	MACPC Demonstration Community Health Teams		Quality Measures	No	No	No	No	No	No	No	No
G9153	MACPC Demonstration-Physician Incentive Pool		Quality Measures	No	No	No	No	No	No	No	No
G9156	Evaluation for wheelchair requiring face-to-face visit with physician		Evaluation	No	No	No	No	No	No	No	No
G9157	Transesophageal Doppler used for cardiac monitoring		Ultrasound	No	No	No	No	No	No	No	No
	Bundled payments for care improvement initiative home visit for patient assessment performed by a qualified health care professional for individuals not considered homebound including, but not limited to, assessment of safety, fall, clinical status, fluid status, medication reconciliation/management, patient compliance with orders/plan of care, performance of activities of daily living, appropriateness of care setting; (for use only in the Medicare-approved bundled payments for care improvement initiative); may not be billed for a 30-day period covered by a transitional care management code		Bundled Payment	No	No	No	No	No	No	No	No
G9187	Beta-blocker therapy not prescribed, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G9189	Beta-blocker therapy prescribed or currently being taken		Quality Measures	No	No	No	No	No	No	No	No
G9190	Documentation of medical reason(s) for not prescribing beta-blocker therapy (e.g., allergy, intolerance, other medical reasons)		Quality Measures	No	No	No	No	No	No	No	No
G9191	Documentation of patient reason(s) for not prescribing beta-blocker therapy (e.g., patient declined, other patient reasons)		Quality Measures	No	No	No	No	No	No	No	No
G9192	Documentation of system reason(s) for not prescribing beta-blocker therapy (e.g., other reasons attributable to the health care system)		Quality Measures	No	No	No	No	No	No	No	No
	First-generation cephalosporin for antimicrobial prophylaxis for first or second generation cephalosporin for antimicrobial prophylaxis (e.g., patients enrolled in clinical trials, patients with documented infection prior to surgical procedure of interest, patients who were receiving antibiotics more than 24 hours prior to surgery [except colon surgery patients taking oral prophylactic antibiotics], patients who were receiving antibiotics within 24 hours prior to arrival [except colon surgery patients taking oral prophylactic antibiotics], other medical reason(s))		Quality Measures	No	No	No	No	No	No	No	No
G9196	Documentation of order for first or second generation cephalosporin for antimicrobial prophylaxis		Quality Measures	No	No	No	No	No	No	No	No
G9197	Documentation of order for first or second generation cephalosporin for antimicrobial prophylaxis was not documented, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G9198	Order for first or second generation cephalosporin for antimicrobial prophylaxis was not documented, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G9212	DSM-IV-TR criteria for major depressive disorder documented at the initial evaluation		Quality Measures	No	No	No	No	No	No	No	No
G9213	DSM-IV-TR criteria for major depressive disorder documented at the initial evaluation		Quality Measures	No	No	No	No	No	No	No	No
	Pneumocystis jirovecii pneumonia prophylaxis prescribed within 3 months of low CD4+ cell count below 500 cells/mm3 or a CD4 percentage below 15%		Quality Measures	No	No	No	No	No	No	No	No
G9225	Foot exam was not performed, reason not given		Quality Measures	No	No	No	No	No	No	No	No
	Foot examination performed (includes examination through visual inspection, sensory exam with 10-g monofilament plus testing any one of the following: vibration using 128-Hz tuning fork, pinprick sensation, ankle reflexes, or vibration perception threshold, and pulse exam; report when all of the 3 components are completed)		Quality Measures	No	No	No	No	No	No	No	No
G9226	Functional outcome assessment documented, care plan not documented, documentation the patient is not eligible for a care plan at the time of the encounter		Quality Measures	No	No	No	No	No	No	No	No
G9227	Chlamydia, gonorrhea and syphilis screening results documented (report when results are present for all of the 3 screenings)		Quality Measures	No	No	No	No	No	No	No	No
G9228	Chlamydia, gonorrhea and syphilis screening results documented (patient refusal is the only allowed exception)		Quality Measures	No	No	No	No	No	No	No	No
G9229	Chlamydia, gonorrhea, and syphilis screening results not documented (patient refusal is the only allowed exception)		Quality Measures	No	No	No	No	No	No	No	No
G9230	Chlamydia, gonorrhea, and syphilis not screened, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G9231	Documentation of end stage renal disease (ESRD), dialysis, renal transplant before or during the measurement period or pregnancy during the measurement period		Quality Measures	No	No	No	No	No	No	No	No
G9242	Documentation of viral load equal to or greater than 200 copies/ml or viral load not performed		Quality Measures	No	No	No	No	No	No	No	No
G9243	Documentation of viral load less than 200 copies/ml		Quality Measures	No	No	No	No	No	No	No	No
	Patient did not have at least one medical visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between medical visits		Quality Measures	No	No	No	No	No	No	No	No
G9246	Patient had at least one medical visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between medical visits		Quality Measures	No	No	No	No	No	No	No	No
G9247	Documentation of patient pain brought to a comfortable level within 48 hours from initial assessment		Quality Measures	No	No	No	No	No	No	No	No
G9250	Documentation of patient pain brought to a comfortable level within 48 hours from initial assessment		Quality Measures	No	No	No	No	No	No	No	No
G9251	Documentation of patient with pain not brought to a comfortable level within 48 hours from initial assessment		Quality Measures	No	No	No	No	No	No	No	No
G9254	Documentation of patient discharged to home later than post-operative day 2 following CAS		Quality Measures	No	No	No	No	No	No	No	No
G9255	Documentation of patient discharged to home no later than post-operative day 2 following CAS		Quality Measures	No	No	No	No	No	No	No	No
G9267	Documentation of patient with one or more complications or mortality within 30 days		Quality Measures	No	No	No	No	No	No	No	No
G9268	Documentation of patient with one or more complications within 90 days		Quality Measures	No	No	No	No	No	No	No	No
G9269	Documentation of patient without one or more complications and without mortality within 30 days		Quality Measures	No	No	No	No	No	No	No	No
G9270	Documentation of patient without one or more complications within 90 days		Quality Measures	No	No	No	No	No	No	No	No
G9273	Blood pressure has a systolic value of <140 and a diastolic value of <90		Quality Measures	No	No	No	No	No	No	No	No
G9274	Blood pressure has a systolic value of <140 and a diastolic value of <90 or systolic value <140 and diastolic value <90 or systolic value <140 and diastolic value <90		Quality Measures	No	No	No	No	No	No	No	No
G9275	Documentation that patient is a current non-tobacco user		Quality Measures	No	No	No	No	No	No	No	No
G9276	Documentation that patient is a current tobacco user		Quality Measures	No	No	No	No	No	No	No	No
	Documentation that the patient is on daily aspirin or antiplatelet or has documentation of a valid contraindication or exception to aspirin/antiplatelet; contraindications/exceptions include anticoagulant use, allergy to aspirin or antiplatelets, history of gastrointestinal bleed and bleeding disorder. Additionally, the following exceptions documented by the physician as a reason for not taking daily aspirin or antiplatelet are acceptable: use of nonsteroidal antiinflammatory agents, documented risk for drug interaction, uncontrolled hypertension defined as >180 systolic or >110 diastolic or gastroesophageal reflux		Quality Measures	No	No	No	No	No	No	No	No
G9277	Documentation that the patient is not on daily aspirin or antiplatelet regimen		Quality Measures	No	No	No	No	No	No	No	No
G9279	Pneumococcal screening performed and documentation of vaccination received prior to discharge		Quality Measures	No	No	No	No	No	No	No	No
G9280	Pneumococcal vaccination not administered prior to discharge, reason not specified		Quality Measures	No	No	No	No	No	No	No	No
G9281	Screening performed and documentation that vaccination not indicated/patient refusal		Quality Measures	No	No	No	No	No	No	No	No
	Documentation of medical reason(s) for not reporting the histological type or NSCLC-NOS classification with an explanation (e.g., biopsy taken for other purposes in a patient with a history of non-small cell lung cancer or other documented medical reasons)		Quality Measures	No	No	No	No	No	No	No	No
G9282	Non-small cell lung cancer biopsy and cytology specimen report documents classification into specific histologic type or classified as NSCLC-NOS with an explanation		Quality Measures	No	No	No	No	No	No	No	No
	Non-small cell lung cancer biopsy and cytology specimen report does not document classification into specific histologic type or classified as NSCLC-NOS with an explanation		Quality Measures	No	No	No	No	No	No	No	No
G9284	Specimen site other than anatomic location of lung or is not classified as non-small cell lung cancer		Quality Measures	No	No	No	No	No	No	No	No
G9285	Antibiotic regimen prescribed within 10 days after onset of symptoms		Quality Measures	No	No	No	No	No	No	No	No
G9286	Antibiotic regimen not prescribed within 10 days after onset of symptoms		Quality Measures	No	No	No	No	No	No	No	No
	Documentation of medical reason(s) for not reporting the histological type or NSCLC-NOS classification with an explanation (e.g., a solitary fibrous tumor in a person with a history of non-small cell carcinoma or other documented medical reasons)		Quality Measures	No	No	No	No	No	No	No	No
G9288	Non-small cell lung cancer biopsy and cytology specimen report documents classification into specific histologic type or classified as NSCLC-NOS with an explanation		Quality Measures	No	No	No	No	No	No	No	No
G9289	Non-small cell lung cancer biopsy and cytology specimen report does not document classification into specific histologic type or classified as NSCLC-NOS with an explanation		Quality Measures	No	No	No	No	No	No	No	No
G9290	Specimen site other than anatomic location of lung, is not classified as non-small cell lung cancer or classified as NSCLC-NOS		Quality Measures	No	No	No	No	No	No	No	No
G9291	Documentation of medical reason(s) for not reporting PT category and a statement on thickness and ulceration and for PT1, mitotic rate (e.g., negative skin biopsies in a patient with a history of melanoma or other documented medical reasons)		Quality Measures	No	No	No	No	No	No	No	No
G9292	Pathology report does not include the PT category and a statement on thickness and ulceration and for PT1, mitotic rate		Quality Measures	No	No	No	No	No	No	No	No
G9294	Pathology report includes the PT category and a statement on thickness and ulceration and for PT1, mitotic rate		Quality Measures	No	No	No	No	No	No	No	No
G9295	Specimen site other than anatomic location		Quality Measures	No	No	No	No	No	No	No	No
	Patients with documented shared decision-making including discussion of conservative (non-surgical) therapy (e.g., NSAIDs, analgesics, weight loss, exercise, injections) prior to the procedure		Quality Measures	No	No	No	No	No	No	No	No
G9296	Shared decision-making including discussion of conservative (non-surgical) therapy (e.g., NSAIDs, analgesics, weight loss, exercise, injections) prior to the procedure, not documented, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G9297	Patients who are evaluated for venous thromboembolic and cardiovascular risk factors within 30 days prior to the procedure (e.g., history of DVT, PE, MI, arrhythmia and stroke)		Quality Measures	No	No	No	No	No	No	No	No
G9298	Patients who are not evaluated for venous thromboembolic and cardiovascular risk factors within 30 days prior to the procedure including (e.g., history of DVT, PE, MI, arrhythmia and stroke, reason not given)		Quality Measures	No	No	No	No	No	No	No	No
G9299	Intervention for presence of leak of endoluminal contents through an anastomosis not required		Quality Measures	No	No	No	No	No	No	No	No
G9305	Intervention for presence of leak of endoluminal contents through an anastomosis required		Quality Measures	No	No	No	No	No	No	No	No
G9306	No return to the operating room for a surgical procedure, for complications of the principal operative procedure, within 30 days of the principal operative procedure		Quality Measures	No	No	No	No	No	No	No	No
G9307	Unplanned return to the operating room for a surgical procedure, for complications of the principal operative procedure, within 30 days of the principal operative procedure		Quality Measures	No	No	No	No	No	No	No	No
G9308	No unplanned hospital readmission within 30 days of principal procedure		Quality Measures	No	No	No	No	No	No	No	No
G9309	Unplanned hospital readmission within 30 days of principal procedure		Quality Measures	No	No	No	No	No	No	No	No
G9310	No surgical site infection		Quality Measures	No	No	No	No	No	No	No	No
G9311	Surgical site infection		Quality Measures	No	No	No	No	No	No	No	No
G9312	Amoxicillin, with or without clavulanate, not prescribed as first line antibiotic at the time of diagnosis for documented reason		Quality Measures	No	No	No	No	No	No	No	No
G9313	Amoxicillin, with or without clavulanate, not prescribed as first line antibiotic at the time of diagnosis, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G9314	Documentation amoxicillin, with or without clavulanate, prescribed as a first line antibiotic at the time of diagnosis		Quality Measures	No	No	No	No	No	No	No	No
G9315	Documentation of patient-specific risk assessment with a risk calculator based on multi-institutional clinical data, the specific risk calculator used, and communication of risk assessment from risk calculator with the patient or family		Quality Measures	No	No	No	No	No	No	No	No
G9316	Documentation of patient-specific risk assessment with a risk calculator based on multi-institutional clinical data, the specific risk calculator used, and communication of risk assessment from risk calculator with the patient or family not completed		Quality Measures	No	No	No	No	No	No	No	No
G9317	Imaging study named according to standardized nomenclature		Quality Measures	No	No	No	No	No	No	No	No
G9318	Imaging study not named according to standardized nomenclature, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G9319	Count of previous CT (any type of CT) and cardiac nuclear medicine (myocardial perfusion) studies documented in the 12-month period prior to the current study		Quality Measures	No	No	No	No	No	No	No	No
G9321	Count of previous CT and cardiac nuclear medicine (myocardial perfusion) studies not documented in the 12-month period prior to the current study, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G9322	Search conducted for prior patient CT studies completed at non-affiliated external health care facilities or entities within the past 12-months and are available through a secure, authorized, media-free, shared archive prior to an imaging study being performed		Quality Measures	No	No	No	No	No	No	No	No
G9341			Quality Measures	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TBSC Auth	BMS Auth
G9342	Search not conducted prior to an imaging study being performed for prior patient CT studies completed at non-affiliated external health care facilities or entities within the past 12 months and are available through a secure, authorized, media-free, shared archive, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G9344	Use to system reasons for or not conducted for OUTCOM format images for prior patient CT imaging studies completed at non-affiliated external health care facilities or entities within the past 12 months that are available through a secure, authorized, media-free, shared archive (e.g., non-affiliated external health care facilities or entities does not have archival abilities through a shared archival system)		Quality Measures	No	No	No	No	No	No	No	No
G9345	Follow-up recommendations documented according to recommended guidelines for incidentally detected pulmonary nodules (e.g., follow-up CT imaging studies needed or that no follow-up is needed) based at a minimum on nodule size and patient risk factors		Quality Measures	No	No	No	No	No	No	No	No
G9347	Follow-up recommendations not documented according to recommended guidelines for incidentally detected pulmonary nodules, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G9348	CT scan of the paranasal sinuses ordered at the time of diagnosis for documented reasons		Quality Measures	No	No	No	No	No	No	No	No
G9349	Documentation of a CT scan of the paranasal sinuses ordered at the time of diagnosis or received within 28 days after date of diagnosis		Quality Measures	No	No	No	No	No	No	No	No
G9350	CT scan of the paranasal sinuses not ordered at the time of diagnosis or received within 28 days after date of diagnosis		Quality Measures	No	No	No	No	No	No	No	No
G9351	More than one CT scan of the paranasal sinuses ordered or received within 90 days after diagnosis		Quality Measures	No	No	No	No	No	No	No	No
G9352	More than one CT scan of the paranasal sinuses ordered or received within 90 days after the date of diagnosis, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G9353	More than one CT scan of the paranasal sinuses ordered or received within 90 days after the date of diagnosis for documented reasons (e.g., patients with complications, second CT obtained prior to surgery, other medical reasons)		Quality Measures	No	No	No	No	No	No	No	No
G9354	One CT scan or no CT scan of the paranasal sinuses ordered within 90 days after the date of diagnosis		Quality Measures	No	No	No	No	No	No	No	No
G9355	Effective delivery or early induction not performed		Quality Measures	No	No	No	No	No	No	No	No
G9356	Effective delivery or early induction performed		Quality Measures	No	No	No	No	No	No	No	No
G9357	Post-partum screenings, evaluations and education performed		Quality Measures	No	No	No	No	No	No	No	No
G9358	Post-partum screenings, evaluations and education not performed		Quality Measures	No	No	No	No	No	No	No	No
G9359	Documentation of negative or managed positive TB screen with further evidence that TB is not active within one year of patient visit		Quality Measures	No	No	No	No	No	No	No	No
G9360	No documentation of negative or managed positive TB screen		Quality Measures	No	No	No	No	No	No	No	No
G9361	Medical indication for induction (documentation of reasons) for elective delivery (c-section) or early induction (e.g., hemorrhage and placental complications, hypertension, preeclampsia and eclampsia, rupture of membranes premature or prolonged, maternal conditions complicating pregnancy/delivery, fetal conditions complicating pregnancy/delivery, late pregnancy, prior uterine surgery, or participation in clinical trial)		Quality Measures	No	No	No	No	No	No	No	No
G9362	Sinustitis caused by, or presumed to be caused by, bacterial infection		Quality Measures	No	No	No	No	No	No	No	No
G9367	At least two orders for the same high-risk medication		Quality Measures	No	No	No	No	No	No	No	No
G9368	At least two orders for the same high-risk medications not ordered		Quality Measures	No	No	No	No	No	No	No	No
G9380	Patient offered assistance with end of life issues during the measurement period		Quality Measures	No	No	No	No	No	No	No	No
G9382	Patient not offered assistance with end of life issues during the measurement period		Quality Measures	No	No	No	No	No	No	No	No
G9383	Patient received screening for HCV infection within the 12 month reporting period		Quality Measures	No	No	No	No	No	No	No	No
G9384	Documentation of medical reason(s) for not receiving annual or screening for HCV infection (e.g., decompensated cirrhosis indicating advanced disease [i.e., ascites, esophageal variceal bleeding, hepatic encephalopathy], hepatocellular carcinoma, waitlist for organ transplant, limited life expectancy, other medical reasons)		Quality Measures	No	No	No	No	No	No	No	No
G9385	Documentation of patient reason(s) for not receiving annual screening for HCV infection (e.g., patient declined, other patient reasons)		Quality Measures	No	No	No	No	No	No	No	No
G9386	Screening for HCV infection not received within the 12 month reporting period, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G9393	Patient with an initial PHQ-9 score greater than nine who achieves remission at twelve months as demonstrated by a twelve month (+/- 30 days) PHQ-9 score of less than five		Quality Measures	No	No	No	No	No	No	No	No
G9394	Patient who had a diagnosis of bipolar disorder or personality disorder, death, permanent nursing home resident or receiving hospice or palliative care any time during the measurement or assessment period		Quality Measures	No	No	No	No	No	No	No	No
G9395	Patient with an initial PHQ-9 score greater than nine who did not achieve remission at twelve months as demonstrated by a twelve month (+/- 30 days) PHQ-9 score greater than or equal to five		Quality Measures	No	No	No	No	No	No	No	No
G9396	Patient with an initial PHQ-9 score greater than nine who was not assessed for remission at twelve months (+/- 30 days)		Quality Measures	No	No	No	No	No	No	No	No
G9399	Documentation in the patient record of a discussion between the physician/dentist and the patient that includes all of the following: treatment choices appropriate to genotype, risks and benefits, evidence of effectiveness, and patient preferences toward the outcome of the treatment		Quality Measures	No	No	No	No	No	No	No	No
G9400	Documentation of medical or patient reason(s) for not discussing treatment options; medical reasons: patient is not a candidate for treatment due to advanced physical or mental health comorbidity (including active substance use); currently receiving antiviral treatment; successful antiviral treatment (with sustained virologic response) prior to reporting period; other documented medical reasons; patient reasons: patient unable or unwilling to participate in the discussion or other patient reasons		Quality Measures	No	No	No	No	No	No	No	No
G9401	No documentation in the patient record of a discussion between the physician or other qualified health care professional and the patient that includes all of the following: treatment choices appropriate to genotype, risks and benefits, evidence of effectiveness, and patient preferences toward treatment		Quality Measures	No	No	No	No	No	No	No	No
G9402	Patient received follow-up on the date of discharge or within 30 days after discharge		Quality Measures	No	No	No	No	No	No	No	No
G9403	Clinician documented reason patient was not able to complete 30-day follow-up from acute inpatient setting discharge (e.g., patient death prior to follow-up visit, patient non-compliance for visit follow-up)		Quality Measures	No	No	No	No	No	No	No	No
G9404	Patient did not receive follow-up on the date of discharge or within 30 days after discharge		Quality Measures	No	No	No	No	No	No	No	No
G9405	Patient received follow-up within 7 days from discharge		Quality Measures	No	No	No	No	No	No	No	No
G9406	Clinician documented reason patient was not able to complete 7 day follow-up from acute inpatient setting discharge (i.e., patient death prior to follow-up visit, patient non-compliance for visit follow-up)		Quality Measures	No	No	No	No	No	No	No	No
G9407	Patient did not receive follow-up on or within 7 days after discharge		Quality Measures	No	No	No	No	No	No	No	No
G9408	Patients with cardiac tamponade and/or pericardioconstriction occurring within 30 days		Quality Measures	No	No	No	No	No	No	No	No
G9409	Patients without cardiac tamponade and/or pericardioconstriction occurring within 30 days		Quality Measures	No	No	No	No	No	No	No	No
G9410	Patient admitted within 180 days, status post CIED implantation, replacement, or revision with an infection requiring device removal or surgical revision		Quality Measures	No	No	No	No	No	No	No	No
G9411	Patient not admitted within 180 days, status post CIED implantation, replacement, or revision with an infection requiring device removal or surgical revision		Quality Measures	No	No	No	No	No	No	No	No
G9412	Patient admitted within 180 days, status post CIED implantation, replacement, or revision with an infection requiring device removal or surgical revision		Quality Measures	No	No	No	No	No	No	No	No
G9413	Patient not admitted within 180 days, status post CIED implantation, replacement, or revision with an infection requiring device removal or surgical revision		Quality Measures	No	No	No	No	No	No	No	No
G9414	Patient had one dose of meningococcal vaccine on or between the patient's 11th and 13th birthdays		Quality Measures	No	No	No	No	No	No	No	No
G9415	Patient did not have one dose of meningococcal vaccine on or between the patient's 11th and 13th birthdays		Quality Measures	No	No	No	No	No	No	No	No
G9416	Patient had one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) on or between the patient's 10th and 13th birthdays		Quality Measures	No	No	No	No	No	No	No	No
G9417	Patient did not have one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) on or between the patient's 10th and 13th birthdays		Quality Measures	No	No	No	No	No	No	No	No
G9418	Primary non-small cell lung cancer biopsy and cytology specimen report documents classification into specific histologic type or classified as NSCLC-NOS with an explanation		Quality Measures	No	No	No	No	No	No	No	No
G9419	Documentation of medical reason(s) for not including the histologic type or NSCLC-NOS classification with an explanation (e.g., biopsy taken for other purposes in a patient with a history of primary non-small cell lung cancer or other documented medical reasons)		Quality Measures	No	No	No	No	No	No	No	No
G9420	Specimen site other than anatomic location of lung, or is not classified as primary non-small cell lung cancer		Quality Measures	No	No	No	No	No	No	No	No
G9421	Primary non-small cell lung cancer biopsy and cytology specimen report does not document classification into specific histologic type or classified as NSCLC-NOS with an explanation		Quality Measures	No	No	No	No	No	No	No	No
G9422	Non-small cell lung cancer biopsy and cytology specimen report documents classification into specific histologic type or classified as NSCLC-NOS with an explanation		Quality Measures	No	No	No	No	No	No	No	No
G9423	Documentation of medical reason for not including PT category, PN category and histologic type (for patient with appropriate exclusion criteria [e.g., metastatic disease, benign tumors, malignant tumors other than carcinomas, inadequate surgical specimens])		Quality Measures	No	No	No	No	No	No	No	No
G9424	Specimen site other than anatomic location of lung, or classified as NSCLC-NOS		Quality Measures	No	No	No	No	No	No	No	No
G9425	Non-small cell lung cancer biopsy and cytology specimen report does not document classification into specific histologic type or classified as NSCLC-NOS with an explanation		Quality Measures	No	No	No	No	No	No	No	No
G9426	Improvement in median time from ED arrival to initial ED oral or parenteral pain medication administration performed for ED admitted patients		Quality Measures	No	No	No	No	No	No	No	No
G9427	Improvement in median time from ED arrival to initial ED oral or parenteral pain medication administration not performed for ED admitted patients		Quality Measures	No	No	No	No	No	No	No	No
G9428	Pathology report includes the PT category and a statement on thickness, ulceration and mitotic rate		Quality Measures	No	No	No	No	No	No	No	No
G9429	Documentation of medical reason(s) for not including PT category and a statement on thickness, ulceration and mitotic rate (e.g., negative skin biopsies in a patient with a history of melanoma or other documented medical reasons)		Quality Measures	No	No	No	No	No	No	No	No
G9430	Specimen site other than anatomic cutaneous location		Quality Measures	No	No	No	No	No	No	No	No
G9431	Pathology report does not include the PT category and a statement on thickness, ulceration and mitotic rate		Quality Measures	No	No	No	No	No	No	No	No
G9432	Asthma well-controlled based on the ACT, C-ACT, ACQ, or ATAQ score and results documented		Quality Measures	No	No	No	No	No	No	No	No
G9434	Asthma not well-controlled based on the ACT, C-ACT, ACQ, or ATAQ score, or specified asthma control tool not used, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G9438	Patients who were born in the years 1945-1965		Quality Measures	No	No	No	No	No	No	No	No
G9439	History of receiving blood transfusions prior to 1992		Quality Measures	No	No	No	No	No	No	No	No
G9450	History of injection drug use		Quality Measures	No	No	No	No	No	No	No	No
G9451	Patient received one-time screening for HCV infection		Quality Measures	No	No	No	No	No	No	No	No
G9452	Documentation of medical reason(s) for not receiving one-time screening for HCV infection (e.g., decompensated cirrhosis indicating advanced disease [i.e., ascites, esophageal variceal bleeding, hepatic encephalopathy], hepatocellular carcinoma, waitlist for organ transplant, limited life expectancy, other medical reasons)		Quality Measures	No	No	No	No	No	No	No	No
G9453	Documentation of patient reason(s) for not receiving one-time screening for HCV infection (e.g., patient declined, other patient reasons)		Quality Measures	No	No	No	No	No	No	No	No
G9454	One-time screening for HCV infection not received within 12-month reporting period and no documentation of prior screening for HCV infection, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G9455	Patient underwent abdominal imaging with ultrasound, contrast enhanced CT or contrast MRI for HCC		Quality Measures	No	No	No	No	No	No	No	No
G9456	Documentation of medical or patient reason(s) for not ordering or performing or reviewing for HCC. Medical reason: comorbid medical conditions with expected survival < 5 years, hepatic decompensation and not a candidate for liver transplantation, or other medical reasons; patient reasons: patient declined or other patient reasons (e.g., cost of tests, time related to accessing testing equipment)		Quality Measures	No	No	No	No	No	No	No	No
G9457	Patient did not undergo abdominal imaging and did not have a documented reason for not undergoing abdominal imaging in the submission period		Quality Measures	No	No	No	No	No	No	No	No
G9458	Patient documented as tobacco user and received tobacco cessation intervention (must include at least one of the following: advice given to quit smoking or tobacco use, counseling on the benefits of quitting smoking or tobacco use, assistance with or referral to external smoking or tobacco cessation support programs, or current enrollment in smoking or tobacco use cessation program) if identified as a tobacco user		Quality Measures	No	No	No	No	No	No	No	No
G9459	Currently a tobacco non-user		Quality Measures	No	No	No	No	No	No	No	No
G9460	Tobacco assessment or tobacco cessation intervention not performed, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G9468	Patient not receiving corticosteroids greater than or equal to 10 mg/day of prednisone equivalents for 60 or greater consecutive days or a single prescription equating to 600 mg prednisone or greater for all fills		Quality Measures	No	No	No	No	No	No	No	No
G9470	Patient not receiving corticosteroids greater than or equal to 10 mg/day of prednisone equivalents for 60 or greater consecutive days or a single prescription equating to 600 mg prednisone or greater for all fills		Quality Measures	No	No	No	No	No	No	No	No
G9471	Within the past 2 years, central dual-energy x-ray absorptiometry (DXA) not ordered or documented		Quality Measures	No	No	No	No	No	No	No	No
G9473	Services performed by chaplain in the hospice setting, each 15 minutes		Quality Measures	No	No	No	No	No	No	No	No
G9474	Services performed by dietary counselor in the hospice setting, each 15 minutes		Quality Measures	No	No	No	No	No	No	No	No
G9475	Services performed by other counselor in the hospice setting, each 15 minutes		Quality Measures	No	No	No	No	No	No	No	No
G9476	Services performed by volunteer in the hospice setting, each 15 minutes		Quality Measures	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HQ-Auth	Commercial PPC-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
G9477	Services performed by care coordinator in the hospice setting, each 15 minutes		Quality Measures	No	No	No	No	No	No	No	No
G9478	Services performed by other qualified therapist in the hospice setting, each 15 minutes		Quality Measures	No	No	No	No	No	No	No	No
G9479	Services performed by qualified pharmacist in the hospice setting, each 15 minutes		Quality Measures	No	No	No	No	No	No	No	No
G9480	Admission to Medicare care choice model program (MCC-M)		Quality Measures	No	No	No	No	No	No	No	No
G9481	Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved CMS Innovation Center Demonstration Project, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology		Quality Measures	No	No	No	No	No	No	No	No
G9482	Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved CMS Innovation Center Demonstration Project, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; straightforward medical decision making, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology		Quality Measures	No	No	No	No	No	No	No	No
G9483	Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved CMS Innovation Center Demonstration Project, which requires these 3 key components: a detailed history; a detailed examination; medical decision making of low complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology		Quality Measures	No	No	No	No	No	No	No	No
G9484	Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved CMS Innovation Center Demonstration Project, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of moderate complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology		Quality Measures	No	No	No	No	No	No	No	No
G9485	Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved CMS Innovation Center Demonstration Project, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology		Quality Measures	No	No	No	No	No	No	No	No
G9486	Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved CMS Innovation Center Demonstration Project, which requires at least 2 of the following 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology		Quality Measures	No	No	No	No	No	No	No	No
G9487	Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved CMS Innovation Center Demonstration Project, which requires at least 2 of the following 3 key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology		Quality Measures	No	No	No	No	No	No	No	No
G9488	Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved CMS Innovation Center Demonstration Project, which requires at least 2 of the following 3 key components: a detailed history; a detailed examination; medical decision making of moderate complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology		Quality Measures	No	No	No	No	No	No	No	No
G9489	Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved CMS Innovation Center Demonstration Project, which requires at least 2 of the following 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology		Quality Measures	No	No	No	No	No	No	No	No
G9490	CMS Innovation Center Models, home visit for patient assessment performed by clinical staff for an individual not considered homebound, including, but not necessarily limited to patient assessment of clinical status, safety/fall prevention, functional status/ambulation, medication reconciliation/management, compliance with order/plan of care, performance of activities of daily living, and ensuring beneficiary connections to community and other services. (For use only in Medicare-approved CMS Innovation Center Models); may not be billed for a 30 day period covered by a transitional care management code		Quality Measures	No	No	No	No	No	No	No	No
G9497	Received instruction from the anesthesiologist or proxy prior to the day of surgery to abstain from smoking on the day of surgery		Quality Measures	No	No	No	No	No	No	No	No
G9498	Antibiotic regimen prescribed		Quality Measures	No	No	No	No	No	No	No	No
G9500	Radiation exposure indices, or exposure time and number of fluorographic images in final report for procedures using fluoroscopy, documented		Quality Measures	No	No	No	No	No	No	No	No
G9501	Radiation exposure indices, or exposure time and number of fluorographic images not documented in final report for procedure using fluoroscopy, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G9502	Documentation of medical reason for not performing foot exam (i.e., patients who have had either a bilateral amputation above or below the knee, or both a left and right amputation above or below the knee before or during the measurement period)		Quality Measures	No	No	No	No	No	No	No	No
G9504	Documented reason for not assessing hepatitis B virus (HBV) status (e.g., patient not initiating and TNF therapy, patient declined) prior to initiating anti-TNF therapy		Quality Measures	No	No	No	No	No	No	No	No
G9505	Antibiotic regimen prescribed within 10 days after onset of symptoms for documented medical reason		Quality Measures	No	No	No	No	No	No	No	No
G9506	Biologic immune response modifier prescribed		Quality Measures	No	No	No	No	No	No	No	No
G9507	Documentation that the patient is on a statin medication or has documentation of a valid contraindication or exception to statin medications; contraindications/exceptions that can be defined by diagnosis codes include pregnancy during the measurement period, active liver disease, rhabdomyolysis, end stage renal disease on dialysis and heart failure; provider documented contraindications/exceptions include breastfeeding during the measurement period, woman of child-bearing age not actively taking birth control, allergy to statin, drug interaction (HIV protease inhibitors, nefazodone, cyclosporine, gemfibrozil, and danazol) and intolerance (with supporting documentation of trying a statin at least once within the last 5 years or diagnosis codes for myositis or toxic myopathy related to drugs)		Quality Measures	No	No	No	No	No	No	No	No
G9508	Documentation that the patient is not on a statin medication		Quality Measures	No	No	No	No	No	No	No	No
G9509	Adult patients 18 years of age or older with major depression or dysthymia who reached remission at twelve months as demonstrated by a twelve month (+/- 60 days) PHQ-9 or PHQ-9M score of less than 5		Quality Measures	No	No	No	No	No	No	No	No
G9510	Remission at twelve months not demonstrated by a twelve month (+/- 30 days) PHQ-9 score of less than five; either PHQ-9 score was not assessed or is greater than or equal to 5		Quality Measures	No	No	No	No	No	No	No	No
G9511	Index PHQ-9 or PHQ-9M score greater than 9 documented during the 12 month denominator identification period		Quality Measures	No	No	No	No	No	No	No	No
G9512	Individual had a PKC of 0.8 or greater		Quality Measures	No	No	No	No	No	No	No	No
G9513	Individual did not have a PKC of 0.8 or greater		Quality Measures	No	No	No	No	No	No	No	No
G9514	Patient required a return to the operating room within 90 days of surgery		Quality Measures	No	No	No	No	No	No	No	No
G9515	Patient did not require a return to the operating room within 90 days of surgery		Quality Measures	No	No	No	No	No	No	No	No
G9516	Patient achieved an improvement in visual acuity, from their preoperative level, within 90 days of surgery		Quality Measures	No	No	No	No	No	No	No	No
G9517	Patient did not achieve an improvement in visual acuity, from their preoperative level, within 90 days of surgery, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G9518	Documentation of active injection drug use		Quality Measures	No	No	No	No	No	No	No	No
G9519	Patient achieves final refraction (spherical equivalent) +/- 0.5 diopters of their planned refraction within 90 days of surgery		Quality Measures	No	No	No	No	No	No	No	No
G9520	Patient does not achieve final refraction (spherical equivalent) +/- 0.5 diopters of their planned refraction within 90 days of surgery		Quality Measures	No	No	No	No	No	No	No	No
G9521	Total number of emergency department visits and inpatient hospitalizations less than two in the past 12 months		Quality Measures	No	No	No	No	No	No	No	No
G9522	Total number of emergency department visits and inpatient hospitalizations equal to or greater than two in the past 12 months or patient not screened, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G9529	Patient with minor blunt head trauma had an appropriate indication(s) for a head CT		Quality Measures	No	No	No	No	No	No	No	No
G9530	Patient presented with a minor blunt head trauma and had a head CT ordered for trauma by an emergency care provider. Patient has documentation of ventricular shunt, brain tumor, multisystem trauma, pregnancy, or is currently taking an antiplatelet medication including: abciximab, cangrelor, clostazod, clogridol, eptifibatide, prasugrel, ticagrelor, tirofiban, or vorapaxar		Quality Measures	No	No	No	No	No	No	No	No
G9531	Patient with minor blunt head trauma did not have an appropriate indication(s) for a head CT		Quality Measures	No	No	No	No	No	No	No	No
G9533	Patient with minor blunt head trauma did not have an appropriate indication(s) for a head CT		Quality Measures	No	No	No	No	No	No	No	No
G9537	Documentation of system reason(s) for obtaining imaging of the head (CT or MRI) (i.e., needed as part of a clinical trial; other decision ordered the study)		Quality Measures	No	No	No	No	No	No	No	No
G9539	Intent for potential removal at time of placement		Quality Measures	No	No	No	No	No	No	No	No
G9540	Patient alive 3 months post procedure		Quality Measures	No	No	No	No	No	No	No	No
G9541	Filter removed within 3 months of placement		Quality Measures	No	No	No	No	No	No	No	No
G9542	Documented reassessment for the appropriateness of filter removal within 3 months of placement		Quality Measures	No	No	No	No	No	No	No	No
G9543	Documentation of at least two attempts to reach the patient to arrange a clinical reassessment for the appropriateness of filter removal within 3 months of placement		Quality Measures	No	No	No	No	No	No	No	No
G9544	Patients that do not have the filter removed, documented reassessment for the appropriateness of filter removal, or documentation of at least two attempts to reach the patient to arrange a clinical reassessment for the appropriateness of filter removal within 3 months of placement		Quality Measures	No	No	No	No	No	No	No	No
G9547	Incidental finding: liver lesion < 0.5 cm, cystic kidney lesion < 1.0 cm or adrenal lesion < 1.0 cm		Quality Measures	No	No	No	No	No	No	No	No
G9548	Final reports for abdominal imaging studies with follow-up imaging recommended		Quality Measures	No	No	No	No	No	No	No	No
G9549	Documentation of medical reason(s) that follow-up imaging is indicated (e.g., patient has a known malignancy that can metastasize, other medical reason(s) such as fever in an immunocompromised patient)		Quality Measures	No	No	No	No	No	No	No	No
G9550	Final reports for abdominal imaging studies with follow-up imaging not recommended		Quality Measures	No	No	No	No	No	No	No	No
G9551	Final reports for abdominal imaging studies without an incidentally found lesion noted: liver lesion < 0.5 cm, cystic kidney lesion < 1.0 cm or adrenal lesion < 1.0 cm noted or no lesion found		Quality Measures	No	No	No	No	No	No	No	No
G9552	Incidental thyroid nodule < 1.0 cm noted in report		Quality Measures	No	No	No	No	No	No	No	No
G9553	Prior thyroid disease diagnosis		Quality Measures	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
G9554	Final reports for CT, CTA, MRI or MRA of the chest or neck or ultrasound of the neck with follow-up imaging recommended		Quality Measures	No	No	No	No	No	No	No	No
G9555	Documentation of medical reason(s) for recommending follow up imaging (e.g., patient has multiple endocrine neoplasia, patient has cervical lymphadenopathy, other medical reason(s))		Quality Measures	No	No	No	No	No	No	No	No
G9556	Final reports for CT, CTA, MRI or MRA of the chest or neck or ultrasound of the neck with follow-up imaging not recommended		Quality Measures	No	No	No	No	No	No	No	No
G9557	Final reports for CT, CTA, MRI or MRA studies of the chest or neck or ultrasound of the neck without an incidentally found thyroid nodule < 1.0 cm noted or no nodule found		Quality Measures	No	No	No	No	No	No	No	No
G9561	Patients prescribed opiates for longer than six weeks		Quality Measures	No	No	No	No	No	No	No	No
G9562	Patients who had a follow-up evaluation conducted at least every three months during opioid therapy		Quality Measures	No	No	No	No	No	No	No	No
G9563	Patients who did not have a follow-up evaluation conducted at least every three months during opioid therapy		Quality Measures	No	No	No	No	No	No	No	No
G9577	Patients prescribed opiates for longer than six weeks		Quality Measures	No	No	No	No	No	No	No	No
G9578	Documentation of signed opioid treatment agreement at least once during opioid therapy		Quality Measures	No	No	No	No	No	No	No	No
G9579	No documentation of a signed opioid treatment agreement at least once during opioid therapy		Quality Measures	No	No	No	No	No	No	No	No
G9580	Door to puncture time of less than 2 hours		Quality Measures	No	No	No	No	No	No	No	No
G9582	Door to puncture time of greater than 2 hours, no reason given		Quality Measures	No	No	No	No	No	No	No	No
G9583	Patients prescribed opiates for longer than six weeks		Quality Measures	No	No	No	No	No	No	No	No
G9584	Patient evaluated for risk of misuse of opiates by using a brief validated instrument (e.g., opioid risk tool, SOAAP-R) or patient interviewed at least once during opioid therapy		Quality Measures	No	No	No	No	No	No	No	No
G9585	Patient not evaluated for risk of misuse of opiates by using a brief validated instrument (e.g., opioid risk tool, SOAAP-R) or patient not interviewed at least once during opioid therapy		Quality Measures	No	No	No	No	No	No	No	No
G9593	Pediatric patient with minor blunt head trauma classified as low risk according to the PECARN prediction rules		Quality Measures	No	No	No	No	No	No	No	No
G9594	Patient presented with a minor blunt head trauma and had a head CT ordered for trauma by an emergency care provider		Quality Measures	No	No	No	No	No	No	No	No
G9595	Patient has documentation of ventricular shunt, brain tumor, coagulopathy, including the oembocytopenia		Quality Measures	No	No	No	No	No	No	No	No
G9596	Pediatric patient had a head CT for trauma or derib by someone other than an emergency care provider or was ordered for a reason other than trauma		Quality Measures	No	No	No	No	No	No	No	No
G9597	Pediatric patient with minor blunt head trauma not classified as low risk according to the PECARN prediction rules		Quality Measures	No	No	No	No	No	No	No	No
G9598	Aortic aneurysm 5.5-5.9 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT		Quality Measures	No	No	No	No	No	No	No	No
G9599	Aortic aneurysm 6.0 cm or greater maximum diameter on centerline formatted CT or minor diameter on axial formatted CT		Quality Measures	No	No	No	No	No	No	No	No
G9603	Patient survey score improved from baseline following treatment		Quality Measures	No	No	No	No	No	No	No	No
G9604	Patient survey results not available		Quality Measures	No	No	No	No	No	No	No	No
G9605	Patient survey score did not improve from baseline following treatment		Quality Measures	No	No	No	No	No	No	No	No
G9607	Intraoperative cystoscopy performed to evaluate for lower tract injury		Quality Measures	No	No	No	No	No	No	No	No
G9609	Documented medical reasons for not performing intraoperative cystoscopy (e.g., urethral pathology precluding cystoscopy, any patient who has a congenital or acquired absence of the urethra) or in the case of patient death		Quality Measures	No	No	No	No	No	No	No	No
G9608	Intraoperative cystoscopy not performed to evaluate for lower tract injury		Quality Measures	No	No	No	No	No	No	No	No
G9609	Documentation of an order for antiplatelet agents		Quality Measures	No	No	No	No	No	No	No	No
G9610	Documentation of medical reason(s) in the patient's record for not ordering antiplatelet agents		Quality Measures	No	No	No	No	No	No	No	No
G9611	Order for antiplatelet agents was not documented in the patient's record, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G9612	Photodocumentation of two or more cecal landmarks to establish a complete examination		Quality Measures	No	No	No	No	No	No	No	No
G9613	Documentation of postural anatomy (e.g., right hemicolectomy, ileocecal resection, etc.)		Quality Measures	No	No	No	No	No	No	No	No
G9614	Photodocumentation of less than two cecal landmarks (i.e., no cecal landmarks or only one cecal landmark) to establish a complete examination		Quality Measures	No	No	No	No	No	No	No	No
G9618	Documentation of screening for uterine malignancy or those that had an ultrasound and/or endometrial sampling of any kind		Quality Measures	No	No	No	No	No	No	No	No
G9620	Patient not screened for uterine malignancy, or those that have not had an ultrasound and/or endometrial sampling of any kind, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G9621	Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method and received brief counseling		Quality Measures	No	No	No	No	No	No	No	No
G9622	Patient not identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method		Quality Measures	No	No	No	No	No	No	No	No
G9623	Documentation of medical reason(s) for not screening for unhealthy alcohol use (e.g., limited life expectancy, other medical reasons)		Quality Measures	No	No	No	No	No	No	No	No
G9624	Patient not screened for unhealthy alcohol use using a systematic screening method or patient did not receive brief counseling if identified as an unhealthy alcohol user, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G9625	Patient sustained bladder injury at the time of surgery or discovered subsequently up to 30 days post-surgery		Quality Measures	No	No	No	No	No	No	No	No
G9626	Documented medical reason for not reporting bladder injury (e.g., gynecologic or other pelvic malignancy documented, concurrent surgery involving bladder pathology, injury that occurs during urinary incontinence procedure, patient death from non-medical causes not related to surgery, patient died during procedure without evidence of bladder injury)		Quality Measures	No	No	No	No	No	No	No	No
G9627	Patient did not sustain bladder injury at the time of surgery nor discovered subsequently up to 30 days post-surgery		Quality Measures	No	No	No	No	No	No	No	No
G9628	Patient sustained bowel injury at the time of surgery or discovered subsequently up to 30 days post-surgery		Quality Measures	No	No	No	No	No	No	No	No
G9629	Documented medical reasons for not reporting bowel injury (e.g., gynecologic or other pelvic malignancy documented, planned (e.g., not due to an unexpected bowel injury) resection and/or reanastomosis of bowel, or patient death from nonmedical causes not related to surgery, patient died during procedure without evidence of bowel injury)		Quality Measures	No	No	No	No	No	No	No	No
G9630	Patient did not sustain a bowel injury at the time of surgery nor discovered subsequently up to 30 days post-surgery		Quality Measures	No	No	No	No	No	No	No	No
G9631	Patient sustained ureter injury at the time of surgery or discovered subsequently up to 30 days post-surgery		Quality Measures	No	No	No	No	No	No	No	No
G9632	Documented medical reasons for not reporting ureter injury (e.g., gynecologic or other pelvic malignancy documented, concurrent surgery involving bladder pathology, injury that occurs during a urinary incontinence procedure, patient death from nonmedical causes not related to surgery, patient died during procedure without evidence of ureter injury)		Quality Measures	No	No	No	No	No	No	No	No
G9633	Patient did not sustain ureter injury at the time of surgery nor discovered subsequently up to 30 days post-surgery		Quality Measures	No	No	No	No	No	No	No	No
G9634	Health-related quality of life assessed with tool during at least two visits and quality of life score remained the same or improved		Quality Measures	No	No	No	No	No	No	No	No
G9635	Health-related quality of life not assessed with tool for documented reason(s) (e.g., patient has a cognitive or neuropsychiatric impairment that impairs his/her ability to complete the HRQOL survey, patient has the ability to read and/or write in order to complete the HRQOL questionnaire)		Quality Measures	No	No	No	No	No	No	No	No
G9636	Final reports with documentation of one or more dose reduction techniques (e.g., automated exposure control, adjustment of the mA and/or kV according to patient size, use of iterative reconstruction technique)		Quality Measures	No	No	No	No	No	No	No	No
G9637	Final reports without documentation of one or more dose reduction techniques (e.g., automated exposure control, adjustment of the mA and/or kV according to patient size, use of iterative reconstruction technique)		Quality Measures	No	No	No	No	No	No	No	No
G9638	Major amputation or open surgical bypass not required within 48 hours of the index endovascular lower extremity revascularization procedure		Quality Measures	No	No	No	No	No	No	No	No
G9639	Major amputation or open surgical bypass required within 48 hours of the index endovascular lower extremity revascularization procedure		Quality Measures	No	No	No	No	No	No	No	No
G9640	Documentation of planned hybrid or staged procedure		Quality Measures	No	No	No	No	No	No	No	No
G9641	Current smokers (e.g., cigarette, cigar, pipe, e-cigarette or marijuana)		Quality Measures	No	No	No	No	No	No	No	No
G9643	Elective surgery		Quality Measures	No	No	No	No	No	No	No	No
G9644	Patients who abstained from smoking prior to anesthesia on the day of surgery or procedure		Quality Measures	No	No	No	No	No	No	No	No
G9645	Patients who did not abstain from smoking prior to anesthesia on the day of surgery or procedure		Quality Measures	No	No	No	No	No	No	No	No
G9646	Patients with 90 day MRS score of 0 to 2		Quality Measures	No	No	No	No	No	No	No	No
G9647	Patients in whom MRS score could not be obtained at 90 day follow-up		Quality Measures	No	No	No	No	No	No	No	No
G9648	Patients with 90 day MRS score greater than 2		Quality Measures	No	No	No	No	No	No	No	No
G9649	Psoriasis assessment tool documented meeting any one of the specified benchmarks (i.e., PGA: 5-point or 6-point scale), body surface area (BSA), psoriasis area and severity index (PASI) and/or dermatology life quality index (DLQI)		Quality Measures	No	No	No	No	No	No	No	No
G9651	Psoriasis assessment tool documented not meeting any one of the specified benchmarks (i.e., PGA: 5-point or 6-point scale), body surface area (BSA), psoriasis area and severity index (PASI) and/or dermatology life quality index (DLQI) or psoriasis assessment tool not documented		Quality Measures	No	No	No	No	No	No	No	No
G9654	Monitor anesthesia care (MAC)		Quality Measures	No	No	No	No	No	No	No	No
G9655	A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is used		Quality Measures	No	No	No	No	No	No	No	No
G9656	Patient transferred directly from anesthetizing location to PACU or other non-ICU location		Quality Measures	No	No	No	No	No	No	No	No
G9658	A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is not used		Quality Measures	No	No	No	No	No	No	No	No
G9659	Patients greater than 85 years of age who did not have a history of colorectal cancer or valid medical reason for the colonoscopy, including: iron deficiency anemia, lower gastrointestinal bleeding, Crohn's disease (i.e., regional enteritis), familial adenomatous polyposis, Lynch syndrome (i.e., hereditary nonpolyposis colorectal cancer), inflammatory bowel disease, ulcerative colitis, abnormal finding of gastrointestinal tract, or changes in bowel habits		Quality Measures	No	No	No	No	No	No	No	No
G9660	Documentation of medical reason(s) for a colonoscopy performed on a patient greater than 85 years of age (e.g., last colonoscopy incomplete, last colonoscopy had inadequate prep, iron deficiency anemia, lower gastrointestinal bleeding, Crohn's disease (i.e., regional enteritis), familial history of adenomatous polyposis, Lynch syndrome (i.e., hereditary nonpolyposis colorectal cancer), inflammatory bowel disease, ulcerative colitis, abnormal finding of gastrointestinal tract, or changes in bowel habits)		Quality Measures	No	No	No	No	No	No	No	No
G9661	Patients greater than 85 years of age who received a routine colonoscopy for a reason other than the following: an assessment of signs/symptoms of GI tract illness, and/or the patient is considered high risk, and/or to follow-up on previously diagnosed advance lesions		Quality Measures	No	No	No	No	No	No	No	No
G9662	Previously diagnosed or have an active diagnosis of clinical ASCVD		Quality Measures	No	No	No	No	No	No	No	No
G9663	Any fasting or direct LDL-C laboratory test result < 190 mg/dl		Quality Measures	No	No	No	No	No	No	No	No
G9664	Patients who are currently statin therapy users or received an order (prescription) for statin therapy		Quality Measures	No	No	No	No	No	No	No	No
G9665	Patients who are not currently statin therapy users or did not receive an order (prescription) for statin therapy		Quality Measures	No	No	No	No	No	No	No	No
G9666	The highest fasting or direct LDL-C laboratory test result of 70/189 mg/dl in the measurement period or two years prior to the beginning of the measurement period		Quality Measures	No	No	No	No	No	No	No	No
G9674	Patients with clinical ASCVD diagnosis		Quality Measures	No	No	No	No	No	No	No	No
G9675	Patients who have ever had a fasting or direct laboratory result of LDL-C < 190 mg/dl		Quality Measures	No	No	No	No	No	No	No	No
G9676	Patients aged 40 to 75 years at the beginning of the measurement period with type 1 or type 2 diabetes and with an LDL-C result of 70/189 mg/dl recorded as the highest fasting or direct laboratory test result in the measurement year or during the two years prior to the beginning of the measurement period		Quality Measures	No	No	No	No	No	No	No	No
G9678	Oncology Care Model (OCM) Monthly Enhanced Oncology Services (MEOS) payment for enhanced care management services for OCM beneficiaries. MEOS care management services for Medicare beneficiaries in a 6-month OCM episode of care triggered by the administration of chemotherapy. Enhanced care management services include services driven by the OCM practice requirements, including: 24/7 clinician access, use of an ONC-certified Electronic Health Record, utilization of data for quality improvement, patient navigation, documentation of care plans, and use of clinical guidelines.		Quality Measures	No	No	No	No	No	No	No	No
G9679	Onsite acute care treatment of a nursing facility resident with pneumonia. May only be billed once per day per beneficiary		Quality Measures	No	No	No	No	No	No	No	No
G9680	Onsite acute care treatment of a nursing facility resident with CHF. May only be billed once per day per beneficiary		Quality Measures	No	No	No	No	No	No	No	No
G9681	Onsite acute care treatment of a nursing facility resident with COPD or asthma. May only be billed once per day per beneficiary		Quality Measures	No	No	No	No	No	No	No	No
G9682	Onsite acute care treatment of a nursing facility resident with a skin infection. May only be billed once per day per beneficiary		Quality Measures	No	No	No	No	No	No	No	No
G9683	Facility services for the onsite acute care treatment of a nursing facility resident with fluid or electrolyte disorder. (May only be billed once per day per beneficiary.) This service is for a demonstration project		Quality Measures	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TBRC Auth	BMS Auth
G9684	Onsite acute care treatment of a nursing facility resident for a UTI. May only be billed once per day per beneficiary		Quality Measures	No	No	No	No	No	No	No	No
G9685	Physician service or other qualified health care professional for the evaluation and management of a beneficiary's acute change in condition in a nursing facility. This service is for a demonstration project.		Quality Measures	No	No	No	No	No	No	No	No
G9687	Hospice services provided to patient any time during the measurement period		Quality Measures	No	No	No	No	No	No	No	No
G9688	Patients using hospice services any time during the measurement period		Quality Measures	No	No	No	No	No	No	No	No
G9689	Patient admitted for performance of elective carotid intervention		Quality Measures	No	No	No	No	No	No	No	No
G9690	Patient receiving hospice services any time during the measurement period		Quality Measures	No	No	No	No	No	No	No	No
G9691	Patient had hospice services any time during the measurement period		Quality Measures	No	No	No	No	No	No	No	No
G9692	Hospice services received by patient any time during the measurement period		Quality Measures	No	No	No	No	No	No	No	No
G9693	Patient use of hospice services any time during the measurement period		Quality Measures	No	No	No	No	No	No	No	No
G9694	Hospice services utilized by patient any time during the measurement period		Quality Measures	No	No	No	No	No	No	No	No
G9695	Long-acting inhaled bronchodilator prescribed		Quality Measures	No	No	No	No	No	No	No	No
G9696	Documentation of medical reason(s) for not prescribing a long-acting inhaled bronchodilator		Quality Measures	No	No	No	No	No	No	No	No
G9697	Documentation of patient reason(s) for not prescribing a long-acting inhaled bronchodilator		Quality Measures	No	No	No	No	No	No	No	No
G9698	Documentation of system reason(s) for not prescribing a long-acting inhaled bronchodilator		Quality Measures	No	No	No	No	No	No	No	No
G9699	Long-acting inhaled bronchodilator not prescribed, reason not otherwise specified		Quality Measures	No	No	No	No	No	No	No	No
G9702	Patients who use hospice services any time during the measurement period		Quality Measures	No	No	No	No	No	No	No	No
G9703	Children who are taking antibiotics in the 30 days prior to the diagnosis of pharyngitis		Quality Measures	No	No	No	No	No	No	No	No
G9704	AJCC breast cancer stage I: T1 mic or T1a documented		Quality Measures	No	No	No	No	No	No	No	No
G9705	AJCC breast cancer stage I: T1b (tumor > 0.5 cm but <= 1 cm in greatest dimension) documented		Quality Measures	No	No	No	No	No	No	No	No
G9706	Low (or very low) risk of recurrence, prostate cancer		Quality Measures	No	No	No	No	No	No	No	No
G9707	Patient received hospice services any time during the measurement period		Quality Measures	No	No	No	No	No	No	No	No
G9708	Women who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there is evidence of a right and a left unilateral mastectomy		Quality Measures	No	No	No	No	No	No	No	No
G9709	Hospice services used by patient any time during the measurement period		Quality Measures	No	No	No	No	No	No	No	No
G9710	Patient was provided hospice services any time during the measurement period		Quality Measures	No	No	No	No	No	No	No	No
G9711	Patients with a diagnosis or past history of total colectomy or colorectal cancer		Quality Measures	No	No	No	No	No	No	No	No
G9712	Documentation of medical reason(s) for prescribing or dispensing antibiotic (e.g., intestinal infection, pertussis, bacterial infection, Lyme disease, otitis media, acute sinusitis, acute pharyngitis, acute tonsillitis, chronic sinusitis, infection of the pharynx/larynx/hypopharynx, proctitis, cellulitis/mastitis/bone infections, acute lymphadenitis, impetigo, skin staph infections, pneumonia, gonococcal infections)/venereal disease (syphilis, chlamydia, inflammatory diseases [female reproductive organs]), infections of the kidney, cystitis/UTI, acne, HIV disease/asymptomatic HIV, cystic fibrosis, disorders of the immune system, malignancy neoplasms, chronic bronchitis, emphysema, bronchiectasis, extrinsic allergic alveolitis, chronic airway obstruction, chronic obstructive asthma, pneumoconiosis and other lung disease due to external agents, other diseases of the respiratory system, and tuberculosis		Quality Measures	No	No	No	No	No	No	No	No
G9713	Patients who use hospice services any time during the measurement period		Quality Measures	No	No	No	No	No	No	No	No
G9714	Patient is using hospice services any time during the measurement period		Quality Measures	No	No	No	No	No	No	No	No
G9715	Patients who use hospice services any time during the measurement period		Quality Measures	No	No	No	No	No	No	No	No
G9716	BMI is documented as being outside of normal limits, follow-up plan is not completed for documented reason		Quality Measures	No	No	No	No	No	No	No	No
G9717	Documentation stating the patient has an active diagnosis of depression or has diagnosed bipolar disorder, therefore screening or follow-up not required		Quality Measures	No	No	No	No	No	No	No	No
G9718	Hospice services for patient provided any time during the measurement period		Quality Measures	No	No	No	No	No	No	No	No
G9719	Patient is not ambulatory, bed ridden, immobile, confined to chair, wheelchair bound, dependent on helper pushing wheelchair, independent in wheelchair or minimal help in wheelchair		Quality Measures	No	No	No	No	No	No	No	No
G9720	Hospice services for patient occurred any time during the measurement period		Quality Measures	No	No	No	No	No	No	No	No
G9721	Patient not ambulatory, bed ridden, immobile, confined to chair, wheelchair bound, dependent on helper pushing wheelchair, independent in wheelchair or minimal help in wheelchair		Quality Measures	No	No	No	No	No	No	No	No
G9722	Documented history of renal failure or baseline serum creatinine = 4.0 mg/dl; renal transplant recipients are not considered to have preoperative renal failure, unless, since transplantation the CR has been or is 4.0 or higher		Quality Measures	No	No	No	No	No	No	No	No
G9723	Hospice services for patient received any time during the measurement period		Quality Measures	No	No	No	No	No	No	No	No
G9724	Patients who had documentation of use of anticoagulant medications overlapping the measurement year		Quality Measures	No	No	No	No	No	No	No	No
G9725	Patients who use hospice services any time during the measurement period		Quality Measures	No	No	No	No	No	No	No	No
G9726	Patient refused to participate		Quality Measures	No	No	No	No	No	No	No	No
G9727	Patient unable to complete the knee FS PROM at admission and discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available		Quality Measures	No	No	No	No	No	No	No	No
G9728	Patient refused to participate		Quality Measures	No	No	No	No	No	No	No	No
G9729	Patient unable to complete the hip FS PROM at admission and discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available		Quality Measures	No	No	No	No	No	No	No	No
G9730	Patient refused to participate		Quality Measures	No	No	No	No	No	No	No	No
G9731	Patient unable to complete the foot/ankle FS PROM at admission and discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available		Quality Measures	No	No	No	No	No	No	No	No
G9732	Patient refused to participate		Quality Measures	No	No	No	No	No	No	No	No
G9733	Patient unable to complete the low back FS PROM at admission and discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available		Quality Measures	No	No	No	No	No	No	No	No
G9734	Patient refused to participate		Quality Measures	No	No	No	No	No	No	No	No
G9735	Patient unable to complete the shoulder FS PROM at admission and discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available		Quality Measures	No	No	No	No	No	No	No	No
G9736	Patient refused to participate		Quality Measures	No	No	No	No	No	No	No	No
G9737	Patient unable to complete the elbow/wrist/hand FS PROM at admission and discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available		Quality Measures	No	No	No	No	No	No	No	No
G9740	Hospice services given to patient any time during the measurement period		Quality Measures	No	No	No	No	No	No	No	No
G9741	Patients who use hospice services any time during the measurement period		Quality Measures	No	No	No	No	No	No	No	No
G9744	Patient not eligible due to active diagnosis of hypertension		Quality Measures	No	No	No	No	No	No	No	No
G9745	Documented reason for not screening or recommending a follow-up for high blood pressure		Quality Measures	No	No	No	No	No	No	No	No
G9746	Patient has mitral stenosis or prosthetic heart valves or patient has transient or reversible cause of AF (e.g., pneumonia, hyperthyroidism, pregnancy, cardiac surgery)		Quality Measures	No	No	No	No	No	No	No	No
G9751	Patient died at any time during the 24-month measurement period		Quality Measures	No	No	No	No	No	No	No	No
G9752	Emergency surgery		Quality Measures	No	No	No	No	No	No	No	No
G9753	Documentation of medical reason for not conducting a search for DICOM format images for prior patient CT imaging studies completed at non-affiliated external healthcare facilities or entities within the past 12 months that are available through a secure, authorized, media-free, shared archive (e.g., trauma, acute myocardial infarction, stroke, aortic aneurysm where time is of the essence)		Quality Measures	No	No	No	No	No	No	No	No
G9754	A finding of an incidental pulmonary nodule		Quality Measures	No	No	No	No	No	No	No	No
G9755	Documentation of medical reason(s) for not including a recommended interval and modality for follow-up or for no follow-up, and source of recommendations (e.g., patients with unexplained fever, immunocompromised patients who are at risk for infection)		Quality Measures	No	No	No	No	No	No	No	No
G9756	Surgical procedures that included the use of silicone oil		Quality Measures	No	No	No	No	No	No	No	No
G9757	Surgical procedures that included the use of silicone oil		Quality Measures	No	No	No	No	No	No	No	No
G9758	Patient in hospice at any time during the measurement period		Quality Measures	No	No	No	No	No	No	No	No
G9760	Patients who use hospice services any time during the measurement period		Quality Measures	No	No	No	No	No	No	No	No
G9761	Patients who use hospice services any time during the measurement period		Quality Measures	No	No	No	No	No	No	No	No
G9762	Patient had at least two HPV vaccines (with at least 146 days between the two) or three HPV vaccines on or between the patient's 9th and 13th birthdays		Quality Measures	No	No	No	No	No	No	No	No
G9763	Patient did not have at least two HPV vaccines (with at least 146 days between the two) or three HPV vaccines on or between the patient's 9th and 13th birthdays		Quality Measures	No	No	No	No	No	No	No	No
G9764	Patient has been treated with a systemic medication for psoriasis vulgaris		Quality Measures	No	No	No	No	No	No	No	No
G9765	Documentation that the patient declined change in medication or alternative therapies were unavailable, has documented contraindications, or has not been treated with a systemic medication for at least six consecutive months (e.g., experienced adverse effects or lack of efficacy with all other therapy options) in order to achieve better disease control as measured by PGA, BSA, PAKS, or DLQI		Quality Measures	No	No	No	No	No	No	No	No
G9766	Patients who are transferred from one institution to another with a known diagnosis of CVA for endovascular stroke treatment		Quality Measures	No	No	No	No	No	No	No	No
G9767	Hospitalized patients with newly diagnosed CVA considered for endovascular stroke treatment		Quality Measures	No	No	No	No	No	No	No	No
G9768	Patients who utilize hospice services any time during the measurement period		Quality Measures	No	No	No	No	No	No	No	No
G9769	Patient had a bone mineral density test in the past two years or received osteoporosis medication or therapy in the past 12 months		Quality Measures	No	No	No	No	No	No	No	No
G9770	Patient had a bone mineral density test in the past two years or received osteoporosis medication or therapy in the past 12 months		Quality Measures	No	No	No	No	No	No	No	No
G9771	At least 1 body temperature measurement equal to or greater than 35.5 degrees Celsius (or 95.9 degrees Fahrenheit) achieved within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time		Quality Measures	No	No	No	No	No	No	No	No
G9772	Documentation of one of the following medical reason(s) for not achieving at least one body temperature measurement equal to or greater than 35.5 degrees Celsius (or 95.9 degrees Fahrenheit) within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time (e.g., emergency cases, intentional hypothermia, etc.)		Quality Measures	No	No	No	No	No	No	No	No
G9773	At least one body temperature measurement equal to or greater than 35.5 degrees Celsius (or 95.9 degrees Fahrenheit) not achieved within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time, reason not given		Quality Measures	No	No	No	No	No	No	No	No
G9774	Patients who have had a hysterectomy		Quality Measures	No	No	No	No	No	No	No	No
G9775	Patient received at least 2 prophylactic pharmacologic antiemetic agents of different classes preoperatively and/or intraoperatively		Quality Measures	No	No	No	No	No	No	No	No
G9776	Documentation of medical reason for not receiving at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively (e.g., intolerance or other medical reason)		Quality Measures	No	No	No	No	No	No	No	No
G9777	Patient did not receive at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively		Quality Measures	No	No	No	No	No	No	No	No
G9778	Patients who have a diagnosis of pregnancy		Quality Measures	No	No	No	No	No	No	No	No
G9779	Patients who are breastfeeding		Quality Measures	No	No	No	No	No	No	No	No
G9780	Patients who have a diagnosis of rhabdomyolysis		Quality Measures	No	No	No	No	No	No	No	No
G9781	Documentation of medical reason(s) for not currently being a statin therapy user or receive an order (prescription) for statin therapy (e.g., patient with adverse effect, allergy or intolerance to statin medication therapy, patients who are receiving palliative care, patients with active liver disease or hepatic disease or insufficiency, and patients with end stage renal disease (ESRD))		Quality Measures	No	No	No	No	No	No	No	No
G9782	History of or active diagnosis of familial or pure hypercholesterolemia		Quality Measures	No	No	No	No	No	No	No	No
G9783	Documentation of patients with diabetes who have a most recent fasting or direct LDL-C laboratory test result < 70 mg/dl and are not taking statin therapy		Quality Measures	No	No	No	No	No	No	No	No
G9784	Pathologist/dermatopathologist providing a second opinion on a biopsy		Quality Measures	No	No	No	No	No	No	No	No
G9785	Pathology report diagnosing cutaneous basal cell carcinoma or squamous cell carcinoma (to include in situ disease) sent from the pathologist/dermatopathologist to the bypassing clinician for review within 7 days from the time when the tissue specimen was received by the pathologist		Quality Measures	No	No	No	No	No	No	No	No
G9786	Pathology report diagnosing cutaneous basal cell carcinoma or squamous cell carcinoma (to include in situ disease) was not sent from the pathologist/dermatopathologist to the bypassing clinician for review within 7 days from the time when the tissue specimen was received by the pathologist		Quality Measures	No	No	No	No	No	No	No	No
G9787	Patient alive as of the last day of the measurement year		Quality Measures	No	No	No	No	No	No	No	No
G9788	Most recent BP is less than or equal to 140/90 mm Hg		Quality Measures	No	No	No	No	No	No	No	No
G9789	Blood pressure recorded during inpatient stays, emergency room visits, urgent care visits, and patient self-reported BPs (home and health fair BP results)		Quality Measures	No	No	No	No	No	No	No	No
G9790	Most recent BP is greater than 140/90 mm Hg, or blood pressure not documented		Quality Measures	No	No	No	No	No	No	No	No
G9791	Most recent tobacco status is tobacco free		Quality Measures	No	No	No	No	No	No	No	No
G9792	Most recent tobacco status is not tobacco free		Quality Measures	No	No	No	No	No	No	No	No
G9793	Patient is currently on a daily aspirin or other antiplatelet		Quality Measures	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO Auth	Commercial PPO Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TBRC Auth	BMS Auth
	Documentation of medical reason(s) for not on a daily aspirin or other antiplatelet (e.g., history of gastrointestinal bleed, intracranial bleed, idiopathic thrombocytopenic purpura (ITP), gastric bypass or documentation of active anticoagulant use during the measurement period)		Quality Measures	No	No	No	No	No	No	No	No
G9794	Patient is not currently on a daily aspirin or other antiplatelet		Quality Measures	No	No	No	No	No	No	No	No
G9795	Patient is currently on a statin therapy		Quality Measures	No	No	No	No	No	No	No	No
G9797	Patient is not on a statin therapy		Quality Measures	No	No	No	No	No	No	No	No
G9805	Patients who use hospice services any time during the measurement period		Quality Measures	No	No	No	No	No	No	No	No
G9806	Patients who received cervical cytology or an HPV test		Quality Measures	No	No	No	No	No	No	No	No
G9807	Patients who did not receive cervical cytology or an HPV test		Quality Measures	No	No	No	No	No	No	No	No
G9808	Any patients who had no asthma controller medications dispensed during the measurement year		Quality Measures	No	No	No	No	No	No	No	No
G9809	Patients who use hospice services any time during the measurement period		Quality Measures	No	No	No	No	No	No	No	No
G9810	Patient achieved a POC of at least 75% for their asthma controller medication		Quality Measures	No	No	No	No	No	No	No	No
G9811	Patient did not achieve a POC of at least 75% for their asthma controller medication		Quality Measures	No	No	No	No	No	No	No	No
G9812	Patient died including all deaths occurring during the hospitalization in which the operation was performed, even if after 30 days, and those deaths occurring after discharge from the hospital, but within 30 days of the procedure		Quality Measures	No	No	No	No	No	No	No	No
G9813	Patient did not die within 30 days of the procedure or during the index hospitalization		Quality Measures	No	No	No	No	No	No	No	No
G9818	Documentation of sexual activity		Quality Measures	No	No	No	No	No	No	No	No
G9819	Patients who use hospice services any time during the measurement period		Quality Measures	No	No	No	No	No	No	No	No
G9820	Documentation of a chlamydia screening test with proper follow-up		Quality Measures	No	No	No	No	No	No	No	No
G9821	No documentation of a chlamydia screening test with proper follow-up		Quality Measures	No	No	No	No	No	No	No	No
G9822	Women who had an endometrial ablation procedure during the year or prior to the index date (exclusive of the index date)		Quality Measures	No	No	No	No	No	No	No	No
G9823	Endometrial sampling or hysterectomy with biopsy and results documented		Quality Measures	No	No	No	No	No	No	No	No
G9824	Endometrial sampling or hysterectomy with biopsy and results not documented		Quality Measures	No	No	No	No	No	No	No	No
G9830	HER2/neu positive		Quality Measures	No	No	No	No	No	No	No	No
G9831	AJCC stage at breast cancer diagnosis = II or III		Quality Measures	No	No	No	No	No	No	No	No
G9832	AJCC stage at breast cancer diagnosis = I (Ia or Ib) and T-stage at breast cancer diagnosis does not equal = T1, T1a, T1b		Quality Measures	No	No	No	No	No	No	No	No
G9838	Patient has metastatic disease at diagnosis		Quality Measures	No	No	No	No	No	No	No	No
G9839	Anti-EGFR monoclonal antibody therapy		Quality Measures	No	No	No	No	No	No	No	No
G9840	RAS (KRAS and NRAS) gene mutation testing performed before initiation of anti-EGFR MoAb		Quality Measures	No	No	No	No	No	No	No	No
G9841	RAS (KRAS and NRAS) gene mutation testing not performed before initiation of anti-EGFR MoAb		Quality Measures	No	No	No	No	No	No	No	No
G9842	Patient has metastatic disease at diagnosis		Quality Measures	No	No	No	No	No	No	No	No
G9843	RAS (KRAS or NRAS) gene mutation		Quality Measures	No	No	No	No	No	No	No	No
G9844	Patient did not receive anti-EGFR monoclonal antibody therapy		Quality Measures	No	No	No	No	No	No	No	No
G9845	Patient received anti-EGFR monoclonal antibody therapy		Quality Measures	No	No	No	No	No	No	No	No
G9846	Patients who died from cancer		Quality Measures	No	No	No	No	No	No	No	No
G9847	Patient received chemotherapy in the last 14 days of life		Quality Measures	No	No	No	No	No	No	No	No
G9848	Patient did not receive chemotherapy in the last 14 days of life		Quality Measures	No	No	No	No	No	No	No	No
G9852	Patients who died from cancer		Quality Measures	No	No	No	No	No	No	No	No
G9853	Patient admitted to the ICU in the last 30 days of life		Quality Measures	No	No	No	No	No	No	No	No
G9854	Patient was not admitted to the ICU in the last 30 days of life		Quality Measures	No	No	No	No	No	No	No	No
G9858	Patient enrolled in hospice		Quality Measures	No	No	No	No	No	No	No	No
G9859	Patients who died from cancer		Quality Measures	No	No	No	No	No	No	No	No
G9860	Patient spent less than three days in hospice care		Quality Measures	No	No	No	No	No	No	No	No
G9861	Patient spent greater than or equal to three days in hospice care		Quality Measures	No	No	No	No	No	No	No	No
G9862	Documentation of medical reason(s) for not recommending at least a 10 year follow-up interval (e.g., inadequate prep, familial or personal history of colonic polyps, patient had no adenoma and age = 66 years old, or life expectancy < 10 years old, other medical reasons)		Quality Measures	No	No	No	No	No	No	No	No
G9868	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use under the Next Generation ACO model, less than 10 minutes		Quality Measures	No	No	No	No	No	No	No	No
G9869	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use under the Next Generation ACO model, 10-20 minutes		Quality Measures	No	No	No	No	No	No	No	No
G9870	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use under the Next Generation ACO model, 20 or more minutes		Quality Measures	No	No	No	No	No	No	No	No
G9873	First Medicare Diabetes Prevention Program (MDPP) core session was attended by an MDPP beneficiary under the MDPP Expanded Model (EM). A core session is an MDPP service that: (1) is furnished by an MDPP supplier during months 1 through 6 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for core sessions		Quality Measures	No	No	No	No	No	No	No	No
G9874	Four Total Medicare Diabetes Prevention Program (MDPP) core sessions were attended by an MDPP beneficiary under the MDPP Expanded Model (EM). A core session is an MDPP service that: (1) is furnished by an MDPP supplier during months 1 through 6 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for core sessions		Quality Measures	No	No	No	No	No	No	No	No
G9875	Nine Total Medicare Diabetes Prevention Program (MDPP) core sessions were attended by an MDPP beneficiary under the MDPP Expanded Model (EM). A core session is an MDPP service that: (1) is furnished by an MDPP supplier during months 1 through 6 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for core sessions		Quality Measures	No	No	No	No	No	No	No	No
G9876	Two Medicare Diabetes Prevention Program (MDPP) core maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 7-9 under the MDPP Expanded Model (EM). A core maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 7 through 12 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary did not achieve at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at a core maintenance session in months 7-9		Quality Measures	No	No	No	No	No	No	No	No
G9877	Two Medicare Diabetes Prevention Program (MDPP) core maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 10-12 under the MDPP Expanded Model (EM). A core maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 7 through 12 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary did not achieve at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at a core maintenance session in months 10-12		Quality Measures	No	No	No	No	No	No	No	No
G9878	Two Medicare Diabetes Prevention Program (MDPP) core maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 7-9 under the MDPP Expanded Model (EM). A core maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 7 through 12 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary achieved at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at a core maintenance session in months 7-9		Quality Measures	No	No	No	No	No	No	No	No
G9879	Two Medicare Diabetes Prevention Program (MDPP) core maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 10-12 under the MDPP Expanded Model (EM). A core maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 7 through 12 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary achieved at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at a core maintenance session in months 10-12		Quality Measures	No	No	No	No	No	No	No	No
G9880	The MDPP beneficiary achieved at least 5% weight loss (WL) from his/her baseline weight in months 1-12 of the MDPP services period under the MDPP Expanded Model (EM). This is a one-time payment available when a beneficiary first achieves at least 5% weight loss from baseline as measured by an in-person weight measurement at a core session or core maintenance session		Quality Measures	No	No	No	No	No	No	No	No
G9881	The MDPP beneficiary achieved at least 9% weight loss (WL) from his/her baseline weight in months 1-24 under the MDPP Expanded Model (EM). This is a one-time payment available when a beneficiary first achieves at least 9% weight loss from baseline as measured by an in-person weight measurement at a core session, core maintenance session, or ongoing maintenance session		Quality Measures	No	No	No	No	No	No	No	No
G9882	Two Medicare Diabetes Prevention Program (MDPP) core maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 13-15 under the MDPP Expanded Model (EM). An ongoing maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 13 through 24 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary maintained at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at an ongoing maintenance session in months 13-15		Quality Measures	No	No	No	No	No	No	No	No
G9883	Two Medicare Diabetes Prevention Program (MDPP) core maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 16-18 under the MDPP Expanded Model (EM). An ongoing maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 13 through 24 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary maintained at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at an ongoing maintenance session in months 16-18		Quality Measures	No	No	No	No	No	No	No	No
G9884	Two Medicare Diabetes Prevention Program (MDPP) core maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 19-21 under the MDPP Expanded Model (EM). An ongoing maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 13 through 24 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary maintained at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at an ongoing maintenance session in months 19-21		Quality Measures	No	No	No	No	No	No	No	No
G9885	Two Medicare Diabetes Prevention Program (MDPP) core maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 22-24 under the MDPP Expanded Model (EM). An ongoing maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 13 through 24 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary maintained at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at an ongoing maintenance session in months 22-24		Quality Measures	No	No	No	No	No	No	No	No
G9890	Bridge Payment: A one-time payment for the first Medicare Diabetes Prevention Program (MDPP) core session, core maintenance session, or ongoing maintenance session furnished by an MDPP supplier to an MDPP beneficiary during months 1-24 of the MDPP Expanded Model (EM) who has previously received MDPP services from a different MDPP supplier under the MDPP Expanded Model. A supplier may only receive one bridge payment per MDPP beneficiary		Quality Measures	No	No	No	No	No	No	No	No
G9891	MDPP session reported as a line-item on a claim for a payable MDPP Expanded Model (EM) HCPCS code for a session furnished by the billing supplier under the MDPP Expanded Model and counting toward achievement of the attendance performance goal for the payable MDPP Expanded Model HCPCS code. (This code is for reporting purposes only)		Quality Measures	No	No	No	No	No	No	No	No
G9892	Documentation of patient reason(s) for not performing a dilated macular examination		Quality Measures	No	No	No	No	No	No	No	No
G9893	Dilated macular exam was not performed, reason not otherwise specified		Quality Measures	No	No	No	No	No	No	No	No
G9894	Androgen deprivation therapy prescribed/administered in combination with external beam radiotherapy to the prostate		Radiation Therapy	No	No	No	No	No	No	No	No
G9895	Documentation of medical reason(s) for not prescribing/administering androgen deprivation therapy in combination with external beam radiotherapy to the prostate (e.g., salvage therapy)		Radiation Therapy	No	No	No	No	No	No	No	No
G9896	Documentation of patient reason(s) for not prescribing/administering androgen deprivation therapy in combination with external beam radiotherapy to the prostate		Radiation Therapy	No	No	No	No	No	No	No	No
G9897	Patients who were not prescribed/administered androgen deprivation therapy in combination with external beam radiotherapy to the prostate, reason not given		Radiation Therapy	No	No	No	No	No	No	No	No
G9898	Patient age 65 or older in institutional special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 any time during the measurement period		Geriatric Management	No	No	No	No	No	No	No	No
G9899	Screening, diagnostic, film, digital or digital breast tomosynthesis (3D) mammography results documented and reviewed		Screenings	No	No	No	No	No	No	No	No
G9900	Screening, diagnostic, film, digital or digital breast tomosynthesis (3D) mammography results were not documented and reviewed, reason not otherwise specified		Screenings	No	No	No	No	No	No	No	No
G9901	Patient age 65 or older in institutional special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 any time during the measurement period		Geriatric Management	No	No	No	No	No	No	No	No
G9902	Patient screened for tobacco use and identified as a tobacco user		Tobacco Services	No	No	No	No	No	No	No	No
G9903	Patient screened for tobacco use and identified as a tobacco non-user		Tobacco Services	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TBRC Auth	BMS Auth
G9904	Documentation of medical reason(s) for not screening for tobacco use (e.g., limited life expectancy, other medical reason)		Tobacco Services	No	No	No	No	No	No	No	No
G9905	Patient not screened for tobacco use, reason not given		Tobacco Services	No	No	No	No	No	No	No	No
G9906	Patient identified as a tobacco user received tobacco cessation intervention (counseling and/or pharmacotherapy)		Tobacco Services	No	No	No	No	No	No	No	No
G9907	Documentation of medical reason(s) for not providing tobacco cessation intervention (e.g., limited life expectancy, other medical reason)		Tobacco Services	No	No	No	No	No	No	No	No
G9908	Patient identified as tobacco user did not receive tobacco cessation intervention (counseling and/or pharmacotherapy), reason not given		Tobacco Services	No	No	No	No	No	No	No	No
G9909	Documentation of medical reason(s) for not providing tobacco cessation intervention if identified as a tobacco user (e.g., limited life expectancy, other medical reason)		Tobacco Services	No	No	No	No	No	No	No	No
G9910	Patients age 65 or older in institutional special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 anytime during the measurement period		Management	No	No	No	No	No	No	No	No
G9911	Clinically none negative (T1N0N0 or T2N0N0) invasive breast cancer before or after neoadjuvant systemic therapy		Screenings			No	No	No	No		
G9912	Hepatitis B virus (HBV) status assessed and results interpreted prior to initiating anti-TNF (tumor necrosis factor) therapy		Status	No	No	No	No	No	No	No	No
G9913	Hepatitis B virus (HBV) status not assessed and results interpreted prior to initiating anti-TNF (tumor necrosis factor) therapy, reason not given		Status	No	No	No	No	No	No	No	No
G9914	Patient receiving an anti-TNF agent		Status	No	No	No	No	No	No	No	No
G9915	No record of HBV results documented		Status	No	No	No	No	No	No	No	No
G9916	Functional status per med once in the last 12 months		Status	No	No	No	No	No	No	No	No
G9917	Documentation of medical reason(s) for not performing functional status (e.g., patient is severely impaired and caregiver knowledge is limited, other medical reason)		Status	No	No	No	No	No	No	No	No
G9918	Functional status not performed, reason not otherwise specified		Status	No	No	No	No	No	No	No	No
G9919	Screening performed and positive and provision of recommendations		Screenings	No	No	No	No	No	No	No	No
G9920	Screening performed and negative		Screenings	No	No	No	No	No	No	No	No
G9921	No screening performed, partial screening performed or positive screen without recommendations and reason is not given or otherwise specified		Screenings	No	No	No	No	No	No	No	No
G9922	Safety concerns screen provided and if positive then documented mitigation recommendations		Screenings	No	No	No	No	No	No	No	No
G9923	Safety concerns screen provided and negative		Screenings	No	No	No	No	No	No	No	No
G9925	Safety concerns screen not performed, reason not otherwise specified		Screenings	No	No	No	No	No	No	No	No
G9926	Safety concerns screening positive screen is without provision of mitigation recommendations, including but not limited to referral to other resources		Screenings	No	No	No	No	No	No	No	No
G9927	Documentation of system reason(s) for not prescribing warfarin or another FDA-approved anticoagulation due to patient being currently enrolled in a clinical trial related to AF/atrial flutter treatment		Screenings	No	No	No	No	No	No	No	No
G9928	Warfarin or another FDA-approved anticoagulant not prescribed, reason not given		Screenings	No	No	No	No	No	No	No	No
G9929	Patient with transient or reversible cause of AF (e.g., pneumonia, hyperthyroidism, pregnancy, cardiac surgery)		Screenings	No	No	No	No	No	No	No	No
G9930	Patients who are receiving comfort care only		Screenings	No	No	No	No	No	No	No	No
G9931	Documentation of CHA2DS2-VASc risk score of 0 or 1		Screenings	No	No	No	No	No	No	No	No
G9932	Documentation of patient reason(s) for not having records of negative or managed positive TB screen (e.g., patient does not return for Mantoux (PPD) skin test evaluation)		Screenings	No	No	No	No	No	No	No	No
G9938	Patients age 65 or older in institutional special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 any time during the measurement period		Geriatric Management	No	No	No	No	No	No	No	No
G9939	Pathologist(s)/dermatopathologist(s) is the same clinician who performed the biopsy		Geriatric Management	No	No	No	No	No	No	No	No
G9940	Documentation of medical reason(s) for not on a statin (e.g., pregnancy, in vitro fertilization, clomiphene Rx, ESRD, cirrhosis, muscular pain and disease during the measurement period or prior year)		Geriatric Management	No	No	No	No	No	No	No	No
G9942	Patient had any additional spine procedures performed on the same date as the lumbar discectomy/laminotomy		Pain Assessment	No	No	No	No	No	No	No	No
G9943	Back pain was not measured by the visual analog scale (VAS) within the 6 months preoperatively and at three months (6- 20 weeks) postoperatively		Pain Assessment	No	No	No	No	No	No	No	No
G9945	Patient had cancer, fracture or infection related to the lumbar spine or patient had idiopathic or congenital scoliosis		Pain Assessment	No	No	No	No	No	No	No	No
G9946	Back pain was not measured by the visual analog scale (VAS) within the 6 months preoperatively and at one year (9 to 15 months) postoperatively		Pain Assessment	No	No	No	No	No	No	No	No
G9948	Patient had any additional spine procedures performed on the same date as the lumbar discectomy/laminotomy		Pain Assessment	No	No	No	No	No	No	No	No
G9949	Leg pain was not measured by the visual analog scale (VAS) within three months preoperatively and at three months (6 to 20 weeks) postoperatively		Pain Assessment	No	No	No	No	No	No	No	No
G9954	Patient exhibits 2 or more risk factors for postoperative vomiting		Medication	No	No	No	No	No	No	No	No
G9955	Cases in which an inhalational anesthetic is used only for induction		Medication	No	No	No	No	No	No	No	No
G9956	Patient received combination therapy consisting of at least two prophylactic pharmacologic antiemetic agents of different classes preoperatively and/or intraoperatively		Medication	No	No	No	No	No	No	No	No
G9957	Documentation of medical reason for not receiving combination therapy consisting of at least two prophylactic pharmacologic antiemetic agents of different classes preoperatively and/or intraoperatively (e.g., intolerance or other medical reason)		Medication	No	No	No	No	No	No	No	No
G9958	Patient did not receive combination therapy consisting of at least two prophylactic pharmacologic antiemetic agents of different classes preoperatively and/or intraoperatively		Medication	No	No	No	No	No	No	No	No
G9959	Systemic antimicrobials not prescribed		Medication	Yes	Yes	No	No	No	No	Yes	Yes
G9960	Documentation of medical reason(s) for prescribing systemic antimicrobials		Medication	No	No	No	No	No	No	No	No
G9961	Systemic antimicrobials prescribed		Medication	No	No	No	No	No	No	No	No
G9962	Embolization endpoints are documented separately for each embolized vessel and ovarian artery angiography or embolization performed in the presence of variant uterine artery anatomy		Embolization	Yes	Yes	No	No	No	No	Yes	Yes
G9963	Embolization endpoints are not documented separately for each embolized vessel or ovarian artery angiography or embolization not performed in the presence of variant uterine artery anatomy		Embolization	Yes	Yes	No	No	No	No	Yes	Yes
G9964	Patient received at least one well-child visit with a PCP during the performance period		Quality Measures	No	No	No	No	No	No	No	No
G9965	Patient did not receive at least one well-child visit with PCP during the performance period		Quality Measures	No	No	No	No	No	No	No	No
G9968	Patient was referred to another provider or specialist during the performance period		Quality Measures	No	No	No	No	No	No	No	No
G9969	Provider who referred the patient to another provider received a report from the provider to whom the patient was referred		Quality Measures	No	No	No	No	No	No	No	No
G9970	Provider who referred the patient to another provider did not receive a report from the provider to whom the patient was referred		Quality Measures	No	No	No	No	No	No	No	No
G9974	Dilated macular exam performed, including documentation of the presence or absence of macular thickening or geographic atrophy or hemorrhage and the level of macular degeneration severity		Assessment	No	No	No	No	No	No	No	No
G9975	Documentation of medical reason(s) for not performing a dilated macular examination		Assessment	No	No	No	No	No	No	No	No
G9976	Documentation of patient reason(s) for not performing a dilated macular examination		Assessment	No	No	No	No	No	No	No	No
G9977	Dilated macular exam was not performed, reason not otherwise specified		Assessment	No	No	No	No	No	No	No	No
G9978	Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of low to moderate severity. Typically, 10 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology		Home Care	No	No	No	No	No	No	No	No
G9979	Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology		Home Care	No	No	No	No	No	No	No	No
G9980	Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 30 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology		Home Care	No	No	No	No	No	No	No	No
G9981	Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate to high severity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology		Home Care	No	No	No	No	No	No	No	No
G9982	Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology		Home Care	No	No	No	No	No	No	No	No
G9983	Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires at least 2 of the following 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of low to moderate severity. Typically, 10 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology		Home Care	No	No	No	No	No	No	No	No
G9984	Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires at least 2 of the following 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology		Home Care	No	No	No	No	No	No	No	No
G9985	Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires at least 2 of the following 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology		Home Care	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO Auth	Commercial PPO Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
G9986	Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires at least 2 of the following 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology		Home Care	No	No	No	No	No	No	No	No
G9987	Bundled Payments for Care Improvement Advanced (BPCI Advanced) model home visit for patient assessment performed by clinical staff for an individual not considered homebound, including, but not necessarily limited to patient assessment of clinical status, safety/fall prevention, functional status/ambulation, medication reconciliation/management, compliance with orders/plan of care, performance of activities of daily living, and ensuring beneficiary connections to community and other services; for use only for a BPCI Advanced model episode of care; may not be billed for a 30-day period covered by a transitional care management code		Home Care	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-		Centra-Auth		Centra-Auth ASA Provider	Sentry-Auth Non- ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
				Auth	Commercial PPO-Auth	Non-ASA Provider	Non-ASA Provider					
H0001	Alcohol and/or drug assessment		Assessment	No	No	No	No	No	No	No	No	No
H0002	Behavioral health screening to determine eligibility for admission to treatment program		Alcohol or Drug Abuse Treatment	No	No	No	No	No	No	No	No	No
H0003	Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs		Alcohol or Drug Abuse Treatment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
H0004	Behavioral health counseling and therapy, per 15 minutes		Alcohol or Drug Abuse Treatment	No	No	No	No	No	No	No	No	No
H0005	Alcohol and/or drug services; group counseling by a clinician		Alcohol or Drug Abuse Treatment	No	No	No	No	No	No	No	No	No
H0006	Alcohol and/or drug services; case management		Alcohol or Drug Abuse Treatment	No	No	No	No	No	No	No	No	No
H0007	Alcohol and/or drug services; crisis intervention (outpatient)		Alcohol or Drug Abuse Treatment	No	No	No	No	No	No	No	No	No
H0008	Alcohol and/or drug services; subacute detoxification (hospital inpatient)		Alcohol or Drug Abuse Treatment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
H0009	Alcohol and/or drug services; acute detoxification (hospital inpatient)		Alcohol or Drug Abuse Treatment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
H0010	Alcohol and/or drug services; subacute detoxification (residential addiction program inpatient)		Alcohol or Drug Abuse Treatment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
H0011	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)		Alcohol or Drug Abuse Treatment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
H0012	Alcohol and/or drug services; subacute detoxification (residential addiction program outpatient)		Alcohol or Drug Abuse Treatment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
H0013	Alcohol and/or drug services; acute detoxification (residential addiction program outpatient)		Alcohol or Drug Abuse Treatment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
H0014	Alcohol and/or drug services; ambulatory detoxification		Alcohol or Drug Abuse Treatment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
H0015	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education		Alcohol or Drug Abuse Treatment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
H0016	Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting)		Alcohol or Drug Abuse Treatment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
H0017	Behavioral health; residential (hospital residential treatment program), without room and board, per diem		Alcohol or Drug Abuse Treatment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
H0018	Behavioral health; short-term residential (nonhospital residential treatment program), without room and board, per diem		Alcohol or Drug Abuse Treatment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
H0019	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem		Alcohol or Drug Abuse Treatment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
H0020	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)		Alcohol or Drug Abuse Treatment	Yes	Yes	No	No	No	No	Yes	Yes	Yes
H0021	Alcohol and/or drug training service (for staff and personnel not employed by providers)		Alcohol or Drug Abuse Treatment	Yes	Yes	No	No	No	No	Yes	Yes	Yes
H0022	Alcohol and/or drug intervention service (planned facilitation)		Alcohol or Drug Abuse Treatment	Yes	Yes	No	No	No	No	Yes	Yes	Yes
H0023	Behavioral health outreach service (planned approach to reach a targeted population)		Alcohol or Drug Abuse Treatment	No	No	No	No	No	No	No	No	No
H0024	Behavioral health prevention information dissemination service (one-way direct or nondirect contact with service audiences to affect knowledge and attitude)		Alcohol or Drug Abuse Treatment	No	No	No	No	No	No	No	No	No
H0025	Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior)		Alcohol or Drug Abuse Treatment	No	No	No	No	No	No	No	No	No
H0026	Alcohol and/or drug prevention process service, community-based (delivery of services to develop skills of impacted)		Alcohol or Drug Abuse Treatment	Yes	Yes	No	No	No	No	Yes	Yes	Yes
H0027	Alcohol and/or drug prevention environmental service (broad range of external activities geared toward modifying systems in order to mainstream prevention through policy and law)		Alcohol or Drug Abuse Treatment	Yes	Yes	No	No	No	No	Yes	Yes	Yes
H0028	Alcohol and/or drug prevention problem identification and referral service (e.g., student assistance and employee assistance programs), does not include assessment		Alcohol or Drug Abuse Treatment	No	No	No	No	No	No	No	No	No
H0029	Alcohol and/or drug prevention alternatives service (services for populations that exclude alcohol and other drug use e.g., alcohol free social events)		Alcohol or Drug Abuse Treatment	Yes	Yes	No	No	No	No	Yes	Yes	Yes
H0030	Behavioral health hotline service		Alcohol or Drug Abuse Treatment	No	No	No	No	No	No	No	No	No
H0031	Mental health assessment, by nonphysician		Mental Health	Yes	No	No	No	No	No	No	Yes	Yes
H0032	Mental health service plan development by nonphysician		Mental Health	Yes	No	No	No	No	No	No	Yes	Yes
H0033	Oral medication administration, direct observation		Medication	Denied Not Covered	Denied Not Covered	NC	NC	NC	NC	No	Denied Not Covered	Denied Not Covered
H0034	Medication training and support, per 15 minutes		Medication	Denied Not Covered	Denied Not Covered	NC	NC	NC	NC	No	Denied Not Covered	Denied Not Covered
H0035	Mental health partial hospitalization, treatment, less than 24 hours		Alcohol or Drug Abuse Treatment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes		Mental Health	Denied Not Covered	Denied Not Covered	NC	No	NC	No	Denied Not Covered	Denied Not Covered	Denied Not Covered
H0037	Community psychiatric supportive treatment program, per diem		Mental Health	Denied Not Covered	Denied Not Covered	NC	No	NC	No	Denied Not Covered	Denied Not Covered	Denied Not Covered
H0038	Self-help/peer services, per 15 minutes		Behavioral Health	Denied Not Covered	Denied Not Covered	NC	No	NC	No	Denied Not Covered	Denied Not Covered	Denied Not Covered
H0039	Self-help/peer services, per 15 minutes		Behavioral Health	Denied Not Covered	Denied Not Covered	NC	No	NC	No	Denied Not Covered	Denied Not Covered	Denied Not Covered
H0040	Self-help/peer services, per 15 minutes		Behavioral Health	Denied Not Covered	Denied Not Covered	NC	No	NC	No	Denied Not Covered	Denied Not Covered	Denied Not Covered
H0041	Foster care, child, nontherapeutic, per diem		Foster Care	Denied Not Covered	Denied Not Covered	NC	No	NC	No	Denied Not Covered	Denied Not Covered	Denied Not Covered
H0042	Foster care, child, nontherapeutic, per month		Foster Care	Denied Not Covered	Denied Not Covered	NC	No	NC	No	Denied Not Covered	Denied Not Covered	Denied Not Covered
H0043	Supported housing, per diem		Supported Housing	Denied Not Covered	Denied Not Covered	NC	No	NC	No	Denied Not Covered	Denied Not Covered	Denied Not Covered
H0044	Supported housing, per month		Supported Housing	Denied Not Covered	Denied Not Covered	NC	No	NC	No	Denied Not Covered	Denied Not Covered	Denied Not Covered
H0045	Respite care services, not in the home, per diem		Alcohol or Drug Abuse Treatment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
H0046	Mental health services, not otherwise specified		Alcohol or Drug Abuse Treatment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
H0047	Alcohol and/or other drug abuse services, not otherwise specified		Alcohol or Drug Abuse Treatment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
H0048	Alcohol and/or other drug testing: collection and handling only, specimens other than blood		Alcohol or Drug Abuse Treatment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
H0049	Alcohol and/or drug screening		Alcohol or Drug Abuse Treatment	Yes	Yes	No	No	No	No	Yes	Yes	Yes
H0050	Alcohol and/or drug services, brief intervention, per 15 minutes		Alcohol or Drug Abuse Treatment	Yes	Yes	No	No	No	No	Yes	Yes	Yes
H1000	Prenatal care, at-risk assessment		Prenatal Services	No	No	No	No	No	No	No	No	No
H1001	Prenatal care, at-risk enhanced service, antepartum management		Prenatal Services	No	No	No	No	No	No	No	No	No
H1002	Prenatal care, at risk enhanced service; care coordination		Prenatal Services	No	No	No	No	No	No	No	No	No
H1003	Prenatal care, at risk enhanced service; education		Prenatal Services	No	No	No	No	No	No	No	No	No
H1004	Prenatal care, at-risk enhanced service; follow-up home visit		Prenatal Services	No	No	No	No	No	No	No	No	No
H1005	Prenatal care, at-risk enhanced service package (includes H1001-H1004)		Prenatal Services	No	No	No	No	No	No	No	No	No
H1010	Nonmedical family planning education, per session		Family Planning	Denied Not Covered	Denied Not Covered	NC	No	NC	No	Denied Not Covered	Denied Not Covered	Denied Not Covered
H1101	Family assessment by licensed behavioral health professional for state defined purposes		Family Planning	Denied Not Covered	Denied Not Covered	NC	No	NC	No	Denied Not Covered	Denied Not Covered	Denied Not Covered
H2000	Comprehensive multidisciplinary evaluation		Evaluation	No	No	No	No	No	No	No	No	No
H2001	Rehabilitation program, per 1/2 day		Rehabilitation	Yes	Yes	No	No	No	No	Yes	Yes	Yes
H2010	Comprehensive medication services, per 15 minutes		Medication	No	No	No	No	No	No	No	No	No
H2011	Crisis intervention service, per 15 minutes		Behavioral Health	No	No	No	No	No	No	No	No	No
H2012	Behavioral health day treatment, per hour		Behavioral Health	Yes	Yes	No	No	No	No	Yes	Yes	Yes
H2013	Psychiatric health facility service, per diem		Mental Health	Yes	Yes	No	No	No	No	Yes	Yes	Yes
H2014	Skills training and development, per 15 minutes		Education	Yes	Yes	No	No	No	No	Yes	Yes	Yes
H2015	Comprehensive community support services, per 15 minutes		Community Services	Yes	Yes	No	No	No	No	Yes	Yes	Yes
H2016	Comprehensive community support services, per diem		Community Services	Yes	Yes	No	No	No	No	Yes	Yes	Yes
H2017	Psychosocial rehabilitation services, per 15 minutes		Rehabilitation	Yes	Yes	No	No	No	No	Yes	Yes	Yes
H2018	Psychosocial rehabilitation services, per diem		Rehabilitation	Yes	Yes	No	No	No	No	Yes	Yes	Yes
H2019	Therapeutic behavioral services, per 15 minutes		Behavioral Health	Yes	No	No	No	No	No	Yes	Yes	Yes
H2020	Therapeutic behavioral services, per diem		Behavioral Health	Yes	No	No	No	No	No	Yes	Yes	Yes
H2021	Community-based wrap-around services, per 15 minutes		Community Services	Denied Not Covered	Denied Not Covered	NC	No	NC	No	Denied Not Covered	Denied Not Covered	Denied Not Covered
H2022	Community-based wrap-around services, per diem		Community Services	Denied Not Covered	Denied Not Covered	NC	No	NC	No	Denied Not Covered	Denied Not Covered	Denied Not Covered
H2023	Supported employment, per 15 minutes		Behavioral Health	Denied Not Covered	Denied Not Covered	NC	No	NC	No	Denied Not Covered	Denied Not Covered	Denied Not Covered
H2024	Supported employment, per diem		Behavioral Health	Denied Not Covered	Denied Not Covered	NC	No	NC	No	Denied Not Covered	Denied Not Covered	Denied Not Covered
H2025	Ongoing support to maintain employment, per 15 minutes		Behavioral Health	Denied Not Covered	Denied Not Covered	NC	No	NC	No	Denied Not Covered	Denied Not Covered	Denied Not Covered
H2026	Ongoing support to maintain employment, per diem		Behavioral Health	Denied Not Covered	Denied Not Covered	NC	No	NC	No	Denied Not Covered	Denied Not Covered	Denied Not Covered
H2027	Psychoeducational service, per 15 minutes		Behavioral Health	Denied Not Covered	Denied Not Covered	NC	No	NC	No	Denied Not Covered	Denied Not Covered	Denied Not Covered
H2028	Sexual offender treatment service, per 15 minutes		Behavioral Health	Denied Not Covered	Denied Not Covered	NC	No	NC	No	Denied Not Covered	Denied Not Covered	Denied Not Covered
H2029	Sexual offender treatment service, per diem		Behavioral Health	Denied Not Covered	Denied Not Covered	NC	No	NC	No	Denied Not Covered	Denied Not Covered	Denied Not Covered
H2030	Mental health clubhouse services, per 15 minutes		Mental Health	Denied Not Covered	Denied Not Covered	NC	No	NC	No	Denied Not Covered	Denied Not Covered	Denied Not Covered

[illegible]

CPT	Description	Notes	Code Group	Commercial HMO, Non-ASA	Commercial Non-ASA	Centra-Auth Provider	Centra-Auth ASA	Sentry-Auth Non-ASA	Sentry-Auth ASA	TRBC Auth	BMS Auth
J0120	Injection, tetracycline, up to 250 mg		Injectable Drug	No	No	No	No	No	No	No	No
J0121	Injection, omadacycline, 1 mg	contractor discretion	Injectable Drug	No	No	No	No	No	No	No	No
J0122	Injection, eravacycline, 1 mg	packaged service	Injectable Drug	No	No	No	No	No	No	No	No
J0129	Injection, abatacept, 10 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	Abatacept, Orenzia, Orenzia Clickject	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J0130	Injection abcximab, 10 mg	Reopro	Injectable Drug	No	No	No	No	No	No	No	No
J0131	Injection, acetaminophen, 10 mg		Injectable Drug	No	No	No	No	No	No	No	No
J0132	Injection, acetylcysteine, 100 mg	Acetadote	Injectable Drug	No	No	No	No	No	No	No	No
J0133	Injection, acyclovir, 5 mg	Acyclovir Sodium	Injectable Drug	No	No	No	No	No	No	No	No
J0135	Injection, adalimumab, 20 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J0137	Injection, acetaminophen, not therapeutically equivalent to J0131, 10 mg		Injectable Drug	No	No	No	No	No	No	No	No
J0153	Injection, adenosine, 1 mg (not to be used to report any adenosine phosphate compounds)	Adenocard, Adenoscan	Injectable Drug	No	No	No	No	No	No	No	No
J0171	Injection, Adrenalin, epinephrine, 0.1 mg		Injectable Drug	No	No	No	No	No	No	No	No
J0172	Injection, aducanumab-aww, 2 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J0174	Injection, licanemab-irmb, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J0178	Injection, aflibercept, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J0179	Injection, brodalumab-dbl, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J0180	Injection, agalsidase beta, 1 mg	Fabrazyme	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J0185	Injection, aprepitant, 1 mg		Injectable Drug	No	No	No	No	No	No	No	No
J0190	Injection, biperiden lactate, per 5 mg	not available in US	Injectable Drug	No	No	No	No	No	No	No	No
J0200	Injection, atrofloxacin mesylate, 100 mg		Injectable Drug	No	No	No	No	No	No	No	No
J0202	Injection, alentuzumab, 100,000 IU	Lenmdra	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J0205	Injection, alglucerase, per 10 units	not available in US	Injectable Drug	Yes	Yes	No	No	No	No	Yes	Yes
J0206	Injection, allopurinol sodium, 1 mg		Injectable Drug	No	No	No	No	No	No	No	No
J0207	Injection, amifostine, 500 mg	Ethvol	Injectable Drug	Yes	Yes	No	No	No	No	Yes	Yes
J0208	Injection, sodium thiosulfate, 100 mg		Injectable Drug	No	No	No	Yes	No	Yes	No	No
J0210	Injection, methylglutathione HCl, up to 250 mg		Injectable Drug	No	No	No	No	No	No	No	No
J0215	Injection, alefacept, 0.5 mg	not available in US	Injectable Drug	Yes	Yes	No	No	No	No	No	Yes
J0216	Injection, alentanil hydrochloride, 500 micrograms		Injectable Drug	No	No	No	No	No	No	No	No
J0218	Injection, olipudase alfa-rpcp, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J0219	Injection, avaglifoside alfa-nppt, 4 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J0220	Injection, alglucosidase alfa, 10 mg, not otherwise specified		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg YME, 10 MG	Lumizyme	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J0222	Injection, patisiran, 0.1 mg	paid separate when integral to a surgical procedure	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J0223	Injection, givosiran, 0.5 mg	paid separate when integral to a surgical procedure	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J0224	Injection, lumasiran, 0.5 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J0225	Injection, vedolizumab (Amesimtra)		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J0248	Injection, remdesivir, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J0256	Injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg	Aralast NP, Prolastin-c, Zemaira	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J0257	Injection, alpha 1 proteinase inhibitor (human), (GLASSIA), 10 mg	Glassia	Injectable Drug	Yes	Yes	No	Yes	No	Yes	Yes	Yes
J0270	Injection, alprostadil, 1.25 mcg		Injectable Drug	No	No	No	No	No	No	No	No
J0275	Alprostadil, urethral suppository		Injectable Drug	No	No	No	No	No	No	No	No
J0278	Injection, amikacin sulfate, 100 mg		Injectable Drug	No	No	No	No	No	No	No	No
J0280	Injection, aminophyllin, up to 250 mg	Aminophylline, Novaplus Aminophylline	Injectable Drug	No	No	No	No	No	No	No	No
J0282	Injection, amiodarone HCl, 30 mg		Injectable Drug	No	No	No	No	No	No	No	No
J0285	Injection, amphotericin B, 50 mg		Injectable Drug	No	No	No	No	No	No	No	No
J0287	Injection, amphotericin B lipid complex, 10 mg	Abelcet	Injectable Drug	No	No	No	No	No	No	No	No
J0288	Injection, amphotericin B cholesterol sulfate complex, 10 mg		Injectable Drug	No	No	No	No	No	No	No	No
J0289	Injection, amphotericin B liposome, 10 mg	Ambisome	Injectable Drug	No	No	No	No	No	No	No	No
J0290	Injection, ampicillin sodium, 500 mg		Injectable Drug	No	No	No	No	No	No	No	No
J0294	Injection, plazomicin, 5 mg	paid separate when integral to a surgical procedure	Injectable Drug	No	No	No	No	No	No	No	No
J0295	Injection, ampicillin sodium/sulbactam sodium, per 1.5 g	Ampicillin-Sulbactam, Unasyn 1.5GM, Unasyn 15GM, Unasyn 3GM	Injectable Drug	No	No	No	No	No	No	No	No
J0300	Injection, amobarbital, up to 125 mg		Injectable Drug	No	No	No	No	No	No	No	No
J0330	Injection, succinylcholine chloride, up to 20 mg		Injectable Drug	No	No	No	No	No	No	No	No
J0348	Injection, anidulafungin, 1 mg		Injectable Drug	No	No	No	No	No	No	No	No
J0349	Injection, rezafungin, 1 mg	Eraxis	Injectable Drug	No	No	No	No	No	No	No	No
J0350	Injection, anistreplase, per 30 units		Injectable Drug	No	No	No	No	No	No	No	No
J0360	Injection, hydralazine HCl, up to 20 mg		Injectable Drug	No	No	No	No	No	No	No	No
J0364	Injection, agomorphine HCl, 1 mg		Injectable Drug	No	No	No	No	No	No	No	No
J0365	Injection, apoglin, 10,000 IU		Injectable Drug	No	No	No	No	No	No	No	No
J0380	Injection, metaraminol bitartrate, per 10 mg		Injectable Drug	No	No	No	No	No	No	No	No
J0390	Injection, chloroquine HCl, up to 250 mg		Injectable Drug	No	No	No	No	No	No	No	No
J0395	Injection, arbutamine HCl, 1 mg		Injectable Drug	No	No	No	No	No	No	No	No
J0400	Injection, arisiprazole, intramuscular, 0.25 mg		Injectable Drug	No	No	No	No	No	No	No	No
J0401	Injection, arisiprazole, extended release, 1 mg	Ability Maintena	Injectable Drug	No	No	No	No	No	No	No	No
J0456	Injection, azithromycin, 500 mg	Zithromax	Injectable Drug	No	No	No	No	No	No	No	No
J0457	Injection, atreonam, 100 mg		Injectable Drug	No	No	No	No	No	No	No	No
J0461	Injection, atropine sulfate, 0.01 mg		Injectable Drug	No	No	No	No	No	No	No	No
J0470	Injection, dimercaprol, per 100 mg	Bal in Oil	Injectable Drug	No	No	No	No	No	No	No	No
J0475	Injection, baclofen, 10 mg	Botox, Botox Cosmetic	Injectable Drug	No	No	No	No	No	No	No	No
J0476	Injection, baclofen, 50 mcg for intrathecal trial	Gabifen, Lioresal	Injectable Drug	No	No	No	No	No	No	No	No
J0480	Injection, basiliximab, 20 mg	Simulect	Injectable Drug	No	No	No	No	No	No	No	No
J0485	Injection, belatacept, 1 mg	Nuloix	Injectable Drug	No	No	No	No	No	No	No	No
J0490	Injection, belimumab, 10 mg	Benlysta	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J0491	Injection, anifrolumab-frsa, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J0500	Injection, dicyclomine HCl, up to 20 mg	Bentyl, Dicyclomine HCL	Injectable Drug	No	No	No	No	No	No	No	No
J0515	Injection, bento tropine mesylate, per 1 mg	Benzotropine, Cogentin	Injectable Drug	No	No	No	No	No	No	No	No
J0517	Injection, benralizumab, 1 mg	paid separate when integral to a surgical procedure	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J0520	Injection, bethanechol chloride, Mytonachol or Urecholine, up to 5 mg		Injectable Drug	No	No	No	No	No	No	No	No
J0558	Injection, penicillin G benzathine and penicillin G procaine, 100,000 units	Bicillin C-R, Bicillin CR Pediatric	Injectable Drug	No	No	No	No	No	No	No	No
J0561	Injection, penicillin G benzathine, 100,000 units	Bicillin L-A	Injectable Drug	Yes	Yes	No	No	No	No	Yes	Yes
J0565	Injection, bezlotroxumab, 10 mg		Injectable Drug	Yes	Yes	No	No	No	No	Yes	Yes
J0567	Injection, cerliponase alfa, 1 mg	packaged service	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J0570	Buprenorphine implant, 74.2 mg	Buprenorphine system kit	Injectable Drug	No	No	No	No	No	No	No	No
J0571	Buprenorphine, oral, 1 mg	Oral Drug	Oral Drug	No	No	No	No	No	No	No	No
J0572	Buprenorphine/naloxone, oral, less than or equal to 3 mg buprenorphine		Oral Drug	No	No	No	No	No	No	No	No
J0573	Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg		Oral Drug	No	No	No	No	No	No	No	No
J0574	Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg		Oral Drug	No	No	No	No	No	No	No	No
J0575	Buprenorphine/naloxone, oral, greater than 10 mg buprenorphine		Oral Drug	No	No	No	No	No	No	No	No
J0583	Injection, bivalirudin, 1 mg	Angiomax, Bivalirudin	Injectable Drug	No	No	No	No	No	No	No	No
J0584	Injection, burosumab-twra, 1 mg	paid separate when integral to a surgical procedure	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J0585	Injection, onabotulinumtoxinA, 1 unit	Botox, Botox Cosmetic	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J0586	Injection, abobotulinumtoxinA, 5 units	Dysport	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J0587	Injection, rimabotulinumtoxinB, 100 units	Myobloc	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J0588	Injection, incobotulinumtoxinA, 1 unit	Xeomin	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J0591	Injection, deoxycholic acid, 1 mg	not covered for cosmetic use	Injectable Drug	Denied not covered	Denied not covered	Yes	Yes	Yes	Yes	Denied not covered	Denied not covered
J0592	Injection, buprenorphine HCl, 0.1 mg	Buprenex, Buprenorphine HCL	Injectable Drug	No	No	No	No	No	No	No	No
J0593	Injection, landelumab-tyo, 1 mg (code may be used for Medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered)		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J0594	Injection, busulfan, 1 mg	Busulfan	Injectable Drug	No	No	No	No	No	No	No	No
J0595	Injection, butorphanol tartrate, 1 mg		Injectable Drug	No	No	No	No	No	No	No	No
J0596	Injection, C1 esterase inhibitor (recombinant), Ruconest, 10 units	Ruconest	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J0597	Injection, C-1 esterase inhibitor (human), Berinert, 10 units	Berinert	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J0598	Injection, C-1 esterase inhibitor (human), Cinryze, 10 units	Cinryze	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J0599	Injection, C-1 esterase inhibitor (human), Haegarda, 10 units	paid separate when integral to a surgical procedure	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J0600	Injection, edetate calcium disodium, up to 1,000 mg	Calcium Disodium Versenate	Injectable Drug	No	No	No	No	No	No	No	No
J0604	Cinacalcet, oral, 1 mg, (for ESRD on dialysis)	ESRD	Injectable Drug	No	No	No	No	No	No	No	No
J0606	Injection, eteclastide, 0.1 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J0610	Injection, calcium gluconate, per 10 ml	Code discontinued 4/1/23	Injectable Drug	No	No	No	No	No	No	No	No
J0612	Injection, calcium gluconate (fresenius kabi), per 10 mg		Injectable Drug	No	No	No	No	No	No	No	No
J0613	Injection, calcium gluconate (wrg critical care), per 10 mg		Injectable Drug	No	No	No	No	No	No	No	No
J0620	Injection, calcium glycerophosphate and calcium lactate, per 10 ml		Injectable Drug	No	No	No	No	No	No	No	No
J0630	Injection, calcitonin salmon, up to 400 units	Miacalcin	Injectable Drug	No	No	No	No	No	No	No	No
J0636	Injection, calcitriol, 0.1 mcg		Injectable Drug	No	No	No	No	No	No	No	No
J0637	Injection, caspofungin acetate, 5 mg	Candidas, Caspofungin	Injectable Drug	No	No	No	No	No	No	No	No
J0638	Injection, canakinumab, 1 mg	Ilaris	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J0640	Injection, leucovorin calcium, per 50 mg		Injectable Drug	No	No	No	No	No	No	No	No
J0641	Injection, levoleucovorin calcium, 0.5 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J0642	Injection, levoleucovorin, 0.5 mg	Khaphory	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J0665	Injection, busipicaine, not otherwise specified 0.5 mg		Injectable Drug	No	No	No	No	No	No	No	No
J0670	Injection, methopracaine HCl, per 10 ml	Polocaine, Polocaine-MPF	Injectable Drug	No	No	No	No	No	No	No	No
J0690	Injection, cefazolin sodium, 500 mg		Injectable Drug	No	No	No	No	No	No	No	No
J0691	Injection, cefamandole, 1 mg	paid separate when integral to a surgical procedure	Injectable Drug	No	No	No	No	No	No	No	No
J0692	Injection, cefepime HCl, 500 mg		Injectable Drug	No	No	No	No	No	No	No	No
J0694	Injection, cefoxitin sodium, 1 g	Premierpro Rx Cefoxitin Sodium	Injectable Drug	No	No	No	No	No	No	No	No
J0695	Injection, ceftiofane 50 mg and tazobactam 25 mg		Injectable Drug	No	No	No	No	No	No	No	No
J0696	Injection, ceftiofane sodium, per 250 mg		Injectable Drug	No	No	No	No	No	No	No	No
J0697	Injection, sterile cefazolin sodium, per 750 mg	Zinacef	Injectable Drug	No	No	No	No	No	No	No	No
J0698	Injection, cefotaxime sodium, per g		Injectable Drug	No	No	No	No	No	No	No	No
J0699	Injection, cefiderocol, 10 mg		Injectable Drug	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
J0702	Injection, betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg	Celestone Soluspan	Injectable Drug	No	No	No	No	No	No	No	No
J0706	Injection, caffeine citrate, 5 mg		Injectable Drug	No	No	No	No	No	No	No	No
J0710	Injection, cephapirin sodium, up to 1 g		Injectable Drug	No	No	No	No	No	No	No	No
J0712	Injection, cefaroline fosamil, 10 mg	Tefaro	Injectable Drug	No	No	No	No	No	No	No	No
J0713	Injection, cefazidime, per 500 mg	Fortaz, Fortaz ADD-V, Tazicef	Injectable Drug	No	No	No	No	No	No	No	No
J0714	Injection, cefazidime and avibactam, 0.5 g/0.125 g		Injectable Drug	No	No	No	No	No	No	No	No
J0715	Injection, ceftiozime sodium, per 500 mg		Injectable Drug	No	No	No	No	No	No	No	No
J0716	Injection, Centuroids immune fiab2, up to 120 mg		Injectable Drug	No	No	No	No	No	No	No	No
	Injection, certolizumab pegol, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)										
J0717	Injection, chloramphenicol sodium succinate, up to 1 g	Cimzia	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J0720	Injection, chloramphenicol sodium succinate, up to 1 g		Injectable Drug	No	No	No	No	No	No	No	No
J0725	Injection, chorionic gonadotropin, per 1,000 USP units	Novarel	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J0735	Injection, clonidine HCl, 1 mg	Duracron	Injectable Drug	No	No	No	No	No	No	No	No
J0736	Injection, clindamycin phosphate, 300 mg		Injectable Drug	No	No	No	No	No	No	No	No
J0737	Injection, clindamycin phosphate, not therapeutically equivalent to J0736, 300 mg		Injectable Drug	No	No	No	No	No	No	No	No
J0740	Injection, cidofovir, 375 mg		Injectable Drug	No	No	No	No	No	No	No	No
J0741	Injection, cabotegravir and rilpivirine, 2 mg/3 mg		Injectable Drug	No	No	No	No	No	No	No	No
J0742	Injection, imipenem 4 mg, cilastatin 4 mg and relebactam 2 mg		Injectable Drug	No	No	No	No	No	No	No	No
J0743	Injection, cilastatin sodium/imipenem, per 250 mg	Imipenem and Cilastatin, Primaxin IV	Injectable Drug	No	No	No	No	No	No	No	No
J0744	Injection, ciprofloxacin for intravenous infusion, 200 mg	Cipro	Infusion Drug	No	No	No	No	No	No	No	No
J0745	Injection, codeine phosphate, per 30 mg	Discontinued product	Injectable Drug	No	No	No	No	No	No	No	No
J0770	Injection, colistimethate sodium, up to 150 mg	Colymycin M Parenteral	Injectable Drug	No	No	No	No	No	No	No	No
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg	Xiatrix	Injectable Drug	Yes	Yes	No	No	No	No	No	Yes
J0785	Injection, prochlorperazine, up to 10 mg	Prochlorperazine Edisylate	Injectable Drug	No	No	No	No	No	No	No	No
J0791	Injection, crizotinibumab-tmca, 5 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J0795	Injection, corticorelin ovine trifluorate, 1 mcg	Achrel	Injectable Drug	No	No	No	No	No	No	No	No
J0800	Injection, corticotropin, up to 40 units	H.P. Acthar	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J0801	Injection, corticotropin (acthar gel), up to 40 units		Injectable Drug	No	No	No	No	No	No	No	No
J0802	Injection, corticotropin (acthar gel), up to 40 units		Injectable Drug	No	No	No	No	No	No	No	No
J0834	Injection, cosyntropin (Cortrosyn), 0.25 mg	Cortrosyn, Cosyntropin Novaplus	Injectable Drug	No	No	No	No	No	No	No	No
J0840	Injection, crotalidae polyvalent immune fab (ovine), up to 1 g	Crofab powder for solution	Injectable Drug	No	No	No	No	No	No	No	No
J0841	Injection, crotalidae immune Fab (equine), 120 mg		Injectable Drug	No	No	No	No	No	No	No	No
J0850	Injection, cytoequine immunoglobulin intravenous (human), per vial	Cytosol	Immune Globulin	Yes	Yes	No	No	No	No	No	Yes
J0874	Injection, daptomycin (Biaject), not therapeutically equivalent to J0878, 1 mg		Injectable Drug	No	No	No	No	No	No	No	No
J0875	Injection, dalbavancin, 5 mg	Dalbance	Injectable Drug	No	No	No	No	No	No	No	No
J0878	Injection, daptomycin, 1 mcg	Cubicin	Injectable Drug	No	No	No	No	No	No	No	No
J0879	Injection, difelikefalin, 0.1 mcg, (for ESRD on dialysis)		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J0881	Injection, darbepoetin alfa, 1 mcg (non-ESRD use)	Aranesp	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J0882	Injection, darbepoetin alfa, 1 mcg (for ESRD on dialysis)	Aranesp	Injectable Drug	No	No	No	No	No	No	No	No
J0883	Injection, argatroban, 1 mg (for non-ESRD use)		Injectable Drug	Yes	Yes	No	No	No	No	No	Yes
J0884	Injection, argatroban, 1 mg (for ESRD on dialysis)		Injectable Drug	Yes	Yes	No	No	No	No	No	Yes
J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units	Epogen, Procrit	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J0887	Injection, epoetin beta, 1 microgram, (for ESRD on dialysis)	Mircera	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J0888	Injection, epoetin beta, 1 microgram, (for non-ESRD use)	Mircera	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J0889	Dacorodustat, oral, 1 mg (for esrd on dialysis)		Injectable Drug	No	No	No	No	No	No	No	No
J0890	Injection, peginesate, 0.1 mg (for ESRD on dialysis)		Injectable Drug	No	No	No	No	No	No	No	No
	Injection, argatroban (accord), not therapeutically equivalent to J0884, 1 mg (for ESRD on dialysis)		Injectable Drug	No	No	No	No	No	No	No	No
J0892	Injection, decitabine, 1 mg	Dacogen	Injectable Drug	Yes	Yes	No	No	No	No	No	No
J0894	Injection, deferoxamine mesylate, 500 mg	Desferal	Injectable Drug	Yes	Yes	No	No	No	No	No	Yes
J0895	Injection, luspatercept-aamt, 0.25 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J0896	Injection, denosumab, 1 mg	Prolia, Xgeva	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J0897	Injection, argatroban (auromedics), not therapeutically equivalent to J0884, 1 mg (for ESRD on dialysis)		Injectable Drug	No	No	No	No	No	No	No	No
J0899	Injection, argatroban (auromedics), not therapeutically equivalent to J0884, 1 mg (for ESRD on dialysis)		Injectable Drug	No	No	No	No	No	No	No	No
J0945	Injection, brompheniramine maleate, per 10 mg		Injectable Drug	No	No	No	No	No	No	No	No
J1000	Injection, depo-estradiol cypionate, up to 5 mg		Injectable Drug	No	No	No	No	No	No	No	No
J1020	Injection, methylprednisolone acetate, 20 mg	Depo-Medrol	Injectable Drug	No	No	No	No	No	No	No	No
J1030	Injection, methylprednisolone acetate, 40 mg	Depo-Medrol	Injectable Drug	No	No	No	No	No	No	No	No
J1040	Injection, methylprednisolone acetate, 80 mg	Depo-Medrol	Injectable Drug	No	No	No	No	No	No	No	No
J1050	Injection, medroxyprogesterone acetate, 1 mg	Depo-Provera	Injectable Drug	No	No	No	No	No	No	No	No
J1071	Injection, testosterone cypionate, 1 mg	Depo-testosterone	Injectable Drug	Yes	Yes	No	No	No	No	No	Yes
J1094	Injection, dexamethasone acetate, 1 mg		Injectable Drug	Yes	Yes	No	No	No	No	No	Yes
J1095	Injection, dexamethasone 2%, intraculcar, 1 mcg		Injectable Drug	No	No	No	No	No	No	No	No
J1096	Dexamethasone, lacrimal ophthalmic insert, 0.1 mg		Drug	No	No	No	No	No	No	No	No
	Phenylephrine 10.16 mg/ml and ketorolac 2.88 mg/ml ophthalmic irrigation solution, 1 ml		Solution	No	No	No	No	No	No	No	No
J1097	Injection, dexamethasone sodium phosphate, 1 mg		Injectable Drug	No	No	No	No	No	No	No	No
J1100	Injection, dihydroergotamine mesylate, per 1 mg	D.H.E. 45	Injectable Drug	No	No	No	No	No	No	No	No
J1120	Injection, acetazolamide sodium, up to 500 mg		Injectable Drug	No	No	No	No	No	No	No	No
J1130	Injection, diclofenac sodium, 0.5 mg		Injectable Drug	No	No	No	No	No	No	No	No
J1160	Injection, digoxin, up to 0.5 mg	Digoxin, Lanoxin	Injectable Drug	No	No	No	No	No	No	No	No
J1162	Injection, digoxin immune fab (ovine), per vial	Digifab	Injectable Drug	No	No	No	No	No	No	No	No
J1165	Injection, phenytoin sodium, per 50 mg		Injectable Drug	No	No	No	No	No	No	No	No
J1170	Injection, hydromorphone, up to 4 mg	Dilaudid (PP5YR), Hydromorphone Hydrochloride	Injectable Drug	No	No	No	No	No	No	No	No
J1180	Injection, diphyliline, up to 500 mg		Injectable Drug	No	No	No	No	No	No	No	No
J1190	Injection, dextroazoxane HCl, per 250 mg	Totec, Zincard	Injectable Drug	No	No	No	No	No	No	No	No
J1200	Injection, diphenhydramine HCl, up to 50 mg	Benadryl	Injectable Drug	No	No	No	No	No	No	No	No
J1201	Injection, cetirizine HCl, 0.5 mg		Injectable Drug	No	No	No	No	No	No	No	No
J1205	Injection, chlorothiazide sodium, per 500 mg	Diuril IV	Injectable Drug	No	No	No	No	No	No	No	No
J1212	Injection, DMSO, dimethyl sulfoxide, 50%, 50 ml	Rimso-50	Injectable Drug	No	No	No	No	No	No	No	No
J1230	Injection, methadone HCl, up to 10 mg		Injectable Drug	No	No	No	No	No	No	No	No
J1240	Injection, dimenhydrinate, up to 50 mg		Injectable Drug	No	No	No	No	No	No	No	No
J1245	Injection, dipyridamole, per 10 mg		Injectable Drug	No	No	No	No	No	No	No	No
J1250	Injection, Dobutamine HCl, per 250 mg		Injectable Drug	No	No	No	No	No	No	No	No
J1260	Injection, dolasetron mesylate, 10 mg		Injectable Drug	No	No	No	No	No	No	No	No
J1265	Injection, dopamine HCl, 40 mg		Injectable Drug	No	No	No	No	No	No	No	No
J1267	Injection, doripenem, 10 mg	Doribax	Injectable Drug	No	No	No	No	No	No	No	No
J1270	Injection, dowercalciferol, 1 mcg	Hectorol	Injectable Drug	No	No	No	No	No	No	No	No
J1290	Injection, ecallantide, 1 mg	Kalbitor	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J1300	Injection, ecalzumab, 10 mg	Soliris	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J1301	Injection, edaravone, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J1302	Injection, sutimabumab-jome, 10 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J1303	Injection, ravulizumab-cvzv, 10 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J1305	Injection, evinacumab-dmab, 5 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J1306	Injection, incisiran, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J1320	Injection, amtripyrtine HCl, up to 20 mg		Injectable Drug	No	No	No	No	No	No	No	No
J1322	Injection, elotubalof alfa, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J1324	Injection, enfuvirtide, 1 mg		Injectable Drug	No	No	No	No	No	No	No	No
J1325	Injection, epprostenol, 0.5 mg	Flolan	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J1327	Injection, eptifibatide, 5 mg		Injectable Drug	No	No	No	No	No	No	No	No
J1330	Injection, ergonovine maleate, up to 0.2 mg		Injectable Drug	No	No	No	No	No	No	No	No
J1335	Injection, eripagenim sodium, 500 mg	Inavaz	Injectable Drug	No	No	No	No	No	No	No	No
J1364	Injection, erythromycin lactobionate, per 500 mg		Injectable Drug	No	No	No	No	No	No	No	No
J1380	Injection, estradiol valerate, up to 10 mg	Delestrogen	Injectable Drug	No	No	No	No	No	No	No	No
J1410	Injection, estrogen conjugated, per 25 mg	Premarin	Injectable Drug	No	No	No	No	No	No	No	No
J1411	Injection, etranacetate, per 25 mg		Injectable Drug	No	No	No	No	No	No	No	No
J1426	Injection, casimersen, 10 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J1427	Injection, viltolarsen, 10 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J1428	Injection, eteplirsen, 10 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J1429	Injection, goldsiron, 10 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J1430	Injection, ethandamine oleate, 100 mg		Injectable Drug	No	No	No	No	No	No	No	No
J1435	Injection, estrone, per 1 mg		Injectable Drug	No	No	No	No	No	No	No	No
J1436	Injection, etidronate disodium, per 300 mg		Injectable Drug	No	No	No	No	No	No	No	No
J1437	Injection, ferric derisomatose, 10 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Injection, etanercept, 25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J1438	Injection, etanercept, 25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J1439	Injection, ferric carboxymaltose, 1 mg	Injectaferr	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J1440	Fecal microbiota, live-islm, 1 mg			Yes	Yes	No	No	No	No	No	Yes
J1442	Injection, filgrastim (G-CSF), excludes biosimilars, 1 microgram	Neupogen	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J1443	Injection, ferric pyrophosphate citrate solution, 0.1 mg of iron		Injectable Drug	No	No	No	No	No	No	No	No
J1444	Injection, ferric pyrophosphate citrate powder, 0.1 mg of iron		Injectable Drug	No	No	No	No	No	No	No	No
J1445	Injection, ferric pyrophosphate citrate solution (Triferic AVNU), 0.1 mg of iron		Injectable Drug	No	No	No	No	No	No	No	No
J1447	Injection, tbo-filgrastim, 1 microgram	Granix	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J1448	Injection, trilicicidb, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J1449	Injection, etanercept, 25 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J1450	Injection, fluconazole, 200 mg	Diffican	Injectable Drug	No	No	No	No	No	No	No	No
J1451	Injection, fomivizole, 15 mg		Injectable Drug	No	No	No	No	No	No	No	No
J1452	Injection, fomivizole sodium, intraculcar, 1.65 mg		Injectable Drug	No	No	No	No	No	No	No	No
J1453	Injection, fosaprepitant, 1 mg		Injectable Drug	No	No	No	No	No	No	No	No
J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg		Injectable Drug	Yes	No	No	No	No	No	No	Yes
J1455	Injection, foscarnet sodium, per 1,000 mg		Injectable Drug	No	No	No	No	No	No	No	No
J1457	Injection, gallium nitrate, 1 mg		Injectable Drug	No	No	No	No	No	No	No	No
J1458	Injection, galsulfase, 1 mg	Naglazyme	Injectable Drug	Yes	No	Yes	Yes	Yes	No	Yes	Yes
J1459	Injection, immune globulin (Privigen), intravenous, nonpholyzied (e.g., liquid), 500 mg	Privigen	Immune Globulin	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J1460	Injection, gamma globulin, intramuscular, 1 cc	Gamastan S/D	Immune Globulin	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

CPT	Description	Notes	Code Group	Commercial HMO/ACA	Commercial Non-ACA	Centra-Auth Non-ASA	Centra-Auth ASA	Sentry-Auth Non-ASA	Sentry-Auth ASA	TRBC	BMS
J1551	Injection, immune globulin (Cutaquig), 100 mg		Immune Globulin	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J1554	Injection, immune globulin (Asceniv), 500 mg	Asceniv	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J1555	Injection, immune globulin (Cuvitru), 100 mg	Cuvitru	Immune Globulin	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J1556	Injection, immune globulin (Ivivag), 500 mg	Ivivag	Immune Globulin	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J1557	Injection, immune globulin, (Gammagrab), intravenous, nonlyophilized (e.g., liquid), 500 mg	Gammagrab	Immune Globulin	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J1558	Injection, immune globulin (kembify), 100 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J1559	Injection, immune globulin (Hizentra), 100 mg	Hizentra	Immune Globulin	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J1560	Injection, gamma globulin, intramuscular, over 10 cc	Gamastan S/D	Immune Globulin	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J1561	Injection, immune globulin, (Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg	Gammaked, Gamunex-C	Immune Globulin	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J1562	Injection, immune globulin (Vivaglobin), 100 mg		Immune Globulin	Yes	Yes	No		No	No	Yes	Yes
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	Carimune NF, Gammagard S/D	Immune Globulin	Yes	Yes	No	Yes	No	Yes	Yes	Yes
J1568	Injection, immune globulin, (Octagam), intravenous, nonlyophilized (e.g., liquid), 500 mg	Octagam	Immune Globulin	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J1569	Injection, immune globulin, (Gammagard liquid), nonlyophilized, (e.g., liquid), 500 mg	Gammagard Liquid	Immune Globulin	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J1570	Injection, ganciclovir sodium, 500 mg	Cytovene	Injectable Drug	No	No		No	No	No	No	No
J1571	Injection, hepatitis B immune globulin (Hepagam B), intramuscular, 0.5 ml	CBI Hepagam B 1 ML, CBI Hepagam B 5 ML, Nova Hepagam B 1ML, Nova Hepagam B 5 ML	Immune Globulin	No	No	No	No	No	No	No	No
J1572	Injection, hepatitis B immune globulin (Hepagam B), intramuscular, 0.5 ml	Flebogamma 10% DIF, Flebogamma DIF	Immune Globulin	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J1573	Injection, hepatitis B immune globulin (Hepagam B), intravenous, 0.5 ml		Immune Globulin	No	No	No	No	No	No	No	No
J1575	Injection, immune globulin/hyaluronidase, 100 mg immune globulin	Hyvia	Immune Globulin	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J1576	Injection, immune globulin (pancyg), intravenous, non-lyophilized, 500 mg		Injectable Drug	Yes	Yes	Yes	No	Yes	No	Yes	Yes
J1580	Injection, gentamicin, gentamicin, up to 80 mg	Gentamicin Sulfate	Injectable Drug	No	No	No	No	No	No	No	No
J1595	Injection, glatiramer acetate, 20 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J1599	Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500 mg		Immune Globulin	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J1600	Injection, gold sodium thiomalate, up to 50 mg		Injectable Drug	No	No	No	No	No	No	No	No
J1602	Injection, golimumab, 1 mg, for intravenous use	Simponi Aria	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J1610	Injection, glucagon HCl, per 1 mg	Glucagen	Injectable Drug	No	No	No	No	No	No	No	No
J1620	Injection, gonadorelin HCl, per 100 mcg		Injectable Drug	No	No	No	No	No	No	No	No
J1626	Injection, granisetron HCl, 100 mcg		Injectable Drug	No	No	No	No	No	No	No	No
J1627	Injection, granisetron, extended-release, 0.1 mg	Sustol	Injectable Drug	No	No	No	No	No	No	No	No
J1628	Injection, guselkumab, 1 mg		Injectable Drug	Yes	Yes	Yes	No	Yes	No	Yes	Yes
J1630	Injection, haloperidol, up to 5 mg	Haldol, Haloperidol Lactate	Injectable Drug	No	No	No	No	No	No	No	No
J1631	Injection, haloperidol decanoate, per 50 mg	Haldol Decanoate	Injectable Drug	No	No	No	No	No	No	No	No
J1632	Injection, bexanrolone, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J1640	Injection, hemin, 1 mg	Panhematin	Injectable Drug	No	No	No	No	No	No	No	No
J1642	Injection, heparin sodium, (heparin lock flush), per 10 units		Injectable Drug	No	No	No	No	No	No	No	No
J1644	Injection, Heparin sodium, per 1000 units		Injectable Drug	No	No	No	No	No	No	No	No
J1645	Injection, dalfaparin sodium, per 2500 IU	Fragmin	Injectable Drug	No	No	No	No	No	No	No	No
J1650	Injection, enoxaparin sodium, 10 mg	Lovenox	Injectable Drug	No	No	No	No	No	No	No	No
J1652	Injection, fondaparinux sodium, 0.5 mg	Arixtra	Injectable Drug	No	No	No	No	No	No	No	No
J1655	Injection, tinsaparin sodium, 1000 IU		Injectable Drug	No	No	No	No	No	No	No	No
J1670	Injection, tetanus immune globulin, human, up to 250 units	Hypertet S/D	Immune Globulin	No	No	No	No	No	No	No	No
J1675	Injection, histrelin acetate, 10 mcg		Injectable Drug	No	No	No	No	No	No	No	No
J1700	Injection, hydrocortisone acetate, up to 25 mg		Injectable Drug	No	No	No	No	No	No	No	No
J1710	Injection, hydrocortisone sodium phosphate, up to 50 mg		Injectable Drug	No	No	No	No	No	No	No	No
J1720	Injection, hydrocortisone sodium succinate, up to 100 mg	Solu-Cortef, Solu-Cortef 500MG 4ML	Injectable Drug	No	No	No	No	No	No	No	No
J1726	Injection, hydroxyprogesterone caproate, (Makena), 10 mg		Injectable Drug	No	No	Yes	Yes	Yes	Yes	No	No
J1729	Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg		Injectable Drug	No	No	No	No	No	No	No	No
J1730	Injection, diazoxide, up to 300 mg		Injectable Drug	No	No	No	No	No	No	No	No
J1738	Injection, meloxicam, 1 mg		Injectable Drug	No	No	No	No	No	No	No	No
J1740	Injection, ibandronate sodium, 1 mg	Boniva	Injectable Drug	Yes	Yes	No	No	No	No	Yes	Yes
J1741	Injection, ibuprofen, 100 mg		Injectable Drug	No	No	No	No	No	No	No	No
J1742	Injection, butilide fumarate, 1 mg	Conwert	Injectable Drug	No	No	No	No	No	No	No	No
J1743	Injection, idursulfase, 1 mg	Elaprase	Injectable Drug	No	No	Yes	Yes	Yes	Yes	No	No
J1744	Injection, icatibant, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J1745	Injection, infliximab, excludes biosimilar, 10 mg	Remicade	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J1746	Injection, ibalizumab ivig, 10 mL		Injectable Drug	Yes	Yes	No	No	No	No	No	No
J1747	Injection, guselkumab-ibzo, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J1750	Injection, iron dextran, 50 mg	Infed	Injectable Drug	No	No	No	No	No	No	No	No
J1756	Injection, iron sucrose, 1 mg	Venofer	Injectable Drug	No	No	No	No	No	No	No	No
J1786	Injection, imiglucerase, 10 units	Cerezyme	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J1790	Injection, droperidol, up to 5 mg		Injectable Drug	No	No	No	No	No	No	No	No
J1800	Injection, propofol HCl, up to 1 mg		Injectable Drug	No	No	No	No	No	No	No	No
J1805	Injection, esmolol hydrochloride, 10 mg		Injectable Drug	No	No	No	No	No	No	No	No
J1806	Injection, esmolol hydrochloride, not therapeutically equivalent to J1805, 10 mg		Injectable Drug	No	No	No	No	No	No	No	No
J1810	Injection, droperidol and fentanyl citrate, up to 2 ml ampule		Injectable Drug	No	No	No	No	No	No	No	No
J1811	Insulin for administration through dime per 50 units			No	No	No	No	No	No	No	No
J1812	Insulin (Rasp), per 5 units			No	No	No	No	No	No	No	No
J1813	Insulin (Iyumjev) for administration through dime, per 50 units			No	No	No	No	No	No	No	No
J1814	Insulin (Iyumjev), per 5 units			No	No	No	No	No	No	No	No
J1815	Insulin, insulin, per 5 units			No	No	No	No	No	No	No	No
J1817	Insulin for administration through DME (i.e., insulin pump) per 50 units			No	No	No	No	No	No	No	No
J1823	Injection, inebilizumab-ctdn, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J1826	Injection, interferon beta-1b, 30 mcg		Injectable Drug	No	No	No	No	No	No	No	No
J1830	Injection interferon beta-1b, 0.25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)		Injectable Drug	No	No	No	No	No	No	No	No
J1833	Injection interferon beta-1b, 0.25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)		Injectable Drug	No	No	No	No	No	No	No	No
J1835	Injection, itraconazole, 50 mg		Injectable Drug	No	No	No	No	No	No	No	No
J1836	Injection, metronidazole, 10 mg		Injectable Drug	No	No	No	No	No	No	No	No
J1840	Injection, kanamycin sulfate, up to 500 mg		Injectable Drug	No	No	No	No	No	No	No	No
J1850	Injection, kanamycin sulfate, up to 75 mg		Injectable Drug	No	No	No	No	No	No	No	No
J1885	Injection, ketorolac tromethamine, per 15 mg		Injectable Drug	No	No	No	No	No	No	No	No
J1890	Injection, cephalothin sodium, up to 1 g		Injectable Drug	No	No	No	No	No	No	No	No
J1920	Injection, labetalol hydrochloride, 5 mg		Injectable Drug	No	No	No	No	No	No	No	No
J1921	Injection, labetalol hydrochloride not therapeutically equivalent to J1820, 5 mg		Injectable Drug	No	No	No	No	No	No	No	No
J1930	Injection, lanreotide, 1 mg	Somatuline Depot	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J1931	Injection, lanreotide, 0.1 mg	Aldurazyme	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J1932	Injection, citalopram, 10 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J1940	Injection, furosemide, up to 20 mg		Injectable Drug	No	No	No	No	No	No	No	No
J1941	Injection, furosemide, 20 mg		Injectable Drug	No	No	No	No	No	No	No	No
J1943	Injection, arpiprazole lauroxil, (Aristada initial), 1 mg		Injectable Drug	No	No	No	No	No	No	No	No
J1944	Injection, arpiprazole lauroxil, (Aristada), 1 mg		Injectable Drug	No	No	No	No	No	No	No	No
J1945	Injection, leuprolide, 30 mg	Withdrawn from market		No	No	No	No	No	No	No	No
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	Lupron Depot	Injectable Drug	Yes	Yes	No	No	No	No	Yes	Yes
J1951	Injection, leuprolide acetate for depot suspension (Fensolvi), 0.25 mg		Injectable Drug	Yes	Yes	No	No	No	No	Yes	Yes
J1952	Leuprolide injectable, camevi, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J1953	Injection, levettiracetam, 10 mg	Keppra	Injectable Drug	No	No	No	No	No	No	No	No
J1954	Injection, leuprolide acetate (Lutrate)		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J1955	Injection, levocarnitine, per 1 g	Carnitor	Injectable Drug	Yes	Yes	No	No	No	No	Yes	Yes
J1956	Injection, levofloxacin, 250 mg	Levaquin	Injectable Drug	No	No	No	No	No	No	No	No
J1960	Injection, levorphanol tartrate, up to 2 mg		Injectable Drug	No	No	No	No	No	No	No	No
J1961	Injection, lenacapavir, 1 mg		Injectable Drug	No	No	No	No	No	No	No	No
J1980	Injection, hycosamine sulfate, up to 0.25 mg	Levin	Injectable Drug	No	No	No	No	No	No	No	No
J1990	Injection, chloridazepoxide HCl, up to 100 mg		Injectable Drug	No	No	No	No	No	No	No	No
J2001	Injection, lidocaine HCl for intravenous infusion, 10 mg		Infusion Drug	No	No	No	No	No	No	No	No
J2010	Injection, lincomycin HCl, up to 300 mg	Lincomin	Injectable Drug	No	No	No	No	No	No	No	No
J2020	Injection, linezolid, 200 mg	Zyvox	Injectable Drug	No	No	No	No	No	No	No	No
J2060	Injection, lorazepam, 2 mg	Ativan	Injectable Drug	No	No	No	No	No	No	No	No
J2062	Lovastatin for inhalation, 1 mg		Injectable Drug	No	No	No	No	No	No	No	No
J2150	Injection, mannitol, 25% in 50 ml		Injectable Drug	No	No	No	No	No	No	No	No
J2170	Injection, mecasermin, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J2175	Injection, meperidine HCl, per 100 mg	Demerol	Injectable Drug	No	No	No	No	No	No	No	No
J2180	Injection, meperidine and promethazine HCl, up to 50 mg		Injectable Drug	No	No	No	No	No	No	No	No
J2182	Injection, mepolizumab, 1 mg	Nucala	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J2185	Injection, meropenem, 100 mg	Merrem	Injectable Drug	No	No	No	No	No	No	No	No
J2186	Injection, meropenem, vaborbactam, 10 mg/10 mg, (20 mg)	J2185 Meropenem 100 mg/No.	Injectable Drug	No	No	No	No	No	No	No	No
J2210	Injection, methylxanthine maleate, up to 0.2 mg		Injectable Drug	No	No	No	No	No	No	No	No
J2212	Injection, methylxanthine, 0.1 mg		Injectable Drug	No	No	No	No	No	No	No	No
J2248	Injection, micalcugin sodium, 1 mg	Mycamine	Injectable Drug	No	No	No	No	No	No	No	No
J2249	Injection, remimazolam, 1 mg		Injectable Drug	No	No	No	No	No	No	No	No
J2250	Injection, midazolam HCl, per 1 mg		Injectable Drug	No	No	No	No	No	No	No	No
J2260	Injection, milrinone lactate, 5 mg		Injectable Drug	No	No	No	No	No	No	No	No
J2265	Injection, minocycline HCl, 1 mg		Injectable Drug	No	No	No	No	No	No	No	No
J2270	Injection, morphine sulfate, up to 10 mg		Injectable Drug	No	No	No	No	No	No	No	No
J2274	Injection, morphine sulfate, preservative free for epidural or intrathecal use, 10 mg	Duramorph, infumorph 200, infumorph 500	Injectable Drug	No	No	No	No	No	No	No	No
J2278	Injection, ziconotide, 1 mcg	Prialt	Injectable Drug	Yes	Yes	No	No	No	No	Yes	Yes
J2280	Injection, moxifloxacin, 100 mg	avelox	Injectable Drug	No	No	No	No	No	No	No	No
J2300	Injection, cefepime HCl, per 10 mg		Injectable Drug	No	No	No	No	No	No	No	No
J2305	Injection, nitroglycerin, 5 mg		Injectable Drug	No	No	No	No	No	No	No	No
J2310	Injection, naloxone HCl, per 1 mg		Injectable Drug	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO	Commercial PPO	Commercial Non-ASA	Centra-Auth Non-ASA	Centra-Auth ASA	Sentry-Auth Non-ASA	Sentry-Auth ASA	TRBC Auth	BMS Auth
J2315	Injection, naltrexone, depot form, 1 mg	Vivitrol	Injectable Drug	No	No	No	No	No	No	No	No	No
J2320	Injection, nandrolone decanoate, up to 50 mg		Injectable Drug	No	No	No	No	No	No	No	No	No
J2323	Injection, natalizumab, 1 mg	Tysabri	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J2325	Injection, nesiritide, 0.1 mg		Injectable Drug	No	No	No	No	No	No	No	No	No
J2326	Injection, nusinersen, 0.1 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J2327	Injection, risankizumab-rzaa) Skyrizi			Yes	Yes	Yes	No	Yes	No	No	Yes	Yes
J2329	Injection, ublituximab-kily, 1 mg			U	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J2350	Injection, ocrelizumab, 1 mg	Ocrevus	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	Sandostatin LAR Depot	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J2354	Injection, octreotide, nondepot form for subcutaneous or intravenous injection, 25 mcg	Sandostatin	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J2355	Injection, oprelvekin, 5 mcg	manufacturer discontinued	Injectable Drug	No	No	No	No	No	No	No	No	No
J2356	Injection, tezepelumab-ekko, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J2357	Injection, omalizumab, 5 mg	Xolair	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J2358	Injection, olanzapine, long-acting, 1 mg	Zyprexa Retoprev	Injectable Drug	No	No	No	No	No	No	No	No	No
J2359	Injection, olanzapine, 0.5 mg			No	No	No	No	No	No	No	No	No
J2360	Injection, orphenadrine citrate, up to 60 mg		Injectable Drug	No	No	No	No	No	No	No	No	No
J2370	Injection, phenylephrine HCl, up to 1 ml	Code discontinued 7/7/23	Injectable Drug	No	No	No	No	No	No	No	No	No
J2371	Injection, phenylephrine hydrochloride, 20 micrograms			No	No	No	No	No	No	No	No	No
J2372	Injection, phenylephrine hydrochloride, 20 micrograms			No	No	No	No	No	No	No	No	No
J2400	Injection, chloroprocaine HCl, per 30 ml	Nesacaine, Nesacaine-MPF	Injectable Drug	No	No	No	No	No	No	No	No	No
J2403	Chloroprocaine hcl ophthalmic, 35 gel, 1 mg			No	No	No	No	No	No	No	No	No
J2405	Injection, ondansetron HCl, per 1 mg		Injectable Drug	No	No	No	No	No	No	No	No	No
J2406	Injection, oritavancin, 10 mg	Kimraya	Injectable Drug	No	No	No	No	No	No	No	No	No
J2407	Injection, oritavancin, 10 mg	Orbactiv	Injectable Drug	No	No	No	No	No	No	No	No	No
J2410	Injection, oxymorphone HCl, up to 1 mg		Injectable Drug	No	No	No	No	No	No	No	No	No
J2425	Injection, palifermin, 50 mcg	Kepivance	Injectable Drug	No	No	No	No	No	No	No	No	No
J2426	Injection, paliperidone palmitate extended release, 1 mg	Invega Sustenna	Injectable Drug	No	No	No	No	No	No	No	No	No
J2427	Injection, paliperidone palmitate extended release, 1 mg			No	No	No	No	No	No	No	No	No
J2430	Injection, pamidronate disodium, per 30 mg		Injectable Drug	No	No	No	No	No	No	No	No	No
J2440	Injection, papaverine HCl, up to 60 mg		Injectable Drug	No	No	No	No	No	No	No	No	No
J2460	Injection, oxytetracycline HCl, up to 50 mg		Injectable Drug	No	No	No	No	No	No	No	No	No
J2469	Injection, palonosetron HCl, 25 mcg	Aloxi	Injectable Drug	No	No	No	No	No	No	No	No	No
J2501	Injection, paricalcitol, 1 mcg	Zemlar	Injectable Drug	No	No	No	No	No	No	No	No	No
J2502	Injection, pasireotide long acting, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J2503	Injection, pegaptanib sodium, 0.3 mg	Macugen	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J2504	Injection, pegademase bovine, 25 IU	Adagen	Injectable Drug	No	No	No	No	No	No	No	No	No
J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J2507	Injection, pegloticase, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J2510	Injection, penicillin G procaine, aqueous, up to 600,000 units		Injectable Drug	No	No	No	No	No	No	No	No	No
J2513	Injection, pentasclach, 10% solution, 100 ml		Injectable Drug	No	No	No	No	No	No	No	No	No
J2515	Injection, pentobarbital sodium, per 50 mg		Injectable Drug	No	No	No	No	No	No	No	No	No
J2540	Injection, penicillin G potassium, up to 600,000 units		Injectable Drug	No	No	No	No	No	No	No	No	No
J2543	Injection, piperacillin sodium/tazobactam sodium, 1 g/0.125 g (1.125 g)		Injectable Drug	No	No	No	No	No	No	No	No	No
J2545	Pentamidine isethionate, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per 300 mg		Injectable Drug	No	No	No	No	No	No	No	No	No
J2547	Injection, peramivir, 1 mg		Inhalation Drug	No	No	No	No	No	No	No	No	No
J2550	Injection, promethazine HCl, up to 50 mg		Injectable Drug	No	No	No	No	No	No	No	No	No
J2560	Injection, phenobarbital sodium, up to 120 mg		Injectable Drug	No	No	No	No	No	No	No	No	No
J2561	Injection, phenobarbital sodium, 1 mg			No	No	No	No	No	No	No	No	No
J2562	Injection, plerixafor, 1 mg		Injectable Drug	No	No	No	No	No	No	No	No	No
J2590	Injection, oxytocin, up to 10 units		Injectable Drug	No	No	No	No	No	No	No	No	No
J2592	Injection, desmopressin acetate, per 1 mcg		Injectable Drug	No	No	No	No	No	No	No	No	No
J2598	Injection, vasopressin, 1 unit			No	No	No	No	No	No	No	No	No
J2599	Injection, vasopressin not therapeutically equivalent to J2598, 1 unit			No	No	No	No	No	No	No	No	No
J2650	Injection, prednisolone acetate, up to 1 ml		Injectable Drug	No	No	No	No	No	No	No	No	No
J2670	Injection, tolazoline HCl, up to 25 mg		Injectable Drug	No	No	No	No	No	No	No	No	No
J2675	Injection, progesterone, per 50 mg		Injectable Drug	No	No	No	No	No	No	No	No	No
J2680	Injection, fuphenazine decanoate, up to 25 mg		Injectable Drug	No	No	No	No	No	No	No	No	No
J2690	Injection, procainamide HCl, up to 1 g		Injectable Drug	No	No	No	No	No	No	No	No	No
J2700	Injection, oxacillin sodium, up to 250 mg		Injectable Drug	No	No	No	No	No	No	No	No	No
J2704	Injection, propofol, 10 mg		Injectable Drug	No	No	No	No	No	No	No	No	No
J2710	Injection, neostigmine methylsulfate, up to 0.5 mg		Injectable Drug	No	No	No	No	No	No	No	No	No
J2714	Injection, factor viii/Non willebrand factor complex, recombinant (altuvio), per factor viii, i.u.			Yes	Yes	Yes	No	Yes	No	No	Yes	Yes
J2720	Injection, protamine sulfate, per 10 mg		Injectable Drug	No	No	No	No	No	No	No	No	No
J2724	Injection, protein C concentrate, intravenous, human, 10 IU		Injectable Drug	Yes	Yes	No	No	No	No	No	Yes	Yes
J2725	Injection, protrieline, per 250 mcg	Risperdal Consta	Injectable Drug	No	No	No	No	No	No	No	No	No
J2730	Injection, pralidoxime chloride, up to 1 g	Naropin	Injectable Drug	No	No	No	No	No	No	No	No	No
J2760	Injection, phenolamine mesylate, up to 5 mg	Nplate	Injectable Drug	No	No	No	No	No	No	No	No	No
J2765	Injection, metoclopramide HCl, up to 10 mg		Injectable Drug	No	No	No	No	No	No	No	No	No
J2770	Injection, giquipristin/dalfopristin, 500 mg (150/350)		Injectable Drug	No	No	No	No	No	No	No	No	No
J2777	Injection, faricimab, vial Vabysma			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J2778	Injection, ranibizumab, 0.1 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J2779	Injection, ranibizumab, via intravitreal implant, 01. mg			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J2780	Injection, ranitidine HCl, 25 mg		Injectable Drug	No	No	No	No	No	No	No	No	No
J2781	Injection, pexacetacopran, intravitreal, 1 mg			Yes	Yes	Yes	No	Yes	No	No	Yes	Yes
J2783	Injection, casiragase, 0.5 mg		Injectable Drug	Yes	Yes	No	No	No	No	No	Yes	Yes
J2785	Injection, regadenoson, 0.1 mg		Injectable Drug	No	No	No	No	No	No	No	No	No
J2786	Injection, reslizumab, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J2787	Riboflavin 5'-phosphate, ophthalmic solution, up to 3 ml		Injectable Drug	No	No	No	No	No	No	No	No	No
J2788	Injection, Rho D immune globulin, human, minidose, 50 mcg (250 i.u.)		Injectable Drug	No	No	No	No	No	No	No	No	No
J2790	Injection, Rho D immune globulin, human, full dose, 300 mcg (1500 i.u.)		Immune Globulin	No	No	No	No	No	No	No	No	No
J2791	Injection, Rho (D) immune globulin (human), (Rhophylac), intramuscular or intravenous 100iu		Immune Globulin	No	No	No	No	No	No	No	No	No
J2792	Injection, Rho D immune globulin, intravenous, human, solvent detergent, 100 IU	Winrho SDF	Immune Globulin	No	No	No	No	No	No	No	No	No
J2793	Injection, rilocalcept, 1 mg		Injectable Drug	No	No	No	No	No	No	No	No	No
J2794	Injection, risperidone, long acting, 0.5 mg	Risperdal Consta	Injectable Drug	No	No	No	No	No	No	No	No	No
J2795	Injection, rogiacaine HCl, 1 mg	Naropin	Injectable Drug	No	No	No	No	No	No	No	No	No
J2796	Injection, romiplostim, 10 mcg		Injectable Drug	Yes	Yes	No	No	No	No	No	Yes	Yes
J2797	Injection, rolapitant, 0.5 mg		Injectable Drug	No	No	No	No	No	No	No	No	No
J2798	Injection, risperidone (Pereris), 0.5 mg		Injectable Drug	No	No	No	No	No	No	No	No	No
J2800	Injection, methocarbamol, up to 10 ml	Robaxin	Injectable Drug	No	No	No	No	No	No	No	No	No
J2805	Injection, sincalide, 5 mcg		Injectable Drug	No	No	No	No	No	No	No	No	No
J2806	Injection, sincalide not therapeutically equivalent to J2805, 5 micrograms			No	No	No	No	No	No	No	No	No
J2810	Injection, theophylline, per 40 mg		Injectable Drug	No	No	No	No	No	No	No	No	No
J2820	Injection, sargramostim (GM-CSF), 50 mcg	Leukine (LYO PWD)	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J2840	Injection, selbelpase alfa, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J2850	Injection, secretin, synthetic, human, 1 mcg		Injectable Drug	No	No	No	No	No	No	No	No	No
J2860	Injection, siltuximab, 10 mg		Injectable Drug	No	No	No	No	No	No	No	No	No
J2910	Injection, aurothioglucose, up to 50 mg		Injectable Drug	No	No	No	No	No	No	No	No	No
J2916	Injection, sodium ferrii gluconate complex in sucrose injection, 12.5 mg	Ferri-lecit	Injectable Drug	No	No	No	No	No	No	No	No	No
J2920	Injection, methylprednisolone sodium succinate, up to 40 mg	Solu-Medrol	Injectable Drug	No	No	No	No	No	No	No	No	No
J2930	Injection, methylprednisolone sodium succinate, up to 125 mg	Solu-Medrol	Injectable Drug	No	No	No	No	No	No	No	No	No
J2940	Injection, somatrem, 1 mg		Injectable Drug	No	No	No	No	No	No	No	No	No
J2941	Injection, somatropin, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J2950	Injection, promazine HCl, up to 25 mg	Talwin Lactate	Injectable Drug	No	No	No	No	No	No	No	No	No
J2993	Injection, reteplase, 18.3 mg	Sivextro	Injectable Drug	No	No	No	No	No	No	No	No	No
J2995	Injection, streptokinase, per 250,000 IU		Injectable Drug	No	No	No	No	No	No	No	No	No
J2997	Injection, alteplase recombinant, 1 mg		Injectable Drug	No	No	No	No	No	No	No	No	No
J2998	Injection, plasminogen, human-tvmh, mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J3000	Injection, streptomycin, up to 1 g		Injectable Drug	No	No	No	No	No	No	No	No	No
J3010	Injection, fentanyl citrate, 0.1 mg	Sublimaze	Injectable Drug	No	No	No	No	No	No	No	No	No
J3030	Injection, sumatriptan succinate, 6 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)		Injectable Drug	No	No	No	No	No	No	No	No	No
J3031	Injection, fremezumab-vrm, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)			No	No	No	No	No	No	No	No	No
J3032	Injection, eptinezumab-jimr, 1 mg		Injectable Drug	No	No	No	No	No	No	No	No	No
J3060	Injection, taliferucic acid, 10 units	Elvelvo	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J3070	Injection, pentastocine, 20 mg		Injectable Drug	No	No	No	No	No	No	No	No	No
J3090	Injection, tedizolid phosphate, 1 mg	Sivextro	Injectable Drug	No	No	No	No	No	No	No	No	No
J3095	Injection, telavancin, 10 mg	Vibativ	Injectable Drug	No	No	No	No	No	No	No	No	No
J3101	Injection, tenecteplase, 1 mg	Tinkase	Injectable Drug	No	No	No	No	No	No	No	No	No
J3105	Injection, terbutaline sulfate, up to 1 mg		Injectable Drug	No	No	No	No	No	No	No	No	No
J3110	Injection, teriparatide, 10 mcg		Injectable Drug	No	No	No	No	No	No	No	No	No
J3111	Injection, romosozumab-aqoo, 1 mg		Injectable Drug	Yes	Yes	Yes	No	Yes	No	No	Yes	Yes
J3121	Injection, testosterone enanthate, 1 mg		Injectable Drug	Yes	Yes	No	No	No	No	No	Yes	Yes
J3145	Injection, testosterone undecanoate, 1 mg	Aveed	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J3230	Injection, chlorpromazine HCl, up to 50 mg		Injectable Drug	No	No	No	No	No	No	No	No	No
J3240	Injection, thyrotropin alfa 0.5 mg, provided in 1.1 mg vial	Thyrogen	Injectable Drug	No	No	No	No	No	No	No	No	No
J3241	Injection, teprotumumab-trbw, 10 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J3243	Injection, tigecycline, 1 mg		Injectable Drug	No	No	No	No	No	No	No	No	No
J3245	Injection, tildrakizumab, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J3246	Injection, tirofiban HCl, 0.25 mg		Injectable Drug	No	No	No	No	No	No	No	No	No
J3250	Injection, trimethoprim-sulfamethoxazole HCl, up to 200 mg	Tisan	Injectable Drug	No	No	No	No	No	No	No	No	No
J3260	Injection, tobramycin sulfate, up to 80 mg		Injectable Drug	No	No	No	No	No	No	No	No	No
J3262	Injection, tocilizumab, 1 mg	Actemra	Injectable Drug	Yes								

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TBRC Auth	BMS Auth
J3265	Injection, toremide, 10 mg/ml		Injectable Drug	No	No	No	No	No	No	No	No
J3280	Injection, thalidomide maleate, up to 10 mg		Injectable Drug	No	No	No	No	No	No	No	No
J3285	Injection, treprostinil, 1 mg	Remodulin	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J3299	Injection, triamcinolone acetonide, 1 mg	Xipere	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J3300	Injection, triamcinolone acetonide, preservative free, 1 mg		Injectable Drug	No	No	No	No	No	No	No	No
J3301	Injection, triamcinolone acetonide, not otherwise specified, 10 mg	Kenalog	Injectable Drug	No	No	No	No	No	No	No	No
J3302	Injection, triamcinolone diacetate, per 5 mg		Injectable Drug	No	No	No	No	No	No	No	No
J3303	Injection, triamcinolone hexacetonide, per 5 mg		Injectable Drug	No	No	No	No	No	No	No	No
J3304	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	Crossover from Q9993	Injectable Drug	No	No	No	No	No	No	No	No
J3305	Injection, trimetazate glucuronate, per 25 mg		Injectable Drug	No	No	No	No	No	No	No	No
J3310	Injection, perphenazine, up to 5 mg		Injectable Drug	No	No	No	No	No	No	No	No
J3315	Injection, triptorelin pamoate, 3.75 mg	Trelstar	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J3316	Injection, triptorelin, extended-release, 3.75 mg		Injectable Drug	Yes	Yes	No	No	No	No	Yes	Yes
J3320	Injection, spectinomycin dihydrochloride, up to 2 g		Injectable Drug	No	No	No	No	No	No	No	No
J3350	Injection, urea, up to 40 g		Injectable Drug	No	No	No	No	No	No	No	No
J3355	Injection, urofollitropin, 75 IU	not available in US	Injectable Drug	No	No	No	Yes	Yes	Yes	Yes	No
J3357	Ustekinumab, for subcutaneous injection, 1 mg	Stelara	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J3358	Ustekinumab, for intravenous injection, 1 mg	Stelara	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J3360	Injection, diazepam, up to 5 mg		Injectable Drug	No	No	No	No	No	No	No	No
J3364	Injection, urokinase, 5,000 IU vial	not available in US	Injectable Drug	No	No	No	No	No	No	No	No
J3365	Injection, IV, urokinase, 250,000 IU vial	not available in US	Injectable Drug	No	No	No	No	No	No	No	No
J3370	Injection, vancomycin HCl, 500 mg		Injectable Drug	No	No	No	No	No	No	No	No
J3380	Injection, vedolizumab, 1 mg	Entyvio	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J3385	Injection, velaglucosylate, 100 units	Verviv	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J3396	Injection, verteporfin, 0.1 mg	Visudyne	Injectable Drug	No	No	No	No	No	No	No	No
J3397	Injection, vestronidase alfa-vibk, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J3398	Injection, vortegien neaparovec-rzvl, 1 billion vector genomes		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J3399	Injection, onasemnogene asepaprovec-xioi, per treatment, up to 5x10		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J3400	Injection, trifluromazine HCl, up to 20 mg		Injectable Drug	No	No	No	No	No	No	No	No
J3410	Injection, hydroxyzine HCl, up to 25 mg		Injectable Drug	No	No	No	No	No	No	No	No
J3411	Injection, thiamine HCl, 100 mg		Injectable Drug	No	No	No	No	No	No	No	No
J3415	Injection, pyridoxine HCl, 100 mg		Injectable Drug	No	No	No	No	No	No	No	No
J3420	Injection, vitamin B-12 cyanocobalamin, up to 1,000 mcg		Injectable Drug	No	No	No	No	No	No	No	No
J3430	Injection, phytonadione (vitamin K), per 1 mg		Injectable Drug	No	No	No	No	No	No	No	No
J3465	Injection, voriconazole, 10 mg	Vfend IV	Injectable Drug	No	No	No	No	No	No	No	No
J3470	Injection, hyaluronidase, up to 150 units		Injectable Drug	No	No	No	No	No	No	No	No
J3471	Injection, hyaluronidase, ovine, preservative free, per 1 USP unit (up to 999 USP units)	Vitrase	Injectable Drug	No	No	No	No	No	No	No	No
J3472	Injection, hyaluronidase, ovine, preservative free, per 1,000 USP units		Injectable Drug	No	No	No	No	No	No	No	No
J3473	Injection, hyaluronidase, recombinant, 1 USP unit	Hylenex	Injectable Drug	No	No	No	No	No	No	No	No
J3475	Injection, maenesium sulfate, per 500 mg		Injectable Drug	No	No	No	No	No	No	No	No
J3480	Injection, potassium chloride, per 2 mEq		Injectable Drug	No	No	No	No	No	No	No	No
J3485	Injection, zidovudine, 10 mg	Retrovir	Injectable Drug	No	No	No	No	No	No	No	No
J3486	Injection, ziprasidone mesylate, 10 mg	Geodon	Injectable Drug	No	No	No	No	No	No	No	No
J3489	Injection, zoledronic acid, 1 mg	Zometa	Injectable Drug	No	No	No	No	No	No	No	No
J3490	Unclassified drug	Auth required only if greater than \$250 billed amount	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J3520	Efedate disodium, per 150 mg		Injectable Drug	No	No	No	No	No	No	No	No
J3530	Nasal vaccine inhalation		Inhalation Drug	No	No	No	No	No	No	No	No
J3535	Drug administered through a metered dose inhaler		Inhalation Drug	No	No	No	No	No	No	No	No
J3570	Laetrile, amygdalin, vitamin B-17		Injectable Drug	No	No	No	No	No	No	No	No
J3590	Unclassified biologic		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J3591	Unclassified drug or biological used for ESRD on dialysis		Injectable Drug	Yes	Yes	No	No	No	No	Yes	Yes
J7030	Infusion, normal saline solution, 1,000 cc	Sodium Chloride	Infusion Drug	No	No	No	No	No	No	No	No
J7040	Infusion, normal saline solution, sterile (500 ml=1 unit)		Infusion Drug	No	No	No	No	No	No	No	No
J7042	5% dextrose/normal saline (500 ml = 1 unit)		Injectable Drug	No	No	No	No	No	No	No	No
J7050	Infusion, normal saline solution, 250 cc		Infusion Drug	No	No	No	No	No	No	No	No
J7060	5% dextrose/water (500 ml = 1 unit)		Injectable Drug	No	No	No	No	No	No	No	No
J7070	Infusion, D-5-W, 1,000 cc		Infusion Drug	No	No	No	No	No	No	No	No
J7100	Infusion, dextran 40, 500 ml		Infusion Drug	No	No	No	No	No	No	No	No
J7110	Infusion, dextran 25, 500 ml		Infusion Drug	No	No	No	No	No	No	No	No
J7120	Ringers lactate infusion, up to 1,000 cc	Lactate Ringers	Infusion Drug	No	No	No	No	No	No	No	No
J7121	5% dextrose in lactated ringers infusion, up to 1,000 cc		Infusion Drug	No	No	No	No	No	No	No	No
J7131	Hypertonic saline solution, 1 ml		Injectable Drug	No	No	No	No	No	No	No	No
J7168	Prothrombin complex concentrate (human), Kcentra, per IU of Factor IX activity		Factor Drug	Yes	Yes	No	No	No	No	Yes	Yes
J7169	Injection, coagulation Factor IXa (recombinant), inactivated-zhzo (Anvexo), 10 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J7170	Injection, emicizumab-kxwh, 0.5 mg	Crossover from Q9995	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J7175	Injection, Factor X, (human), 1 IU		Infusion Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J7177	Injection, human fibrinogen concentrate (Fibrlogy), 1 mg		Clotting Factor Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J7178	Injection, human fibrinogen concentrate, 1 mg		Clotting Factor Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J7179	Injection, von Willebrand factor (recombinant), (Novwendi), 1 IU VWF:RCo		Clotting Factor Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J7180	Injection, Factor XIII (antithemophilic factor, human), 1 IU	Confact	Clotting Factor Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J7181	Injection, Factor XIII A-subunit, (recombinant), per IU		Clotting Factor Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J7182	Injection, Factor VIII, (antithemophilic factor, recombinant), (NovoEight), per IU	NovoEight	Clotting Factor Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J7183	Injection, von Willebrand factor complex (human), Wilate, 1 IU vWf:RCo	Wilate	Clotting Factor Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J7185	Injection, Factor VII (antithemophilic factor, recombinant), (Xyntha), per IU	Xyntha	Clotting Factor Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J7186	Injection, antithemophilic factor VIII/von Willebrand factor complex (human), per factor VIII i.u.		Clotting Factor Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J7187	Injection, von Willebrand factor complex (Humate-P), per IU VWF:RCo	Humate-P/Nov Diluent	Clotting Factor Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J7188	Injection, Factor VIII (antithemophilic factor, recombinant), per IU		Clotting Factor Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J7189	Factor VIIa (antithemophilic factor, recombinant), per 1 mcg	Novoseven RT	Clotting Factor Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J7190	Factor VIII (antithemophilic factor, human) per IU	Hemofil M, Koate, Koate-DVI, Monoclalte-P	Clotting Factor Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J7191	Factor VIII (antithemophilic factor (porcine)), per IU		Clotting Factor Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J7192	Factor VIII (antithemophilic factor, recombinant) per IU, not otherwise specified	Advate, Helixate FS,	Clotting Factor Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J7193	Factor IX (antithemophilic factor, purified, nonrecombinant) per IU	Alphanine SD, Monopine	Clotting Factor Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J7194	Factor IX complex, per IU	Bebulin, Profilnine SD FX	Clotting Factor Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J7195	Injection, Factor IX (antithemophilic factor, recombinant) per IU, not otherwise specified	Benefix	Clotting Factor Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J7196	Injection, antithrombin recombinant, 50 IU		Clotting Factor Drug	No	No	No	No	No	No	Yes	Yes
J7197	Antithrombin III (human), per IU	Thrombate II	Clotting Factor Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J7198	Antimihitor, per IU	Feiba NF	Clotting Factor Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J7199	Hemophilia clotting factor, not otherwise classified		Clotting Factor Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J7200	Injection, Factor IX, (antithemophilic factor, recombinant), Rixubis, per IU	Rixubis	Clotting Factor Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J7201	Injection, Factor IX, Fc fusion protein, (recombinant), Alprolix, 1 IU		Clotting Factor Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J7202	Injection, Factor IX, albumin fusion protein, (recombinant), Idelvion, 1 IU	Idelvion	Clotting Factor Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J7203	Injection Factor IX, (antithemophilic factor, recombinant), glycopegylated, (Rebinyx), 1 IU		Clotting Factor Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J7204	Injection, Factor VIII, antithemophilic factor (recombinant), (Eperoct), glycopegylated-exi, per IU		Clotting Factor Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J7205	Injection, Factor VIII Fc fusion protein (recombinant), per IU	Eloctate	Clotting Factor Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J7207	Injection, Factor VIII, (antithemophilic factor, recombinant), PEGylated, 1 IU	Adynovate	Clotting Factor Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J7208	Injection, Factor VIII, (antithemophilic factor, recombinant) PEGylated-auc, (Iviv), 1 IU		Clotting Factor Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J7209	Injection, Factor VIII, (antithemophilic factor, recombinant), (Nuwig), 1 IU		Clotting Factor Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J7210	Injection, Factor VIII, (antithemophilic factor, recombinant), (Alstalya), 1 IU		Clotting Factor Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J7211	Injection, Factor VIII, (antithemophilic factor, recombinant), (Kovaltry), 1 IU		Clotting Factor Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J7212	Factor VIIa (antithemophilic factor, recombinant)-iwc (Sevionfact), 1 mcg		Clotting Factor Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J7213	Injection, coagulation factor IX (recombinant), ivivity, 1 i.u.		Clotting Factor Drug	Yes	Yes	Yes	No	Yes	No	Yes	Yes
J7294	Segesterone acetate and ethinyl estradiol 0.15 mg, 0.051 mg per 24 hours; yearly vaginal system, ea		Contraceptive Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J7295	Ethinyl estradiol and etonogestrel 0.015 mg, 0.12 mg per 24 hours; monthly vaginal ring, ea		Contraceptive Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J7296	Levonorgestrel-releasing intrauterine contraceptive system, (Klyena), 19.5 mg		Contraceptive Drug	Yes	Yes	No	No	No	No	No	No
J7297	Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 52 mg		Contraceptive Drug	No	No	No	No	No	No	No	No
J7298	Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52 mg		Contraceptive Drug	No	No	No	No	No	No	No	No
J7300	Intrauterine copper contraceptive		Contraceptive Drug	No	No	No	No	No	No	No	No
J7301	Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg		Contraceptive Drug	No	No	No	No	No	No	No	No
J7304	Contraceptive supply, hormones containing patch, each		Contraceptive Drug	No	No	No	No	No	No	No	No
J7306	Levonorgestrel (contraceptive) implant system, including implants and supplies		Contraceptive Drug	No	No	No	No	No	No	No	No
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies		Contraceptive Drug	No	No	No	No	No	No	No	No
J7308	Aminolevulinic acid HCl for topical administration, 20%, single unit dosage form (354 mg)	Levulan Kerastick	Drug	No	No	No	No	No	No	No	No
J7309	Methyl aminolevulinic acid (MAL) for topical administration, 16.8%, 1 g		Drug	No	No	No	No	No	No	No	No
J7310	Ganciclovir, 4.5 mg, long-acting implant	not available in US	Implantable Drug	Yes	Yes	No	No	No	No	Yes	Yes
J7311	Fluocinolone acetonide, intravitreal implant		Implantable Drug	No	No	No	No	No	No	No	No
J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg	Ozurdex	Implantable Drug	No	No	No	No	No	No	No	No
J7313	Injection, fluocinolone acetonide, intravitreal implant, 0.01 mg	Iluvien	Implantable Drug	No	No	No	No	No	No	No	No
J7314	Injection, fluocinolone acetonide, intravitreal implant (Vutiq), 0.01 mg		Injectable Drug	No	No	No	No	No	No	No	No
J7315	Mitomycin, ophthalmic, 0.2 mg		Drug	No	No	No	No	No	No	No	No
J7316	Injection, ocriplamin, 0.125 mg	not available in US	Injectable Drug	No	No	No	No	No	No	No	No
J7318	Hyaluronan or derivative, GenVisc 850, for intra-articular injection, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J7320	Hyaluronan or derivative, GenVisc 850, for intra-articular injection, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J7321	Hyaluronan or derivative, Hyalgan, Supartz or Visco-3, for intra-articular injection, per dose		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J7322	Hyaluronan or derivative, Hymovis, for intra-articular injection, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J7323	Hyaluronan or derivative, Euflexan, for intra-articular injection, per dose		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J7324	Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

CPT	Description	Notes	Code Group	Commercial HMO, Auth	Commercial PPO, Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
J7325	Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg	Synviscone	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J7326	Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J7327	Hyaluronan or derivative, Monovisc, for intra-articular injection, per dose		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J7328	Hyaluronan or derivative, GELSYN-3, for intra-articular injection, 0.1 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J7329	Hyaluronan or derivative, Trivisc, for intra-articular injection, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J7330	Autologous cultured chondrocytes, implant		Drug	No	No	Yes	Yes	Yes	Yes	No	No
J7331	Hyaluronan or derivative, SYNJOINT, for intra-articular injection, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J7332	Hyaluronan or derivative, Tritelon, for intra-articular injection, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J7336	Capsaicin 8% patch, per sq cm	Qutenza	Drug	No	No	No	No	No	No	No	No
J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml		Drug	No	No	No	No	No	No	No	No
J7342	Instillation, ciprofloxacin otic suspension, 6 mg		Drug	No	No	No	No	No	No	No	No
J7345	Aminolevulinic acid HCl for topical administration, 10% gel, 10 mg		Drug	No	No	No	No	No	No	No	No
J7351	Injection, bimatoprost, intracanal implant, 1 mcg		Injectable Drug	Yes	Yes	No	No	No	No	Yes	Yes
J7352	Afamelanotide implant, 1 mg		Implantable Drug	Yes	Yes	No	No	No	No	Yes	Yes
J7353	Anacaulase-bcdb, 8.8% gel, 1 gram			No	No	No	No	No	No	No	No
J7402	Mometasone furoate sinus implant, (Sinuva), 10 mcg		Implantable Drug	No	No	No	No	No	No	No	No
J7500	Azathioprine, oral, 50 mg	Azasan	Immunosuppressive Drug	No	No	No	No	No	No	No	No
J7501	Azathioprine, parenteral, 100 mg		Immunosuppressive Drug	No	No	No	No	No	No	No	No
J7502	Cyclosporine, oral, 100 mg	Gengraf, Neoral, Sandimmune	Immunosuppressive Drug	No	No	No	No	No	No	No	No
J7503	Tacrolimus, extended release, oral, 0.25 mg	Envars XR	Immunosuppressive Drug	No	No	No	No	No	No	No	No
J7504	Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg	Atgam	Immunosuppressive Drug	Yes	Yes	No	No	No	No	Yes	Yes
J7505	Murromonab-CD3, parenteral, 5 mg		Immunosuppressive Drug	No	No	No	No	No	No	No	No
J7507	Tacrolimus, immediate release, oral, 1 mg	Prograf	Immunosuppressive Drug	No	No	No	No	No	No	No	No
J7508	Tacrolimus, extended release, (Astagraf XL), oral, 0.1 mg		Immunosuppressive Drug	No	No	No	No	No	No	No	No
J7509	Methylprednisolone, oral, per 4 mg	Medrol	Immunosuppressive Drug	No	No	No	No	No	No	No	No
J7510	Prednisolone, oral, per 5 mg		Immunosuppressive Drug	No	No	No	No	No	No	No	No
J7511	Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25 mg	Thymoglobulin	Immunosuppressive Drug	Yes	Yes	No	No	No	No	Yes	Yes
J7512	Prednisone, immediate release or delayed release, oral, 1 mg		Immunosuppressive Drug	No	No	No	No	No	No	No	No
J7513	Dacizumab, parenteral, 25 mg	not available in US	Immunosuppressive Drug	No	No	No	No	No	No	No	No
J7515	Cyclosporine, oral, 25 mg	Gengraf, Neoral, Sandimmune	Immunosuppressive Drug	No	No	No	No	No	No	No	No
J7516	Cyclosporine, parenteral, 250 mg	Sandimmune	Immunosuppressive Drug	No	No	No	No	No	No	No	No
J7517	Mycophenolate mofetil, oral, 250 mg	Cellcept	Immunosuppressive Drug	No	No	No	No	No	No	No	No
J7518	Mycophenolic acid, oral, 180 mg	Myfortic	Immunosuppressive Drug	No	No	No	No	No	No	No	No
J7519	Injection, mycophenolate mofetil, 10 mg			No	No	No	No	No	No	No	No
J7520	Sirolimus, oral, 1 mg	Rapamune	Immunosuppressive Drug	No	No	No	No	No	No	No	No
J7525	Tacrolimus, parenteral, 5 mg	Zortress	Immunosuppressive Drug	No	No	No	No	No	No	No	No
J7527	Everolimus, oral, 0.25 mg		Immunosuppressive Drug	No	No	No	No	No	No	No	No
J7599	Immunosuppressive drug, not otherwise classified		Immunosuppressive Drug	No	No	No	No	No	No	No	No
J7604	Acetylcysteine, inhalation solution, compounded product, administered through DME, unit dose form, per g		Inhalation Drug	Yes	Yes	No	No	No	No	Yes	Yes
J7605	Airformoterol, inhalation solution, FDA approved final product, noncompounded, administered through DME, unit dose form, 15 mcg		Inhalation Drug	No	No	No	No	No	No	No	No
J7606	Formoterol fumarate, inhalation solution, FDA approved final product, noncompounded, administered through DME, unit dose form, 20 mcg	Perforomist	Inhalation Drug	No	No	No	No	No	No	No	No
J7607	Levalbuterol, inhalation solution, compounded product, administered through DME, concentrated form, 0.5 mg		Inhalation Drug	No	No	No	No	No	No	No	No
J7608	Acetylcysteine, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per g		Inhalation Drug	No	No	No	No	No	No	No	No
J7609	Albuterol, inhalation solution, compounded product, administered through DME, unit dose, 1 mg		Inhalation Drug	No	No	No	No	No	No	No	No
J7610	Albuterol, inhalation solution, compounded product, administered through DME, concentrated form, 1 mg		Inhalation Drug	No	No	No	No	No	No	No	No
J7611	Albuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, 1 mg		Inhalation Drug	No	No	No	No	No	No	No	No
J7612	Levalbuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, 0.5 mg		Inhalation Drug	No	No	No	No	No	No	No	No
J7613	Albuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 1 mg		Inhalation Drug	No	No	No	No	No	No	No	No
J7614	Levalbuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 0.5 mg	Xopenex	Inhalation Drug	No	No	No	No	No	No	No	No
J7615	Levalbuterol, inhalation solution, compounded product, administered through DME, unit dose, 0.5 mg		Inhalation Drug	No	No	No	No	No	No	No	No
J7620	Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, FDA-approved final product, noncompounded, administered through DME		Inhalation Drug	No	No	No	No	No	No	No	No
J7622	Beclomethasone, inhalation solution, compounded product, administered through DME, unit dose form, per mg		Inhalation Drug	No	No	No	No	No	No	No	No
J7624	Betamethasone, inhalation solution, compounded product, administered through DME, unit dose form, per mg		Inhalation Drug	No	No	No	No	No	No	No	No
J7626	Budesonide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, up to 0.5 mg	Pulmicort	Inhalation Drug	No	No	No	No	No	No	No	No
J7627	Budesonide, inhalation solution, compounded product, administered through DME, unit dose form, up to 0.5 mg		Inhalation Drug	No	No	No	No	No	No	No	No
J7628	Budesonide, inhalation solution, compounded product, administered through DME, unit dose form, up to 0.5 mg		Inhalation Drug	No	No	No	No	No	No	No	No
J7629	Bitolterol mesylate, inhalation solution, compounded product, administered through DME, unit dose form, per mg		Inhalation Drug	No	No	No	No	No	No	No	No
J7631	Cromolyn sodium, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per 10 mg		Inhalation Drug	No	No	No	No	No	No	No	No
J7632	Cromolyn sodium, inhalation solution, compounded product, administered through DME, unit dose form, per 10 mg		Inhalation Drug	No	No	No	No	No	No	No	No
J7633	Budesonide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, per 0.25 mg		Inhalation Drug	No	No	No	No	No	No	No	No
J7634	Budesonide, inhalation solution, compounded product, administered through DME, concentrated form, per 0.25 mg		Inhalation Drug	No	No	No	No	No	No	No	No
J7635	Atropine, inhalation solution, compounded product, administered through DME, concentrated form, per mg		Inhalation Drug	No	No	No	No	No	No	No	No
J7636	Atropine, inhalation solution, compounded product, administered through DME, unit dose form, per mg		Inhalation Drug	No	No	No	No	No	No	No	No
J7637	Dexamethasone, inhalation solution, compounded product, administered through DME, concentrated form, per mg		Inhalation Drug	No	No	No	No	No	No	No	No
J7638	Dexamethasone, inhalation solution, compounded product, administered through DME, unit dose form, per mg		Inhalation Drug	No	No	No	No	No	No	No	No
J7639	Dornase alfa, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg	Pulmozyme	Inhalation Drug	No	No	No	No	No	No	No	No
J7640	Formoterol, inhalation solution, compounded product, administered through DME, unit dose form, 12 mcg		Inhalation Drug	No	No	No	No	No	No	No	No
J7641	Flunisolide, inhalation solution, compounded product, administered through DME, unit dose, per mg		Inhalation Drug	No	No	No	No	No	No	No	No
J7642	Glycopyrrolate, inhalation solution, compounded product, administered through DME, concentrated form, per mg		Inhalation Drug	No	No	No	No	No	No	No	No
J7643	Glycopyrrolate, inhalation solution, compounded product, administered through DME, unit dose form, per mg		Inhalation Drug	No	No	No	No	No	No	No	No
J7644	Ipratropium bromide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg		Inhalation Drug	No	No	No	No	No	No	No	No
J7645	Ipratropium bromide, inhalation solution, compounded product, administered through DME, unit dose form, per mg		Inhalation Drug	No	No	No	No	No	No	No	No
J7647	Isoetharine HCl, inhalation solution, compounded product, administered through DME, concentrated form, per mg		Inhalation Drug	No	No	No	No	No	No	No	No
J7648	Isoetharine HCl, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, per mg		Inhalation Drug	No	No	No	No	No	No	No	No
J7649	Isoetharine HCl, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg		Inhalation Drug	No	No	No	No	No	No	No	No
J7650	Isoetharine HCl, inhalation solution, compounded product, administered through DME, unit dose form, per mg		Inhalation Drug	No	No	No	No	No	No	No	No
J7657	Isoproterenol HCl, inhalation solution, compounded product, administered through DME, concentrated form, per mg		Inhalation Drug	No	No	No	No	No	No	No	No
J7658	Isoproterenol HCl, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, per mg		Inhalation Drug	No	No	No	No	No	No	No	No
J7659	Isoproterenol HCl, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg		Inhalation Drug	No	No	No	No	No	No	No	No
J7660	Isoproterenol HCl, inhalation solution, compounded product, administered through DME, unit dose form, per mg		Inhalation Drug	No	No	No	No	No	No	No	No
J7665	Mannitol, administered through an inhaler, 5 mg		Inhalation Drug	No	No	No	No	No	No	No	No
J7667	Metaproterenol sulfate, inhalation solution, compounded product, concentrated form, per 10 mg		Inhalation Drug	No	No	No	No	No	No	No	No
J7668	Metaproterenol sulfate, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, per 10 mg		Inhalation Drug	No	No	No	No	No	No	No	No
J7669	Metaproterenol sulfate, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per 10 mg		Inhalation Drug	No	No	No	No	No	No	No	No
J7670	Metaproterenol sulfate, inhalation solution, compounded product, administered through DME, unit dose form, per 10 mg		Inhalation Drug	No	No	No	No	No	No	No	No
J7674	Methacholine chloride administered as inhalation solution through a nebulizer, per 1 mg	Provocoline	Inhalation Drug	No	No	No	No	No	No	No	No
J7676	Pentamidine isethionate, inhalation solution, compounded product, administered through DME, unit dose form, per 300 mg		Inhalation Drug	No	No	No	No	No	No	No	No
J7677	Rebifenacin inhalation solution, FDA-approved final product, noncompounded, administered through DME, 1 mcg	Should go through Rx not medical	Inhalation Drug	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Common HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TBRC Auth	BMS Auth
J7680	Terbutaline sulfate, inhalation solution, compounded product, administered through DME, concentrated form, per mg		Inhalation Drug	No	No	No	No	No	No	No	No
J7681	Terbutaline sulfate, inhalation solution, compounded product, administered through DME, unit dose form, per mg		Inhalation Drug	No	No	No	No	No	No	No	No
J7682	Tobramycin, inhalation solution, FDA-approved final product, noncompounded, unit dose form, administered through DME, per 300 mg	Bethkis, Kitabis Pak, Tobi	Inhalation Drug	No	No	No	No	No	No	No	No
J7683	Triamcinolone, inhalation solution, compounded product, administered through DME, concentrated form, per mg		Inhalation Drug	No	No	No	No	No	No	No	No
J7684	Triamcinolone, inhalation solution, compounded product, administered through DME, unit dose form, per mg		Inhalation Drug	No	No	No	No	No	No	No	No
J7685	Tobramycin, inhalation solution, compounded product, administered through DME, unit dose form, per 300 mg		Inhalation Drug	No	No	No	No	No	No	No	No
J7686	Treprostinil, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, 1.74 mg	Tyvaso	Inhalation Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J7699	NOC drugs, inhalation solution administered through DME		Inhalation Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J7799	NOC drugs, other than inhalation drugs, administered through DME		Drug	Yes	Yes	No	No	No	No	Yes	Yes
J7999	Compounded drug, not otherwise classified		Drug	Yes	Yes	No	No	No	No	Yes	Yes
J8498	Antiemetic drug, rectal/suppository, not otherwise specified		Chemotherapy Drug	No	No	No	No	No	No	No	No
J8499	Prescription drug, oral, nonchemotherapeutic, NOS		Oral Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J8501	Aprepitant, oral, 5 mg	Erened	Chemotherapy Drug	No	No	No	No	No	No	Yes	No
J8501	Busulfan, oral, 5 mg	Myleran	Chemotherapy Drug	No	No	No	No	No	No	No	No
J8515	Cabergoline, oral, 0.25 mg		Chemotherapy Drug	No	No	No	No	No	No	No	No
J8520	Capecitabine, oral, 150 mg	Xeloda	Chemotherapy Drug	No	No	No	No	No	No	No	No
J8521	Capecitabine, oral, 500 mg	Xeloda	Chemotherapy Drug	No	No	No	No	No	No	No	No
J8530	Cyclophosphamide, oral, 25 mg		Chemotherapy Drug	No	No	No	No	No	No	No	No
J8540	Oxemethasone, oral, 0.25 mg		Chemotherapy Drug	No	No	No	No	No	No	No	No
J8560	Etoposide, oral, 50 mg		Chemotherapy Drug	No	No	No	No	No	No	No	No
J8562	Fludarabine phosphate, oral, 10 mg		Chemotherapy Drug	No	No	No	No	No	No	No	No
J8565	Gefitinib, oral, 250 mg		Chemotherapy Drug	Yes	Yes	No	No	No	No	Yes	Yes
J8597	Antiemetic drug, oral, not otherwise specified		Chemotherapy Drug	No	No	No	No	No	No	No	No
J8600	Malphalan, oral, 2 mg	Alkeran	Chemotherapy Drug	No	No	No	No	No	No	No	No
J8610	Methotrexate, oral, 2.5 mg	Rheumatrex, Trexall	Chemotherapy Drug	No	No	No	No	No	No	No	No
J8650	Nabilone, oral, 1 mg		Chemotherapy Drug	No	No	No	No	No	No	No	No
J8655	Netupitant 300 mg and palonosetron 0.5 mg	Akynzeo	Chemotherapy Drug	No	No	No	No	No	No	No	No
J8670	Relapitant, oral, 1 mg	Varburi Oral	Chemotherapy Drug	No	No	No	No	No	No	No	No
J8700	Temozolomide, oral, 5 mg	Tomodar	Chemotherapy Drug	No	No	No	No	No	No	No	No
J8705	Topotecan, oral, 0.25 mg	Hycamtin	Chemotherapy Drug	No	No	No	No	No	No	No	No
J8999	Prescription drug, oral, chemotherapeutic, NOS		Chemotherapy Drug	Yes	Yes	No	No	No	No	Yes	Yes
J9000	Injection, doxorubicin HCl, 10 mg	Adriamycin	Chemotherapy Drug	No	Yes	No	No	No	No	No	No
J9015	Injection, adalimumab, per single use vial		Chemotherapy Drug	Yes	Yes	No	No	No	No	Yes	Yes
J9017	Injection, arsenic trioxide, 1 mg	Trisenox	Chemotherapy Drug	No	Yes	No	No	No	No	Yes	Yes
J9019	Injection, asparaginase (Erimaze), 1,000 IU	not available in US	Chemotherapy Drug	No	Yes	No	No	No	No	No	No
J9020	Injection, asparaginase, not otherwise specified, 10,000 units		Chemotherapy Drug	Yes	Yes	No	No	No	No	Yes	Yes
J9021	Injection, asparaginase, recombinant, (Rylaze), 0.1 mg		Chemotherapy Drug	Yes	Yes	No	No	No	No	Yes	Yes
J9022	Injection, atezolizumab, 10 mg	Tecentriq	Chemotherapy Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9023	Injection, avolumab, 10 mg	Bavencio	Chemotherapy Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9025	Injection, azacitidine, 1 mg	Vidaza	Chemotherapy Drug	No	No	No	No	No	No	No	No
J9027	Injection, clofarabine, 1 mg	Clolar	Chemotherapy Drug	No	No	No	No	No	No	No	No
J9029	Injection, nadofaragene firadenovex-vncpr, per therapeutic dose			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9030	BCG live intravesical instillation, 1 mg		Chemotherapy Drug	No	No	No	No	No	No	No	No
J9032	Injection, belinostat, 10 mg	Beleodag	Chemotherapy Drug	No	No	No	No	No	No	No	No
J9033	Injection, bendamustine HCl (Treanda), 1 mg		Chemotherapy Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9034	Injection, bendamustine HCl (Bendeka), 1 mg		Chemotherapy Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9035	Injection, bevacizumab, 10 mg	Avastin (precert for oncology only)	Chemotherapy Drug	No	No	Yes	Yes	Yes	Yes	No	No
J9036	Injection, bendamustine hydrochloride, (Belrapzo/bendamustine), 1 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9037	Injection, belantamab mafodotin-bjmf, 0.5 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9039	Injection, blinatumumab, 1 microgram	Blincyto	Chemotherapy Drug	No	No	No	No	No	No	No	No
J9040	Injection, bleomycin sulfate, 15 units	Bleo 15K	Chemotherapy Drug	No	No	No	No	No	No	No	No
J9041	Injection, bortezomib, 0.1 mg	precert for multiple myeloma only	Chemotherapy Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9042	Injection, brentuximab vedotin, 1 mg	Adcetris	Chemotherapy Drug	Yes	Yes	No	No	No	No	Yes	No
J9043	Injection, cabazitaxel, 1 mg	Jevtana	Chemotherapy Drug	No	No	No	No	No	No	No	No
J9044	Injection, bortezomib, not otherwise specified, 0.1 mg		Chemotherapy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9045	Injection, carboplatin, 50 mg		Chemotherapy Drug	No	Yes	No	No	No	No	No	No
J9046	Bortezomib			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9047	Injection, carfilzomib, 1 mg	Kyprolis; ASA provider precertification only for multiple myeloma	Chemotherapy Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9048	Bortezomib			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9049	Bortezomib (Hopiral)			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9050	Injection, carmustine, 100 mg		Chemotherapy Drug	No	No	No	No	No	No	No	No
J9051	Injection, bortezomib (imali), not therapeutically equivalent to J9041, 0.1 mg	Bicnu	Chemotherapy Drug	No	No	No	No	No	No	No	No
J9055	Injection, cetuximab, 10 mg	Erbixux	Chemotherapy Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9056	Injection, bendamustine hydrochloride (vivimusti), 1 mg			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9057	Injection, copanlisib, 1 mg		Chemotherapy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9058	Injection, bendamustine hydrochloride (apotes), 1 mg			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9059	Injection, bendamustine hydrochloride (bater), 1 mg			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9060	Injection, cisplatin, powder or solution, 10 mg		Chemotherapy	No	No	No	No	No	No	No	No
J9061	Injection, amivantamab-vmwj, 2 mg		Chemotherapy Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9063	Injection, minretuximab soravastine-gynx, 1 mg			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9064	Injection, cabazitaxel, (bandozi, not therapeutically equivalent to J9043, 1 mg			No	No	No	No	No	No	No	No
J9065	Injection, cladribine, per 1 mg		Chemotherapy Drug	Yes	Yes	No	No	No	No	Yes	Yes
J9070	Cyclophosphamide, 100 mg	AuroMedics	Chemotherapy	No	No	No	No	No	No	No	No
J9071	Injection, cyclophosphamide, (AuroMedics), 5 mg		Chemotherapy Drug	No	No	No	No	No	No	No	No
J9098	Injection, cytarabine liposome, 10 mg	Discontinued product	Chemotherapy Drug	No	No	No	No	No	No	No	No
J9100	Injection, cytarabine, 100 mg		Chemotherapy Drug	No	No	No	No	No	No	No	No
J9118	Injection, calaspargase pegel-mknl, 10 units		Injectable Drug	No	No	No	No	No	No	No	No
J9119	Injection, cemiplimab-rwjc, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9120	Injection, dactinomycin, 0.5 mg	Cosmegen	Chemotherapy Drug	No	No	No	No	No	No	No	No
J9130	Dacarbazine, 100 mg		Chemotherapy Drug	No	No	No	No	No	No	No	No
J9144	Injection, daratumumab, 10 mg and hyaluronidase-fhj		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9145	Injection, daratumumab, 10 mg	Darzalex	Chemotherapy Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9150	Injection, daunorubicin, 10 mg		Chemotherapy Drug	No	No	No	No	No	No	No	No
J9151	Injection, daunorubicin citrate, liposomal formulation, 10 mg	Discontinued product	Chemotherapy Drug	No	No	No	No	No	No	No	No
J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine		Chemotherapy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9154	Injection, gemtacinib hydrochloride (accord), not therapeutically equivalent to J9201, 200 mg			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9155	Injection, deparelix, 1 mg	Firmazon	Chemotherapy Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9160	Injection, denileukin difitox, 300 mcg		Chemotherapy Drug	No	No	No	No	No	No	No	No
J9165	Injection, diethylstilbestrol diphosphate, 250 mg		Chemotherapy Drug	No	No	No	No	No	No	No	No
J9171	Injection, docetaxel, 1 mg	Taxotere	Chemotherapy Drug	No	No	No	No	No	No	No	No
J9173	Injection, durvalumab, 10 mg		Chemotherapy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9175	Injection, Elliott's B solution, 1 ml		Chemotherapy Drug	No	No	No	No	No	No	No	No
J9176	Injection, elotuzumab, 1 mg	Emplitcti	Chemotherapy Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9178	Injection, eprubicin HCl, 2 mg	Ellence	Chemotherapy Drug	No	No	No	No	No	No	No	No
J9179	Injection, eribulin mesylate, 0.1 mg	Halavan	Chemotherapy Drug	No	No	No	No	No	No	No	No
J9181	Injection, etoposide, 10 mg	Etopophos, Toposar	Chemotherapy Drug	No	No	No	No	No	No	No	No
J9185	Injection, fludarabine phosphate, 50 mg		Chemotherapy Drug	No	No	No	No	No	No	No	No
J9190	Injection, fluorouracil, 500 mg	Adrucil	Chemotherapy Drug	No	No	No	No	No	No	No	No
J9196	Injection, gemcitabine hydrochloride (accord), not therapeutically equivalent to J9201, 200 mg			No	No	No	No	No	No	No	No
J9198	Injection, gemcitabine hydrochloride, (Infigen), 100 mg		Injectable Drug	No	No	No	No	No	No	No	No
J9200	Injection, flouxidine, 500 mg		Chemotherapy Drug	No	No	No	No	No	No	No	No
J9202	Goserelin acetate implant, per 3.6 mg	Gemzar	Chemotherapy Drug	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
J9203	Injection, genduzumab ocreozincin, 0.1 mg	Zoladex	Chemotherapy Drug	No	No	No	No	No	No	No	No
J9204	Injection, mogamulumab-bok, 1 mg		Injectable Drug	No	No	No	No	No	No	No	No
J9205	Injection, irinotecan liposome, 1 mg	Onivyde	Chemotherapy Drug	No	No	No	No	No	No	No	No
J9206	Injection, irinotecan, 20 mg	Camptosar	Chemotherapy Drug	No	No	No	No	No	No	No	No
J9207	Injection, ixabepilone, 1 mg	Ixabepa	Chemotherapy Drug	No	No	No	No	No	No	No	No
J9208	Injection, ifosfamide, 1 g	Ifex	Chemotherapy Drug	No	No	No	No	No	No	No	No
J9209	Injection, meflo, 200 mg	Melexen	Chemotherapy Drug	No	No	No	No	No	No	No	No
J9210	Injection, emapalumab-ltqr, 1 mg		Injectable Drug	No	No	No	No	No	No	No	No
J9211	Injection, idarubicin HCl, 5 mg	Idamycin PFS	Chemotherapy Drug	No	No	No	No	No	No	No	No
J9212	Injection, interferon alfacon-1, recombinant, 1 mcg		Chemotherapy Drug	No	No	No	No	No	No	No	No
J9213	Injection, interferon alfa-2b, recombinant, 3 million units		Chemotherapy Drug	No	No	No	No	No	No	No	No
J9214	Injection, interferon, alfa-2b, recombinant, 1 million units	Intron-A	Chemotherapy Drug	No	No	No	No	No	No	No	No
J9215	Injection, interferon, alfa-N3, (human leukocyte derived), 250,000 IU		Chemotherapy Drug	No	No	No	No	No	No	No	No
J9216	Injection, interferon, gamma 1-B, 3 million units		Chemotherapy Drug	No	No	No	No	No	No	No	No
J9217	(Leuprolide acetate (for depot suspension), 7.5 mg	Eligard, Lupron	Chemotherapy Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9218	Leuprolide acetate, per 1 mg		Chemotherapy Drug	No	No	No	No	No	No	No	No
J9219	Leuprolide acetate implant, 60.5 mg		Chemotherapy Drug	No	No	No	No	No	No	No	No
J9223	Injection, lurbinatectin, 0.1 mg		Injectable Drug	No	No	No	No	No	No	No	No
J9225	Histrelin implant (Vantat), 50 mg	Discontinued product	Chemotherapy Drug	No	No	No	No	No	No	No	No
J9226	Histrelin implant (Supprelin LA), 50 mg		Chemotherapy Drug	Yes	Yes	No	No	No	No	Yes	Yes
J9227	Injection, isotretinimab-irf, 10 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9228	Injection, ipilimumab, 1 mg	Yervoy	Chemotherapy Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9229	Injection, intozumab ozogamicin, 0.1 mg		Chemotherapy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9230	Injection, mechlorethamine HCl, (nitrogen mustard), 10 mg	manufacturer discontinued	Chemotherapy Drug	No	No	No	No	No	No	No	No
J9245	Injection, melphalan hydrochloride, not otherwise specified, 50 mg		Chemotherapy Drug	No	No	No	No	No	No	No	No
J9246	Injection, melphalan HCl, 1 mg	Alkeran, Evomela, Melphalan	Chemotherapy Drug	No	No	No	No	No	No	No	No
J9247	Injection, melphalan flufenamide, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

						Comin erical HMO- Auth	Commer cial PPO- Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
CPT	Description	Notes		Code Group									
J9250	Methotrexate sodium, 5 mg			Chemotherapy Drug	No	No	No	No	No	No	No	No	No
J9259	Injection, paclitaxel protein-bound particles not therapeutically equivalent to J9264, 1 mg				No	No	No	No	No	No	No	No	No
J9260	Methotrexate sodium, 50 mg			Chemotherapy Drug	No	No	No	No	No	No	No	No	No
J9261	Injection, nelarabine, 50 mg	Arranon		Chemotherapy Drug	No	No	No	No	No	No	No	No	No
J9262	Injection, oxaliplatin mepesuccinate, 0.01 mg			Chemotherapy Drug	No	No	No	No	No	No	No	No	No
J9263	Injection, oxaliplatin, 0.5 mg			Chemotherapy Drug	No	No	No	No	No	No	No	No	No
J9264	Injection, paclitaxel protein-bound particles, 1 mg	Abraaxe		Chemotherapy Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9266	Injection, pegaspargase, per single dose vial	Oncaspar		Chemotherapy Drug	No	No	No	No	No	No	No	No	No
J9267	Injection, paclitaxel, 1 mg			Chemotherapy Drug	No	No	No	No	No	No	No	No	No
J9268	Injection, pentostatin, 10 mg	Nipent		Chemotherapy Drug	No	No	No	No	No	No	No	No	No
J9269	Injection, barasufosfate, 10 mcg			Injectable Drug	No	No	No	No	No	No	No	No	No
J9270	Injection, plicamycin, 2.5 mg			Chemotherapy Drug	No	No	No	No	No	No	No	No	No
J9271	Injection, pembrolizumab, 1 mg	Keytruda		Chemotherapy Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9272	Injection, dostarlimab-pvly, 10 mg			Chemotherapy Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9273	Injection, tisumab vedotin-hly, 1 mg			Chemotherapy Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9274	Injection, tebentafusp-tebn, 1 mcg			Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9280	Injection, mitomycin, 1 mg			Chemotherapy Drug	No	No	No	No	No	No	No	Yes	Yes
J9281	Mitomycin pyrolysate instillation, 1 mg			Chemotherapy Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9285	Injection, olaratumab, 10 mg			Chemotherapy Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9293	Injection, mivocaine HCl, per 5 mg	Lartuvo		Chemotherapy Drug	No	No	No	No	No	No	No	No	No
J9294	Injection, pemetrexed (hospital) not therapeutically equivalent to J9305, 10 mg			Chemotherapy Drug	No	No	No	No	No	No	No	No	No
J9295	Injection, necitumumab, 1 mg	Portrazza		Chemotherapy Drug	Yes	Yes	No	No	No	No	No	Yes	Yes
J9296	Injection, pemetrexed (accord) not therapeutically equivalent to J9305, 10 mg				No	No	No	No	No	No	No	No	No
J9297	Injection, pemetrexed (sandoz) not therapeutically equivalent to J9305, 10 mg				No	No	No	No	No	No	No	No	No
J9298	Injection, nivolumab and relatlimab-mmbw, Opdivo				Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9299	Injection, nivolumab, 1 mg	Opdivo		Chemotherapy Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9301	Injection, obinituzumab, 10 mg	Gazyva		Chemotherapy Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9302	Injection, ofatumumab, 10 mg	Azerra		Chemotherapy Drug	Yes	Yes	No	No	No	No	No	Yes	Yes
J9303	Injection, panitumumab, 10 mg			Chemotherapy Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9304	Injection, pemetrexed (Permyte), 10 mg			Injectable Drug	No	No	No	No	No	No	No	No	No
J9305	Injection, pemetrexed, NOS, 10 mg	Alimta		Chemotherapy Drug	No	No	No	No	No	No	No	No	No
J9306	Injection, pertuzumab, 1 mg	Perjeta		Chemotherapy Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9307	Injection, pralatrexate, 1 mg	Folotin		Chemotherapy Drug	No	No	No	No	No	No	No	No	No
J9308	Injection, ramucirumab, 5 mg	Cyramza		Chemotherapy Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9309	Injection, polatuzumab vedotin-pilo, 1 mg			Chemotherapy Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9311	Injection, rituximab, 10 mg and hyaluronidase			Chemotherapy Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9312	Injection, rituximab, 10 mg			Chemotherapy Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9313	Injection, moxetumumab pasodotox-tdfx, 0.01 mg			Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg			Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9317	Injection, sacituzumab govitecan-hzvs, 2.5 mg			Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9318	Injection, romidepsin, nonphosphorized, 0.1 mg			Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9319	Injection, romidepsin, lyophilized, 0.1 mg			Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9320	Injection, streptozocin, 1 g	Zanosar		Chemotherapy Drug	No	No	No	No	No	No	No	No	No
J9322	Injection, pemetrexed (blueprint), not therapeutically equivalent to J9305, 10 mg				No	No	No	No	No	No	No	No	No
J9323	Injection, pemetrexed ditromethamine, 10 mg				No	No	No	No	No	No	No	No	No
J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units	Imlync		Chemotherapy Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9328	Injection, temozolomide, 1 mg	Temodar IV		Chemotherapy Drug	No	No	No	No	No	No	No	No	No
J9330	Injection, temsirolimus, 1 mg			Chemotherapy Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9331	Injection, sirilimumab protein-bound particles, 1 mg				Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9332	Injection, elgertolimod alfa-1rab, 2 mg				Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9340	Injection, thiotepa, 15 mg			Chemotherapy Drug	Yes	No	No	No	No	No	No	No	No
J9345	Injection, retifanlimab-dlwr, 1 mg				No	No	No	No	No	No	No	No	No
J9347	Injection, tremelimumab-actl, 1 mg				Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9348	Injection, naxitamab-pgqk, 1 mg			Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9349	Injection, tafastamab-cux, 2 mg			Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9350	Injection, mosuneturumab-axb, 1 mg				Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9351	Injection, toposcan, 0.1 mg	Hycamtin		Chemotherapy Drug	No	No	No	No	No	No	No	No	No
J9352	Injection, trabectedin, 0.1 mg	Yondelis		Chemotherapy Drug	No	No	No	No	No	No	No	No	No
J9353	Injection, margetuximab-cmb, 5 mg			Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9354	Injection, ado-trastuzumab emtansine, 1 mg	Kadcyla		Chemotherapy Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9355	Injection, trastuzumab, 10 mg	Herceptin		Chemotherapy Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9356	Injection, trastuzumab, 10 mg and hyaluronidase-oysk			Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9357	Injection, valrubicin, intravesical, 200 mg	Valstar		Chemotherapy Drug	Yes	Yes	No	No	No	No	No	Yes	Yes
J9358	Injection, fam-trastuzumab deruxtecan-nxli, 1 mg			Chemotherapy Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9359	Injection, loncastuximab tesirine-lpyl, 0.075 mg			Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9360	Injection, vinblastine sulfate, 1 mg			Chemotherapy Drug	Yes	Yes	No	No	No	No	No	Yes	Yes
J9370	Vincristine sulfate, 1 mg			Chemotherapy Drug	No	No	No	No	No	No	No	No	No
J9371	Injection, vincristine sulfate liposome, 1 mg			Chemotherapy Drug	No	No	No	No	No	No	No	No	No
J9380	Injection, tecolismab-cvps, 0.5 mg				Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9381	Injection, tepizumab-mcwv, 5 mcg				Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
J9390	Injection, vinorelbine tartrate, 10 mg	Navelbine		Chemotherapy Drug	No	No	No	No	No	No	No	No	No
J9395	Injection, fulvestrant, 25 mg	Faslodex		Chemotherapy Drug	No	No	No	No	No	No	No	No	No
J9400	Injection, ziv-aflibercept, 1 mg	Zaltrap		Chemotherapy Drug	No	No	No	No	No	No	No	No	No
J9999	Injection, perflomer sodium, 75 mg			Chemotherapy Drug	No	No	No	No	No	No	No	No	No
J9999	Not otherwise classified, antineoplastic drugs			Chemotherapy Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
K0001	Standard wheelchair		Wheelchairs	No	No	No	No	No	No	No	No
K0002	Standard hemi (low seat) wheelchair		Wheelchairs	No	No	No	No	No	No	No	No
K0003	Ultralight wheelchair		Wheelchairs	No	No	No	No	No	No	No	No
K0004	High strength, lightweight wheelchair		Wheelchairs	No	No	No	No	No	No	No	No
K0005	Ultralightweight wheelchair		Wheelchairs	No	No	No	No	No	No	No	No
K0006	Heavy-duty wheelchair		Wheelchairs	No	No	No	No	No	No	No	No
K0007	Extra heavy-duty wheelchair		Wheelchairs	No	No	No	No	No	No	No	No
K0008	Custom manual wheelchair/base		Wheelchairs	Yes	Yes	No	No	No	No	Yes	Yes
K0009	Other manual wheelchair/base		Wheelchairs	Yes	Yes	No	No	No	No	Yes	Yes
K0010	Standard-weight frame motorized/power wheelchair		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0012	Lightweight portable motorized/power wheelchair		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0013	Custom motorized/power wheelchair base		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0014	Other motorized/power wheelchair base		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0015	Detachable, nonadjustable height armrest, each		Wheelchairs	No	No	No	No	No	No	No	No
K0017	Detachable, adjustable height armrest, base, replacement only, each		Wheelchairs	No	No	No	No	No	No	No	No
K0018	Detachable, adjustable height armrest, upper portion, replacement only, each		Wheelchairs	No	No	No	No	No	No	No	No
K0019	Arm pad, replacement only, each		Wheelchairs	No	No	No	No	No	No	No	No
K0020	Fixed, adjustable height armrest, pair		Wheelchairs	No	No	No	No	No	No	No	No
K0037	High mount flip-up footrest, replacement only, each		Wheelchairs	No	No	No	No	No	No	No	No
K0038	Leg strap, each		Wheelchairs	No	No	No	No	No	No	No	No
K0039	Leg strap, H style, each		Wheelchairs	No	No	No	No	No	No	No	No
K0040	Adjustable angle footplate, each		Wheelchairs	No	No	No	No	No	No	No	No
K0041	Large size footplate, each		Wheelchairs	No	No	No	No	No	No	No	No
K0042	Standard size footplate, replacement only, each		Wheelchairs	No	No	No	No	No	No	No	No
K0043	Footrest, lower extension tube, replacement only, each		Wheelchairs	No	No	No	No	No	No	No	No
K0044	Footrest, upper hanger bracket, replacement only, each		Wheelchairs	No	No	No	No	No	No	No	No
K0045	Footrest, complete assembly, replacement only, each		Wheelchairs	No	No	No	No	No	No	No	No
K0046	Elevating legrest, lower extension tube, replacement only, each		Wheelchairs	No	No	No	No	No	No	No	No
K0047	Elevating legrest, upper hanger bracket, replacement only, each		Wheelchairs	No	No	No	No	No	No	No	No
K0050	Ratchet assembly, replacement only		Wheelchairs	No	No	No	No	No	No	No	No
K0051	Cam release assembly, foot rest or leg rest, replacement only, each		Wheelchairs	No	No	No	No	No	No	No	No
K0052	Swingaway, detachable footrests, replacement only, each		Wheelchairs	No	No	No	No	No	No	No	No
K0053	Elevating foot rests, articulating (telescoping), each		Wheelchairs	No	No	No	No	No	No	No	No
K0056	Seat height less than 17 in or equal to or greater than 21 in for a high-strength, lightweight, or ultralightweight wheelchair		Wheelchairs	No	No	No	No	No	No	No	No
K0065	Spoke protectors, each		Wheelchairs	No	No	No	No	No	No	No	No
K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each		Wheelchairs	No	No	No	No	No	No	No	No
K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each		Wheelchairs	No	No	No	No	No	No	No	No
K0071	Front caster assembly, complete, with pneumatic tire, replacement only, each		Wheelchairs	No	No	No	No	No	No	No	No
K0072	Front caster assembly, complete, with semipneumatic tire, replacement only, each		Wheelchairs	No	No	No	No	No	No	No	No
K0073	Caster pin lock, each		Wheelchairs	No	No	No	No	No	No	No	No
K0077	Front caster assembly, complete, with solid tire, replacement only, each		Wheelchairs	No	No	No	No	No	No	No	No
K0098	Drive belt for power wheelchair, replacement only		Wheelchairs	No	No	No	No	No	No	No	No
K0105	IV hanger, each		Wheelchairs	No	No	No	No	No	No	No	No
K0198	Wheelchair component or accessory, not otherwise specified		Wheelchairs	Yes	Yes	No	No	No	No	Yes	Yes
K0195	Elevating legrests, pair (for use with capped rental wheelchair base)		Wheelchairs	No	No	No	No	No	No	No	No
K0455	Infusion pump used for unitracer up to parenteral administration of medication, (e.g., epoprostenol or treprostinol)		Infusion	No	No	No	No	No	No	No	No
K0462	Temporary replacement for patient-owned equipment being repaired, any type		Infusion	Yes	Yes	No	No	No	No	Yes	Yes
K0552	Supplies for external non-insulin drug infusion pump, syringe type cartridge, sterile, each		Infusion	No	No	No	No	No	No	No	No
K0551	Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 Unit of Service		Infusion	No	No	No	No	No	No	No	No
K0553			Infusion	No	No	No	No	No	No	No	No
K0554	Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system		Infusion	No	No	No	No	No	No	No	No
K0561	Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each		Infusion	No	No	No	No	No	No	No	No
K0602	Replacement battery for external infusion pump owned by patient, silver oxide, 3 volt, each		Infusion	No	No	No	No	No	No	No	No
K0603	Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each		Infusion	No	No	No	No	No	No	No	No
K0604	Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt, each		Infusion	No	No	No	No	No	No	No	No
K0605	Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt, each		Infusion	No	No	No	No	No	No	No	No
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type		DME	Yes	Yes	No	No	No	No	Yes	Yes
K0607	Replacement battery for automated external defibrillator, garment type only, each		Replacement	Yes	Yes	No	No	No	No	Yes	Yes
K0608	Replacement garment for use with automated external defibrillator, each		Replacement	No	No	No	No	No	No	No	No
K0609	Replacement electrodes for use with automated external defibrillator, garment type only, each		Replacement	Yes	Yes	No	No	No	No	Yes	Yes
K0659	Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from DME PDAC		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0672	Addition to lower extremity orthotic, removable soft interface, all components, replacement only, each		Orthotics	No	No	No	No	No	No	No	No
K0730	Controlled dose inhalation drug delivery system		Respiratory	No	No	No	No	No	No	No	No
K0731	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g., gel cell, absorbent glassmat)		Wheelchairs	No	No	No	No	No	No	No	No
K0733	Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing		Respiratory	No	No	No	No	No	No	No	No
K0738			Respiratory	No	No	No	No	No	No	No	No
K0739	Repair or non routine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes		Respiratory	Yes	Yes	No	No	No	No	Yes	Yes
K0740	Repair or non routine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes		Respiratory	No	No	No	No	No	No	No	No
K0743	Suction pump, home model, portable, for use on wounds		Wound Care	No	No	No	Yes	NO	Yes	No	No
K0744	Absorptive wound dressing for use with suction pump, home model, portable, pad size 16 sq in or less		Wound Care	No	No	No	Yes	No	Yes	No	No
K0745	Absorptive wound dressing for use with suction pump, home model, portable, pad size more than 16 sq in but less than or equal to 48 sq in		Wound Care	No	No	No	Yes	No	Yes	No	No
K0746	Absorptive wound dressing for use with suction pump, home model, portable, pad size greater than 48 sq in		Wound Care	No	No	No	Yes	No	Yes	No	No
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds		Power Operated Vehicle	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0801	Power operated vehicle, group 1 heavy-duty, patient weight capacity 301 to 450 pounds		Power Operated Vehicle	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0802	Power operated vehicle, group 1 very heavy-duty, patient weight capacity 451 to 600 pounds		Power Operated Vehicle	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds		Power Operated Vehicle	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0807	Power operated vehicle, group 2 heavy-duty, patient weight capacity 301 to 450 pounds		Power Operated Vehicle	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0808	Power operated vehicle, group 2 very heavy-duty, patient weight capacity 451 to 600 pounds		Power Operated Vehicle	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0812	Power operated vehicle, not otherwise classified		Power Operated Vehicle	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0814	Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0824	Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0825	Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0826	Power wheelchair, group 2 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0827	Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0828	Power wheelchair, group 2 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
K0829	Power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0831	Power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0837	Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0838	Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0839	Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0840	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0843	Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0849	Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0850	Power wheelchair, group 3 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0851	Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0852	Power wheelchair, group 3 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0853	Power wheelchair, group 3 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0854	Power wheelchair, group 3 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0855	Power wheelchair, group 3 extra heavy-duty, captain's chair, patient weight capacity 601 pounds or more		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0858	Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0859	Power wheelchair, group 3 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0860	Power wheelchair, group 3 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0862	Power wheelchair, group 3 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0863	Power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0864	Power wheelchair, group 3 extra heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0869	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0870	Power wheelchair, group 4 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0871	Power wheelchair, group 4 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0878	Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0879	Power wheelchair, group 4 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0880	Power wheelchair, group 4 very heavy-duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0885	Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0886	Power wheelchair, group 4 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0898	Power wheelchair, not otherwise classified		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0899	Power mobility device, not coded by DME POSC or does not meet criteria		Wheelchairs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K0900	Customized durable medical equipment, other than wheelchair		DME	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K1001	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type		CPAP	Yes	Yes	No	No	No	No	Yes	Yes
K1002	Cranial electrotherapy stimulation (CES) system, includes all supplies and accessories, any type		Stimulation	Yes	Yes	No	No	No	No	Yes	Yes
K1003	Whirlpool tub, walk in, portable		Accessories	Yes	Yes	No	No	No	No	Yes	Yes
K1004	Low frequency ultrasonic diathermy treatment device for home use, includes all components and accessories		Stimulation	Yes	Yes	No	No	No	No	Yes	Yes
K1005	Disposable collection and storage bag for breast milk, any size, any type, each		Breast Pump	No	No	No	No	No	No	No	No
K1006	Suction pump, home model, portable or stationary, electric, any type, for use with external urine management system		Pump	Yes	Yes	No	No	No	No	Yes	Yes
K1007	Bilateral hip, knee, ankle, foot (HKAFO) device, powered, includes pelvic component, single or double upright(s), knee joints any type, with or without ankle joints any type, includes all components and accessories, motors, microprocessors, sensors		Orthotics	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K1009	Speech volume modulation system, any type, including all components and accessories		Speech Supply	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K1013	Enema tube, any type, replacement only, each		Supply	No	No	No	No	No	No	No	No
K1014	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control		Prosthesis	Yes	Yes	No	No	No	No	Yes	Yes
K1015	Foot, adductor positioning device, adjustable		Orthotics	Yes	Yes	No	No	No	No	Yes	Yes
K1016	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve		Stimulation	Yes	Yes	No	No	No	No	Yes	Yes
K1017	Monthly supplies for use of device coded at K1016		Stimulation	Yes	Yes	No	No	No	No	Yes	Yes
K1018	External upper limb tremor stimulator of the peripheral nerves of the wrist		Stimulation	Yes	Yes	No	No	No	No	Yes	Yes
K1019	Monthly supplies for use of device coded at K1018		Stimulation	Yes	Yes	No	No	No	No	Yes	Yes
K1020	Noninvasive vagus nerve stimulator		Stimulation	Yes	Yes	No	No	No	No	Yes	Yes
K1021	Excufflation belt, includes all supplies and accessories		Urology Supply	No	No	No	No	No	No	No	No
K1022	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type		Prosthesis	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K1023	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm		Stimulation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K1024	Nonpneumatic compression controller with sequential calibrated gradient pressure		Compression	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K1025	Nonpneumatic sequential compression garment, full arm		Compression	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K1026	Mechanical allergen particle barrier/inhalation filter, cream, nasal, topical		Supply	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K1027	Oral device/appliance used to reduce upper airway collapsibility, without fixed mechanical hinge, custom fabricated, includes fitting and adjustment		Sleep Apnea	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K1035	Molecular diagnostic test reader, nonprescription self-administered and self-collected use, fda approved, authorized or cleared			Yes	Yes	Yes	No	Yes	No	Yes	Yes
K1036	Supplies and accessories (e.g. transducer) for low frequency ultrasonic diathermy treatment device, per month			Yes	Yes	Yes	No	Yes	No	Yes	Yes

Project Information		Project Details		Project Status		Project Budget		Project Timeline		Project Risk	
Project Name	Project ID	Project Manager	Project Sponsor	Project Start Date	Project End Date	Project Status	Project Budget	Project Timeline	Project Risk	Project Risk	Project Risk
Project A	1	John Doe	John Doe	2023-01-01	2023-12-31	Completed	\$1,000,000	12 months	Low	Low	Low
Project B	2	Jane Smith	Jane Smith	2023-02-01	2023-11-30	In Progress	\$2,500,000	10 months	Medium	Medium	Medium
Project C	3	Mike Johnson	Mike Johnson	2023-03-01	2023-10-31	On Hold	\$500,000	8 months	High	High	High
Project D	4	Sarah Lee	Sarah Lee	2023-04-01	2023-09-30	Completed	\$750,000	6 months	Low	Low	Low
Project E	5	David Kim	David Kim	2023-05-01	2023-08-31	In Progress	\$1,200,000	4 months	Medium	Medium	Medium
Project F	6	Emily White	Emily White	2023-06-01	2023-07-31	On Hold	\$300,000	2 months	High	High	High
Project G	7	Chris Brown	Chris Brown	2023-07-01	2023-06-30	Completed	\$900,000	1 month	Low	Low	Low
Project H	8	Alex Green	Alex Green	2023-08-01	2023-05-31	In Progress	\$1,100,000	10 months	Medium	Medium	Medium
Project I	9	Olivia Black	Olivia Black	2023-09-01	2023-04-30	On Hold	\$600,000	6 months	High	High	High
Project J	10	Noah Gray	Noah Gray	2023-10-01	2023-03-31	Completed	\$800,000	4 months	Low	Low	Low
Project K	11	Isabella Blue	Isabella Blue	2023-11-01	2023-02-28	In Progress	\$1,300,000	8 months	Medium	Medium	Medium
Project L	12	Liam Red	Liam Red	2023-12-01	2023-01-31	On Hold	\$400,000	2 months	High	High	High
Project M	13	Mia Yellow	Mia Yellow	2024-01-01	2023-12-31	Completed	\$950,000	12 months	Low	Low	Low
Project N	14	Noah Purple	Noah Purple	2024-02-01	2023-11-30	In Progress	\$1,400,000	10 months	Medium	Medium	Medium
Project O	15	Olivia Pink	Olivia Pink	2024-03-01	2023-10-31	On Hold	\$550,000	8 months	High	High	High
Project P	16	Peter Orange	Peter Orange	2024-04-01	2023-09-30	Completed	\$700,000	6 months	Low	Low	Low
Project Q	17	Quinn Brown	Quinn Brown	2024-05-01	2023-08-31	In Progress	\$1,150,000	4 months	Medium	Medium	Medium
Project R	18	Rachel Green	Rachel Green	2024-06-01	2023-07-31	On Hold	\$350,000	2 months	High	High	High
Project S	19	Samuel Blue	Samuel Blue	2024-07-01	2023-06-30	Completed	\$850,000	1 month	Low	Low	Low
Project T	20	Tina Red	Tina Red	2024-08-01	2023-05-31	In Progress	\$1,250,000	10 months	Medium	Medium	Medium
Project U	21	Umar Yellow	Umar Yellow	2024-09-01	2023-04-30	On Hold	\$650,000	6 months	High	High	High
Project V	22	Victoria Purple	Victoria Purple	2024-10-01	2023-03-31	Completed	\$780,000	4 months	Low	Low	Low
Project W	23	William Pink	William Pink	2024-11-01	2023-02-28	In Progress	\$1,350,000	8 months	Medium	Medium	Medium
Project X	24	Xavier Orange	Xavier Orange	2024-12-01	2023-01-31	On Hold	\$450,000	2 months	High	High	High
Project Y	25	Yara Brown	Yara Brown	2025-01-01	2023-12-31	Completed	\$980,000	12 months	Low	Low	Low
Project Z	26	Zoe Green	Zoe Green	2025-02-01	2023-11-30	In Progress	\$1,450,000	10 months	Medium	Medium	Medium
Project AA	27	Adam Blue	Adam Blue	2025-03-01	2023-10-31	On Hold	\$580,000	8 months	High	High	High
Project AB	28	Alice Red	Alice Red	2025-04-01	2023-09-30	Completed	\$720,000	6 months	Low	Low	Low
Project AC	29	Andrew Yellow	Andrew Yellow	2025-05-01	2023-08-31	In Progress	\$1,180,000	4 months	Medium	Medium	Medium
Project AD	30	Aria Purple	Aria Purple	2025-06-01	2023-07-31	On Hold	\$380,000	2 months	High	High	High
Project AE	31	Benjamin Pink	Benjamin Pink	2025-07-01	2023-06-30	Completed	\$880,000	1 month	Low	Low	Low
Project AF	32	Bella Orange	Bella Orange	2025-08-01	2023-05-31	In Progress	\$1,280,000	10 months	Medium	Medium	Medium
Project AG	33	Benjamin Brown	Benjamin Brown	2025-09-01	2023-04-30	On Hold	\$680,000	6 months	High	High	High
Project AH	34	Bianca Green	Bianca Green	2025-10-01	2023-03-31	Completed	\$760,000	4 months	Low	Low	Low
Project AI	35	Brandon Blue	Brandon Blue	2025-11-01	2023-02-28	In Progress	\$1,380,000	8 months	Medium	Medium	Medium
Project AJ	36	Brianna Red	Brianna Red	2025-12-01	2023-01-31	On Hold	\$480,000	2 months	High	High	High
Project AK	37	Brooklyn Yellow	Brooklyn Yellow	2026-01-01	2023-12-31	Completed	\$1,020,000	12 months	Low	Low	Low

Project Information		Status		Progress		Budget		Timeline		Risk		Quality		Compliance		Reporting	
Project Name	Project ID	Phase	Completion %	Start Date	End Date	Allocated Budget	Actual Budget	Planned Start	Actual Start	Planned End	Actual End	High Risk	Medium Risk	Low Risk	Defects Found	Defects Closed	Compliance Score
Project A: New Product Development	PA-001	Initiation	100%	2023-01-01	2023-01-15	\$100,000	\$100,000	2023-01-01	2023-01-01	2023-01-15	2023-01-15	Low	Medium	Low	5	5	95%
Project B: System Upgrade	PB-002	Planning	75%	2023-02-01	2023-02-28	\$200,000	\$150,000	2023-02-01	2023-02-01	2023-02-28	2023-02-28	Medium	High	Medium	10	8	88%
Project C: Infrastructure Expansion	PC-003	Execution	40%	2023-03-01	2023-03-31	\$300,000	\$120,000	2023-03-01	2023-03-01	2023-03-31	2023-03-31	High	Very High	High	15	10	72%
Project D: Marketing Campaign	PD-004	Closing	90%	2023-04-01	2023-04-15	\$50,000	\$45,000	2023-04-01	2023-04-01	2023-04-15	2023-04-15	Low	Low	Low	2	2	99%
Project E: HR System Implementation	PE-005	Initiation	20%	2023-05-01	2023-05-31	\$150,000	\$30,000	2023-05-01	2023-05-01	2023-05-31	2023-05-31	Medium	Medium	Medium	8	3	60%
Project F: Data Analytics Platform	PF-006	Planning	60%	2023-06-01	2023-06-30	\$180,000	\$108,000	2023-06-01	2023-06-01	2023-06-30	2023-06-30	Medium	Medium	Medium	12	7	80%
Project G: Customer Portal Redesign	PG-007	Execution	55%	2023-07-01	2023-07-31	\$120,000	\$66,000	2023-07-01	2023-07-01	2023-07-31	2023-07-31	Medium	Medium	Medium	10	6	75%
Project H: Supply Chain Optimization	PH-008	Initiation	15%	2023-08-01	2023-08-31	\$90,000	\$13,500	2023-08-01	2023-08-01	2023-08-31	2023-08-31	High	High	High	18	2	55%
Project I: Mobile App Development	PI-009	Planning	85%	2023-09-01	2023-09-15	\$70,000	\$59,500	2023-09-01	2023-09-01	2023-09-15	2023-09-15	Low	Low	Low	4	4	92%
Project J: Internal Audit System	PJ-010	Execution	30%	2023-10-01	2023-10-31	\$110,000	\$33,000	2023-10-01	2023-10-01	2023-10-31	2023-10-31	Medium	Medium	Medium	9	3	65%
Project K: Cloud Migration Phase 1	PK-011	Initiation	10%	2023-11-01	2023-11-30	\$250,000	\$25,000	2023-11-01	2023-11-01	2023-11-30	2023-11-30	Very High	Very High	Very High	20	1	40%
Project L: Compliance Training Program	PL-012	Closing	95%	2023-12-01	2023-12-15	\$30,000	\$28,500	2023-12-01	2023-12-01	2023-12-15	2023-12-15	Low	Low	Low	1	1	98%
Project M: New Market Entry Research	PM-013	Planning	50%	2024-01-01	2024-01-31	\$80,000	\$40,000	2024-01-01	2024-01-01	2024-01-31	2024-01-31	Medium	Medium	Medium	7	4	70%
Project N: IT Security Audit	PN-014	Execution	65%	2024-02-01	2024-02-28	\$60,000	\$39,000	2024-02-01	2024-02-01	2024-02-28	2024-02-28	Medium	Medium	Medium	6	4	78%
Project O: Employee Wellness Program	PO-015	Initiation	25%	2024-03-01	2024-03-31	\$40,000	\$10,000	2024-03-01	2024-03-01	2024-03-31	2024-03-31	Low	Low	Low	3	1	50%
Project P: AI Research & Development	PP-016	Planning	45%	2024-04-01	2024-04-30	\$220,000	\$99,000	2024-04-01	2024-04-01	2024-04-30	2024-04-30	High	High	High	14	5	62%
Project Q: Sustainability Report Development	PQ-017	Execution	70%	2024-05-01	2024-05-15	\$55,000	\$38,500	2024-05-01	2024-05-01	2024-05-15	2024-05-15	Low	Low	Low	3	3	90%
Project R: Customer Feedback Analysis	PR-018	Initiation	18%	2024-06-01	2024-06-30	\$75,000	\$13,500	2024-06-01	2024-06-01	2024-06-30	2024-06-30	Medium	Medium	Medium	6	1	45%
Project S: Data Privacy Policy Update	PS-019	Closing	92%	2024-07-01	2024-07-15	\$25,000	\$23,000	2024-07-01	2024-07-01	2024-07-15	2024-07-15	Low	Low	Low	1	1	97%
Project T: New Product Market Fit Study	PT-020	Planning	58%	2024-08-01	2024-08-31	\$95,000	\$55,100	2024-08-01	2024-08-01	2024-08-31	2024-08-31	Medium	Medium	Medium	8	5	73%
Project U: Internal Process Automation	PU-021	Execution	42%	2024-09-01	2024-09-30	\$130,000	\$54,600	2024-09-01	2024-09-01	2024-09-30	2024-09-30	Medium	Medium	Medium	11	6	68%
Project V: Vendor Management System	PV-022	Initiation	12%	2024-10-01	2024-10-31	\$160,000	\$19,200	2024-10-01	2024-10-01	2024-10-31	2024-10-31	High	High	High	16	1	38%
Project W: Employee Training Program	PW-023	Closing	98%	2024-11-01	2024-11-15	\$35,000	\$34,300	2024-11-01	2024-11-01	2024-11-15	2024-11-15	Low	Low	Low	1	1	99%
Project X: AI Integration Pilot Program	PX-024	Planning	48%	2024-12-01	2024-12-31	\$210,000	\$100,800	2024-12-01	2024-12-01	2024-12-31	2024-12-31	High	High	High	13	6	61%
Project Y: Compliance Automation Tool	PY-025	Execution	68%	2025-01-01	2025-01-15	\$85,000	\$57,800	2025-01-01	2025-01-01	2025-01-15	2025-01-15	Medium	Medium	Medium	7	5	76%
Project Z: Customer Segmentation Analysis	PZ-026	Initiation	22%	2025-02-01	2025-02-28	\$65,000	\$14,300	2025-02-01	2025-02-01	2025-02-28	2025-02-28	Medium	Medium	Medium	5	1	48%
Project AA: New Product Launch Preparation	PA-027	Planning	52%	2025-03-01	2025-03-31	\$175,000	\$91,000	2025-03-01	2025-03-01	2025-03-31	2025-03-31	High	High	High	12	7	64%
Project AB: Internal Audit Findings Remediation	PB-028	Execution	40%	2025-04-01	2025-04-30	\$100,000	\$40,000	2025-04-01	2025-04-01	2025-04-30	2025-04-30	Medium	Medium	Medium	10	4	66%
Project AC: Employee Engagement Survey	PC-029	Initiation	15%	2025-05-01	2025-05-31	\$45,000	\$6,750	2025-05-01	2025-05-01	2025-05-31	2025-05-31	Low	Low	Low	3	1	52%
Project AD: Data Breach Response Plan	PD-030	Closing	95%	2025-06-01	2025-06-15	\$30,000	\$28,500	2025-06-01	2025-06-01	2025-06-15	2025-06-15	Low	Low	Low	1	1	98%
Project AE: New Market Entry Strategy	PE-031	Planning	55%	2025-07-01	2025-07-31	\$190,000	\$104,500	2025-07-01	2025-07-01	2025-07-31	2025-07-31	High	High	High	11	6	63%
Project AF: IT Infrastructure Security Audit	PF-032	Execution	62%	2025-08-01	2025-08-31	\$115,000	\$71,400	2025-08-01	2025-08-01	2025-08-31	2025-08-31	Medium	Medium	Medium	9	5	74%
Project AG: Customer Portal Beta Testing	PG-033	Initiation	18%	2025-09-01	2025-09-30	\$140,000	\$25,200	2025-09-01	2025-09-01	2025-09-30	2025-09-30	Medium	Medium	Medium	10	2	42%
Project AH: Internal Process Review	PH-034	Closing	97%	2025-10-01	2025-10-15	\$20,000	\$19,400	2025-10-01	2025-10-01	2025-10-15	2025-10-15	Low	Low	Low	1	1	99%
Project AI: AI Model Training & Validation	PI-035	Planning	46%	2025-11-01	2025-11-30	\$230,000	\$105,800	2025-11-01	2025-11-01	2025-11-30	2025-11-30	High	High	High	14	7	60%
Project AJ: Compliance Training Module Development	PJ-036	Execution	69%	2025-12-01	2025-12-15	\$70,000	\$48,300	2025-12-01	2025-12-01	2025-12-15	2025-12-15	Medium	Medium	Medium	6	4	77%
Project AK: Customer Feedback Implementation	PK-037	Initiation	20%	2026-01-01	2026-01-31	\$80,000	\$16,000	2026-01-01	2026-01-01	2026-01-31	2026-01-31	Medium	Medium	Medium	7	1	46%
Project AL: Data Privacy Policy Implementation	PL-038	Closing	94%	2026-02-01	2026-02-15	\$28,000	\$26,300	2026-02-01	2026-02-01	2026-02-15	2026-02-15	Low	Low	Low	1	1	97%
Project AM: New Product Market Fit Study	PM-039	Planning	50%	2026-03-01	2026-03-31	\$160,000	\$80,000	2026-03-01	2026-03-01	2026-03-31	2026-03-31	High	High	High	10	5	62%
Project AN: Internal Audit Findings Remediation	PN-040	Execution	41%	2026-04-01	2026-04-30	\$120,000	\$49,200	2026-04-01	2026-04-01	2026-04-30	2026-04-30	Medium	Medium	Medium	11	5	67%
Project AO: Employee Engagement Survey	PO-041	Initiation	16%	2026-05-01	2026-05-31	\$50,000	\$8,000	2026-05-01	2026-05-01	2026-05-31	2026-05-31	Low	Low	Low	3	1	51%
Project AP: Data Breach Response Plan	PD-042	Closing	96%	2026-06-01	2026-06-15	\$25,000	\$24,000	2026-06-01	2026-06-01	2026-06-15	2026-06-15	Low	Low	Low	1	1	98%
Project AQ: New Market Entry Strategy	PE-043	Planning	53%	2026-07-01	2026-07-31	\$180,000	\$95,400	2026-07-01	2026-07-01	2026-07-31	2026-07-31	High	High	High	11	6	61%
Project AR: IT Infrastructure Security Audit	PF-044	Execution	63%	2026-08-01	2026-08-31	\$125,000	\$78,750	2026-08-01	2026-08-01	2026-08-31	2026-08-31	Medium	Medium	Medium	9	5	75%
Project AS: Customer Portal Beta Testing	PG-045	Initiation	19%	2026-09-01	2026-09-30	\$150,000	\$28,500	2026-09-01	2026-09-01	2026-09-30	2026-09-30	Medium	Medium	Medium	10	2	43%
Project AT: Internal Process Review	PH-046	Closing	98%	2026-10-01	2026-10-15	\$22,000	\$21,560	2026-10-01	2026-10-01	2026-10-15	2026-10-15	Low	Low	Low	1	1	99%
Project AU: AI Model Training & Validation	PI-047	Planning	47%	2026-11-01	2026-11-30	\$240,000	\$112,800	2026-11-01	2026-11-01	2026-11-30	2026-11-30	High	High	High	15	8	59%
Project AV: Compliance Training Module Development	PJ-048	Execution	70%	2026-12-01	2026-12-15	\$75,000	\$52,500	2026-12-01	2026-12-01	2026-12-15	2026-12-15	Medium	Medium	Medium	7	5	78%
Project AW: Customer Feedback Implementation	PK-049	Initiation	21%	2027-01-01	2027-01-31	\$85,000	\$17,850	2027-01-01	2027-01-01	2027-01-31	2027-01-31	Medium	Medium	Medium	8	1	47%
Project AX: Data Privacy Policy Implementation	PL-050	Closing	95%	2027-02-01	2027-02-15	\$30,000	\$28,500	2027-02-01	2027-02-01	2027-02-15	2027-02-15	Low	Low	Low	1	1	98%
Project AY: New Product Market Fit Study	PM-051	Planning	51%	2027-03-01	2027-03-31	\$170,000	\$86,700	2027-03-01	2027-03-01	2027-03-31	2027-03-31	High	High	High	10	5	60%
Project AZ: Internal Audit Findings Remediation	PN-052	Execution	42%	2027-04-01	2027-04-30	\$130,000	\$54,600	2027-04-01	2027-04-01	2027-04-30	2027-04-30	Medium	Medium	Medium	11	5	68%
Project BA: Employee Engagement Survey	PO-053	Initiation	17%	2027-05-01	2027-05-31	\$55,000	\$9,450	2027-05-01	2027-05-01	2027-05-31	2027-05-31	Low	Low	Low	3	1	50%
Project BB: Data Breach Response Plan	PD-054	Closing	97%	2027-06-01	2027-06-15	\$27,000	\$26,100	2027-06-01	2027-06-01	2027-06-15	2027-06-15	Low	Low	Low	1	1	99%
Project BC: New Market Entry Strategy	PE-055	Planning	54%	2027-07-01	2027-07-31	\$195,000	\$105,300	2027-07-01	2027-07-01	2027-07-31	2027-07-31	High	High	High	12	7	63%
Project BD: IT Infrastructure Security Audit	PF-056	Execution	64%	2027-08-01	2027-08-31	\$135,000	\$86,400	2027-08-01	2027-08-01	2027-08-31	2027-08-31	Medium	Medium	Medium	10	6	76%
Project BE: Customer Portal Beta Testing	PG-057	Initiation	20%	2027-09-01	2027-09-30	\$160,000	\$32,000	2027-09-01	2027-09-01	2027-09-30	2027-09-30	Medium	Medium	Medium	11	2	44%
Project BF: Internal Process Review	PH-058	Closing	99%	2027-10-01	2027-10-15	\$24,000	\$23,760	2027-10-01	2027-10-01	2027-10-15	2027-10-15	Low	Low	Low	1	1	100%
Project BG: AI Model Training & Validation	PI-059	Planning	49%	2027-11-01	2027-11-30	\$255,000	\$125,700	2027-11-01	2027-11-01	2027-11-30	2027-11-30	High	High	High	16	9	58%
Project BH: Compliance Training Module Development	PJ-060	Execution	71%	2027-12-01	2027-12-15	\$80,000	\$56,800	2027-12-01	2027-12-01	2027-12-15	2027-12-15	Medium	Medium	Medium	8	6	79%
Project BI: Customer Feedback Implementation	PK-061	Initiation	22%	2028-01-01	2028-01-31	\$90,000	\$19,800	2028-01-01	2028-01-01	2028-01-31	2028-01-31	Medium	Medium	Medium	9	1	48%
Project BJ: Data Privacy Policy Implementation	PL-062	Closing	96%	2028-02-01	2028-02-15	\$32,000	\$30,700	2028-02-01	2028-02-01	2028-02-15	2028-02-15	Low	Low	Low	1	1	99%
Project BK: New Product Market Fit Study	PM-063	Planning	52%	2028-03-01	2028-03-31	\$185,000	\$96,100	2028-03-01	2028-03-01	2028-03-31	2028-03-31	High	High	High	11	6	61%
Project BL: Internal Audit Findings Remediation	PN-064	Execution	43%	2028-04-01	2028-04-30	\$140,000	\$60,200	2028-04-01	2028-04-01	2028-04-30	2028-04-30	Medium	Medium	Medium	12	6	69%
Project BM: Employee Engagement Survey	PO-065	Initiation	18%	2													

[illegible]

CPT	Description	CPT Note	Code Group	Commercial HMO-Auth	Commercial FFO-Auth	Centra-Auth Non-ASA	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TB&C Auth	BMS Auth
M0075	Cellular therapy		Medical Services	No	Yes	No	No	No	No	Yes	Yes
M0076	Prolotherapy		Medical Services	Yes	Yes	No	No	No	No	Yes	Yes
M0010	Enhancing oncology model (eom) monthly enhanced oncology services (meso) payment for eom enhanced services			No	No	No	No	No	No	Yes	Yes
M0100	Intragastric hyperthermia using gastric freezing		Medical Services	Yes	Yes	No	No	No	No	Yes	Yes
M0201	COVID-19 vaccine administration inside a patient's home; reported only once per individual home, per date of service, when only COVID-19 vaccine administration is performed at the patient's home		Administration	No	No	No	No	No	No	No	No
M0240	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab, includes infusion or injection and post administration monitoring, subsequent repeat doses		Infusion	No	No	No	Yes	No	Yes	No	No
M0241	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab, includes infusion or injection, and post administration monitoring in the home or residence. This includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency, subsequent repeat doses		Infusion	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
M0243	Intravenous infusion, casirivimab and imdevimab, includes infusion and post administration monitoring		Infusion	No	No	No	No	No	No	No	No
M0244	Intravenous infusion, casirivimab and imdevimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency		Infusion	Yes	Yes	No	No	No	No	Yes	Yes
M0245	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring		Infusion	No	No	No	No	No	No	No	No
M0246	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency		Infusion	Yes	Yes	No	No	No	No	Yes	Yes
M0247	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring		Infusion	No	No	No	Yes	No	Yes	No	No
M0248	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency		Infusion	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
M0249	Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with COVID-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, first dose		Infusion	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
M0250	Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with COVID-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, second dose		Infusion	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
M0300	IV chelation therapy (chemical endarterectomy)		Medical Services	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
M0301	Fabric wrapping of abdominal aneurysm		Medical Services	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
M1003	TB screening performed and results interpreted within 12 months prior to initiation of first-time biologic disease modifying antirheumatic drug therapy for RA		Screenings	No	No	No	No	No	No	No	No
M1004	Documentation of medical reason for not screening for TB or interpreting results (i.e., patient positive for TB and documentation of past treatment; patient who has recently completed a course of anti-TB therapy)		Screenings	No	No	No	No	No	No	No	No
M1005	TB screening not performed or results not interpreted, reason not given		Screenings	No	No	No	No	No	No	No	No
M1006	Disease activity not assessed, reason not given		Evaluation and Management	No	No	No	No	No	No	No	No
M1007	>50% of total number of a patient's outpatient RA encounters assessed		Evaluation and Management	No	No	No	No	No	No	No	No
M1008	<50% of total number of a patient's outpatient RA encounters assessed		Evaluation and Management	No	No	No	No	No	No	No	No
M1009	Patient treatment and final evaluation complete		Evaluation and Management	No	No	No	No	No	No	No	No
M1010	Patient treatment and final evaluation complete		Evaluation and Management	No	No	No	No	No	No	No	No
M1011	Patient treatment and final evaluation complete		Evaluation and Management	No	No	No	No	No	No	No	No
M1012	Patient treatment and final evaluation complete		Evaluation and Management	No	No	No	No	No	No	No	No
M1013	Patient treatment and final evaluation complete		Evaluation and Management	No	No	No	No	No	No	No	No
M1014	Patient treatment and final evaluation complete		Evaluation and Management	No	No	No	No	No	No	No	No
M1016	Female patients unable to bear children		Status	No	No	No	No	No	No	No	No
M1017	Patient admitted to palliative care services		Status	No	No	No	No	No	No	No	No
M1018	Patients with an active diagnosis or history of cancer (except basal cell and squamous cell skin carcinoma), patients who are heavy tobacco smokers, lung cancer screening patients		Status	No	No	No	No	No	No	No	No
M1019	Adolescent patients 12 to 17 years of age with major depression or dysthymia who reached remission at 12 months as demonstrated by a 12 month (+/- 40 days) PHQ-9 or PHQ-9M score of less than 5		Mental Health	No	No	No	No	No	No	No	No
M1020	Adolescent patients 12 to 17 years of age with major depression or dysthymia who did not reach remission at 12 months as demonstrated by a 12 month (+/- 40 days) PHQ-9 or PHQ-9M score of less than 5. Either PHQ-9 or PHQ-9M score was not assessed or is greater than or equal to 5		Mental Health	No	No	No	No	No	No	No	No
M1021	Patient had only urgent care visits during the performance period		Quality Measures	No	No	No	No	No	No	No	No
M1022	Patients who were in hospice at any time during the performance period		Quality Measures	No	No	No	No	No	No	No	No
M1025	Patients who were in hospice at any time during the performance period		Hospice	No	No	No	No	No	No	No	No
M1026	Patients who were in hospice at any time during the performance period		Hospice	No	No	No	No	No	No	No	No
M1027	Imaging of the head (CT or MRI) was obtained		Imaging	No	No	No	No	No	No	No	No
M1028	Documentation of patients with primary headache diagnosis and imaging other than CT or MRI obtained		Imaging	No	No	No	No	No	No	No	No
M1029	Imaging of the head (CT or MRI) was not obtained, reason not given		Imaging	No	No	No	No	No	No	No	No
M1031	Patients with clinical indications for imaging of the head		Imaging	No	No	No	No	No	No	No	No
M1032	Adults currently taking pharmacotherapy for OUD		Imaging	No	No	No	No	No	No	No	No
M1034	Adults who have at least 180 days of continuous pharmacotherapy with a medication prescribed for OUD without a gap of more than seven days		Imaging	No	No	No	No	No	No	No	No
M1035	Adults who are deliberately phased out of medication assisted treatment (MAT) prior to 180 days of continuous treatment		Imaging	No	No	No	No	No	No	No	No
M1036	Adults who have not had at least 180 days of continuous pharmacotherapy with a medication prescribed for OUD without a gap of more than seven days		Imaging	No	No	No	No	No	No	No	No
M1037	Patients with a diagnosis of lumbar spine region cancer at the time of the procedure		Status	No	No	No	No	No	No	No	No
M1038	Patients with a diagnosis of lumbar spine region fracture at the time of the procedure		Status	No	No	No	No	No	No	No	No
M1039	Patients with a diagnosis of lumbar spine region infection at the time of the procedure		Status	No	No	No	No	No	No	No	No
M1040	Patients with a diagnosis of lumbar idiopathic or congenital scoliosis		Status	No	No	No	No	No	No	No	No
M1041	Patient had cancer, fracture or infection related to the lumbar spine or patient had idiopathic or congenital scoliosis		Status	No	No	No	No	No	No	No	No
M1043	Functional status measurement with score was not obtained utilizing the Oswestry Disability Index (ODI version 2.1a) patient reported outcome tool within three months preoperatively and at one year (9 to 15 months) postoperatively		Status	No	No	No	No	No	No	No	No
M1045	Functional status measurement with score was obtained utilizing the Oxford Knee Score (OKS) patient reported outcome tool within three months preoperatively and at one year (9 to 15 months) postoperatively		Status	No	No	No	No	No	No	No	No
M1046	Functional status measurement with score was not obtained utilizing the Oxford Knee Score (OKS) patient reported outcome tool within three months preoperatively and at one year (9 to 15 months) postoperatively		Status	No	No	No	No	No	No	No	No
M1049	Functional status measurement with score was not obtained utilizing the Oswestry Disability Index (ODI version 2.1a) patient reported outcome tool within three months preoperatively and at three months (6 to 20 weeks) postoperatively		Status	No	No	No	No	No	No	No	No
M1051	Patient had cancer, fracture or infection related to the lumbar spine or patient had idiopathic or congenital scoliosis		Status	No	No	No	No	No	No	No	No
M1052	Leg pain was not measured by the Visual Analog Scale (VAS) within three months preoperatively and at one year (9 to 15 months) postoperatively		Assessment	No	No	No	No	No	No	No	No
M1054	Patient had only urgent care visits during the performance period		Status	No	No	No	No	No	No	No	No
M1055	Aspirin or another antiplatelet therapy used		Management	No	No	No	No	No	No	No	No
M1056	Prescribed anticoagulant medication during the performance period, history of GI bleeding, history of intracranial bleeding, bleeding disorder and specific provider documented reasons: allergy to aspirin or antiplatelets, use of nonsteroidal antiinflammatory agents, drug-drug interaction, uncontrolled hypertension >180/110 mm Hg or gastroesophageal reflux disease		Management	No	No	No	No	No	No	No	No
M1057	Aspirin or another antiplatelet therapy not used, reason not given		Management	No	No	No	No	No	No	No	No
M1058	Patient was a permanent nursing home resident at any time during the performance period		Assessment	No	No	No	No	No	No	No	No
M1059	Patient was in hospice or receiving palliative care at any time during the performance period		Assessment	No	No	No	No	No	No	No	No
M1060	Patient died prior to the end of the performance period		Assessment	No	No	No	No	No	No	No	No
M1067	Hospice services for patient provided any time during the measurement period		Hospice	No	No	No	No	No	No	No	No
M1068	Adults who are not ambulatory		Status	No	No	No	No	No	No	No	No
M1069	Patient screened for future fall risk		Quality Measures - Risk Adjustment	No	No	No	No	No	No	No	No
M1070	Patient not screened for future fall risk, reason not given		Quality Measures - Risk Adjustment	No	No	No	No	No	No	No	No
M1071	Patient had any additional spine procedures performed on the same date as the lumbar discectomy/laminotomy		Assessment	No	No	No	No	No	No	No	No
M1106	The start of an episode of care documented in the medical record		Episode of Care	No	No	No	No	No	No	No	No
M1107	Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care		Episode of Care	No	No	No	No	No	No	No	No
M1108	Ongoing care is not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record		Episode of Care	No	No	No	No	No	No	No	No
M1109	Ongoing care is not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery		Episode of Care	No	No	No	No	No	No	No	No
M1110	Ongoing care is not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown)		Episode of Care	No	No	No	No	No	No	No	No
M1111	The start of an episode of care documented in the medical record		Episode of Care	No	No	No	No	No	No	No	No
M1112	Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care		Episode of Care	No	No	No	No	No	No	No	No
M1113	Ongoing care is not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record		Episode of Care	No	No	No	No	No	No	No	No
M1114	Ongoing care is not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery		Episode of Care	No	No	No	No	No	No	No	No
M1115	Ongoing care is not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown)		Episode of Care	No	No	No	No	No	No	No	No
M1116	The start of an episode of care documented in the medical record		Episode of Care	No	No	No	No	No	No	No	No
M1117	Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care		Episode of Care	No	No	No	No	No	No	No	No
M1118	Ongoing care is not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record		Episode of Care	No	No	No	No	No	No	No	No
M1119	Ongoing care is not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery		Episode of Care	No	No	No	No	No	No	No	No
M1120	Ongoing care is not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown)		Episode of Care	No	No	No	No	No	No	No	No
M1121	The start of an episode of care documented in the medical record		Episode of Care	No	No	No	No	No	No	No	No
M1122	Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care		Episode of Care	No	No	No	No	No	No	No	No
M1123	Ongoing care is not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record		Episode of Care	No	No	No	No	No	No	No	No
M1124	Ongoing care is not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery		Episode of Care	No	No	No	No	No	No	No	No

CPT	Description	CPT Note	Code Group	Commercia HMO- Auth	Commercia PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
M1125	Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown)		Episode of Care	No	No	No	No	No	No	No	No
M1126	The start of an episode of care documented in the medical record		Episode of Care	No	No	No	No	No	No	No	No
M1127	Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care		Episode of Care	No	No	No	No	No	No	No	No
M1128	Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record		Episode of Care	No	No	No	No	No	No	No	No
M1129	Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery		Episode of Care	No	No	No	No	No	No	No	No
M1130	Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown)		Episode of Care	No	No	No	No	No	No	No	No
M1131	Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care		Episode of Care	No	No	No	No	No	No	No	No
M1132	Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record		Episode of Care	No	No	No	No	No	No	No	No
M1133	Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery		Episode of Care	No	No	No	No	No	No	No	No
M1134	Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown)		Episode of Care	No	No	No	No	No	No	No	No
M1135	he start of an episode of care documented in the medical record		Episode of Care	No	No	No	No	No	No	No	No
M1141	Functional status was not measured by the Oxford Knee Score (OKS) or the knee injury and osteoarthritis outcome score joint replacement (KOOS, JR.) at one year (9 to 15 months) postoperatively		Episode of Care	No	No	No	No	No	No	No	No
M1142	Emergent cases		Episode of Care	No	No	No	No	No	No	No	No
M1143	Initiated episode of rehabilitation therapy, medical, or chiropractic care for neck impairment		Episode of Care	No	No	No	No	No	No	No	No
M1145	Most Favored nation (MFN) model drug add-on amount, per dose. (do not bill with line items that have the IW modifier)		Assessment	No	No	No	No	No	No	No	No
M1146	Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record		Assessment	No	No	No	No	No	No	No	No
M1147	Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery		Assessment	No	No	No	No	No	No	No	No
M1148	Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown)		Assessment	No	No	No	No	No	No	No	No
M1149	Patient unable to complete the neck F5 PROM at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility, and an adequate proxy is not available		Assessment	No	No	No	No	No	No	No	No

CPT	Description	CPT Note	Code Group	Commercial	Commercial	Centra-Auth	Centra-Auth	Sentry-Auth	Sentry-Auth	TRBC Auth	BMS Auth
				I HMO-Auth	I PPO-Auth	Non-ASA	Centra-Auth ASA Provider	Non-ASA Provider	Auth ASA Provider		
P2028	Cephalin flocculation, blood		Pathology or Labs	No	No	No	No	No	No	No	No
P2029	Congo red, blood		Pathology or Labs	No	No	No	No	No	No	No	No
P2031	Hair analysis (excluding arsenic)		Pathology or Labs	No	No	No	No	No	No	No	No
P2033	Thymol turbidity, blood		Pathology or Labs	No	No	No	No	No	No	No	No
	Mucoprotein, blood (seromucoid) (medical necessity procedure)		Pathology or Labs	No	No	No	No	No	No	No	No
P2038	Screening Papanicolaou smear, cervical or vaginal, up to 3 smears, by technician under physician supervision		Screenings	No	No	No	No	No	No	No	No
P3000	Screening Papanicolaou smear, cervical or vaginal, up to 3 smears, requiring interpretation by physician		Screenings	No	No	No	No	No	No	No	No
P3001	Culture, bacterial, urine; quantitative, sensitivity study		Study	No	No	No	No	No	No	No	No
P7001	Blood (whole), for transfusion, per unit		Blood Procedures	No	No	No	No	No	No	No	No
P9010	Blood, split unit		Blood Procedures	No	No	No	No	No	No	No	No
P9012	Cryoprecipitate, each unit		Blood Procedures	No	No	No	No	No	No	No	No
P9016	Red blood cells, leukocytes reduced, each unit		Blood Procedures	No	No	No	No	No	No	No	No
	Fresh frozen plasma (single donor), frozen within 8 hours of collection, each unit		Blood Procedures	No	No	No	No	No	No	No	No
P9017	Platelets, each unit		Blood Procedures	No	No	No	No	No	No	No	No
P9019	Platelets, each unit		Blood Procedures	No	No	No	No	No	No	No	No
P9020	Platelet rich plasma, each unit		Blood Procedures	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
P9021	Red blood cells, each unit		Blood Procedures	No	No	No	No	No	No	No	No
P9022	Red blood cells, washed, each unit		Blood Procedures	No	No	No	No	No	No	No	No
P9023	Plasma, pooled multiple donor, solvent/detergent treated, frozen, each unit		Blood Procedures	No	No	No	No	No	No	No	No
	Plasma, cryoprecipitate reduced, pathogen reduced, each unit		Blood Procedures	No	No	No	No	No	No	No	No
P9025	Cryoprecipitated fibrinogen complex, pathogen reduced, each unit		Blood Procedures	No	No	No	No	No	No	No	No
P9026	Platelets, leukocytes reduced, each unit		Blood Procedures	No	No	No	No	No	No	No	No
P9031	Platelets, irradiated, each unit		Blood Procedures	No	No	No	No	No	No	No	No
P9032	Platelets, leukocytes reduced, irradiated, each unit		Blood Procedures	No	No	No	No	No	No	No	No
P9033	Platelets, pheresis, each unit		Blood Procedures	No	No	No	No	No	No	No	No
P9034	Platelets, pheresis, leukocytes reduced, each unit		Blood Procedures	No	No	No	No	No	No	No	No
P9035	Platelets, pheresis, leukocytes reduced, each unit		Blood Procedures	No	No	No	No	No	No	No	No
P9036	Platelets, pheresis, irradiated, each unit		Blood Procedures	No	No	No	No	No	No	No	No
	Platelets, pheresis, leukocytes reduced, irradiated, each unit		Blood Procedures	No	No	No	No	No	No	No	No
P9037	Red blood cells, irradiated, each unit		Blood Procedures	No	No	No	No	No	No	No	No
P9038	Red blood cells, deglycerolized, each unit		Blood Procedures	No	No	No	No	No	No	No	No
P9039	Red blood cells, deglycerolized, each unit		Blood Procedures	No	No	No	No	No	No	No	No
P9040	Red blood cells, deglycerolized, each unit		Blood Procedures	No	No	No	No	No	No	No	No
	Albucel 5, Buminate, Plasbumin-5		Blood Procedures	No	No	No	No	No	No	No	No
P9041	Infusion, albumin (human), 5%, 50 ml		Blood Procedures	No	No	No	No	No	No	No	No
P9043	Infusion, plasma protein fraction (human), 5%, 50 ml		Blood Procedures	No	No	No	No	No	No	No	No
P9044	Plasma, cryoprecipitate reduced, each unit		Blood Procedures	No	No	No	No	No	No	No	No
	Albucel 5, Buminate, Plasbumin-5		Blood Procedures	No	No	No	No	No	No	No	No
P9045	Infusion, albumin (human), 5%, 250 ml		Blood Procedures	No	No	No	No	No	No	No	No
	Albucel 25, Buminate, Flexbumin, Kedbumin, Plasbumin-25		Blood Procedures	No	No	No	No	No	No	No	No
P9046	Infusion, albumin (human), 25%, 20 ml		Blood Procedures	No	No	No	No	No	No	No	No
	Albucel 25, Buminate, Flexbumin, Kedbumin, Plasbumin-25		Blood Procedures	No	No	No	No	No	No	No	No
P9047	Infusion, albumin (human), 25%, 50 ml		Blood Procedures	No	No	No	No	No	No	No	No
P9048	Infusion, plasma protein fraction (human), 5%, 250 ml		Blood Procedures	No	No	No	No	No	No	No	No
P9050	Granulocytes, pheresis, each unit		Blood Procedures	No	No	No	No	No	No	No	No
	Whole blood or red blood cells, leukocytes reduced, CMV-negative, each unit		Blood Procedures	No	No	No	No	No	No	No	No
P9051	Platelets, HLA-matched leukocytes reduced, apheresis/pheresis, each unit		Blood Procedures	No	No	No	No	No	No	No	No
P9052	Platelets, pheresis, leukocytes reduced, CMV-negative, irradiated, each unit		Blood Procedures	No	No	No	No	No	No	No	No
P9053	Whole blood or red blood cells, leukocytes reduced, frozen, deglycerol, washed, each unit		Blood Procedures	No	No	No	No	No	No	No	No
P9054	Platelets, leukocytes reduced, CMV-negative, apheresis/pheresis, each unit		Blood Procedures	No	No	No	No	No	No	No	No
P9055	Whole blood, leukocytes reduced, irradiated, each unit		Blood Procedures	No	No	No	No	No	No	No	No
P9056	Red blood cells, frozen/deglycerolized/washed, leukocytes reduced, irradiated, each unit		Blood Procedures	No	No	No	No	No	No	No	No
P9057	Red blood cells, leukocytes reduced, CMV-negative, irradiated, each unit		Blood Procedures	No	No	No	No	No	No	No	No
P9058	Fresh frozen plasma between 8-24 hours of collection, each unit		Blood Procedures	No	No	No	No	No	No	No	No
P9059	Fresh frozen plasma, donor retested, each unit		Blood Procedures	No	No	No	No	No	No	No	No
P9060	Plasma, pooled multiple donor, pathogen reduced, frozen, each unit		Blood Procedures	No	No	No	No	No	No	No	No
P9070	Plasma (single donor), pathogen reduced, frozen, each unit		Blood Procedures	No	No	No	No	No	No	No	No
P9071	Platelets, pheresis, pathogen-reduced, each unit		Blood Procedures	No	No	No	No	No	No	No	No
P9073	Blood component or product not otherwise classified		Blood Procedures	No	No	No	No	No	No	No	No
P9099	Pathogen(s) test for platelets		Blood Procedures	No	No	No	No	No	No	No	No
P9100	Travel allowance, one way in connection with medically necessary laboratory specimen collection drawn from homebound or nursing homebound patient; prorated miles actually travelled		Pathology or Labs	No	No	No	No	No	No	No	No
P9603	Travel allowance, one way in connection with medically necessary laboratory specimen collection drawn from homebound or nursing homebound patient; prorated trip charge		Pathology or Labs	No	No	No	No	No	No	No	No
P9604	Catheterization for collection of specimen, single patient, all places of service		Catherization	No	No	No	No	No	No	No	No
P9612	Catheterization for collection of specimen, single patient, all places of service		Catherization	No	No	No	No	No	No	No	No
P9615			Catherization	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
Q0035	Cardiomyography		Testing	No	No	No	No	No	No	No	No
Q0081	Infusion therapy, using other than chemotherapeutic drugs, per visit		Infusion	No	No	No	No	No	No	No	No
Q0083	Chemotherapy administration by other than infusion technique only (e.g., subcutaneous, intramuscular, push), per visit		Chemotherapy	No	No	No	No	No	No	No	No
Q0084	Chemotherapy administration by infusion technique only, per visit		Chemotherapy	No	No	No	No	No	No	No	No
Q0085	Chemotherapy administration by both infusion technique and other technique(s) (e.g. subcutaneous, intramuscular, push), per visit		Chemotherapy	No	No	No	No	No	No	No	No
Q0091	Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory		Screening	No	No	No	No	No	No	No	No
Q0092	Set-up portable x-ray equipment		Imaging	No	No	No	No	No	No	No	No
Q0111	Wet mounts, including preparations of vaginal, cervical or skin specimens		Pathology or Labs	No	No	No	No	No	No	No	No
Q0112	All potassium hydroxide (KOH) preparations		Pathology or Labs	No	No	No	No	No	No	No	No
Q0113	Pinworm examinations		Testing	No	No	No	No	No	No	No	No
Q0114	Fern test		Testing	No	No	No	No	No	No	No	No
Q0115	Postcoital direct, qualitative examinations of vaginal or cervical mucous		Testing	No	No	No	No	No	No	No	No
Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use)	FERAHEME	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Q0139	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for ESRD on dialysis)	FERAHEME	ESRD	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Q0144	Azithromycin dihydrate, oral, capsule/powder, 1 g		Oral Drug	No	No	No	No	No	No	No	No
Q0161	Chlorpromazine hydrochloride, 5 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen		Chemotherapy	No	No	No	No	No	No	No	No
Q0162	Ondansetron 1 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	ZOFRAN	Chemotherapy	No	No	No	No	No	No	No	No
Q0163	Diphenhydramine HCl, 50 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment not to exceed a 48-hour dosage regimen		Chemotherapy	No	No	No	No	No	No	No	No
Q0164	Prochlorperazine maleate, 5 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen		Chemotherapy	No	No	No	No	No	No	No	No
Q0166	Granisetron HCl, 1 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 24-hour dosage regimen		Chemotherapy	No	No	No	No	No	No	No	No
Q0167	Dronabinol, 2.5 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen		Chemotherapy	No	No	No	No	No	No	No	No
Q0169	Promethazine HCl, 12.5 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen		Chemotherapy	No	No	No	No	No	No	No	No
Q0173	Trimethoprim-sulfamethoxazole HCl, 250 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen		Chemotherapy	No	No	No	No	No	No	No	No
Q0174	Thiethylperazine maleate, 10 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen		Chemotherapy	No	No	No	No	No	No	No	No
Q0175	Perphenazine, 4 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen		Chemotherapy	No	No	No	No	No	No	No	No
Q0177	Hydroxyzine pamoate, 25 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen		Chemotherapy	No	No	No	No	No	No	No	No
Q0180	Dolasetron mesylate, 100 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 24-hour dosage regimen		Chemotherapy	No	No	No	No	No	No	No	No
Q0181	Unspecified oral dosage form, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen		Chemotherapy	No	No	No	No	No	No	No	No
Q0220	Injection, Tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known SARS-CoV-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available COVID-19 vaccine is not recommended due to a history of severe adverse reaction to a COVID-19 vaccine(s) and/or COVID-19 vaccine component(s), 300 mg	No longer authorized for use in US, deny claim if billed	Injectable Drug	No	No	No	No	No	No	No	No
Q0221	Injection, Tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known SARS-CoV-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available COVID-19 vaccine is not recommended due to a history of severe adverse reaction to a COVID-19 vaccine(s) and/or COVID-19 vaccine component(s), 600 mg	No longer authorized for use in US, deny claim if billed	Injectable Drug	No	No	No	No	No	No	No	No
Q0222	Injection, bebtelovimab, 175 mg		Chemotherapy	No	No	No	No	No	No	No	No
Q0240	Injection, casirivimab and imdevimab, 600 mg		Chemotherapy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Q0243	Injection, casirivimab and imdevimab, 2400 mg		Chemotherapy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Q0244	Injection, casirivimab and imdevimab, 1200 mg		Chemotherapy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Q0245	Injection, bamlanivimab and etesevimab, 2100 mg		Chemotherapy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Q0247	Injection, sotrovimab, 500 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Q0249	Injectable, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with COVID-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, 1 mg		Injectable Drug	No	No	No	No	No	No	No	No
Q0477	Power module patient cable for use with electric or electric/pneumatic ventricular assist device, replacement only		Ventricular Assist Device	No	No	No	No	No	No	No	No
Q0478	Power adapter for use with electric or electric/pneumatic ventricular assist device, vehicle type		Ventricular Assist Device	No	No	No	No	No	No	No	No
Q0479	Power module for use with electric or electric/pneumatic ventricular assist device, replacement only		Ventricular Assist Device	No	No	No	No	No	No	No	No
Q0480	Driver for use with pneumatic ventricular assist device, replacement only		Ventricular Assist Device	No	No	No	No	No	No	No	No
Q0481	Microprocessor control unit for use with electric ventricular assist device, replacement only		Ventricular Assist Device	No	No	No	No	No	No	No	No
Q0482	Microprocessor control unit for use with electric/pneumatic combination ventricular assist device, replacement only		Ventricular Assist Device	No	No	No	No	No	No	No	No
Q0483	Monitor/display module for use with electric ventricular assist device, replacement only		Ventricular Assist Device	No	No	No	No	No	No	No	No
Q0484	Monitor/display module for use with electric or electric/pneumatic ventricular assist device, replacement only		Ventricular Assist Device	No	No	No	No	No	No	No	No
Q0485	Monitor control cable for use with electric ventricular assist device, replacement only		Ventricular Assist Device	No	No	No	No	No	No	No	No
Q0486	Monitor control cable for use with electric/pneumatic ventricular assist device, replacement only		Ventricular Assist Device	No	No	No	No	No	No	No	No
Q0487	Leads (pneumatic/electrical) for use with any type electric/pneumatic ventricular assist device, replacement only		Ventricular Assist Device	No	No	No	No	No	No	No	No
Q0488	Power pack base for use with electric ventricular assist device, replacement only		Ventricular Assist Device	No	No	No	No	No	No	No	No
Q0489	Power pack base for use with electric/pneumatic ventricular assist device, replacement only		Ventricular Assist Device	No	No	No	No	No	No	No	No
Q0490	Emergency power source for use with electric ventricular assist device, replacement only		Ventricular Assist Device	No	No	No	No	No	No	No	No
Q0491	Emergency power source for use with electric/pneumatic ventricular assist device, replacement only		Ventricular Assist Device	No	No	No	No	No	No	No	No
Q0492	Emergency power supply cable for use with electric ventricular assist device, replacement only		Ventricular Assist Device	No	No	No	No	No	No	No	No
Q0493	Emergency power supply cable for use with electric/pneumatic ventricular assist device, replacement only		Ventricular Assist Device	No	No	No	No	No	No	No	No
Q0494	Emergency hand pump for use with electric or electric/pneumatic ventricular assist device, replacement only		Ventricular Assist Device	No	No	No	No	No	No	No	No
Q0495	Battery/power pack charger for use with electric or electric/pneumatic ventricular assist device, replacement only		Ventricular Assist Device	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
Q0496	Battery, other than lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only		Ventricular Assist Device	No	No	No	No	No	No	No	No
Q0497	Battery clips for use with electric or electric/pneumatic ventricular assist device, replacement only		Ventricular Assist Device	No	No	No	No	No	No	No	No
Q0498	Holder for use with electric or electric/pneumatic ventricular assist device, replacement only		Ventricular Assist Device	No	No	No	No	No	No	No	No
Q0499	Belt/vest/bag for use to carry external peripheral components of any type ventricular assist device, replacement only		Ventricular Assist Device	No	No	No	No	No	No	No	No
Q0500	Filters for use with electric or electric/pneumatic ventricular assist device, replacement only		Ventricular Assist Device	No	No	No	No	No	No	No	No
Q0501	Shower cover for use with electric or electric/pneumatic ventricular assist device, replacement only		Ventricular Assist Device	No	No	No	No	No	No	No	No
Q0502	Mobility cart for pneumatic ventricular assist device, replacement only		Ventricular Assist Device	No	No	No	No	No	No	No	No
Q0503	Battery for pneumatic ventricular assist device, replacement only, each		Ventricular Assist Device	No	No	No	No	No	No	No	No
Q0504	Power adapter for pneumatic ventricular assist device, replacement only, vehicle type		Ventricular Assist Device	No	No	No	No	No	No	No	No
Q0506	Battery, lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only		Ventricular Assist Device	No	No	No	No	No	No	No	No
Q0507	Miscellaneous supply or accessory for use with an external ventricular assist device		Ventricular Assist Device	No	No	No	No	No	No	No	No
Q0508	Miscellaneous supply or accessory for use with an implanted ventricular assist device		Ventricular Assist Device	No	No	No	No	No	No	No	No
Q0509	Miscellaneous supply or accessory for use with any implanted ventricular assist device for which payment was not made under Medicare Part A		Ventricular Assist Device	No	No	No	No	No	No	No	No
Q0510	Pharmacy supply fee for initial immunosuppressive drug(s), first month following transplant		Pharmacy	No	No	No	No	No	No	No	No
Q0511	Pharmacy supply fee for oral anticancer, oral antiemetic, or immunosuppressive drugs; for the first prescription in a 30-day period		Pharmacy	No	No	No	No	No	No	No	No
Q0512	Pharmacy supply fee for oral anticancer, oral antiemetic, or immunosuppressive drugs; for a subsequent prescription in a 30-day period		Pharmacy	No	No	No	No	No	No	No	No
Q0513	Pharmacy dispensing fee for inhalation drug(s); per 30 days		Pharmacy	No	No	No	No	No	No	No	No
Q0514	Pharmacy dispensing fee for inhalation drug(s); per 90 days		Pharmacy	No	No	No	No	No	No	No	No
Q0515	Injection, serratolene acetate, 1 mcg		Injectable Drug	No	No	No	No	No	No	No	No
Q1004	New technology, intraocular lens, category 4 as defined in Federal Register notice		Vision	No	No	No	No	No	No	No	No
Q1005	New technology, intraocular lens, category 5 as defined in Federal Register notice		Vision	No	No	No	No	No	No	No	No
Q2004	Irrigation solution for treatment of bladder calculi, for example renacidin, per 500 ml		Drug	No	No	No	No	No	No	No	No
Q2009	Injection, fosphenytoin, 50 mg phenytoin equivalent		Injectable Drug	No	No	No	No	No	No	No	No
Q2017	Injection, teniposide, 50 mg		Injectable Drug	No	No	No	No	No	No	No	No
Q2026	Injection, Radisse, 0.1 ml		Injectable Drug	No	No	No	No	No	No	No	No
Q2028	Injection, sculptra, 0.5 mg		Injectable Drug	No	No	No	No	No	No	No	No
Q2034	Influenza virus vaccine, split virus, for intramuscular use (Agrimu)		Vaccine	No	No	No	No	No	No	No	No
Q2035	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (AFLURIA)		Vaccine	No	No	No	No	No	No	No	No
Q2036	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLULAVAL)		Vaccine	No	No	No	No	No	No	No	No
Q2037	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLUVIRIM)		Vaccine	No	No	No	No	No	No	No	No
Q2038	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone)		Vaccine	No	No	No	No	No	No	No	No
Q2039	Influenza virus vaccine, not otherwise specified		Vaccine	No	No	No	No	No	No	No	No
Q2040	Arxobactagene autoleucel, up to 200 million autologous anti-CD19 CAR T Cells, including leukapheresis and dose preparation procedures, per infusion		Chemotherapy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Q2042	Tisagenlecleucel, up to 600 million car-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Crossover from Q2040	Chemotherapy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Q2043	Sipuleucel-T, minimum of 50 million autologous cd54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion		Chemotherapy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Q2049	Injection, doxorubicin hydrochloride, liposomal, imported Lipodox, 10 mg		Chemotherapy	No	No	No	No	No	No	No	No
Q2050	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg		Chemotherapy	No	No	No	No	No	No	No	No
Q2052	Services, supplies and accessories used in the home under the Medicare intravenous immune globulin (IVIg) demonstration		Immune Globulins	No	No	No	No	No	No	No	No
Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-CD19 CAR positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	PROVENGE	Infusion	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose		Infusion	No	No	No	Yes	No	Yes	No	No
Q2055	Idecabtagene vicleucel, up to 460 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Q2056	Giltacabtagene autoleucel, up to 100 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Carvykti	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Q3001	Radiation therapy for brachytherapy, any type, each		Radiation Therapy	Yes	Yes	No	No	No	No	Yes	Yes
Q3014	Telehealth originating site facility fee		Telehealth	No	No	No	No	No	No	No	No
Q3027	Injection, interferon beta-1a, 1 mcg for intramuscular use		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Q3028	Injection, interferon beta-1a, 1 mcg for subcutaneous use		Injectable Drug	No	No	No	No	No	No	No	No
Q3031	Collagen skin test		Testing	No	No	No	No	No	No	No	No
Q4001	Cast supplies, body cast adult, with or without head, plaster		Cast and Splint Supplies	No	No	No	No	No	No	No	No
Q4002	Cast supplies, body cast adult, with or without head, fiberglass		Cast and Splint Supplies	No	No	No	No	No	No	No	No
Q4003	Cast supplies, shoulder cast, adult (11 years +), plaster		Cast and Splint Supplies	No	No	No	No	No	No	No	No
Q4004	Cast supplies, shoulder cast, adult (11 years +), fiberglass		Cast and Splint Supplies	No	No	No	No	No	No	No	No
Q4005	Cast supplies, long arm cast, adult (11 years +), plaster		Cast and Splint Supplies	No	No	No	No	No	No	No	No
Q4006	Cast supplies, long arm cast, adult (11 years +), fiberglass		Cast and Splint Supplies	No	No	No	No	No	No	No	No
Q4007	Cast supplies, long arm cast, pediatric (0-10 years), plaster		Cast and Splint Supplies	No	No	No	No	No	No	No	No
Q4008	Cast supplies, long arm cast, pediatric (0-10 years), fiberglass		Cast and Splint Supplies	No	No	No	No	No	No	No	No
Q4009	Cast supplies, short arm cast, adult (11 years +), plaster		Cast and Splint Supplies	No	No	No	No	No	No	No	No
Q4010	Cast supplies, short arm cast, adult (11 years +), fiberglass		Cast and Splint Supplies	No	No	No	No	No	No	No	No
Q4011	Cast supplies, short arm cast, pediatric (0-10 years), plaster		Cast and Splint Supplies	No	No	No	No	No	No	No	No
Q4012	Cast supplies, short arm cast, pediatric (0-10 years), fiberglass		Cast and Splint Supplies	No	No	No	No	No	No	No	No
Q4013	Cast supplies, gauntlet cast (includes lower forearm and hand), adult (11 years +), plaster		Cast and Splint Supplies	No	No	No	No	No	No	No	No
Q4014	Cast supplies, gauntlet cast (includes lower forearm and hand), adult (11 years +), fiberglass		Cast and Splint Supplies	No	No	No	No	No	No	No	No
Q4015	Cast supplies, gauntlet cast (includes lower forearm and hand), pediatric (0-10 years), plaster		Cast and Splint Supplies	No	No	No	No	No	No	No	No
Q4016	Cast supplies, gauntlet cast (includes lower forearm and hand), pediatric (0-10 years), fiberglass		Cast and Splint Supplies	No	No	No	No	No	No	No	No
Q4017	Cast supplies, long arm splint, adult (11 years +), plaster		Cast and Splint Supplies	No	No	No	No	No	No	No	No
Q4018	Cast supplies, long arm splint, adult (11 years +), fiberglass		Cast and Splint Supplies	No	No	No	No	No	No	No	No
Q4019	Cast supplies, long arm splint, pediatric (0-10 years), plaster		Cast and Splint Supplies	No	No	No	No	No	No	No	No
Q4020	Cast supplies, long arm splint, pediatric (0-10 years), fiberglass		Cast and Splint Supplies	No	No	No	No	No	No	No	No
Q4021	Cast supplies, short arm splint, adult (11 years +), plaster		Cast and Splint Supplies	No	No	No	No	No	No	No	No
Q4022	Cast supplies, short arm splint, adult (11 years +), fiberglass		Cast and Splint Supplies	No	No	No	No	No	No	No	No
Q4023	Cast supplies, short arm splint, pediatric (0-10 years), plaster		Cast and Splint Supplies	No	No	No	No	No	No	No	No
Q4024	Cast supplies, short arm splint, pediatric (0-10 years), fiberglass		Cast and Splint Supplies	No	No	No	No	No	No	No	No
Q4025	Cast supplies, hip spica (one or both legs), adult (11 years +), plaster		Cast and Splint Supplies	No	No	No	No	No	No	No	No
Q4026	Cast supplies, hip spica (one or both legs), adult (11 years +), fiberglass		Cast and Splint Supplies	No	No	No	No	No	No	No	No
Q4027	Cast supplies, hip spica (one or both legs), pediatric (0-10 years), plaster		Cast and Splint Supplies	No	No	No	No	No	No	No	No
Q4028	Cast supplies, hip spica (one or both legs), pediatric (0-10 years), fiberglass		Cast and Splint Supplies	No	No	No	No	No	No	No	No
Q4029	Cast supplies, long leg cast, adult (11 years +), plaster		Cast and Splint Supplies	No	No	No	No	No	No	No	No
Q4030	Cast supplies, long leg cast, adult (11 years +), fiberglass		Cast and Splint Supplies	No	No	No	No	No	No	No	No
Q4031	Cast supplies, long leg cast, pediatric (0-10 years), plaster		Cast and Splint Supplies	No	No	No	No	No	No	No	No
Q4032	Cast supplies, long leg cast, pediatric (0-10 years), fiberglass		Cast and Splint Supplies	No	No	No	No	No	No	No	No
Q4033	Cast supplies, long leg cylinder cast, adult (11 years +), plaster		Cast and Splint Supplies	No	No	No	No	No	No	No	No
Q4034	Cast supplies, long leg cylinder cast, adult (11 years +), fiberglass		Cast and Splint Supplies	No	No	No	No	No	No	No	No
Q4035	Cast supplies, long leg cylinder cast, adult (11 years +), fiberglass		Cast and Splint Supplies	No	No	No	No	No	No	No	No
Q4036	Cast supplies, long leg cylinder cast, pediatric (0-10 years), fiberglass		Cast and Splint Supplies	No	No	No	No	No	No	No	No
Q4037	Cast supplies, short leg cast, adult (11 years +), plaster		Cast and Splint Supplies	No	No	No	No	No	No	No	No
Q4038	Cast supplies, short leg cast, adult (11 years +), fiberglass		Cast and Splint Supplies	No	No	No	No	No	No	No	No
Q4039	Cast supplies, short leg cast, pediatric (0-10 years), plaster		Cast and Splint Supplies	No	No	No	No	No	No	No	No

CIT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
Q4040	Cast supplies, short leg cast, pediatric (0-10 years), fiberglass		Cast and Splint Supplies	No	No	No	No	No	No	No	No
Q4041	Cast supplies, long leg splint, adult (11 years +), plaster		Cast and Splint Supplies	No	No	No	No	No	No	No	No
Q4042	Cast supplies, long leg splint, adult (11 years +), fiberglass		Cast and Splint Supplies	No	No	No	No	No	No	No	No
Q4043	Cast supplies, long leg splint, pediatric (0-10 years), plaster		Cast and Splint Supplies	No	No	No	No	No	No	No	No
Q4044	Cast supplies, long leg splint, pediatric (0-10 years), fiberglass		Cast and Splint Supplies	No	No	No	No	No	No	No	No
Q4045	Cast supplies, short leg splint, adult (11 years +), plaster		Cast and Splint Supplies	No	No	No	No	No	No	No	No
Q4046	Cast supplies, short leg splint, adult (11 years +), fiberglass		Cast and Splint Supplies	No	No	No	No	No	No	No	No
Q4047	Cast supplies, short leg splint, pediatric (0-10 years), plaster		Cast and Splint Supplies	No	No	No	No	No	No	No	No
Q4048	Cast supplies, short leg splint, pediatric (0-10 years), fiberglass		Cast and Splint Supplies	No	No	No	No	No	No	No	No
Q4049	Finger splint, static		Cast and Splint Supplies	No	No	No	No	No	No	No	No
Q4050	Cast supplies, for unlisted types and materials of casts		Cast and Splint Supplies	No	No	No	No	No	No	No	No
Q4051	Splint supplies, miscellaneous (includes thermoplastics, strapping, fasteners, padding and other supplies)		Cast and Splint Supplies	No	No	No	No	No	No	No	No
Q4074	Ilprost, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, up to 20 mcg		Inhalation Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Q4081	Injection, epoetin alfa, 100 units (for ESRD on dialysis)		ESRD	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Q4082	acquisition program (CAP)		Medicare	No	No	No	No	No	No	No	No
Q4100	Skin substitute, not otherwise specified		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4101	Apilarg, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4102	Oasis wound matrix, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4103	Oasis burn matrix, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4104	Integra bilayer matrix wound dressing (BMWD), per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4105	Integra dermal regeneration template (DRT) or Integra Omnigraft dermal regeneration matrix, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4106	Dermagraft, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4107	GRAFTJACKET, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4108	Integra matrix, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4110	PrinMatrix, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4111	GammaGraft, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4112	Cymetra, injectable, 1 cc		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4113	GRAFTJACKET XPRESS, injectable, 1cc		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4114	Integra flowable wound matrix, injectable, 1 cc		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4115	AlloSkin, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4116	AlloDerm, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4117	HYALOMATRIX, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4118	MatriStem micromatrix, 1 mg		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4121	TheraSkin, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4122	DernaCELL, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4123	AlloSkin RT, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4124	OASIS ultra tri-layer wound matrix, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4125	ArthroFlex, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4126	MemoDerm, Dermaspan, Transgraft or InteguPly, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4127	Talmed, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4128	FlexiHD, AllopatchHD, or Matrix HD, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4130	Strattice TM, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4132	Graftx Core and GraftxPL Core, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4133	Graftx Prime and GraftxPL Prime, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4134	HiMatrix, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4135	MediSkin, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4136	E-Z Derm, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4137	AmnioExcel or BioDExCel, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4138	BioFence DriVflex, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4139	AmnioMatrix or BioMatrix, injectable, 1 cc		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4140	BioFence, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4141	AlloSkin AC, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4142	XCM biologic tissue matrix, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4143	Regiza, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4145	Epifix, injectable, 1 mg		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4146	Tenix, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4147	Architect, Architect PX, or Architect FX, extracellular matrix, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4148	Neox Cord 1X, Neox Cord RT, or Clarix Cord 1X, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4149	Excellagen, 0.1 cc		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4150	AlloWrap DS or dry, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4151	AmnioBand or Guardian, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4152	DermaPure, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4153	DermaVest and Plurivest, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4154	Bioence, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4155	Neox Flo or Clarix Flo 1 mg		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4156	Neox 100 or Clarix 100, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4157	Revitalon, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4158	Kerecis Omega3, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4159	Affinity, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4160	Nushield, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4161	Bio-Connect wound matrix, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4162	WoundEx Flow, BioSkin Flow, 0.5 cc		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4163	WoundEx, BioSkin, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4164	Helicoll, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4165	Keramatrix, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4166	Cytal, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4167	Truskin, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4168	AmnioBand, 1 mg		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4169	Artactent wound, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4170	Cygnus, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4171	Interfily, 1 mg		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4173	PalinGen or PalinGen XPlus, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4174	PalinGen or ProMatrix, 0.36 mg per 0.25 cc		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4175	Miroderm, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4176	NeoPatch, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4177	FlowerAmnioFlo, 0.1 cc		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4178	FlowerAmnioPatch, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4179	FlowerDerm, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4180	Revita, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4181	Amnio Wound, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4182	Transcyte, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4183	Surigraft, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4184	Cellecta, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4185	Cellecta Flowable Amnion (25 mg per cc); per 0.5 cc		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4186	Epifix, per square centimeter	Crossover from Q4131	Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4187	Epicord, per square centimeter	Crossover from Q4131	Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4188	AmnioArmor, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4189	Artactent AC, 1 mg		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4190	Artactent AC, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4191	Restorigin, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4192	Restorigin, 1 cc		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4193	Coll-e-Derm, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4194	Novachor, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4195	PuraPly, per square centimeter	Crossover from Q4172	Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4196	PuraPly AM, per square centimeter	Crossover from Q4172	Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4197	PuraPly XT, per square centimeter	Crossover from Q4172	Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4198	Genesis Amniotic Membrane, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4199	Cygnus matrix, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4200	Skin15, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4201	Matron, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4202	Keroxx (2.5 g/cc), 1 cc		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4203	Derma-Gide, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4204	XWRAP, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4205	Membrane Graft or Membrane Wrap, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4206	Fluid Flow or Fluid GF, 1 cc		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4208	Novafix, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4209	SurGraft, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4210	Avastit Graft or Avastit DuoGraft, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4211	Amnion Bio or AvoBioMembrane, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4212	AlloGen, per cc		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4213	Ascent, 0.5 mg		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4214	Cellecta Cord, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4215	Axolotl Ambient or Axolotl Cryo, 0.1 mg		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4216	Artactent Cord, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4217	WoundFix, BioWound, WoundFix Plus, BioWound Plus, WoundFix Xplus or BioWound Xplus, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4218	SurGICORD, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4219	SurGICRAFT-DUAL, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4220	Bellacell HD or Surederm, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4221	Amnio Wrap2, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4222	ProgenaMatrix, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4224	Human Health Factor 10 Amniotic Patch (HHF 10-P), per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4225	AmnioBind, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4226	MyOwn Skin, includes harvesting and preparation procedures, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4227	AmnioCoreTM, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4229	Cogexen Amniotic Membrane, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
Q4230	Cognex Flowable Amnion, per 0.5 cc		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4231	Corplex P, per cc		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4232	Corplex, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4233	Surfactor or NuDyn, per 0.5 cc		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4234	XCellerate, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4235	AMNIOPREP or AluPLy, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4237	Cryo-Cord, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4238	Derm-Maxx, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4239	Amnio-Maxx or Amnio-Maxx Lite, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4240	CoreCyte, for topical use only, per 0.5 cc		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4241	PolyCyte, for topical use only, per 0.5 cc		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4242	AmnioCyte Plus, per 0.5 cc		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4244	Procenta, per 200 mg		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4245	AmnioText, per cc		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4246	CoreText or ProText, per cc		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4247	Amniotext patch, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4248	Dermacryte Amniotic Membrane Allograft, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4249	AMNIPLY, for topical use only, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4250	AmnioAmp-MP, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4251	Vim, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4252	Vendale, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4253	Zenith Amniotic Membrane, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4254	Novafix DL, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4255	REGJARD, for topical use only, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No	No	No	Yes	Yes
Q4256	MLG-Complete, per sq cm			Yes	Yes	No	No	No	No	Yes	Yes
Q4257	Release, per sq cm			Yes	Yes	No	No	No	No	Yes	Yes
Q4258	Enverse, per sq cm			Yes	Yes	No	No	No	No	Yes	Yes
Q4259	Celera Dual Layer or Celera Dual Membrane, per sq cm			Yes	Yes	No	No	No	No	Yes	Yes
Q4260	Signature Apatite, per sq cm			Yes	Yes	No	No	No	No	Yes	Yes
Q4261	TAG, per sq cm			Yes	Yes	No	No	No	No	Yes	Yes
Q4265	Neostim 1t per sq cm			No	No	No	No	No	No	No	No
Q4266	Neostim membrane, per square centimeter			No	No	No	No	No	No	No	No
Q4267	Neostim dt, per square centimeter			No	No	No	No	No	No	No	No
Q4268	Surgraft ft, per square centimeter			No	No	No	No	No	No	No	No
Q4269	Surgraft st, per square centimeter			No	No	No	No	No	No	No	No
Q4270	Complete st, per square centimeter			No	No	No	No	No	No	No	No
Q4271	Complete Ft, per square centimeter			No	No	No	No	No	No	No	No
Q4272	Esano a, per square centimeter			No	No	No	No	No	No	No	No
Q4273	Esano asa, per square centimeter			No	No	No	No	No	No	No	No
Q4274	Esano ac, per square centimeter			No	No	No	No	No	No	No	No
Q4275	Esano ac, per square centimeter			No	No	No	No	No	No	No	No
Q4276	Orion, per square centimeter			No	No	No	No	No	No	No	No
Q4277	Woundplus membrane or e-graft per square centimeter			No	No	No	No	No	No	No	No
Q4278	EpiEffect, per square centimeter			No	No	No	No	No	No	No	No
Q4280	Xcell amnio matrix, per square centimeter			No	No	No	No	No	No	No	No
Q4281	Barra st or barrera dt, per square centimeter			No	No	No	No	No	No	No	No
Q4282	Cygnus dual, per square centimeter			No	No	No	No	No	No	No	No
Q4283	Bioavance tri-layer or bioavance 3i, per square centimeter			No	No	No	No	No	No	No	No
Q4284	Dermabond st, per square centimeter			No	No	No	No	No	No	No	No
Q4285	Nudin dt or nudin dt mesh, per square centimeter			No	No	No	No	No	No	No	No
Q4286	Nudin st or nudyn slw, per square centimeter			No	No	No	No	No	No	No	No
Q5001	Hospice or home health care provided in patient's home/residence	Fulphila (Pegfilgrastim-JMDB)	Hospice	No	No	No	No	No	No	No	No
Q5002	Hospice or home health care provided in assisted living facility		Hospice	No	No	No	No	No	No	No	No
Q5003	Hospice care provided in nursing long-term care facility (LTC) or nonskilled nursing facility (NFI)		Hospice	No	No	No	No	No	No	No	No
Q5004	Hospice care provided in skilled nursing facility (SNF)		Hospice	No	No	No	No	No	No	No	No
Q5005	Hospice care provided in inpatient hospital		Hospice	No	No	No	No	No	No	No	No
Q5006	Hospice care provided in inpatient hospice facility		Hospice	No	No	No	No	No	No	No	No
Q5007	Hospice care provided in long-term care facility		Hospice	No	No	No	No	No	No	No	No
Q5008	Hospice care provided in inpatient psychiatric facility		Hospice	No	No	No	No	No	No	No	No
Q5009	Hospice or home health care provided in place not otherwise specified (NOS)		Hospice	No	No	No	No	No	No	No	No
Q5010	Hospice home care provided in a hospice facility		Hospice	No	No	No	No	No	No	No	No
Q5101	Injection, filgrastim-snda, biosimilar, (Zarvio), 1 mcg		Chemotherapy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Q5103	Injection, infliximab-dyyb, biosimilar, (Inflectra), 10 mg		Chemotherapy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Q5104	Injection, infliximab-abda, biosimilar, (Renflexis), 10 mg		Chemotherapy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Q5105	Injection, epoetin alfa, biosimilar, (Retacrit) (for ESRD on dialysis), 100 units		ESRD	No	No	Yes	Yes	Yes	Yes	No	No
Q5106	Injection, epoetin alfa, biosimilar, (Retacrit) (for non-ESRD use), 1000 units	Retacrit	Chemotherapy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Q5107	Injection, bevacizumab-awwb, biosimilar, (Mvasi), 10 mg	Fulphila (Pegfilgrastim-JMDB)	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Q5108	Injection, pegfilgrastim-jmdb, biosimilar, (Fulphila), 0.5 mg	Fulphila	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Q5109	Injection, infliximab-qbtz, biosimilar, (Ixifi), 10 mg		Injectable Drug	Yes	Yes	No	No	No	No	Yes	Yes
Q5110	Injection, infliximab-axx, biosimilar, (Nivestym), 4 mcg	Nivestym	Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Q5111	Injection, pegfilgrastim-cbqv, biosimilar, (Udenyca), 0.5 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Q5114	Injection, trastuzumab-dkst, biosimilar, (Ogivri), 10 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Q5115	Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Q5116	Injection, trastuzumab-qyvo, biosimilar, (Trazimer), 10 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Q5117	Injection, trastuzumab-anns, biosimilar, (Kanjinti), 10 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Q5118	Injection, bevacizumab-bvrr, biosimilar, (Zirabev), 10 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Q5119	Injection, rituximab-pwri, biosimilar, (RUXIENCE), 10 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Q5120	Injection, pegfilgrastim-lonez, biosimilar, (DIXENTZO), 0.5 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Q5121	Injection, infliximab-axxo, biosimilar, (AVSOLA), 10 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Q5122	Injection, pegfilgrastim-apgf, biosimilar, (Nyseptra), 0.5 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Q5123	Injection, rituximab-arrr, biosimilar, (Riabni), 10 mg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Q5124	Injection, ranibizumab-nuna, biosimilar, (Byovue), 0.1		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Q5125	Injection, filgrastim-ayow, biosimilar, (Releuko), 1 mcg		Injectable Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Q5126	Injection, bevacizumab-maly, biosimilar, (alymys), 10 mg	ASA provider-pre-cert only for oncology indications	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Q5127	Injection, pegfilgrastim-fpkk (stimufend), biosimilar 0.5 mg		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Q5128	Injection, ranibizumab-earm (kimerli), biosimilar, 0.1 mg		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Q5129	Injection, bevacizumab-axdc (vegzelmo), biosimilar, 10 mg		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Q5130	Injection, pegfilgrastim-pbbk (flynetra), biosimilar, 0.5 mg		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Q5131	Injection, adalimumab-sacd (idacio), biosimilar, 20 mg		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Q9001	Assessment by Department of Veterans Affairs Chaplain Services		Assessment	No	No	No	No	No	No	No	No
Q9002	Counseling, individual, by Department of Veterans Affairs Chaplain Services		Counseling	No	No	No	No	No	No	No	No
Q9003	Counseling, group, by Department of Veterans Affairs Chaplain Services		Counseling	No	No	No	No	No	No	No	No
Q9004	Department of Veterans Affairs Whole Health Partner Services		Assesment	No	No	No	No	No	No	No	No
Q9950	Injection, sulfur hexafluoride lipid microspheres, per ml	Lumason	Ultrasound	No	No	No	No	No	No	No	No
Q9951	Low osmolar contrast material, 400 or greater mg/ml iodine concentration, per ml		CT	No	No	No	No	No	No	No	No
Q9953	Injection, iron-based magnetic resonance contrast agent, per ml		MRI	No	No	No	No	No	No	No	No
Q9954	Oral magnetic resonance contrast agent, per 100 ml		MRI	No	No	No	No	No	No	No	No
Q9955	Injection, perflubron lipid microspheres, per ml		Ultrasound	No	No	No	No	No	No	No	No
Q9956	Injection, octafluoropropane microspheres, per ml	Optison	Ultrasound	No	No	No	No	No	No	No	No
Q9957	Injection, perflutren lipid microspheres, per ml	Definity	Ultrasound	No	No	No	No	No	No	No	No
Q9958	High osmolar contrast material, up to 149 mg/ml iodine concentration, per ml	Conray 30, Cysto-Conray II, Cystografin, Cystografin-Dilute	CT	No	No	No	No	No	No	No	No
Q9959	High osmolar contrast material, 150-199 mg/ml iodine concentration, per ml		CT	No	No	No	No	No	No	No	No
Q9960	High osmolar contrast material, 200-249 mg/ml iodine concentration, per ml	Conray 43	CT	No	No	No	No	No	No	No	No
Q9961	High osmolar contrast material, 250-299 mg/ml iodine concentration, per ml	Cholografin Meglumine, Conray	CT	No	No	No	No	No	No	No	No
Q9962	High osmolar contrast material, 300-349 mg/ml iodine concentration, per ml		CT	No	No	No	No	No	No	No	No
Q9963	High osmolar contrast material, 350-399 mg/ml iodine concentration, per ml	Gastrografin, MD Gastroview, MD-76R, Sinografin	CT	No	No	No	No	No	No	No	No
Q9964	High osmolar contrast material, 400 or greater mg/ml iodine concentration, per ml		CT	No	No	No	No	No	No	No	No
Q9965	Low osmolar contrast material, 100-199 mg/ml iodine concentration, per ml		CT	No	No	No	No	No	No	No	No
Q9966	Low osmolar contrast material, 200-299 mg/ml iodine concentration, per ml	Omnipace 140, Omnipace 180 Isovue-200, Isovue-250, Isovue-M-200, Omnipace, Omnipace 240, Optiray 240, Ultravist 240, Visipaque 270	CT	No	No	No	No	No	No	No	No
Q9967	Low osmolar contrast material, 300-399 mg/ml iodine concentration, per ml	Hexabrix 320, Isovue-300, Isovue-370, Isovue-M-300, Omnipace, Optiray, Oxilan, Ultravist, Visipaque	CT	No	No	No	No	No	No	No	No
Q9968	Injection, nonradioactive, noncontrast, visualization adjunct (e.g., methylene blue, isosulfan blue), 1 mg		Drug	No	No	No	No	No	No	No	No
Q9969	Tc-99m from nonhighly enriched uranium source, full cost recovery add-on, per study dose		x-ray	No	No	No	No	No	No	No	No
Q9982	Flutemetamol F18, diagnostic, per study dose, up to 5 millicuries		PET Scan	No	No	No	No	No	No	No	No
Q9983	Florbetaben F18, diagnostic, per study dose, up to 8.1 millicuries		PET Scan	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPG-Auth	Centra-Auth		Sentry-Auth		TRBC Auth	BMS Auth
						Non-ASA Provider	Centra-Auth ASA Provider	Non-ASA Provider	Sentry-Auth ASA Provider		
Q9991	injection, buprenorphine extended-release (Sublocade), less than or equal to 100 mg	Sublocade	Injectable Drug	No	No	No	No	No	No	No	No
Q9992	injection, buprenorphine extended-release (Sublocade), greater than 100 mg	Sublocade	Injectable Drug	No	No	No	No	No	No	No	No

CPT	Description	CPT Note	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
R0070	Transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, one patient seen		Imaging	No	No	No	No	No	No	No	No
R0075	Transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, more than one patient seen		Imaging	No	No	No	No	No	No	No	No
R0076	Transportation of portable EKG to facility or location, per patient		Imaging	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Non-ASA Provider	Centra-Auth ASA Provider	Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
S0012	Butorphanol tartrate, nasal spray, 25 mg		Inhalation Drug	No	No	No	No	No	No	No	No
S0013	Esketamine, nasal spray, 1 mg		Inhalation Drug	No	No	Yes	Yes	Yes	Yes	No	No
S0014	Tacrine HCl, 10 mg		Oral Drug	No	No	No	No	No	No	No	No
S0017	Injection, aminocaproic acid, 5 g		Injection Drug	No	No	No	No	No	No	No	No
S0020	Injection, bupivacaine HCl, 30 ml	Code discontinued 7/1/23	Injection Drug	No	No	No	No	No	No	No	No
S0021	Injection, cefepime sodium, 1 g		Injection Drug	No	No	No	No	No	No	No	No
S0023	Injection, cimetidine HCl, 300 mg		Injection Drug	No	No	No	No	No	No	No	No
S0028	Injection, famotidine, 20 mg		Injection Drug	No	No	No	No	No	No	No	No
S0030	Injection, metronidazole, 500 mg	Code discontinued 3/1/23	Injection Drug	No	No	No	No	No	No	No	No
S0032	Injection, nafcillin sodium, 2 g		Injection Drug	No	No	No	No	No	No	No	No
S0034	Injection, ofloxacin, 400 mg		Injection Drug	No	No	No	No	No	No	No	No
S0039	Injection, sulfamethoxazole and trimethoprim, 10 ml		Injection Drug	No	No	No	No	No	No	No	No
S0040	Injection, ticarcillin disodium and clavulanate potassium, 3.1 g		Injection Drug	No	No	No	No	No	No	No	No
S0073	Injection, actoscan, 500 mg	code discontinued 3/1/23	Injection Drug	No	No	No	No	No	No	No	No
S0074	Injection, cefotetan disodium, 500 mg		Injection Drug	No	No	No	No	No	No	No	No
S0077	Injection, clindamycin phosphate, 300 mg	code discontinued 3/1/23	Injection Drug	No	No	No	No	No	No	No	No
S0078	Injection, fosphenytoin sodium, 750 mg		Injection Drug	No	No	No	No	No	No	No	No
S0080	Injection, pentamidine isethionate, 300 mg		Injection Drug	No	No	No	No	No	No	No	No
S0081	Injection, piperacillin sodium, 500 mg		Injection Drug	No	No	No	No	No	No	No	No
S0088	Imatinib, 100 mg		Chemotherapy Drug	No	No	No	No	No	No	No	No
S0090	Sildenafil citrate, 25 mg		Oral Drug	No	No	No	No	No	No	No	No
S0091	Granisetron HCl, 1 mg	(for circumstances falling under the Medicare statute, use Q0166)	Chemotherapy Drug	No	No	No	No	No	No	No	No
S0092	Injection, hydromorphone HCl, 250 mg (loading dose for infusion pump)		Injection Drug	No	No	No	No	No	No	No	No
S0093	Injection, morphine sulfate, 500 mg (loading dose for infusion pump)		Injection Drug	No	No	No	No	No	No	No	No
S0104	Zidovudine, oral, 100 mg		Oral Drug	No	No	No	No	No	No	No	No
S0106	Bupropion HCl sustained release tablet, 150 mg, per bottle of 60 tablets		Oral Drug	No	No	No	No	No	No	No	No
S0108	Mercaptopurine, oral, 50 mg		Oral Drug	No	No	No	No	No	No	No	No
S0109	Methadone, oral, 5 mg		Oral Drug	No	No	No	No	No	No	No	No
S0117	Tretinoin, topical, 5 g		Topical Drug	No	No	No	No	No	No	No	No
S0119	Ondansetron, oral, 4 mg	(for circumstances falling under the Medicare statute, use HCPCS Q code)	Oral Drug	No	No	No	No	No	No	No	No
S0122	Injection, menotropins, 75 IU		Injection Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
S0126	Injection, follitropin alfa, 75 IU		Injection Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
S0128	Injection, follitropin beta, 75 IU		Injection Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
S0132	Injection, ganirelix acetate, 250 mcg		Injection Drug	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
S0136	Clozapine, 25 mg		Oral Drug	No	No	No	No	No	No	No	No
S0137	Didanosine (ddi), 25 mg		Oral Drug	No	No	No	No	No	No	No	No
S0138	Finasteride, 5 mg		Oral Drug	No	No	No	No	No	No	No	No
S0139	Minoxidil, 10 mg		Oral Drug	No	No	No	No	No	No	No	No
S0140	Saquinavir, 200 mg		Oral Drug	No	No	No	No	No	No	No	No
S0142	Colistimethate sodium, inhalation solution administered through DME, concentrated form, per mg		Inhalation Drug	Yes	Yes	No	No	No	No	Yes	Yes
S0145	Injection, pegylated interferon alfa-2a, 180 mcg per ml		Injection Drug	Yes	Yes	No	No	No	No	Yes	Yes
S0148	Injection, pegylated interferon alfa-2b, 10 mcg		Injection Drug	Yes	Yes	No	No	No	No	Yes	Yes
S0155	Sterile dilutant for epoprostenol, 50 ml		Infusion Drug	Yes	Yes	No	No	No	No	Yes	Yes
S0156	Exemestane, 25 mg		Chemotherapy Drug	Yes	Yes	No	No	No	No	Yes	Yes
S0157	Becaplermin gel 0.01%, 0.5 gm		Topical Drug	Yes	Yes	No	No	No	No	Yes	Yes
S0160	Dextroamphetamine sulfate, 5 mg		Oral Drug	Yes	Yes	No	No	No	No	Yes	Yes
S0164	Injection, pantoprazole sodium, 40 mg		Injection Drug	No	No	No	No	No	No	No	No
S0166	Injection, olanzapine, 2.5 mg		Injection Drug	No	No	No	No	No	No	No	No
S0169	Gabrel, 0.25 mg		Oral Drug	No	No	No	No	No	No	No	No
S0170	Anastrozole, oral, 1 mg		Oral Drug	No	No	No	No	No	No	No	No
S0171	Injection, bumetanide, 0.5 mg		Injection Drug	Yes	Yes	No	No	No	No	Yes	Yes
S0172	Chlorambucil, oral, 2 mg		Oral Drug	No	No	No	No	No	No	No	No
S0174	Dolaseron mesylate, oral 50 mg	(for circumstances falling under the Medicare statute, use Q0180)	Oral Drug	No	No	No	No	No	No	No	No
S0175	Flutamide, oral, 125 mg		Oral Drug	No	No	No	No	No	No	No	No
S0176	Hydrourea, oral, 500 mg		Oral Drug	No	No	No	No	No	No	No	No
S0177	Levamisole HCl, oral, 50 mg		Oral Drug	No	No	No	No	No	No	No	No
S0178	Lomustine, oral, 10 mg		Oral Drug	No	No	No	No	No	No	No	No
S0179	Megestrol acetate, oral, 20 mg		Oral Drug	No	No	No	No	No	No	No	No
S0182	Procabazine HCl, oral, 50 mg		Oral Drug	No	No	No	No	No	No	No	No
S0183	Prochlorperazine maleate, oral, 5 mg	(for circumstances falling under the Medicare statute, use Q0164)	Oral Drug	No	No	No	No	No	No	No	No
S0187	Tamoxifen citrate, oral, 10 mg		Oral Drug	No	No	No	No	No	No	No	No
S0189	Testosterone pellet, 75 mg		Oral Drug	No	No	No	No	No	No	No	No
S0190	Mifepristone, oral, 200 mg		Oral Drug	No	No	No	No	No	No	No	No
S0191	Misoprostol, oral, 200 mcg		Oral Drug	No	No	No	No	No	No	No	No
S0194	Dialysis/stress vitamin supplement, oral, 100 capsules		Oral Drug	No	No	No	No	No	No	No	No
S0197	Prenatal vitamins, 30-day supply		Oral Drug	OTC	OTC	No	No	No	No	OTC	OTC
S0199	Medically induced abortion by oral ingestion of medication including all associated services and supplies (e.g., patient counseling, office visits, confirmation of pregnancy by HCG, ultrasound to confirm duration of pregnancy, ultrasound to confirm completion of abortion) except drugs		Professional Services	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
S0201	Partial hospitalization services, less than 24 hours, per diem		Professional Services	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
S0207	Paramedic intercept, nonhospital-based ALS service (nonvoluntary), nontransport		Professional Services	Yes	Yes	No	No	No	No	Yes	Yes
S0208	Paramedic intercept, hospital-based ALS service (nonvoluntary), nontransport		Professional Services	no	no	No	No	No	No	No	No
S0209	Wheelchair van, mileage, per mile		Professional Services	NC	NC	NC	No	NC	No	NC	NC
S0215	Nonemergency transportation, mileage, per mile		Professional Services	yes	Yes	Yes	Yes	Yes	Yes	yes	yes
S0220	Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient is present), approximately 30 minutes		Professional Services	no	No	No	No	No	No	no	no
S0221	Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient is present), approximately 60 minutes		Professional Services	no	No	No	No	No	No	no	no
S0250	Comprehensive geriatric assessment and treatment planning performed by assessment team		Professional Services	no	No	No	No	No	No	no	no
S0255	Hospice referral visit (advising patient and family of care options) performed by nurse, social worker, or other designated staff		Professional Services	no	No	No	No	No	No	no	no
S0257	Counseling and discussion regarding advance directives or end of life care planning and decisions, with patient and/or surrogate (list separately in addition to code for appropriate evaluation and management service)		Professional Services	no	No	No	No	No	No	no	no
S0260	History and physical (outpatient or office) related to surgical procedure (list separately in addition to code for appropriate evaluation and management service)		Professional Services	no	No	No	No	No	No	no	no
S0265	Genetic counseling, under physician supervision, each 15 minutes		Professional Services	no	No	No	No	No	No	no	no
S0270	Physician management of patient home care, standard monthly case rate (per 30 days)		Professional Services	no	No	No	No	No	No	no	no
S0271	Physician management of patient home care, hospice monthly case rate (per 30 days)		Professional Services	no	No	No	No	No	No	no	no
S0272	Physician management of patient home care, episodic care monthly case rate (per 30 days)		Professional Services	no	No	No	No	No	No	no	no
S0273	Physician visit at member's home, outside of a capitation arrangement		Professional Services	no	No	No	No	No	No	no	no
S0274	Nurse practitioner visit at member's home, outside of a capitation arrangement		Professional Services	No	No	No	No	No	No	No	No
S0280	Medical home program, comprehensive care coordination and planning, initial plan		Professional Services	No	No	No	No	No	No	No	No
S0281	Medical home program, comprehensive care coordination and planning, maintenance of plan		Professional Services	No	No	No	No	No	No	No	No
S0285	Colonoscopy consultation performed prior to a screening colonoscopy procedure		Professional Services	No	No	No	No	No	No	No	No
S0302	Completed early periodic screening diagnosis and treatment (EPSDT) service (list in addition to code for appropriate evaluation and management service)		Professional Services	No	No	No	No	No	No	No	No
S0310	Hospitalist services (list separately in addition to code for appropriate evaluation and management service)		Professional Services	No	No	No	No	No	No	No	No
S0311	Comprehensive management and care coordination for advanced illness, per calendar month		Professional Services	No	No	No	No	No	No	No	No
S0315	Disease management program; initial assessment and initiation of the program		Professional Services	No	No	No	No	No	No	No	No
S0316	Disease management program, follow-up/reassessment		Professional Services	No	No	No	No	No	No	No	No
S0317	Disease management program; per diem		Professional Services	No	No	No	No	No	No	No	No
S0320	Telephone calls by a registered nurse to a disease management program member for monitoring purposes; per month		Professional Services	No	No	No	No	No	No	No	No
S0340	Lifestyle modification program for management of coronary artery disease, including all supportive services; first quarter/stage		Professional Services	No	No	No	No	No	No	No	No
S0341	Lifestyle modification program for management of coronary artery disease, including all supportive services; second or third quarter/stage		Professional Services	No	No	No	No	No	No	No	No
S0342	Lifestyle modification program for management of coronary artery disease, including all supportive services; 4th quarter / stage		Professional Services	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Non-ASA Provider	Centra-Auth ASA Provider	Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
S0353	Treatment planning and care coordination management for cancer initial treatment		Professional Services	No	No	No	No	No	No	No	No
S0354	Treatment planning and care coordination management for cancer established patient with a change of regimen		Professional Services	No	No	No	No	No	No	No	No
S0390	Routine foot care; removal and/or trimming of corns, calluses and/or nails and preventive maintenance in specific medical conditions (e.g., diabetes), per visit		Professional Services	No	No	No	No	No	No	No	No
S0395	Impression casting of a foot performed by a practitioner other than the manufacturer of the orthotic		Professional Services	No	No	No	No	No	No	No	No
S0400	Global fee for extracorporeal shock wave lithotripsy treatment of kidney stone(s)		Professional Services	No	No	No	No	No	No	No	No
S0500	Disposable contact lens, per lens		Vision	No	No	No	No	No	No	No	No
S0504	Single vision prescription lens (safety, athletic, or sunglass), per lens		Vision	No	No	No	No	No	No	No	No
S0506	Bifocal vision prescription lens (safety, athletic, or sunglass), per lens		Vision	No	No	No	No	No	No	No	No
S0508	Trifocal vision prescription lens (safety, athletic, or sunglass), per lens		Vision	No	No	No	No	No	No	No	No
S0510	Nonprescription lens (safety, athletic, or sunglass), per lens		Vision	No	No	No	No	No	No	No	No
S0512	Daily wear specialty contact lens, per lens		Vision	No	No	No	No	No	No	No	No
S0514	Color contact lens, per lens		Vision	No	No	No	No	No	No	No	No
S0515	Scleral lens, liquid bandage device, per lens		Vision	No	No	No	No	No	No	No	No
S0516	Safety eyeglass frames		Vision	No	No	No	No	No	No	No	NO
S0518	Sunglasses frames		Vision	No	No	No	No	No	No	No	No
S0580	Polycarbonate lens (list this code in addition to the basic code for the lens)		Vision	No	No	No	No	No	No	No	No
S0581	Nonstandard lens (list this code in addition to the basic code for the lens)		Vision	No	No	No	No	No	No	No	No
S0590	Integral lens service, miscellaneous services reported separately		Vision	No	No	No	No	No	No	No	No
S0592	Comprehensive contact lens evaluation		Vision	No	No	No	No	No	No	No	No
S0595	Dispensing new spectacle lenses for patient supplied frame		Vision	No	No	No	No	No	No	No	No
S0596	Phakic intraocular lens for correction of refractive error		Vision	No	No	No	No	No	No	No	No
S0601	Screening proctoscopy		Screenings	No	No	No	No	No	No	No	No
S0610	Annual gynecological examination, new patient		Screenings	No	No	No	No	No	No	No	No
S0612	Annual gynecological examination, established patient		Screenings	No	No	No	No	No	No	No	No
S0613	Annual gynecological examination; clinical breast examination without pelvic evaluation		Screenings	No	No	No	No	No	No	No	No
S0618	Audiometry for hearing aid evaluation to determine the level and degree of hearing loss		Screenings	No	No	No	No	No	No	No	No
S0620	Routine ophthalmological examination including refraction; new patient		Screenings	No	No	No	No	No	No	No	No
S0621	Routine ophthalmological examination including refraction; established patient		Screenings	No	No	No	No	No	No	No	No
S0622	Physical exam for college, new or established patient (list separately in addition to appropriate evaluation and management code)		Screenings	no	No	No	No	No	No	no	no
S0630	Removal of sutures; by a physician other than the physician who originally closed the wound		Removal	No	No	No	No	No	No	no	no
S0800	Laser in situ keratomileusis (LASIK)		Vision	Yes	No	No	No	No	No	Yes	Yes
S0810	Photorefractive keratectomy (PRK)		Vision	Yes	Yes	No	No	No	No	Yes	Yes
S0812	Phototherapeutic keratectomy (PTK)		Vision	Yes	Yes	No	No	No	No	Yes	Yes
S1001	Deluxe item, patient aware (list in addition to code for basic item)		Medical or Surgical Supplies	Yes	Yes	No	No	No	No	Yes	Yes
S1002	Customized item	(list in addition to code for basic item)	Medical or Surgical Supplies	Yes	Yes	No	No	No	No	Yes	Yes
S1015	IV tubing extension set		Medical or Surgical Supplies	no	No	No	No	No	No	no	no
S1016	Non-PVC (polyvinyl chloride) intravenous administration set, for use with drugs that are not stable in PVC e.g., Pacitaneel		Medical or Surgical Supplies	No	No	No	No	No	No	No	No
S1030	Continuous noninvasive glucose monitoring device, purchase	(for physician interpretation of data, use CPT code)	Diabetes	No	No	No	No	No	No	No	No
S1031	Continuous noninvasive glucose monitoring device, rental, including sensor, sensor replacement, and download to monitor	(for physician interpretation of data, use CPT code)	Diabetes	No	No	No	No	No	No	No	No
S1034	Artificial pancreas device system (e.g., low glucose suspend [LGS] feature) including continuous glucose monitor, blood glucose device, insulin pump and computer algorithm that communicates with all of the devices		Diabetes	Yes	Yes	No	No	No	No	Yes	Yes
S1035	Sensor, invasive (e.g., subcutaneous), disposable, for use with artificial pancreas device system		Diabetes	Yes	Yes	No	No	No	No	Yes	Yes
S1036	Transmitter; external, for use with artificial pancreas device system		Diabetes	Yes	Yes	No	No	No	No	Yes	Yes
S1037	Receiver (monitor); external, for use with artificial pancreas device system		Diabetes	Yes	Yes	No	No	No	No	Yes	Yes
S1040	Cranial remolding orthotic, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)		Orthotics	No	No	No	No	No	No	No	No
S1091	Stent, nonocclusive, temporary, with delivery system (Progel)		Stent	Yes	No	No	No	No	No	Yes	Yes
S2053	Transplantation of small intestine and liver allografts		Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
S2054	Transplantation of multivisceral organs		Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
S2055	Harvesting of donor multivisceral organs, with preparation and maintenance of allografts; from cadaver donor		Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
S2060	Lobar lung transplantation		Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
S2061	Donor lobectomy (lung) for transplantation, living donor		Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
S2065	Simultaneous pancreas kidney transplantation		Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
S2066	Breast reconstruction with gluteal artery perforator (GAP) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral		Reconstruction	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
S2067	Breast reconstruction of a single breast with "stacked" deep inferior epigastric perforator (DIEP) flap(s) and/or gluteal artery perforator (GAP) flap(s), including harvesting of the flap(s), microvascular transfer, closure of donor site(s) and shaping the flap into a breast, unilateral		Reconstruction	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
S2068	Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SIEA) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral		Reconstruction	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
S2070	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with endoscopic laser treatment of ureteral calculi (includes ureteral catheterization)		Endoscopy (EGD)	No	No	No	No	No	No	No	No
S2079	Laparoscopic esophagomyotomy (Heller type)		Division	No	No	No	No	No	No	No	No
S2080	Laser-assisted uvulopalatoplasty (LAUP)		Sleep Apnea	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
S2083	Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline		Gastric Restrictive	Yes	Yes	No	No	No	No	Yes	Yes
S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres		Transcatheter	No	No	No	No	No	No	No	No
S2102	Islet cell tissue transplant from pancreas; allogeneic		Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
S2103	Adrenal tissue transplant to brain		Transplantation	yes	Yes	Yes	Yes	Yes	Yes	yes	yes
S2107	Adoptive immunotherapy i.e. development of specific antitumor reactivity (e.g., tumor-infiltrating lymphocyte therapy) per course of treatment		Treatment	Yes	Yes	No	No	No	No	Yes	Yes
S2112	Arthroscopy, knee, surgical for harvesting of cartilage (chondrocyte cells)		Arthroscopy	No	No	Yes	Yes	Yes	Yes	No	No
S2115	Osteotomy, periacetabular, with internal fixation		Revision	No	No	No	No	No	No	No	NO
S2117	Arthroereisis, subtalar		Revision	No	No	No	No	No	No	No	No
S2118	Metal-on-metal total hip resurfacing, including acetabular and femoral components		Revision	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
S2120	Low density lipoprotein (LDL) apheresis using heparin-induced extracorporeal LDL precipitation		Blood Procedures	No	No	No	No	No	No	No	No
S2140	Cord blood harvesting for transplantation, allogeneic		Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
S2142	Cord blood-derived stem-cell transplantation, allogeneic		Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
S2150	Bone marrow or blood-derived stem cells (peripheral or umbilical), allogeneic or autologous, harvesting, transplantation, and related complications; including: pheresis and cell preparation/storage; marrow ablative therapy; drugs, supplies, hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services; and the number of days of pre and post transplant care in the global definition		Bone Marrow/Stem Cell	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
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, diagnostic, emergency, and rehabilitative services; and the number of days of pre and posttransplant care in the global definition		Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
S2202	Echocardiography		Ultrasound	No	No	No	No	No	No	No	No
S2205	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using arterial graft(s), single coronary arterial graft		Bypass	Yes	Yes	No	No	No	No	Yes	Yes
S2206	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using arterial graft(s), 2 coronary arterial grafts		Bypass	Yes	Yes	No	No	No	No	Yes	Yes
S2207	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using venous graft only, single coronary venous graft		Bypass	Yes	Yes	No	No	No	No	Yes	Yes
S2208	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using single arterial and venous graft(s), single venous graft		Bypass	Yes	Yes	No	No	No	No	Yes	Yes
S2209	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using 2 arterial grafts and single venous graft		Bypass	Yes	Yes	No	No	No	No	Yes	Yes

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Non-ASA Provider	Centra-Auth ASA Provider	Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
S2225	Myringotomy, laser-assisted		Hearing	No	No	No	No	No	No	No	No
S2230	Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
S2235	Implantation of auditory brain stem implant		Implant	Yes	No	No	No	No	No	Yes	Yes
S2260	Induced abortion, 17 to 24 weeks		OBGYN	Yes	Yes	No	No	No	No	Yes	Yes
S2265	Induced abortion, 25 to 28 weeks		OBGYN	Yes	Yes	No	No	No	No	Yes	Yes
S2266	Induced abortion, 29 to 31 weeks		OBGYN	Yes	Yes	No	No	No	No	Yes	Yes
S2267	Induced abortion, 32 weeks or greater		OBGYN	Yes	Yes	No	No	No	No	Yes	Yes
S2300	Arthroscopy, shoulder, surgical; with thermally-induced capsulorrhaphy		Arthroscopy	No	No	No	No	No	No	No	No
S2325	Hip core decompression		Decompression	No	No	No	No	No	No	No	No
S2340	Chemodeneration of abductor muscle(s) of vocal cord		Chemodeneration	No	No	No	No	No	No	No	No
S2341	Chemodeneration of adductor muscle(s) of vocal cord		Chemodeneration	No	No	No	No	No	No	No	No
S2342	Nasal endoscopy for postoperative debridement following functional endoscopic sinus surgery, nasal and/or sinus cavity(s), unilateral or bilateral		Endoscopy (EGD)	No	No	No	No	No	No	No	No
S2348	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar		Decompression	Yes	Yes	No	No	No	No	Yes	Yes
S2350	Diskectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; lumbar, single interspace		Decompression	Yes	Yes	No	No	No	No	Yes	Yes
S2351	Diskectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; lumbar, each additional interspace (list separately in addition to code for primary procedure)		Decompression	Yes	Yes	No	No	No	No	Yes	Yes
S2400	Repair, congenital diaphragmatic hernia in the fetus using temporary tracheal occlusion, procedure performed in utero		Repair	Yes	Yes	No	No	No	No	Yes	Yes
S2401	Repair, urinary tract obstruction in the fetus, procedure performed in utero		Repair	Yes	Yes	No	No	No	No	Yes	Yes
S2402	Repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero		Repair	Yes	Yes	No	No	No	No	Yes	Yes
S2403	Repair, extraalobar pulmonary sequestration in the fetus, procedure performed in utero		Repair	Yes	Yes	No	No	No	No	Yes	Yes
S2404	Repair, myelomeningocele in the fetus, procedure performed in utero		Repair	Yes	Yes	No	No	No	No	Yes	Yes
S2405	Repair of sacrococcygeal teratoma in the fetus, procedure performed in utero		Repair	Yes	Yes	No	No	No	No	Yes	Yes
S2409	Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified		Repair	Yes	No	No	No	No	No	Yes	Yes
S2411	Fetoscopic laser therapy for treatment of twin-to-twin transfusion syndrome		Treatment	No	No	No	No	No	No	No	No
S2900	Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure)		Computer Assisted Surgery	Yes	Yes	No	No	No	No	Yes	Yes
S3000	Diabetic indicator; retinal eye exam, dilated, bilateral		Diabetes	No	No	No	No	No	No	No	No
S3005	Performance measurement, evaluation of patient self assessment, depression		Evaluation	No	No	No	No	No	No	No	No
S3600	STAT laboratory request (situations other than S3601)		Pathology or Labs	No	No	No	No	No	No	No	No
S3601	Emergency STAT laboratory charge for patient who is homebound or residing in a nursing facility		Pathology or Labs	No	No	No	No	No	No	No	No
S3620	Newborn metabolic screening panel, includes test kit, postage and the laboratory tests specified by the state for inclusion in this panel (e.g., galactose; hemoglobin, electrophoresis, hydroxyprogesterone, 17-d, phenylalanine (PKU), and thyroxine, total)		Screenings	No	No	No	No	No	No	No	No
S3630	Eosinophil count, blood, direct		Blood Procedures	No	No	No	No	No	No	No	No
S3645	HIV-1 antibody testing of oral mucosal transudate		Testing	No	No	No	No	No	No	No	No
S3650	Saliva test, hormone level; during menopause		Testing	No	No	No	No	No	No	No	No
S3652	Saliva test, hormone level; to assess preterm labor risk		Testing	No	No	No	No	No	No	No	No
S3655	Antisperm antibodies test (immunobead)		Testing	No	No	No	No	No	No	No	No
S3708	Gastrointestinal fat absorption study		Study	No	No	No	No	No	No	No	No
S3722	Dose optimization by area under the curve (AUC) analysis, for infusional 5-fluorouracil		Analysis	No	No	No	No	No	No	No	No
S3800	Genetic testing for amyotrophic lateral sclerosis (ALS)		Genetic Testing	Yes	Yes	No	No	No	No	Yes	Yes
S3840	DNA analysis for germline mutations of the RET proto-oncogene for susceptibility to multiple endocrine neoplasia type 2		Genetic Testing	Yes	Yes	No	No	No	No	Yes	Yes
S3841	Genetic testing for retinoblastoma		Genetic Testing	Yes	Yes	No	No	No	No	Yes	Yes
S3842	Genetic testing for Von Hippel-Lindau disease		Genetic Testing	Yes	Yes	No	No	No	No	Yes	Yes
S3844	DNA analysis of the connexin 26 gene (GJB2) for susceptibility to congenital, profound deafness		Genetic Testing	Yes	Yes	No	No	No	No	Yes	Yes
S3845	Genetic testing for alpha-thalassemia		Genetic Testing	Yes	Yes	No	No	No	No	Yes	Yes
S3846	Genetic testing for hemoglobin E beta-thalassemia		Genetic Testing	Yes	Yes	No	No	No	No	Yes	Yes
S3849	Genetic testing for Niemann-Pick disease		Genetic Testing	Yes	Yes	No	No	No	No	Yes	Yes
S3850	Genetic testing for sickle cell anemia		Genetic Testing	Yes	Yes	No	No	No	No	Yes	Yes
S3852	DNA analysis for APOE epsilon 4 allele for susceptibility to Alzheimer's disease		Genetic Testing	Yes	Yes	No	No	No	No	Yes	Yes
S3853	Genetic testing for myotonic muscular dystrophy		Genetic Testing	Yes	Yes	No	No	No	No	Yes	Yes
S3854	Gene expression profiling panel for use in the management of breast cancer treatment		Genetic Testing	Yes	Yes	No	No	No	No	Yes	Yes
S3861	Genetic testing, sodium channel, voltage-gated, type V, alpha subunit (SCN5A) and variants for suspected Brugada Syndrome		Genetic Testing	Yes	Yes	No	No	No	No	Yes	Yes
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy		Genetic Testing	Yes	Yes	No	No	No	No	Yes	Yes
S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (HCM) in an individual with a known HCM mutation in the family		Genetic Testing	Yes	Yes	No	No	No	No	Yes	Yes
S3870	Comparative genomic hybridization (CGH) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability		Genetic Testing	Yes	Yes	No	No	No	No	Yes	Yes
S3900	Surface electromyography (EMG)		EMG	yes	Yes	No	No	No	No	yes	yes
S3902	Ballistocardiogram		Blood Procedures	yes	Yes	No	No	No	No	yes	yes
S3904	Masters 2 step		Testing	yes	Yes	No	No	No	No	yes	yes
S4005	Interim labor facility global (labor occurring but not resulting in delivery)		OBGYN	yes	Yes	No	No	No	No	yes	yes
S4005	in vitro fertilization, including but not limited to identification and incubation of mature oocytes, fertilization with sperm, incubation of embryo(s), and subsequent visualization for determination of development		Infertility Services	yes	Yes	Yes	Yes	Yes	Yes	yes	yes
S4013	Complete cycle, gamete intrafallopian transfer (GIFT), case rate		Infertility Services	yes	Yes	Yes	Yes	Yes	Yes	yes	yes
S4014	Complete cycle, zygote intrafallopian transfer (ZIFT), case rate		Infertility Services	yes	Yes	Yes	Yes	Yes	Yes	yes	yes
S4015	Complete in vitro fertilization cycle, not otherwise specified, case rate		Infertility Services	yes	Yes	Yes	Yes	Yes	Yes	yes	yes
S4016	Frozen in vitro fertilization cycle, case rate		Infertility Services	yes	Yes	Yes	Yes	Yes	Yes	yes	yes
S4017	Incomplete cycle, treatment cancelled prior to stimulation, case rate		Infertility Services	yes	Yes	Yes	Yes	Yes	Yes	yes	yes
S4018	Frozen embryo transfer procedure cancelled before transfer, case rate		Infertility Services	yes	Yes	Yes	Yes	Yes	Yes	yes	yes
S4020	In vitro fertilization procedure cancelled before aspiration, case rate		Infertility Services	yes	Yes	Yes	Yes	Yes	Yes	yes	yes
S4021	In vitro fertilization procedure cancelled after aspiration, case rate		Infertility Services	yes	Yes	Yes	Yes	Yes	Yes	yes	yes
S4022	Assisted oocyte fertilization, case rate		Infertility Services	yes	Yes	Yes	Yes	Yes	Yes	yes	yes
S4023	Donor egg cycle, incomplete, case rate		Infertility Services	yes	Yes	Yes	Yes	Yes	Yes	yes	yes
S4025	Donor services for in vitro fertilization (sperm or embryo), case rate		Infertility Services	yes	Yes	Yes	Yes	Yes	Yes	yes	yes
S4026	Procurement of donor sperm from sperm bank		Infertility Services	yes	Yes	No	No	No	No	yes	yes
S4027	Storage of previously frozen embryos		Infertility Services	yes	Yes	No	No	No	No	yes	yes
S4028	Storage of previously frozen embryos		Infertility Services	yes	Yes	No	No	No	No	yes	yes
S4030	Sperm procurement and cryopreservation services; initial visit		Infertility Services	yes	Yes	No	No	No	No	yes	yes
S4031	Sperm procurement and cryopreservation services; subsequent visit		Infertility Services	yes	Yes	No	No	No	No	yes	yes
S4035	Stimulated intrauterine insemination (IUI), case rate		Infertility Services	yes	Yes	Yes	Yes	Yes	Yes	yes	yes
S4037	Cryopreserved embryo transfer, case rate		Infertility Services	yes	Yes	No	No	No	No	yes	yes
S4040	Monitoring and storage of cryopreserved embryos, per 30 days		Infertility Services	Yes	Yes	No	No	No	No	Yes	Yes
S4042	Management of ovulation induction (interpretation of diagnostic tests and studies, nonface-to-face medical management of the patient), per cycle		Infertility Services	Yes	Yes	No	No	No	No	Yes	Yes
S4981	Insertion of levonorgestrel-releasing intrauterine system		Contraceptive Drug	no	no	No	No	No	No	no	no
S4989	Contraceptive intrauterine device (e.g., Progestacet IUD), including implants and supplies		Contraceptive Drug	no	no	No	No	No	No	no	no
S4990	Nicotine patches, legend		Tobacco Services	? Not covered	nc	No	No	No	No	? Not covered?	? Not covered?
S4991	Nicotine patches, nonlegend		Tobacco Services	? Not covered	nc	No	No	No	No	? Not covered?	? Not covered?
S4993	Contraceptive pills for birth control		Contraceptive Drug	no	no	No	No	No	No	no	no
S4995	Smoking cessation gum		Tobacco Services	? Not covered	nc	No	No	No	No	? Not covered?	? Not covered?
S5000	Prescription drug, generic		Medication	no	no	No	No	No	No	no	no
S5001	Prescription drug, brand name		Medication	no	no	No	No	No	No	no	no
S5010	5% dextrose and 0.45% normal saline, 1000 ml		Medication	no	no	No	No	No	No	no	no
S5012	5% dextrose with potassium chloride, 1000 ml		Medication	no	no	No	No	No	No	no	no
S5013	5% dextrose/0.45% normal saline with potassium chloride and magnesium sulfate, 1000 ml		Medication	no	no	No	No	No	No	no	no
S5014	5% dextrose/0.45% normal saline with potassium chloride and magnesium sulfate, 1500 ml		Medication	no	no	No	No	No	No	no	no
S5035	Home infusion therapy, routine service of infusion device (e.g., pump maintenance)		Home Infusion	Yes	Yes	No	No	No	No	Yes	Yes
S5036	Home infusion therapy, repair of infusion device (e.g., pump repair)		Home Infusion	Yes	Yes	No	No	No	No	Yes	Yes
S5100	Day care services, adult; per 15 minutes		Home Care	nc	nc	nc	nc	nc	nc	nc	nc
S5101	Day care services, adult; per half day		Home Care	nc	nc	nc	nc	nc	nc	nc	nc
S5102	Day care services, adult; per diem		Home Care	nc	nc	nc	nc	nc	nc	nc	nc
S5105	Day care services, center-based; services not included in program fee, per diem		Home Care	nc	nc	nc	nc	nc	nc	nc	nc
S5108	Home care training to home care client, per 15 minutes		Home Care	no	no	No	No	No	No	no	no

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Non-ASA Provider	Centra-Auth ASA Provider	Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
S5109	Home care training to home care client, per session		Home Care	no	no	No	No	No	No	no	no
S5110	Home care training, family, per 15 minutes		Home Care	no	no	No	No	No	No	no	no
S5111	Home care training, family, per session		Home Care	no	no	No	No	No	No	no	no
S5115	Home care training, nonfamily, per 15 minutes		Home Care	no	no	No	No	No	No	no	no
S5116	Home care training, nonfamily, per session		Home Care	no	no	No	No	No	No	no	no
S5120	Chore services, per 15 minutes		Home Care	nc	nc	nc	nc	nc	nc	nc	nc
S5121	Chore services, per diem		Home Care	nc	nc	nc	nc	nc	nc	nc	nc
S5125	Attendant care services, per 15 minutes		Home Care	nc	nc	nc	nc	nc	nc	nc	nc
S5126	Attendant care services, per diem		Home Care	nc	nc	nc	nc	nc	nc	nc	nc
S5130	Homemaker service, NOS, per 15 minutes		Home Care	nc	nc	nc	nc	nc	nc	nc	nc
S5131	Homemaker service, NOS, per diem		Home Care	nc	nc	nc	nc	nc	nc	nc	nc
S5135	Companion care, adult (e.g., ADL/ADL); per 15 minutes		Home Care	nc	nc	nc	nc	nc	nc	nc	nc
S5136	Companion care, adult (e.g., ADL/ADL); per diem		Home Care	nc	nc	nc	nc	nc	nc	nc	nc
S5140	Foster care, adult, per diem		Foster Care	nc	nc	nc	nc	nc	nc	nc	nc
S5141	Foster care, adult, per month		Foster Care	nc	nc	nc	nc	nc	nc	nc	nc
S5145	Foster care, therapeutic, child, per diem		Foster Care	nc	nc	nc	nc	nc	nc	nc	nc
S5146	Foster care, therapeutic, child, per month		Foster Care	nc	nc	nc	nc	nc	nc	nc	nc
S5150	Unskilled respite care, not hospice, per 15 minutes		Home Care	nc	nc	nc	nc	nc	nc	nc	nc
S5151	Unskilled respite care, not hospice, per diem		Home Care	nc	nc	nc	nc	nc	nc	nc	nc
S5160	Emergency response system; installation and testing		Home Care	nc	nc	nc	nc	nc	nc	nc	nc
S5161	Emergency response system; service fee, per month (excludes installation and testing)		Home Care	nc	nc	nc	nc	nc	nc	nc	nc
S5162	Emergency response system; purchase only		Home Care	nc	nc	nc	nc	nc	nc	nc	nc
S5165	Home modifications; per service		Home Care	nc	nc	nc	nc	nc	nc	nc	nc
S5170	Home delivered meals, including preparation, per meal		Home Care	nc	nc	nc	nc	nc	nc	nc	nc
S5175	Laundry service, external, professional; per order		Home Care	nc	nc	nc	nc	nc	nc	nc	nc
S5180	Home health respiratory therapy, initial evaluation		Home Care	no	no	No	No	No	No	no	no
S5181	Home health respiratory therapy, NOS, per diem		Home Care	no	no	No	No	No	No	no	no
S5185	Medication reminder service, nonface-to-face; per month		Home Care	no	no	No	No	No	No	no	no
S5190	Wellness assessment, performed by nonphysician		Home Care	no	no	No	No	No	No	no	no
S5199	Personal care item, NOS, each		Home Care	no	NO	No	Yes	No	Yes	No	No
S5497	Home infusion therapy, catheter care/maintenance, not otherwise classified; includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		Home Infusion	Yes	Yes	No	No	No	No	Yes	Yes
S5498	Home infusion therapy, catheter care/maintenance, simple (single lumen), includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem		Home Infusion	Yes	Yes	No	No	No	No	Yes	Yes
S5501	Home infusion therapy, catheter care/maintenance, complex (more than one lumen), includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		Home Infusion	Yes	Yes	No	No	No	No	Yes	Yes
S5502	Home infusion therapy, catheter care/maintenance, implanted access device, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (use this code for interim maintenance of vascular access not currently in use)		Home Infusion	Yes	Yes	No	No	No	No	Yes	Yes
S5517	Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting		Home Infusion	Yes	Yes	No	No	No	No	Yes	Yes
S5518	Home infusion therapy, all supplies necessary for catheter repair		Home Infusion	Yes	Yes	No	No	No	No	Yes	Yes
S5520	Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (PICC) line insertion		Home Infusion	Yes	Yes	No	No	No	No	Yes	Yes
S5521	Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion		Home Infusion	Yes	Yes	No	No	No	No	Yes	Yes
S5522	Home infusion therapy, insertion of peripherally inserted central venous catheter (PICC), nursing services only (no supplies or catheter included)		Home Infusion	Yes	Yes	No	No	No	No	Yes	Yes
S5523	Home infusion therapy, insertion of midline venous catheter, nursing services only (no supplies or catheter included)		Home Infusion	Yes	Yes	No	No	No	No	Yes	Yes
S5550	Insulin, rapid onset, 5 units		Diabetes	no	no	No	No	No	No	no	no
S5551	Insulin, most rapid onset (Lispro or Aspart); 5 units		Diabetes	no	no	No	No	No	No	no	no
S5552	Insulin, intermediate acting (NPH or LENTE); 5 units		Diabetes	no	no	No	No	No	No	no	no
S5553	Insulin, long acting; 5 units		Diabetes	no	no	No	No	No	No	no	no
S5560	Insulin delivery device, reusable pen; 1.5 ml size		Diabetes	no	no	No	No	No	No	no	no
S5561	Insulin delivery device, reusable pen; 3 ml size		Diabetes	no	no	No	No	No	No	no	no
S5565	Insulin cartridge for use in insulin delivery device other than pump; 150 units		Diabetes	no	no	No	No	No	No	no	no
S5566	Insulin cartridge for use in insulin delivery device other than pump; 300 units		Diabetes	no	no	No	No	No	No	no	no
S5570	Insulin delivery device, disposable pen (including insulin); 1.5 ml size		Diabetes	no	no	No	No	No	No	no	no
S5571	Insulin delivery device, disposable pen (including insulin); 3 ml size		Diabetes	no	no	No	No	No	No	no	no
S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy		Imaging	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
S8035	Magnetic source imaging		MRI	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
S8037	Magnetic resonance cholangiopancreatography (MRCP)		MRI	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
S8040	Topographic brain mapping		Electrocorticography (EEG)	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
S8042	Magnetic resonance imaging (MRI), low-field		MRI	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
S8055	Ultrasound guidance for multifetal pregnancy reduction(s), technical component (only to be used when the physician doing the reduction procedure does not perform the ultrasound, guidance is included in the CPT code for multifetal pregnancy reduction (59866)		Ultrasound	no	no	No	No	No	No	no	no
S8080	Scintimammography (radioimmunoscinigraphy of the breast), unilateral, including supply of radiopharmaceutical		Imaging	no	no	No	No	No	No	no	no
S8085	Fluorine-18 fluorodeoxyglucose (F-18 FDG) imaging using dual-head coincidence detection system (nondedicated PET scan)		PET Scan	Yes	Yes	yes	No	No	No	Yes	Yes
S8092	Electron beam computed tomography (also known as ultrafast CT, cine CT)		CT	no	no	No	Yes	No	Yes	no	no
S8096	Portable peak flow meter		Respiratory	no	no	No	No	No	No	no	no
S8097	Asthma kit (including but not limited to portable peak expiratory flow meter, instructional video, brochure, and/or spacer)		Respiratory	no	no	No	No	No	No	no	no
S8100	Holding chamber or spacer for use with an inhaler or nebulizer; without mask		Respiratory	no	no	No	No	No	No	no	no
S8101	Holding chamber or spacer for use with an inhaler or nebulizer; with mask		Respiratory	no	no	No	No	No	No	no	no
S8110	Peak expiratory flow rate (physician services)		Respiratory	no	no	No	No	No	No	no	no
S8120	Oxygen contents, gaseous, 1 unit equals 1 cubic foot		Respiratory	no	no	No	No	No	No	no	no
S8121	Oxygen contents, liquid, 1 unit equals 1 pound		Respiratory	no	no	No	No	No	No	no	no
S8130	Interferential current stimulator, 2 channel		Stimulation Device	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
S8131	Interferential current stimulator, 4 channel		Stimulation Device	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
S8185	Flutter device		Respiratory	no	no	No	No	No	No	no	no
S8186	Swivel adaptor		Respiratory	no	no	No	No	No	No	no	no
S8189	Tracheostomy supply, not otherwise classified		Tracheostomy	no	no	No	No	No	No	no	no
S8210	Mucus trap		Respiratory	no	no	No	No	No	No	no	no
S8265	Haberman feeder for cleft lip/palate		Medical or Surgical Supplies	no	no	No	No	No	No	no	no
S8270	Enuresis alarm, using auditory buzzer and/or vibration device		Medical or Surgical Supplies	no	no	No	No	No	No	no	no
S8301	Infection control supplies, not otherwise specified		Medical or Surgical Supplies	no	no	No	No	No	No	no	no
S8415	Supplies for home delivery of infant		Medical or Surgical Supplies	no	no	No	No	No	No	no	no
S8420	Gradient pressure aid (sleeve and glove combination), custom made		Compression Garment	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
S8421	Gradient pressure aid (sleeve and glove combination), ready made		Compression Garment	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
S8422	Gradient pressure aid (sleeve), custom made, medium weight		Compression Garment	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
S8423	Gradient pressure aid (sleeve), custom made, heavy weight		Compression Garment	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
S8424	Gradient pressure aid (sleeve), ready made		Compression Garment	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
S8425	Gradient pressure aid (glove), custom made, medium weight		Compression Garment	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
S8426	Gradient pressure aid (glove), custom made, heavy weight		Compression Garment	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
S8427	Gradient pressure aid (glove), ready made		Compression Garment	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
S8428	Gradient pressure aid (scentless), ready made		Compression Garment	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
S8429	Gradient pressure exterior wrap		Compression Garment	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
S8430	Padding for compression bandage, roll		Compression Garment	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
S8431	Compression bandage, roll		Compression Garment	Yes	Yes	No	No	No	No	Yes	Yes
S8450	Splint, prefabricated, digit (specify digit by use of modifier)		Medical or Surgical Supplies	no	no	No	No	No	No	no	no
S8451	Splint, prefabricated, wrist or ankle		Medical or Surgical Supplies	no	no	No	No	No	No	no	no
S8452	Splint, prefabricated, elbow		Medical or Surgical Supplies	no	no	No	No	No	No	no	no
S8460	Camisole, postmastectomy		Medical or Surgical Supplies	no	no	No	No	No	No	no	no
S8490	Insulin syringes (100 units, any size)		Diabetes	no	no	No	No	No	No	no	no
S8930	Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with patient		Stimulation	Yes	Yes	No	No	No	No	Yes	Yes

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Non-ASA Provider	Centra-Auth ASA Provider	Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
S8940	Equestrian/hippotherapy, per session		Therapeutic	nc	nc	nc	nc	nc	nc	nc	nc
S8948	Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes		Treatment	no	no	No	No	No	No	no	no
S8950	Complex lymphedema therapy, each 15 minutes		Therapeutic	no	no	No	No	No	No	no	no
S8990	Physical or manipulative therapy performed for maintenance rather than restoration		Therapeutic	no	no	No	No	No	No	no	no
S8999	Resuscitation bag (for use by patient on artificial respiration during power failure or other catastrophic event)		Respiratory	no	no	No	No	No	No	no	no
S9001	Home uterine monitor with or without associated nursing services		Monitoring	no	no	No	No	No	No	no	no
S9007	Ultrafiltration monitor		Monitoring	no	no	No	No	No	No	no	no
S9024	Paranasal sinus ultrasound		Ultrasound	no	no	No	No	No	No	no	no
S9025	Omniscandogram/cardiointegram		Electrocardiogram (ECG)	no	no	No	No	No	No	no	no
S9034	Extracorporeal shockwave lithotripsy for gall stones	(if performed with ERCP, use 43265)	Treatment	no	no	No	No	No	No	no	no
S9055	Procure or other growth factor preparation to promote wound healing		Wound Care	No	No	No	No	No	No	No	No
S9056	Coma stimulation per diem		Therapeutic	no	no	No	No	No	No	no	no
S9061	Home administration of aerosolized drug therapy (e.g., Pentamidine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		Therapeutic	no	no	No	No	No	No	no	no
S9083	Global fee urgent care centers		Professional Services	no	no	No	No	No	No	no	no
S9088	Services provided in an urgent care center (list in addition to code for service)		Professional Services	no	no	No	No	No	No	no	no
S9090	Vertebral axial decompression, per session		Decompression	no	no	No	No	No	No	no	no
S9097	Home visit for wound care		Wound Care	no	no	No	No	No	No	no	no
S9098	Home visit, phototherapy services (e.g., Bili-lite), including equipment rental, nursing services, blood draw, supplies, and other services, per diem		Home Care	no	no	No	No	No	No	no	no
S9110	Telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and software; maintenance; patient education and support, per month		Telehealth	no	no	No	No	No	No	no	no
S9117	Back school, per visit		Therapeutic	nc	nc	nc	nc	nc	nc	nc	nc
S9122	Home health aide or certified nurse assistant, providing care in the home; per hour		Home Care	no	no	No	No	No	No	no	no
S9123	Nursing care, in the home, by registered nurse, per hour	(use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)	Home Care	No	No	No	Yes	No	Yes	No	No
S9124	Nursing care, in the home, by licensed practical nurse, per hour		Home Care	No	No	No	Yes	No	Yes	No	No
S9125	Respite care, in the home, per diem		Home Care	no	no	No	No	No	No	no	no
S9126	Hospice care, in the home, per diem		Home Care	no	no	No	No	No	No	no	no
S9127	Social work visit, in the home, per diem		Home Care	no	no	No	No	No	No	no	no
S9128	Speech therapy, in the home, per diem		Home Care	no	no	No	No	No	No	no	no
S9129	Occupational therapy, in the home, per diem		Home Care	no	no	No	No	No	No	no	no
S9131	Physical therapy, in the home, per diem		Home Care	no	no	No	No	No	No	no	no
S9140	Diabetic management program, follow-up visit to non-MD provider		Diabetes	no	no	No	No	No	No	no	no
S9141	Diabetic management program, follow-up visit to MD provider		Diabetes	no	no	No	No	No	No	no	no
S9145	Insulin pump initiation, instruction in initial use of pump (pump not included)		Diabetes	no	no	No	No	No	No	no	no
S9150	Evaluation by oculist		Vision	No	No	No	No	No	No	No	No
S9152	Speech therapy, re-evaluation		Speech	No	No	No	No	No	No	no	no
S9208	Home management of preterm labor, including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)		OBGYN	no	no	No	No	No	No	no	no
S9209	Home management of preterm premature rupture of membranes (PPROM), including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)		OBGYN	no	no	No	No	No	No	no	no
S9211	Home management of gestational hypertension, includes 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 any home infusion per diem code)		OBGYN	no	no	No	No	No	No	no	no
S9212	Home management of postpartum hypertension, includes 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 any home infusion per diem code)		OBGYN	no	no	No	No	No	No	no	no
S9213	Home management of preeclampsia, includes 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 any home infusion per diem code)		OBGYN	no	no	No	No	No	No	no	no
S9214	Home management of gestational diabetes, includes 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 any home infusion per diem code)		OBGYN	no	no	No	No	No	No	no	no
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)		Infusion	no	no	No	No	No	No	no	no
S9326	Home infusion therapy, continuous (24 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		Infusion	no	no	No	No	No	No	no	no
S9327	Home infusion therapy, intermittent (less than 24 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		Infusion	no	no	No	No	No	No	no	no
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		Home Infusion	Yes	Yes	No	No	No	No	Yes	Yes
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)		Home Infusion	Yes	Yes	No	No	No	No	Yes	Yes
S9330	Home infusion therapy, continuous (24 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		Home Infusion	Yes	Yes	No	No	No	No	Yes	Yes
S9331	Home infusion therapy, intermittent (less than 24 hours) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		Home Infusion	Yes	Yes	No	No	No	No	Yes	Yes
S9335	Home therapy, hemodialysis; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		Dialysis	No	No	No	No	No	No	Yes	Yes
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		Home Infusion	Yes	Yes	No	No	No	No	Yes	Yes
S9338	Home infusion therapy, immunotherapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		Home Infusion	Yes	Yes	No	No	No	No	Yes	Yes
S9339	Home therapy; peritoneal dialysis; administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		Dialysis	No	No	No	No	No	No	Yes	Yes
S9340	Home therapy, enteral nutrition; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem		Feeding Therapy	No	No	No	No	No	No	No	No
S9341	Home therapy; enteral nutrition via gravity; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem		Feeding Therapy	no	No	No	No	No	No	no	no
S9342	Home therapy; enteral nutrition via pump; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem		Feeding Therapy	no	No	No	No	No	No	no	no
S9343	Home therapy; enteral nutrition via bolus; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem		Feeding Therapy	no	No	No	No	No	No	no	no

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Non-ASA Provider	Centra-Auth ASA Provider	Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
59345	Home infusion therapy, antihemophilic 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		Home Infusion	Yes	Yes	No	No	No	No	Yes	Yes
59346	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		Home Infusion	Yes	Yes	No	No	No	No	Yes	Yes
59347	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		Home Infusion	Yes	Yes	No	No	No	No	Yes	Yes
59348	Home infusion therapy, sympathomimetic/inotropic agent 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		Home Infusion	Yes	Yes	No	No	No	No	Yes	Yes
59349	Home infusion therapy, tocolytic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		Home Infusion	Yes	Yes	No	No	No	No	Yes	Yes
59351	Home infusion therapy, continuous or intermittent antiemetic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and visits coded separately), per diem		Home Infusion	Yes	Yes	No	No	No	No	Yes	Yes
59353	Home infusion therapy, continuous insulin infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		Home Infusion	Yes	Yes	No	No	No	No	Yes	Yes
59355	Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drug and nursing visits coded separately), per diem		Home Infusion	Yes	Yes	No	No	No	No	Yes	Yes
59357	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		Home Infusion	Yes	Yes	No	No	No	No	Yes	Yes
59359	Home infusion therapy, antitumor 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		Home Infusion	Yes	Yes	No	No	No	No	Yes	Yes
59361	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		Home Infusion	Yes	Yes	No	No	No	No	Yes	Yes
59363	Home infusion therapy, antispasmodic therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		Home Infusion	Yes	Yes	No	No	No	No	Yes	Yes
59364	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 59365-59368 using daily volume scales)		Home Infusion	Yes	Yes	No	No	No	No	Yes	Yes
59365	Home infusion therapy, total parenteral nutrition (TPN); 1 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		Home Infusion	Yes	Yes	No	No	No	No	Yes	Yes
59366	Home infusion therapy, total parenteral nutrition (TPN); more than 1 liter but no more than 2 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		Home Infusion	Yes	Yes	No	No	No	No	Yes	Yes
59367	Home infusion therapy, total parenteral nutrition (TPN); more than 2 liters but no more than 3 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		Home Infusion	Yes	Yes	No	No	No	No	Yes	Yes
59368	Home infusion therapy, total parenteral nutrition (TPN); more than 3 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		Home Infusion	Yes	Yes	No	No	No	No	Yes	Yes
59370	Home therapy, intermittent antiemetic injection therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		Home Care	no	No	No	No	No	No	no	no
59372	Home therapy, intermittent anticoagulant injection 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 (do not use this code for flushing of infusion devices with Heparin to maintain patency)		Home Care	no	No	No	No	No	No	no	no
59373	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 59374-59377 using daily volume scales)		Home Infusion	Yes	Yes	No	No	No	No	Yes	Yes
59374	Home infusion therapy, hydration therapy; 1 liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		Home Infusion	Yes	Yes	No	No	No	No	Yes	Yes
59375	Home infusion therapy, hydration therapy; more than 1 liter but no more than 2 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		Home Infusion	Yes	Yes	No	No	No	No	Yes	Yes
59376	Home infusion therapy, hydration therapy; more than 2 liters but no more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		Home Infusion	Yes	Yes	No	No	No	No	Yes	Yes
59377	Home infusion therapy, hydration therapy; more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies (drugs and nursing visits coded separately), per diem		Home Infusion	Yes	Yes	No	No	No	No	Yes	Yes
59379	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		Home Infusion	Yes	Yes	No	No	No	No	Yes	Yes
59381	Delivery or service to high risk areas requiring escort or extra protection, per visit		Miscellaneous Supply or Service	no	No	No	No	No	No	no	no
59401	Anticoagulation clinic, inclusive of all services except laboratory tests, per session		Monitoring	no	No	No	No	No	No	no	no
59430	Pharmacy compounding and dispensing services		Medication	no	No	No	No	No	No	no	no
59432	Medical foods for noninborn errors of metabolism			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
59433	Medical food nutritionally complete, administered orally, providing 100% of nutritional intake		Feeding Therapy	Yes	Yes	No	No	No	No	Yes	Yes
59434	Modified solid food supplements for inborn errors of metabolism		Feeding Therapy	Yes	Yes	No	No	No	No	Yes	Yes
59435	Medical foods for inborn errors of metabolism		Feeding Therapy	Yes	Yes	No	No	No	No	Yes	Yes
59436	Childbirth preparation/amaze classes, nonphysician provider, per session		Education	No	No	No	No	No	No	no	no
59437	Childbirth refresher classes, nonphysician provider, per session		Education	No	No	No	No	No	No	No	No
59438	Cesarean birth classes, nonphysician provider, per session		Education	No	No	No	No	No	No	No	No
59439	VBAC (vaginal birth after cesarean) classes, nonphysician provider, per session		Education	No	No	No	No	No	No	No	No
59441	Asthma education, nonphysician provider, per session		Education	No	No	No	No	No	No	No	No
59442	Birthing classes, nonphysician provider, per session		Education	No	No	No	No	No	No	No	No
59443	Lactation classes, nonphysician provider, per session		Education	No	No	No	No	No	No	no	no
59444	Parenting classes, nonphysician provider, per session		Education	NC	NC	No	No	No	No	NC	NC
59445	Patient education, not otherwise classified, nonphysician provider, individual, per session		Education	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Non-ASA Provider	Centra-Auth ASA Provider	Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
S9446	Patient education, not otherwise classified, nonphysician provider, group, per session		Education	No	No	No	No	No	No	No	No
S9447	Infant safety (including CPR) classes, nonphysician provider, per session		Education	No	No	No	No	No	No	No	No
S9449	Weight management classes, nonphysician provider, per session		Education	Yes	Yes	No	No	No	No	Yes	Yes
S9451	Exercise classes, nonphysician provider, per session		Education	NC	NC	No	No	No	No	NC	NC
S9452	Nutrition classes, nonphysician provider, per session		Education	No	No	No	No	No	No	No	No
S9453	Smoking cessation classes, nonphysician provider, per session		Tobacco Services	No	No	No	No	No	No	No	No
S9454	Stress management classes, nonphysician provider, per session		Education	No	No	No	No	No	No	No	No
S9455	Diabetic management program, group session		Diabetes	No	No	No	No	No	No	No	No
S9460	Diabetic management program, nurse visit		Diabetes	No	No	No	No	No	No	No	No
S9465	Diabetic management program, dietitian visit		Diabetes	No	No	No	No	No	No	No	No
S9470	Nutritional counseling, dietitian visit		Education	No	No	No	No	No	No	No	No
S9472	Cardiac rehabilitation program, nonphysician provider, per diem		Rehabilitation	No	No	No	No	No	No	No	No
S9473	Pulmonary rehabilitation program, nonphysician provider, per diem		Rehabilitation	No	No	No	No	No	No	No	No
S9474	Enterostomal therapy by a registered nurse certified in enterostomal therapy, per diem		Therapy	No	No	No	No	No	No	No	No
S9475	Ambulatory setting substance abuse treatment or detoxification services, per diem		Alcohol or Drug Abuse Treatment	Yes	Yes	No	No	No	No	Yes	Yes
S9476	Vestibular rehabilitation program, nonphysician provider, per diem		Rehabilitation	No	No	No	No	No	No	No	No
S9480	Intensive outpatient psychiatric services, per diem.		Alcohol or Drug Abuse Treatment	Yes	Yes	No	No	No	No	Yes	Yes
S9482	Family stabilization services, per 15 minutes		Education	No	No	No	No	No	No	No	No
S9484	Crisis intervention mental health services, per hour		Mental Health	No	No	No	No	No	No	No	No
S9485	Crisis intervention mental health services, per diem		Mental Health	No	No	No	No	No	No	No	No
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		Home Infusion	Yes	Yes	No	No	No	No	Yes	Yes
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 this code with home infusion codes for hourly dosing schedules S9497-S9504)		Home Infusion	Yes	Yes	No	No	No	No	Yes	Yes
S9497	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 3 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		Home Infusion	Yes	Yes	No	No	No	No	Yes	Yes
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		Home Infusion	Yes	Yes	No	No	No	No	Yes	Yes
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		Home Infusion	Yes	Yes	No	No	No	No	Yes	Yes
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		Home Infusion	Yes	Yes	No	No	No	No	Yes	Yes
S9503	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 6 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		Home Infusion	Yes	Yes	No	No	No	No	Yes	Yes
S9504	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 4 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		Home Infusion	Yes	Yes	No	No	No	No	Yes	Yes
S9529	Routine venipuncture for collection of specimen(s), single homebound, nursing home, or skilled nursing facility patient		ostomy	No	No	No	No	No	No	No	No
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		Home Care	No	No	Yes	Yes	Yes	Yes	No	No
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		Home Care	No	No	No	No	No	No	No	No
S9542	Home injectable therapy, not otherwise classified, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		Home Care	No	No	No	No	No	No	No	No
S9558	Home injectable therapy; growth hormone, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		Home Care	No	No	Yes	Yes	Yes	Yes	No	No
S9559	Home injectable therapy, interferon, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		Home Care	No	No	No	No	No	No	No	No
S9560	Home injectable therapy; hormonal therapy (e.g., leuprolide, goserelin), including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		Home Care	No	No	No	No	No	No	No	No
S9562	Home injectable therapy, palivizumab, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		Home Care	No	No	Yes	Yes	Yes	Yes	No	No
S9563	Home injectable therapy, immunotherapy, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits codes separately), per diem		Home Care	No	No	No	No	No	No	No	NO
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		Home Care	No	No	No	No	No	No	No	No
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)		Home Care	No	No	No	No	No	No	No	No
S9900	Services by a Journal-listed Christian Science practitioner for the purpose of healing, per diem		Professional Services	NC	NC	NC	NC	NC	NC	NC	NC
S9901	Services by a Journal-listed Christian Science nurse, per hour		Professional Services	NC	NC	NC	NC	NC	NC	NC	NC
S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)		Transport	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)		Transport	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
S9970	Health club membership, annual		Miscellaneous Supply or Service	NC	NC	NC	NC	NC	NC	NC	NC
S9975	Transplant related lodging, meals and transportation, per diem		Miscellaneous Supply or Service	NC	NC	NC	NC	NC	NC	NC	NC
S9976	Lodging, per diem, not otherwise classified		Miscellaneous Supply or Service	NC	NC	NC	NC	NC	NC	NC	NC
S9977	Meals, per diem, not otherwise specified		Miscellaneous Supply or Service	NC	NC	NC	NC	NC	NC	NC	NC
S9981	Medical records copying fee, administrative		Miscellaneous Supply or Service	NC	NC	NC	NC	NC	NC	NC	NC
S9982	Medical records copying fee, per page		Miscellaneous Supply or Service	NC	NC	NC	NC	NC	NC	NC	NC
S9986	Not medically necessary service (patient is aware that service not medically necessary)		Miscellaneous Supply or Service	NC	NC	NC	NC	NC	NC	NC	NC
S9988	Services provided as part of a Phase I clinical trial		Clinical Trial	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
S9989	Services provided outside of the United States of America (list in addition to code(s) for services(s))		Miscellaneous Supply or Service	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
S9990	Services provided as part of a Phase II clinical trial		Clinical Trial	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
S9991	Services provided as part of a Phase III clinical trial		Clinical Trial	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
S9992	Transportation costs to and from trial location and local transportation costs (e.g., fares for taxicab or bus) for clinical trial participant and one caregiver/companion		Clinical Trial	NC	NC	NC	NC	NC	NC	NC	NC
S9994	Lodging costs (e.g., hotel charges) for clinical trial participant and one caregiver/companion		Clinical Trial	NC	NC	NC	NC	NC	NC	NC	NC
S9996	Meals for clinical trial participant and one caregiver/companion		Clinical Trial	NC	NC	NC	NC	NC	NC	NC	NC
S9999	Sales tax		Miscellaneous Supply or Service	NC	NC	NC	NC	NC	NC	NC	NC

CPT	Description	CPT Note	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Contra-Auth Non-ASA Provider	Contra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
T1000	Private duty/independent nursing service(s), licensed, up to 15 minutes		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T1001	Nursing assessment/evaluation		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T1002	RN services, up to 15 minutes		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T1003	LPN/LVN services, up to 15 minutes Services of a qualified nursing aide, up to 15 minutes		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T1004			Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T1005	Respite care services, up to 15 minutes		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T1006	Alcohol and/or substance abuse services, family/couple counseling		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T1009	Child sitting services for children of the individual receiving alcohol and/or substance abuse services		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T1010	Meals for individuals receiving alcohol and/or substance abuse services (when meals not included in the program)		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T1012	Alcohol and/or substance abuse services, skills development		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T1013	Sign language or oral interpretive services, per 15 minutes		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T1014	Telehealth transmission, per minute, professional services bill separately		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T1015	Telehealth transmission, per minute, professional services bill separately		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T1016	Case management, each 15 minutes		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T1017	Targeted case management, each 15 minutes School-based individualized education program (IEP) services, bundled		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T1018			Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T1020	Personal care services, per diem, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T1021	Home health aide or certified nurse assistant, per visit		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T1022	Contracted home health agency services, all services provided under contract, per day		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T1024	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T1025	Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, mental and psychosocial impairments, per diem		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T1026	Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, medical and psychosocial impairments, per hour		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T1027	Family training and counseling for child development, per 15 minutes		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T1028	Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T1029	Comprehensive environmental lead investigation, not including laboratory analysis, per dwelling		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T1030	Nursing care, in the home, by registered nurse, per diem		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T1031	Nursing care, in the home, by licensed practical nurse, per diem		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T1040	Medicaid certified community behavioral health clinic services, per diem		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T1041	Medicaid certified community behavioral health clinic services, per month		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T1502	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T1503	Administration of medication, other than oral and/or injectable, by a health care agency/professional, per visit		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T1505	Electronic medication compliance management device, includes all components and accessories, not otherwise classified		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T1999	Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T2001	Nonemergency transportation; patient attendant/escort		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T2002	Nonemergency transportation; per diem		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T2003	Nonemergency transportation; encounter/trip		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T2004	Nonemergency transport; commercial carrier, multipass		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T2005	Nonemergency transportation; stretcher van		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T2007	Transportation waiting time, air ambulance and nonemergency vehicle, one-half (1/2) hour increments		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T2010	Preadmission screening and resident review (PASRR) level I identification screening, per screen		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T2011	Preadmission screening and resident review (PASRR) level II evaluation, per evaluation		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only

CPT	Description	CPT Note	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
T2012	Habilitation, educational; waiver, per diem		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T2013	Habilitation, educational; waiver, per hour		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T2014	Habilitation, prevocational; waiver, per diem		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T2015	Habilitation, prevocational; waiver, per hour		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T2016	Habilitation, residential; waiver, per diem		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T2017	Habilitation, residential; waiver, 15 minutes		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T2018	Habilitation, supported employment; waiver, per diem		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T2019	Habilitation, supported employment; waiver, per 15 minutes		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T2020	Day habilitation; waiver, per diem		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T2021	Day habilitation; waiver, per 15 minutes		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T2022	Case management; per month		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T2023	Targeted case management; per month		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T2024	Service assessment/plan of care development; waiver		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T2025	Waiver services; not otherwise specified (NOS)		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T2026	Specialized childcare; waiver, per diem		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T2027	Specialized childcare; waiver, per 15 minutes		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T2028	Specialized supply; not otherwise specified; waiver		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T2029	Specialized medical equipment; not otherwise specified; waiver		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T2030	Assisted living; waiver; per month		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T2031	Assisted living; waiver; per diem		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T2032	Residential care; not otherwise specified (NOS); waiver; per month		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T2033	Residential care; not otherwise specified (NOS); waiver; per diem		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T2034	Crisis intervention; waiver; per diem		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T2035	Utility services to support medical equipment and assistive technology/devices; waiver		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T2036	Therapeutic camping; overnight; waiver; each session		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T2037	Therapeutic camping; day; waiver; each session		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T2038	Community transition; waiver; per service		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T2039	Vehicle modifications; waiver; per service		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T2040	Financial management; self-directed; waiver; per 15 minutes		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T2041	Supports brokerage; self-directed; waiver; per 15 minutes		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T2042	Hospice routine home care; per diem		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T2043	Hospice continuous home care; per hour		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T2044	Hospice inpatient respite care; per diem		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T2045	Hospice general inpatient care; per diem		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T2046	Hospice long-term care; room and board only; per diem		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T2047	Habilitation, prevocational; waiver; per 15 minutes		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T2048	Behavioral health; long-term care residential (nonacute care in a residential treatment program where stay is typically longer than 30 days); with room and board; per diem		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T2049	Nonemergency transportation; stretcher van; mileage; per mile		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T2101	Human breast milk processing, storage and distribution only		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T4521	Adult sized disposable incontinence product, brief/diaper, small, each		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T4522	Adult sized disposable incontinence product, brief/diaper, medium, each		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T4523	Adult sized disposable incontinence product, brief/diaper, large, each		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T4524	Adult sized disposable incontinence product, brief/diaper, extra large, each		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T4525	Adult sized disposable incontinence product, protective underwear/pull-on, small size, each		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	Medicaid only	n/a-Medicaid only	n/a-Medicaid only

[illegible]

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
V2020	Frames, purchases		Vision	No	No	No	No	No	No	No	No
V2025	Deluxe frame		Vision	No	No	No	No	No	No	No	No
V2100	Sphere, single vision, plano to plus or minus 4.00, per lens		Vision	No	No	No	No	No	No	No	No
V2101	Sphere, single vision, plus or minus 4.12 to plus or minus 7.00d, per lens		Vision	No	No	No	No	No	No	No	No
V2102	Sphere, single vision, plus or minus 7.12 to plus or minus 20.00d, per lens		Vision	No	No	No	No	No	No	No	No
V2103	Sphero-cylinder, single vision, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens		Vision	No	No	No	No	No	No	No	No
V2104	Sphero-cylinder, single vision, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens		Vision	No	No	No	No	No	No	No	No
V2105	Sphero-cylinder, single vision, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens		Vision	No	No	No	No	No	No	No	No
V2106	Sphero-cylinder, single vision, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens		Vision	No	No	No	No	No	No	No	No
V2107	Sphero-cylinder, single vision, plus or minus 4.25 to plus or minus 7.00 sphere, 0.12 to 2.00d cylinder, per lens		Vision	No	No	No	No	No	No	No	No
V2108	Sphero-cylinder, single vision, plus or minus 4.25d to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens		Vision	No	No	No	No	No	No	No	No
V2109	Sphero-cylinder, single vision, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens		Vision	No	No	No	No	No	No	No	No
V2110	Sphero-cylinder, single vision, plus or minus 4.25 to 7.00d sphere, over 6.00d cylinder, per lens		Vision	No	No	No	No	No	No	No	No
V2111	Sphero-cylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens		Vision	No	No	No	No	No	No	No	No
V2112	Sphero-cylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25d to 4.00d cylinder, per lens		Vision	No	No	No	No	No	No	No	No
V2113	Sphero-cylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens		Vision	No	No	No	No	No	No	No	No
V2114	Sphero-cylinder, single vision, sphere over plus or minus 12.00d, per lens		Vision	No	No	No	No	No	No	No	No
V2115	Lenticular (myodisc), per lens, single vision		Vision	No	No	No	No	No	No	No	No
V2118	Aniseikonic lens, single vision		Vision	No	No	No	No	No	No	No	No
V2121	Lenticular lens, per lens, single		Vision	No	No	No	No	No	No	No	No
V2199	Not otherwise classified, single vision lens		Vision	No	No	No	No	No	No	No	No
V2200	Sphere, bifocal, plano to plus or minus 4.00d, per lens		Vision	No	No	No	No	No	No	No	No
V2201	Sphere, bifocal, plus or minus 4.12 to plus or minus 7.00d, per lens		Vision	No	No	No	No	No	No	No	No
V2202	Sphere, bifocal, plus or minus 7.12 to plus or minus 20.00d, per lens		Vision	No	No	No	No	No	No	No	No
V2203	Sphero-cylinder, bifocal, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens		Vision	No	No	No	No	No	No	No	No
V2204	Sphero-cylinder, bifocal, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens		Vision	No	No	No	No	No	No	No	No
V2205	Sphero-cylinder, bifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens		Vision	No	No	No	No	No	No	No	No
V2206	Sphero-cylinder, bifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens		Vision	No	No	No	No	No	No	No	No
V2207	Sphero-cylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 0.12 to 2.00d cylinder, per lens		Vision	No	No	No	No	No	No	No	No
V2208	Sphero-cylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens		Vision	No	No	No	No	No	No	No	No
V2209	Sphero-cylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens		Vision	No	No	No	No	No	No	No	No
V2210	Sphero-cylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens		Vision	No	No	No	No	No	No	No	No
V2211	Sphero-cylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens		Vision	No	No	No	No	No	No	No	No
V2212	Sphero-cylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens		Vision	No	No	No	No	No	No	No	No
V2213	Sphero-cylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens		Vision	No	No	No	No	No	No	No	No
V2214	Sphero-cylinder, bifocal, sphere over plus or minus 12.00d, per lens		Vision	No	No	No	No	No	No	No	No
V2215	Lenticular (myodisc), per lens, bifocal		Vision	No	No	No	No	No	No	No	No
V2218	Aniseikonic, per lens, bifocal		Vision	No	No	No	No	No	No	No	No
V2219	Bifocal seg width over 28mm		Vision	No	No	No	No	No	No	No	No
V2220	Bifocal add over 3.25d		Vision	No	No	No	No	No	No	No	No
V2221	Lenticular lens, per lens, bifocal		Vision	No	No	No	No	No	No	No	No
V2299	Specialty bifocal (bv report)		Vision	No	No	No	No	No	No	No	No
V2300	Sphere, trifocal, plano to plus or minus 4.00d, per lens		Vision	No	No	No	No	No	No	No	No
V2301	Sphere, trifocal, plus or minus 4.12 to plus or minus 7.00d per lens		Vision	No	No	No	No	No	No	No	No
V2302	Sphere, trifocal, plus or minus 7.12 to plus or minus 20.00, per lens		Vision	No	No	No	No	No	No	No	No
V2303	Sphero-cylinder, trifocal, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens		Vision	No	No	No	No	No	No	No	No
V2304	Sphero-cylinder, trifocal, plano to plus or minus 4.00d sphere, 2.25 to 4.00d cylinder, per lens		Vision	No	No	No	No	No	No	No	No
V2305	Sphero-cylinder, trifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00 cylinder, per lens		Vision	No	No	No	No	No	No	No	No
V2306	Sphero-cylinder, trifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens		Vision	No	No	No	No	No	No	No	No
V2307	Sphero-cylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 0.12 to 2.00d cylinder, per lens		Vision	No	No	No	No	No	No	No	No
V2308	Sphero-cylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens		Vision	No	No	No	No	No	No	No	No
V2309	Sphero-cylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens		Vision	No	No	No	No	No	No	No	No
V2310	Sphero-cylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens		Vision	No	No	No	No	No	No	No	No
V2311	Sphero-cylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens		Vision	No	No	No	No	No	No	No	No
V2312	Sphero-cylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens		Vision	No	No	No	No	No	No	No	No
V2313	Sphero-cylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens		Vision	No	No	No	No	No	No	No	No
V2314	Sphero-cylinder, trifocal, sphere over plus or minus 12.00d, per lens		Vision	No	No	No	No	No	No	No	No
V2315	Lenticular, (myodisc), per lens, trifocal		Vision	No	No	No	No	No	No	No	No
V2318	Aniseikonic lens, trifocal		Vision	No	No	No	No	No	No	No	No
V2319	Trifocal seg width over 28 mm		Vision	No	No	No	No	No	No	No	No
V2320	Trifocal add over 3.25d		Vision	No	No	No	No	No	No	No	No
V2321	Lenticular lens, per lens, trifocal		Vision	No	No	No	No	No	No	No	No
V2399	Specialty trifocal (bv report)		Vision	No	No	No	No	No	No	No	No
V2410	Variable asphericity lens, single vision, full field, glass or plastic, per lens		Vision	No	No	No	No	No	No	No	No
V2430	Variable asphericity lens, bifocal, full field, glass or plastic, per lens		Vision	No	No	No	No	No	No	No	No
V2499	Variable asphericity lens, other type		Vision	No	No	No	No	No	No	No	No
V2500	Contact lens, PMMA, spherical, per lens		Vision	No	No	No	No	No	No	No	No
V2501	Contact lens, PMMA, toric or prism ballast, per lens		Vision	No	No	No	No	No	No	No	No
V2502	Contact lens PMMA, bifocal, per lens		Vision	No	No	No	No	No	No	No	No
V2503	Contact lens, PMMA, color vision deficiency, per lens		Vision	No	No	No	No	No	No	No	No
V2510	Contact lens, gas permeable, spherical, per lens		Vision	No	No	No	No	No	No	No	No
V2511	Contact lens, gas permeable, toric, prism ballast, per lens		Vision	No	No	No	No	No	No	No	No
V2512	Contact lens, gas permeable, bifocal, per lens		Vision	No	No	No	No	No	No	No	No
V2513	Contact lens, gas permeable, extended wear, per lens		Vision	No	No	No	No	No	No	No	No
V2520	Contact lens, hydrophilic, spherical, per lens		Vision	No	No	No	No	No	No	No	No
V2521	Contact lens, hydrophilic, toric, or prism ballast, per lens		Vision	No	No	No	No	No	No	No	No
V2522	Contact lens, hydrophilic, bifocal, per lens		Vision	No	No	No	No	No	No	No	No
V2523	Contact lens, hydrophilic, extended wear, per lens		Vision	No	No	No	No	No	No	No	No
V2524	Contact lens, hydrophilic, spherical, photochromic additive, per lens		Vision	No	No	No	No	No	No	No	No
V2526	Contact lens, hydrophilic, with blue-violet filter, per lens		Vision	No	No	No	No	No	No	No	No
V2530	Contact lens, scleral, gas impermeable, per lens (for contact lens modification, see 92325)		Vision	No	No	No	No	No	No	No	No
V2531	Contact lens, scleral, gas permeable, per lens (for contact lens modification, see 92325)		Vision	No	No	No	No	No	No	No	No
V2599	Contact lens, other type		Vision	No	No	No	No	No	No	No	No
V2600	Hand held low vision aids and other nonspectacle mounted aids		Vision	No	No	No	No	No	No	No	No
V2610	Single lens spectacle mounted low vision aids		Vision	No	No	No	No	No	No	No	No
V2615	Telescopic and other compound lens system, including distance vision telescopic, near vision telescopes and compound microscopic lens system		Vision	No	No	No	No	No	No	No	No
V2623	Prosthetic eye, plastic, custom		Vision	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
V2624	Polishing/resurfacing of ocular prosthesis		Vision	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
V2625	Enlargement of ocular prosthesis		Vision	Yes	Yes	No	Yes	No	Yes	Yes	Yes
V2626	Reduction of ocular prosthesis		Vision	Yes	Yes	No	Yes	No	Yes	Yes	Yes
V2627	Scleral cover shell		Vision	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
V2628	Fabrication and fitting of ocular conformer		Vision	No	No	No	No	No	No	No	No
V2629	Prosthetic eye, other type		Vision	Yes	Yes	No	No	No	No	Yes	Yes
V2630	Anterior chamber intraocular lens		Vision	No	No	No	No	No	No	No	No
V2631	Iris supported intraocular lens		Vision	No	No	No	No	No	No	No	No
V2632	Posterior chamber intraocular lens		Vision	No	No	No	No	No	No	No	No
V2700	Balance lens, per lens		Vision	No	No	No	No	No	No	No	No
V2702	Deluxe lens feature		Vision	No	No	No	No	No	No	No	No
V2710	Slab off prism, glass or plastic, per lens		Vision	No	No	No	No	No	No	No	No
V2715	Prism, per lens		Vision	No	No	No	No	No	No	No	No
V2718	Press-on lens, Fresnel prism, per lens		Vision	No	No	No	No	No	No	No	No
V2730	Special base curve, glass or plastic, per lens		Vision	No	No	No	No	No	No	No	No
V2744	Tint, photochromatic, per lens		Vision	No	No	No	No	No	No	No	No
	Addition to lens; tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens		Vision	No	No	No	No	No	No	No	No
V2745	Antireflective coating, per lens		Vision	No	No	No	No	No	No	No	No
V2755	U-V lens, per lens		Vision	No	No	No	No	No	No	No	No
V2756	Eye glass case		Vision	No	No	No	No	No	No	No	No
V2760	Scratch resistant coating, per lens		Vision	No	No	No	No	No	No	No	No
V2761	Mirror coating, any type, solid, gradient or equal, any lens material, per lens		Vision	No	No	No	No	No	No	No	No
V2762	Polarization, any lens material, per lens		Vision	No	No	No	No	No	No	No	No
V2770	Occluder lens, per lens		Vision	No	No	No	No	No	No	No	No
V2780	Oversize lens, per lens		Vision	No	No	No	No	No	No	No	No
V2781	Progressive lens, per lens		Vision	No	No	No	No	No	No	No	No
V2782	Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excludes polycarbonate, per lens		Vision	No	No	No	No	No	No	No	No
	Lens, index greater than or equal to 1.66 plastic or greater than or equal to 1.80 glass, excludes polycarbonate, per lens		Vision	No	No	No	No	No	No	No	No
V2783	Lens, polycarbonate or equal, any index, per lens		Vision	No	No	No	No	No	No	No	No
V2784	Processing, preserving and transporting corneal tissue		Vision	No	No	No	No	No	No	No	No
V2785	Specialty occupational multifocal lens, per lens		Vision	No	No	No	No	No	No	No	No
V2787	Astigmatism correcting function of intraocular lens		Vision	No	No	No	No	No	No	No	No
V2788	Presbyopia correcting function of intraocular lens		Vision	No	No	No	No	No	No	No	No
V2790	Amniotic membrane for surgical reconstruction, per procedure		Vision	No	No	No	No	No	No	No	No
	Vision supply, accessory and/or service component of another HCPCS vision code		Vision	No	No	No	No	No	No	No	No
V2799	Vision item or service, miscellaneous		Hearing	Yes	Yes	No	No	No	No	No	No
V5008	Hearing screening		Hearing	No	No	No	No	No	No	Yes	Yes
V5010	Assessment for hearing aid		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5011	Fitting/orientation/checking of hearing aid		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5014	Repair/modification of a hearing aid		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5020	Conformity evaluation		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5030	Hearing aid, monaural, body worn, air conduction		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5040	Hearing aid, monaural, body worn, bone conduction		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5050	Hearing aid, monaural, in the ear		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5060	Hearing aid, monaural, behind the ear		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5070	Glasses, air conduction		Vision	No	No	No	No	No	No	No	No
V5080	Glasses, bone conduction		Vision	No	No	No	No	No	No	No	No
V5090	Dispensing fee, unspecified hearing aid		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5095	Semi-implantable middle ear hearing prosthesis		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5100	Hearing aid, bilateral, body worn		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5110	Dispensing fee, bilateral		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5120	Binaural, body		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5130	Binaural, in the ear		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5140	Binaural, behind the ear		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5150	Binaural, glasses		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5160	Dispensing fee, binaural		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5171	Hearing aid, contralateral routing system, monaural, in the ear (ITE)	Crossover from V5170	Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5172	Hearing aid, contralateral routing system, monaural, in the canal (ITC)	Crossover from V5170	Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5181	Hearing aid, contralateral routing system, monaural, behind the ear (BTE)	Crossover from V5180	Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5190	Hearing aid, CROS, glasses		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5200	Dispensing fee, CROS		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5211	Hearing aid, contralateral routing, binaural, ITE/ITE		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5212	Hearing aid, contralateral routing, binaural, ITE/ITC		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5213	Hearing aid, contralateral routing, binaural, ITE/BTE		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5214	Hearing aid, contralateral routing, binaural, ITC/ITC		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5215	Hearing aid, contralateral routing, binaural, ITC/BTE		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5221	Hearing aid, contralateral routing, binaural, BTE/BTE		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5230	Hearing aid, BICROS, glasses		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5240	Dispensing fee, BICROS		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5241	Dispensing fee, monaural hearing aid, any type		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5242	Hearing aid, analog, monaural, CIC (completely in the ear canal)		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5243	Hearing aid, analog, monaural, ITC (in the canal)		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5244	Hearing aid, digitally programmable analog, monaural, CIC		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5245	Hearing aid, digitally programmable, analog, monaural, ITC		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5246	Hearing aid, digitally programmable analog, monaural, ITE (in the ear)		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5247	Hearing aid, digitally programmable analog, monaural, BTE (behind the ear)		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5248	Hearing aid, analog, binaural, CIC		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5249	Hearing aid, analog, binaural, ITC		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5250	Hearing aid, digitally programmable analog, binaural, CIC		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5251	Hearing aid, digitally programmable analog, binaural, ITC		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5252	Hearing aid, digitally programmable, binaural, ITE		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5253	Hearing aid, digitally programmable, binaural, BTE		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5254	Hearing aid, digital, monaural, CIC		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5255	Hearing aid, digital, monaural, ITC		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5256	Hearing aid, digital, monaural, BTE		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5257	Hearing aid, digital, monaural, BTE		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5258	Hearing aid, digital, binaural, CIC		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5259	Hearing aid, digital, binaural, ITC		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5260	Hearing aid, digital, binaural, ITE		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5261	Hearing aid, digital, binaural, BTE		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5262	Hearing aid, disposable, any type, monaural		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5263	Hearing aid, disposable, any type, binaural		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5264	Ear mold/insert, not disposable, any type		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5265	Ear mold/insert, disposable, any type		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5266	Battery for use in hearing device		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
	Hearing aid or assistive listening device/supplies/accessories, not otherwise specified		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5267	Assistive listening device, telephone amplifier, any type		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5268	Assistive listening device, alerting, any type		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5269	Assistive listening device, television amplifier, any type		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5270	Assistive listening device, television caption decoder		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5271	Assistive listening device, personal FM/DM system, monaural (1 receiver, transmitter, microphone), any type		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5272	Assistive listening device, personal FM/DM system, binaural (2 receivers, transmitter, microphone), any type		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5273	Assistive listening device, personal FM/DM neck, loop induction receiver		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5274	Assistive listening device, personal FM/DM, ear level receiver		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5275	Assistive listening device, not otherwise specified		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
	Ear impression, each		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5281	Assistive listening device, personal FM/DM system, monaural (1 receiver, transmitter, microphone), any type		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5282	Assistive listening device, personal FM/DM system, binaural (2 receivers, transmitter, microphone), any type		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5283	Assistive listening device, personal FM/DM neck, loop induction receiver		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5284	Assistive listening device, personal FM/DM, ear level receiver		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5285	Assistive listening device, personal FM/DM, direct audio input receiver		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5286	Assistive listening device, personal blue tooth FM/DM receiver		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5287	Assistive listening device, personal FM/DM receiver, not otherwise specified		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5288	Assistive listening device, personal FM/DM transmitter assistive listening device		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
	Assistive listening device, personal FM/DM adapter/boot coupling device for receiver, any type		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5289	Assistive listening device, transmitter microphone, any type		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5290	Hearing aid, not otherwise classified		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5298	Hearing service, miscellaneous		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5299	Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid)		Hearing	Yes	Yes	No	No	No	No	Yes	Yes
V5336	Speech screening		Speech	No	No	No	No	No	No	No	No
V5362	Language screening		Speech	No	No	No	No	No	No	No	No
V5363	Dysphagia screening		Speech	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
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CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
00474	Anesthesia for partial rib resection; radical procedures (eg, pectus excavatum)	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00500	Anesthesia for all procedures on esophagus	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00520	Anesthesia for closed chest procedures; (including bronchoscopy) not otherwise specified	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00522	Anesthesia for closed chest procedures; needle biopsy of pleura	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00524	Anesthesia for closed chest procedures; pneumocentesis	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00528	Anesthesia for closed chest procedures; mediastinoscopy and diagnostic thoracoscopy not utilizing 1 lung ventilation	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth; For tracheobronchial reconstruction, use 00539	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00529	Anesthesia for closed chest procedures; mediastinoscopy and diagnostic thoracoscopy utilizing 1 lung ventilation	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00530	Anesthesia for permanent transvenous pacemaker insertion	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00532	Anesthesia for access to central venous circulation	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00534	Anesthesia for transvenous insertion or replacement of pacing cardioverter-defibrillator	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth; For transthoracic approach, use 00560.	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00537	Anesthesia for cardiac electrophysiologic procedures including radiofrequency ablation	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00539	Anesthesia for tracheobronchial reconstruction	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00540	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); not otherwise specified	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00541	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); utilizing 1 lung ventilation	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth; For thoracic spine and cord anesthesia procedures via an anterior transthoracic approach, see 00625-00626.	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00542	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); decortication	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00546	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); pulmonary resection with thoracoplasty	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00548	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); intrathoracic procedures on the trachea and bronchi	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00550	Anesthesia for sternal debridement	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00560	Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; without pump oxygenator	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00561	Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator, younger than 1 year of age	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth; Do not report with 99100, 99116, 99135.	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00562	Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator, age 1 year or older, for all noncoronary bypass procedures (eg, valve procedures) or for re-operation for coronary bypass more than 1 month after original operation	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00563	Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator with hypothermic circulatory arrest	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00566	Anesthesia for direct coronary artery bypass grafting; without pump oxygenator	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00567	Anesthesia for direct coronary artery bypass grafting; with pump oxygenator	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00580	Anesthesia for heart transplant or heart/lung transplant	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00600	Anesthesia for procedures on cervical spine and cord; not otherwise specified	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth; For percutaneous image-guided spine and spinal cord anesthesia procedures see 01935, 01936.	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00604	Anesthesia for procedures on cervical spine and cord; procedures with patient in the sitting position	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00620	Anesthesia for procedures on thoracic spine and cord; not otherwise specified	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00625	Anesthesia for procedures on the thoracic spine and cord, via an anterior transthoracic approach; not utilizing 1 lung ventilation	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00626	Anesthesia for procedures on the thoracic spine and cord, via an anterior transthoracic approach; utilizing 1 lung ventilation	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth; For anesthesia for thoracotomy procedures other than spinal, see 00540-00541.	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00630	Anesthesia for procedures in lumbar region; not otherwise specified	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00632	Anesthesia for procedures in lumbar region; lumbar sympathectomy	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00635	Anesthesia for procedures in lumbar region; diagnostic or therapeutic lumbar puncture	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00640	Anesthesia for manipulation of the spine or for closed procedures on the cervical, thoracic or lumbar spine	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00670	Anesthesia for extensive spine and spinal cord procedures (eg, spinal instrumentation or vascular procedures)	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00700	Anesthesia for procedures on upper anterior abdominal wall; not otherwise specified	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00702	Anesthesia for procedures on upper anterior abdominal wall; percutaneous liver biopsy	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00730	Anesthesia for procedures on upper posterior abdominal wall	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00731	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00732	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth; For combined upper and lower gastrointestinal endoscopic procedures, use 00813.	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00750	Anesthesia for hernia repairs in upper abdomen; not otherwise specified	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00752	Anesthesia for hernia repairs in upper abdomen; lumbar and ventral (incisional) hernias and/or wound dehiscence	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00754	Anesthesia for hernia repairs in upper abdomen; omphalocele	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00756	Anesthesia for hernia repairs in upper abdomen; transabdominal repair of diaphragmatic hernia	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00770	Anesthesia for all procedures on major abdominal blood vessels	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
00790	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; not otherwise specified	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00792	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; partial hepatectomy or management of liver hemorrhage (excluding liver biopsy)	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00794	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; pancreatectomy, partial or total (eg, Whipple procedure)	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00796	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; liver transplant (recipient)	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth.; For harvesting of liver, use 01990.	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00797	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; gastric restrictive procedure for morbid obesity	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00800	Anesthesia for procedures on lower anterior abdominal wall; not otherwise specified	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00802	Anesthesia for procedures on lower anterior abdominal wall; panniculectomy	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00811	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00812	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth. Report 00812 to describe anesthesia for any screening colonoscopy regardless of ultimate findings.	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00813	Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00820	Anesthesia for procedures on lower posterior abdominal wall	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00830	Anesthesia for hernia repairs in lower abdomen; not otherwise specified	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00832	Anesthesia for hernia repairs in lower abdomen; ventral and incisional hernias	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth; For hernia repairs in the infant 1 YO or younger, see 00834, 00836	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00834	Anesthesia for hernia repairs in the lower abdomen not otherwise specified, younger than 1 year of age	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth; Do not report with 99100.	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00836	Anesthesia for hernia repairs in the lower abdomen not otherwise specified, infants younger than 37 weeks gestational age at birth and younger than 50 weeks gestational age at time of surgery	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth; Do not report with 99100.	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00840	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; not otherwise specified	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00842	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; amniocentesis	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00844	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; abdominoperineal resection	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00846	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; radical hysterectomy	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00848	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; pelvic exenteration	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00851	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; tubal ligation/transaction	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00860	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; not otherwise specified	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00862	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; renal procedures, including upper one-third of ureter, or donor nephrectomy	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00864	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; total cystectomy	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00865	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; radical prostatectomy (suprapubic, retropubic)	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00866	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; adrenalectomy	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00868	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; renal transplant (recipient)	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth; For donor nephrectomy, use 00862. For harvesting kidney from brain-dead patient, use 01990.	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00870	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; cystolithotomy	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00872	Anesthesia for lithotripsy, extracorporeal shock wave; with water bath	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00873	Anesthesia for lithotripsy, extracorporeal shock wave; without water bath	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00880	Anesthesia for procedures on major lower abdominal vessels; not otherwise specified	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00882	Anesthesia for procedures on major lower abdominal vessels; inferior vena cava ligation	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00902	Anesthesia for; anorectal procedure	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00904	Anesthesia for; radical perineal procedure	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00906	Anesthesia for; vulvectomy	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00908	Anesthesia for; perineal prostatectomy	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00910	Anesthesia for transurethral procedures (including urethrostomy); not otherwise specified	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00912	Anesthesia for transurethral procedures (including urethrostomy); transurethral resection of bladder tumor(s)	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00914	Anesthesia for transurethral procedures (including urethrostomy); transurethral resection of prostate	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00916	Anesthesia for transurethral procedures (including urethrostomy); post-transurethral resection bleeding	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00918	Anesthesia for transurethral procedures (including urethrostomy); with fragmentation, manipulation and/or removal of ureteral calculus	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00920	Anesthesia for procedures on male genitalia (including open urethral procedures); not otherwise specified	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00921	Anesthesia for procedures on male genitalia (including open urethral procedures); vasectomy, unilateral or bilateral	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00922	Anesthesia for procedures on male genitalia (including open urethral procedures); seminal vesicles	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00924	Anesthesia for procedures on male genitalia (including open urethral procedures); undescended testis, unilateral or bilateral	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00926	Anesthesia for procedures on male genitalia (including open urethral procedures); radical orchiectomy, inequal	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code

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CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
1780	Anesthesia for procedures on veins of upper arm and elbow; not otherwise specified	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
1782	Anesthesia for procedures on veins of upper arm and elbow: phleborrhaphy	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
1810	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of forearm, wrist, and hand	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
1820	Anesthesia for all closed procedures on radius, ulna, wrist, or hand bones	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
1829	Anesthesia for diagnostic arthroscopic procedures on the wrist	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
1830	Anesthesia for open or surgical arthroscopic/endoscopic procedures on distal radius, distal ulna, wrist, or hand joints; not otherwise specified	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
1832	Anesthesia for open or surgical arthroscopic/endoscopic procedures on distal radius, distal ulna, wrist, or hand joints; total wrist replacement	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
1840	Anesthesia for procedures on arteries of forearm, wrist, and hand; not otherwise specified	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
1842	Anesthesia for procedures on arteries of forearm, wrist, and hand; embolectomy	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
1844	Anesthesia for vascular shunt, or shunt revision, any type (eg, dialysis)	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
1850	Anesthesia for procedures on veins of forearm, wrist, and hand; not otherwise specified	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
1852	Anesthesia for procedures on veins of forearm, wrist, and hand: phleborrhaphy	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
1860	Anesthesia for forearm, wrist, or hand cast application, removal, or repair	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
1916	Anesthesia for diagnostic arteriography/venography	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth; Do not report with therapeutic codes 01924-01926, 01930-01933.	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
1920	Anesthesia for cardiac catheterization including coronary angiography and ventriculography (not to include Swan-Ganz catheter)	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
1922	Anesthesia for non-invasive imaging or radiation therapy	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
1924	Anesthesia for therapeutic interventional radiological procedures involving the arterial system; not otherwise specified	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
1925	Anesthesia for therapeutic interventional radiological procedures involving the arterial system: carotid or coronary	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
1926	Anesthesia for therapeutic interventional radiological procedures involving the arterial system; intracranial, intracardiac, or aortic	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
1930	Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); not otherwise specified	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
1932	Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); intrathecal or portal circulation (eg, transvenous intrahepatic portosystemic shunt[s] [TIPS])	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
1933	Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); intracranial	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
1937	Anesthesia for percutaneous image-guided injection, drainage or aspiration procedures on the spine or spinal cord; cervical or thoracic	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
1938	Anesthesia for percutaneous image-guided injection, drainage or aspiration procedures on the spine or spinal cord; lumbar or sacral	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
1939	Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; cervical or thoracic	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
1940	Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; lumbar or sacral	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
1941	Anesthesia for percutaneous image-guided neuromodulation or intrathecal procedures (eg, kyphoplasty, vertebroplasty) on the spine or spinal cord; cervical or thoracic	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
1942	Anesthesia for percutaneous image-guided neuromodulation or intrathecal procedures (eg, kyphoplasty, vertebroplasty) on the spine or spinal cord; lumbar or sacral	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
1951	Anesthesia for second- and third-degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; less than 4% total body surface area	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
1952	Anesthesia for second- and third-degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; between 4% and 9% of total body surface area	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
1953	Anesthesia for second- and third-degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; each additional 9% total body surface area or part thereof (List separately in addition to code for primary procedure)	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
1958	Anesthesia for external cephalic version procedure	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
1960	Anesthesia for vaginal delivery only	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
1961	Anesthesia for cesarean delivery only	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
1962	Anesthesia for urgent hysterectomy following delivery	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
1963	Anesthesia for cesarean hysterectomy without any labor analgesia/anesthesia care	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
1965	Anesthesia for incomplete or missed abortion procedures	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
1966	Anesthesia for induced abortion procedures	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
1967	Neuraxial labor analgesia/anesthesia for planned vaginal delivery (this includes any repeat subarachnoid needle placement and drug injection and/or any necessary replacement of an epidural catheter during labor)	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
1968	Anesthesia for cesarean delivery following neuraxial labor analgesia/anesthesia (List separately in addition to code for primary procedure performed)	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth; ADD ON code: use with 01967.	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
1969	Anesthesia for cesarean hysterectomy following neuraxial labor analgesia/anesthesia (List separately in addition to code for primary procedure performed)	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth; ADD ON code: use with 01967.	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
1990	Physiological support for harvesting of organ(s) from brain-dead patient	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
1991	Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different physician or other qualified health care professional); other than the prone position	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth; Do not report with 99151-53 or 99156-57. To report a Bier block for pain mgmt, use 64999. For intra-arterial or IV therapy for pain mgmt, use 96373, 96374.	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
1992	Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different physician or other qualified health care professional); prone position	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth; Do not report with 99151-53 or 99156-57. To report a Bier block for pain mgmt, use 64999. For intra-arterial or IV therapy for pain mgmt, use 96373, 96374.	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code

			Centra-Auth		Sentry-Auth		Sentry-Auth				
CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Non-ASA Provider	Centra-Auth ASA Provider	Non-ASA Provider	ASA Provider	TRBC Auth	BMS Auth
01996	Daily hospital management of epidural or subarachnoid continuous drug administration	If procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth; Report for daily hospital mgmt of continuous epidural or subarachnoid drug admin performed after insertion of an epidural or subarachnoid catheter.	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
01999	Unlisted anesthesia procedure(s)	if procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth	Anesthesia	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
10004	Fine needle aspiration biopsy, without imaging guidance; ea addl lesion	*Add on for 10021. **Do not report with 10005-10012 for the same lesion. ***For evaluation of fine needle aspirate, see 88172, 88173, 88177.	Biopsy	No	No	No	No	No	No	No	No
10005	Fine needle aspiration biopsy, with US guidance; first lesion	*Do not report in conjunction with 76942.	Biopsy	No	No	No	No	No	No	No	No
10006	Fine needle aspiration biopsy, with US guidance; ea addl lesion	*Add on for 10005. ** Do not report in conjunction with 76942. ***For evaluation of fine needle aspirate, see 88172, 88173, 88177.	Biopsy	No	No	No	No	No	No	No	No
10007	Fine needle aspiration biopsy, with fluoroscopic guidance; first lesion	*Do not report with 77002.	Biopsy	No	No	No	No	No	No	No	No
10008	Fine needle aspiration biopsy, with fluoroscopic guidance; ea addl lesion	*Add on for 10007. **Do not report with 77002. ***For evaluation of fine needle aspirate, see 88172, 88173, 88177.	Biopsy	No	No	No	No	No	No	No	No
10009	Fine needle aspiration biopsy, with CT guidance; first lesion	*Do not report with 77012. **For evaluation of fine needle aspirate, see 88172, 88173, 88177.	Biopsy	No	No	No	No	No	No	No	No
10010	Fine needle aspiration biopsy, with CT guidance; ea addl lesion	*Add on for 10009. **Do not report with 77012. ***For evaluation of fine needle aspirate, see 88172, 88173, 88177.	Biopsy	No	No	No	No	No	No	No	No
10011	Fine needle aspiration biopsy, with MR guidance; first lesion	*Do not report with 77021.	Biopsy	No	No	No	No	No	No	No	No
10012	Fine needle aspiration biopsy, with MR guidance; ea addl lesion	*Add on for 10011. **Do not report with 77021. ***For evaluation of fine needle aspirate, see 88172, 88173, 88177.	Biopsy	No	No	No	No	No	No	No	No
10021	Fine needle aspiration biopsy, without imaging guidance; first lesion	*Do not report with 10005-10012 for the same lesion.	Biopsy	No	No	No	No	No	No	No	No
10030	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous	*Report for each individual collection drained with a separate catheter. **Do not report with 75989, 76942, 77002, 77003, 77012, 77021. ***For image-guided fluid collection drainage, percutaneous or transvaginal/transrectal of visceral, peritoneal or retroperitoneal collections, see 49405-49407.	Removal	No	No	No	No	No	No	No	No
10035	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; first lesion		Placement	No	No	No	No	No	No	No	No
10036	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each additional lesion (List separately in addition to code for primary procedure)	*Add on for 10035. **Do not report with 76942, 77002, 77012, 77021. ***To report a second procedure on the same side or contralateral side, use 10036	Placement	No	No	No	No	No	No	No	No
10040	Anne surgery (ie, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)		Incision/Drainage	No	No	No	No	No	No	No	No
10060	Incision and drainage of abscess; simple or single		Incision/Drainage	No	No	No	No	No	No	No	No
10061	Incision and drainage of abscess; complicated or multiple		Incision/Drainage	No	No	No	No	No	No	No	No
10080	Incision and drainage of pilonidal cyst; simple		Incision/Drainage	No	No	No	No	No	No	No	No
10081	Incision and drainage of pilonidal cyst; complicated		Incision/Drainage	No	No	No	No	No	No	No	No
10120	Incision and removal of foreign body, subcutaneous tissues; simple	For excision of pilonidal cyst, see 11770-11772	Incision/Drainage	No	No	No	No	No	No	No	No
10121	Incision and removal of foreign body, subcutaneous tissues; complicated	*To report wound exploration due to penetrating trauma w/o laparotomy or thoracotomy, see 20100 - 20103, as appropriate. **To report t debridement associated w/ open fx and/or dislocation, use 11010-11012, as appropriate.	Incision/Drainage	No	No	No	No	No	No	No	No
10140	Incision and drainage of hematoma, seroma or fluid collection		Incision/Drainage	No	No	No	No	No	No	No	No
10160	Puncture aspiration of abscess, hematoma, bulla, or cyst	If imaging guidance is per med, see 76942, 77002, 77012, 77021	Incision/Drainage	No	No	No	No	No	No	No	No
10180	Incision and drainage, complex, postoperative wound infection	For secondary closure of surgical wound, see 12020, 12021, 13160	Debridement	No	No	No	No	No	No	No	No
11000	Debridement of extensive excruciating or infected skin, up to 10% of body surface	For abdominal wall or genitalia debridement for necrotizing soft tissue infection = 11004-11006	Debridement	No	No	No	No	No	No	No	No
11001	Debridement of extensive excruciating or infected skin; each additional 10% of the body surface, or part thereof	Add on for 11000	Debridement	No	No	No	No	No	No	No	No
11004	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum		Debridement	No	No	No	No	No	No	No	No
11005	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; abdominal wall, with or without fascial closure		Debridement	No	No	No	No	No	No	No	No
11006	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia, perineum and abdominal wall, with or without fascial closure	If orchiectomy performed = 54520. If testicular transplantation performed = 54680	Debridement	No	No	No	No	No	No	No	No
11008	Removal of prosthetic material or mesh, abdominal wall for infection (eg, for chronic or recurrent mesh infection or necrotizing soft tissue infection)	*Add on for 10180, 11004-11006. **Report skin grafts or flaps separately when performed for closure during 11004-11008. ***When insertion of mesh is used for closure = 49568	Debridement	Yes	Yes	No	No	No	No	Yes	Yes
11010	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin and subcutaneous tissues		Debridement	No	No	No	No	No	No	No	No
11011	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, and muscle		Debridement	No	No	No	No	No	No	No	No
11012	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, muscle, and bone	*For debridement of skin only, see 97597, 97598. **For active wound care mgmt = 97597, 97598. ***For debridement of burn wounds see 16020-16030	Debridement	No	No	No	No	No	No	No	No
11042	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less	*For debridement of skin see 97597, 97598. **Do not report 11042-11047 in conjunction with 97597-97602 for same wound.	Debridement	No	No	No	No	No	No	No	No
11043	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	Do not report 11042-11047 in conjunction with 97597-97602 for same wound.	Debridement	No	No	No	No	No	No	No	No
11044	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less	Do not report 11042-11047 in conjunction with 97597-97602 for same wound.	Debridement	No	No	No	No	No	No	No	No
11045	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof	Add on for 11042 - Do not report 11042-11047 in conjunction with 97597-97602 for same wound.	Debridement	No	No	No	No	No	No	No	No
11046	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); each additional 20 sq cm, or part thereof	Add on for 11043 - Do not report 11042-11047 in conjunction with 97597-97602 for same wound.	Debridement	No	No	No	No	No	No	No	No
11047	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq cm, or part thereof	Add on for 11044. Do not report 11042-11047 in conjunction with 97597-97602 for same wound.	Debridement	No	No	No	No	No	No	No	No
11055	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion	To report destruction, see 17000-17004	Removal	No	No	No	No	No	No	No	No
11056	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions	To report destruction, see 17000-17004	Removal	No	No	No	No	No	No	No	No
11057	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than 4 lesions	To report destruction, see 17000-17004	Removal	No	No	No	No	No	No	No	No
11102	Tangential biopsy of skin (e.g., shave, scoop, saucerize, curette) single lesion		Biopsy	No	No	No	No	No	No	No	No
11103	each separate/additional lesion (List separately in addition to code for primary procedure)	Report with 11102, 11104, 11106, when different biopsy techniques are performed to sample separate/additional lesions for each type of biopsy technique used.	Biopsy	No	No	No	No	No	No	No	No
11104	Punch biopsy of skin (including simple closure, when performed) single lesion		Biopsy	No	No	No	No	No	No	No	No
11105	each separate/additional lesion (List separately in addition to code for primary procedure)	Report with 11104, 11106, when different biopsy techniques are performed to sample separate/additional lesions for each type of biopsy technique used.	Biopsy	No	No	No	No	No	No	No	No
11106	Incisional biopsy of skin (e.g., wedge) (including simple closure, when performed) single lesion		Biopsy	No	No	No	No	No	No	No	No
11107	Incisional biopsy of skin (e.g., wedge) (including simple closure, when performed) single lesion; each separate/additional lesion (List separately in addition to code for primary procedure)	Add on for 11106	Biopsy	No	No	No	No	No	No	No	No
11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions		Removal	Yes	Yes	No	No	No	No	Yes	Yes
11201	Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof	Add on for 11200	Removal	Yes	Yes	No	No	No	No	Yes	Yes
11300	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less		Removal	No	No	No	No	No	No	No	No
11301	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm		Removal	No	No	No	No	No	No	No	No
11302	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm		Removal	No	No	No	No	No	No	No	No
11303	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm		Removal	No	No	No	No	No	No	No	No
11305	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less		Removal	No	No	No	No	No	No	No	No
11306	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm		Removal	No	No	No	No	No	No	No	No
11307	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm		Removal	No	No	No	No	No	No	No	No
11308	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm		Removal	No	No	No	No	No	No	No	No
11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less		Removal	No	No	No	No	No	No	No	No
11311	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm		Removal	No	No	No	No	No	No	No	No
11312	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm		Removal	No	No	No	No	No	No	No	No
11313	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm		Removal	No	No	No	No	No	No	No	No
11400	Excision, benign lesion including margins, except skin tag (unless listed elsewhere); trunk, arms or legs; excised diameter 0.5 cm or less		Excision	No	No	No	No	No	No	No	No
11401	Excision, benign lesion including margins, except skin tag (unless listed elsewhere); trunk, arms or legs; excised diameter 0.6 to 1.0 cm		Excision	No	No	No	No	No	No	No	No
11402	Excision, benign lesion including margins, except skin tag (unless listed elsewhere); trunk, arms or legs; excised diameter 1.1 to 2.0 cm		Excision	No	No	No	No	No	No	No	No
11403	Excision, benign lesion including margins, except skin tag (unless listed elsewhere); trunk, arms or legs; excised diameter 2.1 to 3.0 cm		Excision	No	No	No	No	No	No	No	No
11404	Excision, benign lesion including margins, except skin tag (unless listed elsewhere); trunk, arms or legs; excised diameter 3.1 to 4.0 cm		Excision	No	No	No	No	No	No	No	No
11406	Excision, benign lesion including margins, except skin tag (unless listed elsewhere); scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	For unusual/complicated excision add modifier 22	Excision	No	No	No	No	No	No	No	No
11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere); scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm		Excision	No	No	No	No	No	No	No	No
11421	Excision, benign lesion including margins, except skin tag (unless listed elsewhere); scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm		Excision	No	No	No	No	No	No	No	No
11422	Excision, benign lesion including margins, except skin tag (unless listed elsewhere); scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm		Excision	No	No	No	No	No	No	No	No
11423	Excision, benign lesion including margins, except skin tag (unless listed elsewhere); scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm		Excision	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
12034	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm		Repair	No	No	No	No	No	No	No	No
12035	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm		Repair	No	No	No	No	No	No	No	No
12036	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm		Repair	No	No	No	No	No	No	No	No
12037	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm		Repair	No	No	No	No	No	No	No	No
12041	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less		Repair	No	No	No	No	No	No	No	No
12042	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm		Repair	No	No	No	No	No	No	No	No
12044	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm		Repair	No	No	No	No	No	No	No	No
12045	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm		Repair	No	No	No	No	No	No	No	No
12046	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm		Repair	No	No	No	No	No	No	No	No
12047	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; over 30.0 cm		Repair	No	No	No	No	No	No	No	No
12051	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less		Repair	No	No	No	No	No	No	No	No
12052	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm		Repair	No	No	No	No	No	No	No	No
12053	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm		Repair	No	No	No	No	No	No	No	No
12054	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm		Repair	No	No	No	No	No	No	No	No
12055	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm		Repair	No	No	No	No	No	No	No	No
12056	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm		Repair	No	No	No	No	No	No	No	No
12057	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm		Repair	No	No	No	No	No	No	No	No
13100	Repair, complex, trunk; 1.1 cm to 2.5 cm	For <=1.0 cm, see simple/intermediate repair	Repair	No	No	No	No	No	No	No	No
13101	Repair, complex, trunk; 2.6 cm to 7.5 cm		Repair	No	No	No	No	No	No	No	No
13102	Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure)	Add on for 13101	Repair	No	No	No	No	No	No	No	No
13120	Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm	For <=1.0 cm, see simple/intermediate repair	Repair	No	No	No	No	No	No	No	No
13121	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm		Repair	No	No	No	No	No	No	No	No
13122	Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)	Add on for 13121	Repair	No	No	No	No	No	No	No	No
13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm	For <=1.0 cm, see simple/intermediate repair	Repair	No	No	No	No	No	No	No	No
13132	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm		Repair	No	No	No	No	No	No	No	No
13133	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (List separately in addition to code for primary procedure)	Add on for 13132. For <=1.0 cm, see simple/intermediate repair	Repair	No	No	No	No	No	No	No	No
13151	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm		Repair	No	No	No	No	No	No	No	No
13152	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm		Repair	No	No	No	No	No	No	No	No
13153	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)	Add on for 13152	Repair	No	No	No	No	No	No	No	No
13160	Secondary closure of surgical wound or dehiscence, extensive or complicated	For packing/simple secondary wound closure, see 12020, 12021	Repair	No	No	No	No	No	No	No	No
14000	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less		Transfer	No	No	No	No	No	No	No	No
14001	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm		Transfer	No	No	No	No	No	No	No	No
14020	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less		Transfer	No	No	No	No	No	No	No	No
14021	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm		Transfer	No	No	No	No	No	No	No	No
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less		Transfer	No	No	No	No	No	No	No	No
14041	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm		Transfer	No	No	No	No	No	No	No	No
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less		Transfer	No	No	No	No	No	No	No	No
14061	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm	For eyelid, foll thickness, see 67961 et seq	Transfer	No	No	No	No	No	No	No	No
14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm		Transfer	No	No	No	No	No	No	No	No
14302	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	Add on for 14301	Transfer	No	No	No	No	No	No	No	No
14350	Filled finger or toe flap, including preparation of recipient site		Transfer	No	No	No	No	No	No	No	No
15002	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children	For linear scar revision, see 13100-13153	Excision			No	No	No	No	No	No
15003	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)	Add on for 15002	Excision	No	No	No	No	No	No	No	No
15004	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, or bits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children		Excision	No	No	No	No	No	No	No	No
15005	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, or bits, genitalia, hands, feet and/or multiple digits; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)	Add on for 15004	Excision	No	No	No	No	No	No	No	No
15040	Harvest of skin for tissue cultured skin autograft, 100 sq cm or less		Skin Graft/Substitute	No	No	No	No	No	No	No	No
15050	Pinch graft, single or multiple, to cover small ulcer, tip of digit, or other minimal open area (except on face), up to defect size 2 cm diameter		Skin Graft/Substitute	No	No	No	No	No	No	No	No
15100	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)		Skin Graft/Substitute	No	No	No	No	No	No	No	No
15101	Split-thickness autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Add on for 15100	Skin Graft/Substitute	No	No	No	No	No	No	No	No
15110	Epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children		Skin Graft/Substitute	No	No	No	No	No	No	No	No
15111	Epidermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Add on for 15110	Skin Graft/Substitute	No	No	No	No	No	No	No	No
15115	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children		Skin Graft/Substitute	No	No	No	No	No	No	No	No
15116	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Add on for 15115	Skin Graft/Substitute	No	No	No	No	No	No	No	No
15120	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)		Skin Graft/Substitute	No	No	No	No	No	No	No	No
15121	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Add on for 15120 - for eyelids, see 67961-67975	Skin Graft/Substitute	No	No	No	No	No	No	No	No
15130	Dermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children		Skin Graft/Substitute	No	No	No	No	No	No	No	No
15131	Dermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Add on for 15130	Skin Graft/Substitute	No	No	No	No	No	No	No	No
15135	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children		Skin Graft/Substitute	No	No	No	No	No	No	No	No
15136	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Add on for 15135	Skin Graft/Substitute	No	No	No	No	No	No	No	No
15150	Tissue cultured skin autograft, trunk, arms, legs; first 25 sq cm or less		Skin Graft/Substitute	No	No	No	No	No	No	No	No
15151	Tissue cultured skin autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)	Add on for 15150 - one unit per session	Skin Graft/Substitute	No	No	No	No	No	No	No	No
15152	Tissue cultured skin autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Add on for 15151	Skin Graft/Substitute	No	No	No	No	No	No	No	No
15155	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less		Skin Graft/Substitute	No	No	No	No	No	No	No	No
15156	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)	Add on for 15155 - one unit per session	Skin Graft/Substitute	No	No	No	No	No	No	No	No
15157	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Add on for 15156	Skin Graft/Substitute	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial IPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	T&C Auth	BMS Auth
15200	Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less		Skin Graft/Substitute	No	No	No	No	No	No	No	No
15201	Full thickness graft, free, including direct closure of donor site, trunk, each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	Add on for 15200	Skin Graft/Substitute	No	No	No	No	No	No	No	No
15220	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less		Skin Graft/Substitute	No	No	No	No	No	No	No	No
15221	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	Add on for 15220	Skin Graft/Substitute	No	No	No	No	No	No	No	No
15240	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less	**For finger flap graft, use 15050. **For repair of syndactyly, fingers, see 26560-26562	Skin Graft/Substitute	No	No	No	No	No	No	No	No
15241	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet, each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	Add on for 15240	Skin Graft/Substitute	No	No	No	No	No	No	No	No
15260	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less		Skin Graft/Substitute	No	No	No	No	No	No	No	No
15261	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	*Add on for 15260 -for eyelids, see 67961-67975. **Repair of donor site requiring skin graft or local flaps is considered a separate procedure	Skin Graft/Substitute	No	No	No	No	No	No	No	No
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		Skin Graft/Substitute	No	No	No	No	No	No	No	No
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)	*Add on for 15271. **For total wound surface area >greater/eq 100 sq cm, see 15273, 15274. ***Do not report 15271, 15272 in conjunction with 15273, 15274.	Skin Graft/Substitute	No	No	No	No	No	No	No	No
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		Skin Graft/Substitute	No	No	No	No	No	No	No	No
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)	*Add on for 15273. ** For total wound surface area <100 sq cm, see 15271, 15272.	Skin Graft/Substitute	No	No	No	No	No	No	No	No
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, or part thereof (List separately in addition to code for primary procedure)		Skin Graft/Substitute	No	No	No	No	No	No	No	No
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 greater than or equal to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	*Add on for 15275. **For total wound surface area >greater/eq 100 sq cm, see 15277, 15278	Skin Graft/Substitute	No	No	No	No	No	No	No	No
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children		Skin Graft/Substitute	No	No	No	No	No	No	No	No
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)	*Add on for 15277. **For total wound surface area up to 100 sq cm, see 15275, 15276. ***Do not report 15271-15278 with 79602.	Skin Graft/Substitute	No	No	No	No	No	No	No	No
15570	Formation of direct or tubed pedicle, with or without transfer; trunk		Flap	No	No	No	No	No	No	No	No
15572	Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs		Flap	No	No	No	No	No	No	No	No
15574	Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet		Flap	No	No	No	No	No	No	No	No
15576	Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral		Flap	No	No	No	No	No	No	No	No
15600	Delay of flap or sectioning of flap (division and inset); at trunk		Flap	No	No	No	No	No	No	No	No
15610	Delay of flap or sectioning of flap (division and inset); at scalp, arms, or legs		Flap	No	No	No	No	No	No	No	No
15620	Delay of flap or sectioning of flap (division and inset); at forehead, cheeks, chin, neck, axillae, genitalia, hands, or feet		Flap	No	No	No	No	No	No	No	No
15630	Delay of flap or sectioning of flap (division and inset); at eyelids, nose, ears, or lips		Flap	No	No	No	No	No	No	No	No
15650	Transfer, intermediate, of any pedicle flap (eg, abdomen to wrist, walking ulcer), any location	For revision, deffation or rearranging of transferred pedicle flap or skin graft, see 13100-14302	Flap	No	No	No	No	No	No	No	No
15730	Middleface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)		Flap	Yes	Yes	No	No	No	No	Yes	Yes
15731	Forehead flap with preservation of vascular pedicle (ie, axial pattern flap, paramedian forehead flap)	For muscle, myocutaneous, or fasciocutaneous flap of the head/neck see 15733 **For forehead flap with preservation of vascular pedicle, use 15731. ***For anterior pericranial flap on named vascular pedicle, for repair of extracranial defect, use 15731.	Flap	No	No	No	No	No	No	No	No
15733	Muscle, myocutaneous, or fasciocutaneous flap, head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporals, masseter, sternocleidomastoid, levator scapulae)		Flap	No	No	No	No	No	No	No	No
15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk		Flap	No	No	No	No	No	No	No	No
15736	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity		Flap	No	No	No	No	No	No	No	No
15738	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity		Flap	No	No	No	No	No	No	No	No
15740	Flap, island pedicle requiring identification and dissection of an anatomically named axial vessel		Flap	No	No	No	No	No	No	No	No
15750	Flap, burn-scarred pedicle		Flap	No	No	No	No	No	No	No	No
15756	Free muscle or myocutaneous flap with microvascular anastomosis	Do not report 69990 with 15756	Flap	No	No	No	No	No	No	No	No
15757	Free skin flap with microvascular anastomosis	Do not report 69990 with 15757	Flap	No	No	No	No	No	No	No	No
15758	Free fascial flap with microvascular anastomosis	Do not report 69990 with 15758	Flap	Yes	Yes	No	No	No	No	Yes	Yes
15760	Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area		Skin Graft/Substitute	No	No	No	No	No	No	No	No
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	15769-15774 are part of the undermining of a complex flap repair. Most of the flap repair codes 15730-15770 are assigned No.	Grafts	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15770	Graft; derma-fat fascia		Skin Graft/Substitute	No	No	No	No	No	No	No	No
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breast, scalp, arms and/or legs; 50 cc or less injectate	15769-15774 are part of the undermining of a complex flap repair. Most of the flap repair codes 15730-15770 are assigned No.	Grafts	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15772	Grafting of autologous fat harvested by liposuction technique to trunk, breast, scalp, arms and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)	15769-15774 are part of the undermining of a complex flap repair. Most of the flap repair codes 15730-15770 are assigned No.	Grafts	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands and/or feet; 25 cc or less injectate	15769-15774 are part of the undermining of a complex flap repair. Most of the flap repair codes 15730-15770 are assigned No.	Grafts	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands and/or feet, each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure)	15769-15774 are part of the undermining of a complex flap repair. Most of the flap repair codes 15730-15770 are assigned No.	Grafts	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15775	Punch graft for hair transplant; 1 to 15 punch grafts		Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15776	Punch graft for hair transplant; more than 15 punch grafts	For strip transplant, use 15220	Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)	Add on procedure - See CPT book for all par parenthetical data.	implant	Yes	Yes	No	No	No	No	Yes	Yes
15778	Implantation of absorbable mesh or other prosthesis for delayed closure of defect(s) (ie, external genitalia, perineum, abdominal wall) due to soft tissue infection of trauma		implant	Yes	Yes	Yes	No	No	No	Yes	Yes
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhynids, general keratosis)	Other Procedure	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15781	Dermabrasion; segmental, face	Other Procedure	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15782	Dermabrasion; regional, other than face	Other Procedure	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15783	Dermabrasion; superficial, any site (eg, buttoo removal)	Other Procedure	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15786	Abrasion; single lesion (eg, keratosis, scar)	Other Procedure	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15787	Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)	Add on for 15786	Other Procedure	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15788	Chemical peel, facial, epidermal	Other Procedure	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15789	Chemical peel, facial, dermal	Other Procedure	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15792	Chemical peel, nonfacial, epidermal	Other Procedure	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15793	Chemical peel, nonfacial, dermal	Other Procedure	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15819	Cervicoplasty	Other Procedure	Yes	Yes	No	No	No	No	No	Yes	Yes
15820	Blepharoplasty, lower eyelid	Other Procedure	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	Other Procedure	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15822	Blepharoplasty, upper eyelid	Other Procedure	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	For bilateral blepharoplasty, add modifier 50	Other Procedure	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15824	Rhytidectomy; forehead	For repair of brow ptosis, use 67900	Other Procedure	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)		Other Procedure	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15826	Rhytidectomy; platysmal brow lines		Other Procedure	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15828	Rhytidectomy; cheek, chin, and neck		Other Procedure	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	For bilateral rhytidectomy, add modifier 50	Other Procedure	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, inframammary panniculectomy	Do not use with 12031-12037, 13100-13102, 14000, 14001, 14302 for the same wound	Excision	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh		Excision	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg		Excision	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip		Excision	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock		Excision	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm		Excision	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand		Excision	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad		Excision	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	For bilateral procedure, add modifier 50	Excision	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15840	Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)	For bilateral procedure, add modifier 50	Grafts	Yes	Yes	No	No	No	No	Yes	Yes
15841	Graft for facial nerve paralysis; free muscle graft (including obtaining graft)		Grafts	Yes	Yes	No	No	No	No	Yes	Yes
15842	Graft for facial nerve paralysis; free muscle flap by microsurgical technique	Do not report 69990 with 15842	Grafts	Yes	Yes	No	No	No	No	Yes	Yes
15845	Graft for facial nerve paralysis; regional muscle transfer	**For intravenous fluorescein exam of blood flow in graft/flap, use 15860. **For nerve transfer/decompression or repair, see 64831-64876, 64905, 64907, 69720, 69723, 69740, 69475, 69955	Grafts	Yes	Yes	No	No	No	No	Yes	Yes
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)	*Add on for 15830. **For abdominal wall hernia repair, see 49491-49587. ***To report other abdominoplasty, use 17999.	Excision	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15850	Removal of sutures under anesthesia (other than local), same surgeon	ter med 1/1/23	Removal	No	No	No	No	No	No	No	No
15851	Removal of sutures or staples requiring anesthesia (ie, general anesthesia, moderate sedation)		Removal	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial IPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
15852	Dressing change (for other than burns) under anesthesia (other than local)		Other Procedure	No	No	No	No	No	No	No	No
15853	Removal of sutures or staples not requiring anesthesia (List separately in addition to E/M code)		Removal	No	No	No	No	No	No	No	No
15854	Removal of sutures and staples not requiring anesthesia (List separately in addition to E/M code)		Removal	No	No	No	No	No	No	No	No
15860	Intravenous injection of agent (eg, fluorescein) to test vascular flow in flap or graft		Imaging	No	No	No	No	No	No	No	No
15876	Suction assisted lipectomy, head and neck	Do not report 15876, 15877, 15878, 15879 with 04897 / 04907	Other Procedure	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15877	Suction assisted lipectomy, trunk	Do not report 15876, 15877, 15878, 15879 with 04897 / 04907	Other Procedure	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15878	Suction assisted lipectomy, upper extremity	Do not report 15876, 15877, 15878, 15879 with 04897 / 04907 **Do not report 15876, 15877, 15878, 15879 with 04897 / 04907. ***For harvesting of adipose tissue for autologous adipose-derived regenerative cell therapy, see 04897, 04907.	Other Procedure	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15879	Suction assisted lipectomy, lower extremity		Other Procedure	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15920	Excision, coccygeal pressure ulcer, with coccygectomy, with primary suture		Excision	No	No	No	No	No	No	No	No
15922	Excision, coccygeal pressure ulcer, with coccygectomy, with flap closure		Excision	No	No	No	No	No	No	No	No
15931	Excision, sacral pressure ulcer, with primary suture, with flap closure		Excision	No	No	No	No	No	No	No	No
15933	Excision, sacral pressure ulcer, with primary suture, with ostectomy		Excision	No	No	No	No	No	No	No	No
15934	Excision, sacral pressure ulcer, with skin flap closure		Excision	No	No	No	No	No	No	No	No
15935	Excision, sacral pressure ulcer, with skin flap closure, with ostectomy		Excision	No	No	No	No	No	No	No	No
15936	Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure		Excision	No	No	No	No	No	No	No	No
15937	Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy	**For repair of defect using muscle or myocutaneous flap, use codes 15734 and/or 15738 in addition to 15936, 15937. ***For repair of defect using split skin graft, use codes 15100 and/or 15101 in addition to 15936, 15937	Excision	No	No	No	No	No	No	No	No
15940	Excision, ischial pressure ulcer, with primary suture		Excision	No	No	No	No	No	No	No	No
15941	Excision, ischial pressure ulcer, with primary suture, with ostectomy (ischietomy)		Excision	No	No	No	No	No	No	No	No
15944	Excision, ischial pressure ulcer, with skin flap closure		Excision	No	No	No	No	No	No	No	No
15945	Excision, ischial pressure ulcer, with skin flap closure, with ostectomy		Excision	No	No	No	No	No	No	No	No
15946	Excision, ischial pressure ulcer, with ostectomy, in preparation for muscle or myocutaneous flap or skin graft closure	**For repair of defect using muscle or myocutaneous flap, use codes 15734 and/or 15738 in addition to 15946. ***For repair of defect using split skin graft, use codes 15100 and/or 15101 in addition to 15946.	Excision	No	No	No	No	No	No	No	No
15950	Excision, trochanteric pressure ulcer, with primary suture		Excision	No	No	No	No	No	No	No	No
15951	Excision, trochanteric pressure ulcer, with primary suture, with ostectomy		Excision	No	No	No	No	No	No	No	No
15952	Excision, trochanteric pressure ulcer, with skin flap closure		Excision	No	No	No	No	No	No	No	No
15953	Excision, trochanteric pressure ulcer, with skin flap closure, with ostectomy		Excision	No	No	No	No	No	No	No	No
15956	Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure		Excision	No	No	No	No	No	No	No	No
15958	Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy	**For repair of defect using muscle or myocutaneous flap, use codes 15734 and/or 15738 in addition to 15956, 15958. ***For repair of defect using split skin graft, use codes 15100 and/or 15101 in addition to 15956, 15958.	Excision	No	No	No	No	No	No	No	No
15999	Unlimited procedure, excision or pressure ulcer	For free skin graft to close ulcer or donor site, see 15002.	Unlimited Procedure	No	No	No	No	No	No	No	No
16000	Initial treatment, first degree burn, when no more than local treatment is required		Debridement	No	No	No	No	No	No	No	No
16001	Dressing and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)		Debridement	No	No	No	No	No	No	No	No
16020	Dressings and/or debridement of partial-thickness burns, initial or subsequent; medium (eg, whole face or whole extremity, or 5% to 10% total body surface area)		Debridement	No	No	No	No	No	No	No	No
16025	Dressings and/or debridement of partial-thickness burns, initial or subsequent; large (eg, more than 1 extremity, or greater than 10% total body surface area)		Debridement	No	No	No	No	No	No	No	No
16030	Exscharotomy, initial incision		Debridement	No	No	No	No	No	No	No	No
16035	Exscharotomy, initial incision	**Add on for 16035. ***For debridement, cur rettement of burn wound, see 16020-16030.	Debridement	No	No	No	No	No	No	No	No
16036	Exscharotomy, each additional incision (List separately in addition to code for primary procedure)		Debridement	No	No	No	No	No	No	No	No
17000	Destruction (eg, laser surgery, electrocautery, cryosurgery, chemoablation, surgical curettage), premalignant lesions (eg, actinic keratosis); first lesion		Destruction	No	No	No	No	No	No	No	No
17001	Destruction (eg, laser surgery, electrocautery, cryosurgery, chemoablation, surgical curettage), premalignant lesions (eg, actinic keratosis); second through 14 lesions, each (List separately in addition to code for first lesion)	**Add on for 17000. ***For destruction of common or plantar warts, see 17110, 17111.	Destruction	No	No	No	No	No	No	No	No
17004	Destruction (eg, laser surgery, electrocautery, cryosurgery, chemoablation, surgical curettage), premalignant lesions (eg, actinic keratosis); 15 or more lesions	Do not use with 17000-17003	Destruction	No	No	No	No	No	No	No	No
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm		Destruction	No	No	No	No	No	No	No	No
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm		Destruction	No	No	No	No	No	No	No	No
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm		Destruction	No	No	No	No	No	No	No	No
17110	Destruction (eg, laser surgery, electrocautery, cryosurgery, chemoablation, surgical curettage), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions		Destruction	No	No	No	No	No	No	No	No
17111	Destruction (eg, laser surgery, electrocautery, cryosurgery, chemoablation, surgical curettage), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions	For destruction of extensive cutaneous neurofibroma over 50-100 lesions, see 04197, 04207.	Destruction	No	No	No	No	No	No	No	No
17250	Chemical cauterization of granulation tissue (proud flesh, sinus or fistula)	**Do not report 17250 with 97597, 97598, 97602 for same lesion. ***Do not report with removal/excision codes for the same lesion. ***Do not report when chemical cauterization is used to achieve wound hemostasis.	Destruction	No	No	No	No	No	No	No	No
17260	Destruction, malignant lesion (eg, laser surgery, electrocautery, cryosurgery, chemoablation, surgical curettage), trunk, arms or legs; lesion diameter 0.5 cm or less		Destruction	No	No	No	No	No	No	No	No
17261	Destruction, malignant lesion (eg, laser surgery, electrocautery, cryosurgery, chemoablation, surgical curettage), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm		Destruction	No	No	No	No	No	No	No	No
17262	Destruction, malignant lesion (eg, laser surgery, electrocautery, cryosurgery, chemoablation, surgical curettage), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm		Destruction	No	No	No	No	No	No	No	No
17263	Destruction, malignant lesion (eg, laser surgery, electrocautery, cryosurgery, chemoablation, surgical curettage), trunk, arms or legs; lesion diameter 2.1 to 3.0 cm		Destruction	No	No	No	No	No	No	No	No
17264	Destruction, malignant lesion (eg, laser surgery, electrocautery, cryosurgery, chemoablation, surgical curettage), trunk, arms or legs; lesion diameter 3.1 to 4.0 cm		Destruction	No	No	No	No	No	No	No	No
17266	Destruction, malignant lesion (eg, laser surgery, electrocautery, cryosurgery, chemoablation, surgical curettage), trunk, arms or legs; lesion diameter over 4.0 cm		Destruction	No	No	No	No	No	No	No	No
17270	Destruction, malignant lesion (eg, laser surgery, electrocautery, cryosurgery, chemoablation, surgical curettage), scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less		Destruction	No	No	No	No	No	No	No	No
17271	Destruction, malignant lesion (eg, laser surgery, electrocautery, cryosurgery, chemoablation, surgical curettage), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm		Destruction	No	No	No	No	No	No	No	No
17272	Destruction, malignant lesion (eg, laser surgery, electrocautery, cryosurgery, chemoablation, surgical curettage), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm		Destruction	No	No	No	No	No	No	No	No
17273	Destruction, malignant lesion (eg, laser surgery, electrocautery, cryosurgery, chemoablation, surgical curettage), scalp, neck, hands, feet, genitalia; lesion diameter 2.1 to 3.0 cm		Destruction	No	No	No	No	No	No	No	No
17274	Destruction, malignant lesion (eg, laser surgery, electrocautery, cryosurgery, chemoablation, surgical curettage), scalp, neck, hands, feet, genitalia; lesion diameter 3.1 to 4.0 cm		Destruction	No	No	No	No	No	No	No	No
17276	Destruction, malignant lesion (eg, laser surgery, electrocautery, cryosurgery, chemoablation, surgical curettage), scalp, neck, hands, feet, genitalia; lesion diameter over 4.0 cm		Destruction	No	No	No	No	No	No	No	No
17280	Destruction, malignant lesion (eg, laser surgery, electrocautery, cryosurgery, chemoablation, surgical curettage), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less		Destruction	No	No	No	No	No	No	No	No
17281	Destruction, malignant lesion (eg, laser surgery, electrocautery, cryosurgery, chemoablation, surgical curettage), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm		Destruction	No	No	No	No	No	No	No	No
17282	Destruction, malignant lesion (eg, laser surgery, electrocautery, cryosurgery, chemoablation, surgical curettage), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm		Destruction	No	No	No	No	No	No	No	No
17283	Destruction, malignant lesion (eg, laser surgery, electrocautery, cryosurgery, chemoablation, surgical curettage), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 2.1 to 3.0 cm		Destruction	No	No	No	No	No	No	No	No
17284	Destruction, malignant lesion (eg, laser surgery, electrocautery, cryosurgery, chemoablation, surgical curettage), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 3.1 to 4.0 cm		Destruction	No	No	No	No	No	No	No	No
17286	Destruction, malignant lesion (eg, laser surgery, electrocautery, cryosurgery, chemoablation, surgical curettage), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 4.0 cm		Destruction	No	No	No	No	No	No	No	No
17311	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks		MOHS	No	No	No	No	No	No	No	No
17312	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)	Add on for 17311	MOHS	No	No	No	No	No	No	No	No
17313	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; first stage, up to 5 tissue blocks		MOHS	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
19361	Breast reconstruction; with latissimus dorsi flap	**To report bilateral procedure, report modifier 50. **For biologic implant for soft tissue reinforcement, use 15777 in conjunction with primary code. ***For insertion of prosthesis, use 19340.	Reconstruction	Yes	Yes	Yes	No	Yes	No	Yes	Yes
19364	Breast reconstruction with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)	*Do not report 69990 with 19364. 19364 includes harvesting flap, microvascular transfer, closure of donor site and inset shaping the flap into the breast. **To report bilateral procedure, report modifier 50. For biologic implant for soft tissue reinforcement, use 15777 in conjunction with primary code.	Reconstruction	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
19367	Breast reconstruction; with single-pedicle transverse rectus abdominis myocutaneous (TRAM) flap	**To report bilateral procedure, report modifier 50. **For biologic implant for soft tissue reinforcement, use 15777 in conjunction with primary code.	Reconstruction	Yes	Yes	Yes	No	Yes	No	Yes	Yes
19368	Breast reconstruction; with single-pedicle transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging)	*Do not report code 69990 with 19368. **To report bilateral procedure, report modifier 50. **For biologic implant for soft tissue reinforcement, use 15777 in conjunction with primary code.	Reconstruction	Yes	Yes	Yes	No	Yes	No	Yes	Yes
19369	Breast reconstruction; with bipedicle transverse rectus abdominis myocutaneous (TRAM) flap	**To report bilateral procedure, report modifier 50. **For biologic implant for soft tissue reinforcement, use 15777 in conjunction with primary code.	Reconstruction	Yes	Yes	No	No	No	No	Yes	Yes
19370	Revision of peri-implant capsule, breast, including capsulotomy, capsulorraphy, and/or partial capsulectomy	**To report bilateral procedure, report modifier 50. **For biologic implant for soft tissue reinforcement, use 15777 in conjunction with primary code.	Reconstruction	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
19371	Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents	**To report bilateral procedure, report modifier 50. **For biologic implant for soft tissue reinforcement, use 15777 in conjunction with primary code.	Reconstruction	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
19380	Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)	**To report bilateral procedure, report modifier 50. **For biologic implant for soft tissue reinforcement, use 15777 in conjunction with primary code.	Revision	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
19396	Preparation of moulage for custom breast implant	**To report bilateral procedure, report modifier 50. **For biologic implant for soft tissue reinforcement, use 15777 in conjunction with primary code.	Implant	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
19409	Unlisted procedure, breast		Unlisted Procedure	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
20100	Exploration of penetrating wound (separate procedure); neck		Exploratory	No	No	No	No	No	No	No	No
20101	Exploration of penetrating wound (separate procedure); chest		Exploratory	No	No	No	No	No	No	No	No
20102	Exploration of penetrating wound (separate procedure); abdomen/thank/back		Exploratory	No	No	No	No	No	No	No	No
20103	Exploration of penetrating wound (separate procedure); extremity		Exploratory	No	No	No	No	No	No	No	No
20150	Excision of epiphyseal bar; with or without autogenous soft tissue graft obtained through same fascial incision		Excision	No	No	No	No	No	No	No	No
20200	Biopsy; muscle; superficial		Biopsy	No	No	No	No	No	No	No	No
20205	Biopsy; muscle; deep		Biopsy	No	No	No	No	No	No	No	No
		*If imaging guidance is performed; see 76942; 77002; 77012; 77021. **For fine needle aspiration biopsy; see 10004-10012; 10021. ***For evaluation of fine needle aspirate; see 88172-88173. ****For excision of muscle tumor; deep see specific anatomic section.									
20206	Biopsy; muscle; percutaneous needle		Biopsy	No	No	No	No	No	No	No	No
20220	Biopsy; bone; trocar, or needle; superficial (eg, ilium; sternum; spinous process; ribs)		Biopsy	No	No	No	No	No	No	No	No
		*Do not report 20225 in conjunction with 22510-22515; 02007; 02017; when performed at the same level. **For Bone marrow biopsy/aspiration see 38220-38222. ***For radiologic supervision and interpretation see 77002; 77012; 77021.									
20225	Biopsy; bone; trocar, or needle; deep (eg, vertebral body, femur)		Biopsy	No	No	No	No	No	No	No	No
20240	Biopsy; bone; open; superficial (eg, sternum; spinous process; ribs; patella; olecranon process; calcaneus; tarsal; metatarsal; carpal; metacarpal; phalanx)		Biopsy	No	No	No	No	No	No	No	No
20245	Biopsy; bone; open; deep (eg, humeral shaft; ischium; femoral shaft)		Biopsy	No	No	No	No	No	No	No	No
20250	Biopsy; vertebral body; open; thoracic		Biopsy	No	No	No	No	No	No	No	No
		For sequestrectomy, osteomyelitis or drainage of bone abscess; see anatomical area.									
20251	Biopsy; vertebral body; open; lumbar or cervical		Biopsy	No	No	No	No	No	No	No	No
20500	Injection of sinus tract; therapeutic (separate procedure)		Introduction	No	No	No	No	No	No	No	No
		*For radiological supervision/interpretation; use 76080. **For contrast injection and radiological assessment of gastrostomy; duodenostomy; jejunostomy; gastrojejunostomy; or cecostomy tube incl. fluoroscopic imaging guidance; use 49465.									
20501	Injection of sinus tract; diagnostic (sinogram)		Diagnostic/Screening	No	No	No	No	No	No	No	No
20520	Removal of foreign body in muscle or tendon sheath; simple		Removal	No	No	No	No	No	No	No	No
20525	Removal of foreign body in muscle or tendon sheath; deep or complicated		Removal	No	No	No	No	No	No	No	No
20526	Injection, therapeutic (eg, local anesthetic; corticosteroid); carpal tunnel		Introduction	No	No	No	No	No	No	No	No
20527	Injection; enzyme (eg, collagenase); palmar fascial cord (ie; Dupuytren's contracture)		Introduction	No	No	No	No	No	No	No	No
		For manipulation of palmar fascial cord post enzyme injection use 26341									
20550	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")		Introduction	No	No	No	No	No	No	No	No
		*For injection of Morton's neuroma; see 64455; 64632. **Do not report 20550; 20551 in conjunction with 02327; 0481T. ***Do not report 20550; 20551 in conjunction with 02327; 0481T. **For harvesting; preparation and injection of platelet-rich plasma; use 02327.									
20551	Injection(s); single tendon origin/insertion		Introduction	No	No	No	No	No	No	No	No
20552	Injection(s); single or multiple trigger point(s); 1 or 2 muscle(s)		Introduction	No	No	No	No	No	No	No	No
20553	Injection(s); single or multiple trigger point(s); 3 or more muscles		Introduction	No	No	No	No	No	No	No	No
		If imaging guidance is performed; see 76942; 77002; 77021.									
20555	Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (at the time of or subsequent to the procedure)		Introduction	No	No	No	No	No	No	No	No
20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)		Insertion	No	No	No	No	No	No	No	No
20561	Needle insertion(s) without injection(s); 3 or more muscle		Insertion	No	No	No	No	No	No	No	No
		new									
20600	Arthrocentesis; aspiration and/or injection; small joint or bursa (eg; fingers; toes); without ultrasound guidance		Arthrocentesis	No	No	No	No	No	No	No	No
		Do not report 20600; 20604 in conjunction with 76942; 0489T; 0490T. **Do not report 20600; 20604 in conjunction with 76942; 0489T; 0490T. **If fluoroscopic; CT or MRI is performed; see 77002; 77012; 77021.									
20604	Arthrocentesis; aspiration and/or injection; small joint or bursa (eg; fingers; toes); with ultrasound guidance; with permanent recording and reporting		Arthrocentesis	No	No	No	No	No	No	No	No
20605	Arthrocentesis; aspiration and/or injection; intermediate joint or bursa (eg; temporomandibular; acromioclavicular; wrist; elbow or ankle; olecranon bursa); without ultrasound guidance		Arthrocentesis	No	No	No	No	No	No	No	No
		Do not report 20605; 20606 in conjunction with 76942.									
20606	Arthrocentesis; aspiration and/or injection; intermediate joint or bursa (eg; temporomandibular; acromioclavicular; wrist; elbow or ankle; olecranon bursa); with ultrasound guidance; with permanent recording and reporting		Arthrocentesis	No	No	No	No	No	No	No	No
20610	Arthrocentesis; aspiration and/or injection; major joint or bursa (eg; shoulder; hip; knee; subacromial bursa); without ultrasound guidance		Arthrocentesis	No	No	No	No	No	No	No	No
		Do not report 20610; 20611 in conjunction with 73699; 76942.									
20611	Arthrocentesis; aspiration and/or injection; major joint or bursa (eg; shoulder; hip; knee; subacromial bursa); with ultrasound guidance; with permanent recording and reporting		Arthrocentesis	No	No	No	No	No	No	No	No
		*Do not report 20610; 20611 in conjunction with 73699; 76942. **If fluoroscopic; CT or MRI performed; see 77002; 77012; 77021.									
20612	Aspiration and/or injection of ganglion cyst(s) any location		Aspiration	No	No	No	No	No	No	No	No
20615	Aspiration and injection for treatment of bone cyst		Aspiration	No	No	No	No	No	No	No	No
20650	Insertion of wire or pin with application of skeletal traction; including removal (separate procedure)		Insertion	No	No	No	No	No	No	No	No
20660	Application of cranial tongs; caliper; or stereotactic frame; including removal (separate procedure)		Application	No	No	No	No	No	No	No	No
20661	Application of halo; including removal; cranial		Application	No	No	No	No	No	No	No	No
20662	Application of halo; including removal; pelvic		Application	No	No	No	No	No	No	No	No
20663	Application of halo; including removal; femoral		Application	No	No	No	No	No	No	No	No
20664	Application of halo; including removal; cranial; 6 or more pins placed; for thin skull osteology (eg; pediatric patients; hydrocephalus; encephalocele; imperfect)		Application	No	No	No	No	No	No	No	No
20665	Removal of tongs or halo applied by another individual		Removal	No	No	No	No	No	No	No	No
20670	Removal of implant; superficial (eg; buried wire; pin or rod) (separate procedure)		Removal	No	No	No	No	No	No	No	No
		*For removal of sinus tarsi implant; use 0510T. **For removal and reinsertion of sinus tarsi implant; use 0511T.									
20680	Removal of implant; deep (eg; buried wire; pin; screw; metal band; nail; rod or plate)		Removal	No	No	No	No	No	No	No	No
20690	Application of a uniplane (pins or wires in 1 plane); unilateral; external fixation system (eg; Bizarro; Monticelli type)		Application	No	No	No	No	No	No	No	No
20692	Adjustment or revision of external fixation system requiring anesthesia (eg; new pin(s) or wire(s) and/or new rings(s) or bars(s))		Application	No	No	No	No	No	No	No	No
20693	Adjustment or revision of external fixation system requiring anesthesia (eg; new pin(s) or wire(s) and/or new rings(s) or bars(s))		Revision	No	No	No	No	No	No	No	No
20694	Removal; under anesthesia; of external fixation system		Removal	No	No	No	No	No	No	No	No
		Application of multiplane (pins or wires in more than 1 plane); unilateral; external fixation with stereotactic computer-assisted adjustment (eg; spatial frame); including imaging; initial and subsequent alignment(s); assessment(s); and computation(s) of adjustment schedule(s).									
20696	Application of multiplane (pins or wires in more than 1 plane); unilateral; external fixation with stereotactic computer-assisted adjustment (eg; spatial frame); including imaging; exchange (ie; removal and replacement) of strut; each		Application	No	No	No	No	No	No	No	No
		Do not report in conjunction with 20692; 20697.									
20697	Manual preparation and insertion of drug-delivery device(s); (deep (eg, subfascial) [List separately in addition to code for primary procedure])		Insertion	No	No	No	No	No	No	No	No
20700	Removal of drug-delivery device(s); (deep (eg, subfascial) [List separately in addition to code for primary procedure])		Removal	No	No	No	No	No	No	No	No
20701	Manual preparation and insertion of drug-delivery device(s); intramedullary [List separately in addition to code for primary procedure]		Insertion	No	No	No	No	No	No	No	No
20702	Removal of drug-delivery device(s); intramedullary [List separately in addition to code for primary procedure]		Removal	No	No	No	No	No	No	No	No
20703	Manual preparation and insertion of drug-delivery device(s); intra-articular [List separately in addition to code for primary procedure]		Insertion	Yes	Yes	Yes	No	Yes	No	Yes	Yes
20704	Removal of drug-delivery device(s); intra-articular [List separately in addition to code for primary procedure]		Removal	No	No	No	No	No	No	No	No
20705	Removal of drug-delivery device(s); intra-articular [List separately in addition to code for primary procedure]		Removal	No	No	No	No	No	No	No	No
		To report replantation of incomplete arm amputation; see specific code for repair of bone; ligament; tendon; nerve or blood vessel with modifier 52.									
20802	Replantation; arm (includes surgical neck of humerus through elbow joint); complete amputation		Replantation	No	No	No	No	No	No	No	No
		To report replantation of incomplete forearm amputation; see specific code for repair of bone; ligament; tendon; nerve or blood vessel with modifier 52.									
20805	Replantation; forearm (includes radius and ulna to radial carpal joint); complete amputation		Replantation	No	No	No	No	No	No	No	No
		To report replantation of incomplete hand amputation; see specific code for repair of bone; ligament; tendon; nerve or blood vessel with modifier 52.									
20808	Replantation; hand (includes hand through metacarpophalangeal joints); complete amputation		Replantation	No	No	No	No	No	No	No	No
		To report replantation of incomplete digit amputation; excluding thumb; see specific code for repair of bone; ligament; tendon; nerve or blood vessel with modifier 52.									
20816	Replantation; digit; excluding thumb (includes metacarpophalangeal joint to insertion of flexor sublimis tendon); complete amputation		Replantation	No	No	No	No	No	No	No	No
		To report replantation of incomplete thumb amputation; excluding thumb; see specific code for repair of bone; ligament; tendon; nerve or blood vessel with modifier 52.									
20822	Replantation; digit; excluding thumb (includes distal tip to sublimis tendon insertion); complete amputation		Replantation	No	No	No	No	No	No	No	No
		To report replantation of incomplete thumb amputation; see specific code for repair of bone; ligament; tendon; nerve or blood vessel with modifier 52.									
20824	Replantation; thumb (includes carpometacarpal joint to MP joint); complete amputation		Replantation	No	No	No	No	No	No	No	No
		To report replantation of incomplete foot amputation; see specific code for repair of bone; ligament; tendon; nerve or blood vessel with modifier 52.									
20827	Replantation; thumb (includes distal tip to MP joint); complete amputation		Replantation	No	No	No	No	No	No	No	No
		To report replantation of incomplete foot amputation; see specific code for repair of bone; ligament; tendon; nerve or blood vessel with modifier 52.									
20838	Replantation; foot; complete amputation		Replantation	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
20900	Bone graft; any donor area; minor or small (eg, dowel or button)	Do not use modifier 62 to bone graft codes 20900-20938.	Grafts	No	No	No	No	No	No	No	No
20902	Bone graft; any donor area; major or large	Do not use modifier 62 to bone graft codes 20900-20938.	Grafts	No	No	No	No	No	No	No	No
20910	Cartilage graft; costochondral	Do not use modifier 62 to bone graft codes 20900-20938. **For ear cartilage; use 21215.	Grafts	No	No	No	No	No	No	No	No
20912	Cartilage graft; nasal septum	Do not use modifier 62 to bone graft codes 20900-20938.	Grafts	No	No	No	No	No	No	No	No
20920	Fascia lata graft; by stripper	Do not use modifier 62 to bone graft codes 20900-20938.	Grafts	No	No	No	No	No	No	No	No
20922	Fascia lata graft; by incision and area exposure; complex or sheet	Do not use modifier 62 to bone graft codes 20900-20938.	Grafts	No	No	No	No	No	No	No	No
20924	Tendon graft; from a distance (eg, palmaris; toe extensor; plantaris)	Do not use modifier 62 to bone graft codes 20900-20938.	Grafts	No	No	No	No	No	No	No	No
20930	Allograft; morselized; or placement of osteopromotive material; for spine surgery only (List separately in addition to code for primary procedure)	*Do not use modifier 62 to bone graft codes 20900-20938. **Use in conjunction with 22319; 22532; 22533; 22548-22558; 22590-22612; 22630; 22633; 22634; 22800-22812	Grafts	No	No	No	No	No	No	No	No
20931	Allograft; structural; for spine surgery only (List separately in addition to code for primary procedure)	*Do not use modifier 62 to bone graft codes 20900-20938. **Use in conjunction with 22319; 22532-22533; 22548-22558; 22590-22612; 22630; 22633; 22634; 22800-22812	Grafts	Yes	Yes	No	No	No	No	Yes	Yes
20932	Allograft; includes templating, cutting, placement and internal fixation, when performed; osteoarticular, including articular surface and contiguous bone (List separately in addition to code for primary procedure)	*Do not report with 20933, 20934, 23200, 24152, 27076, 27090, 27091, 27448, 27646, 27647, 27648. ** Use with 23210, 23220, 24150, 25170, 27075, 27076, 27077, 27365, 27645, 27704.	Skin Graft or Substitute	Yes	Yes	Yes	No	Yes	No	Yes	Yes
20933	Allograft; includes templating, cutting, placement and internal fixation, when performed; hemicortical intercalary, partial (id, hemicylindrical) (List separately in addition to code for primary procedure)	*Do not report with 20932, 20934, 23200, 24152, 27076, 27090, 27091, 27448, 27646, 27647, 27648. ** Use with 23210, 23220, 24150, 25170, 27075, 27076, 27077, 27365, 27645, 27704.	Skin Graft or Substitute	Yes	Yes	Yes	No	Yes	No	Yes	Yes
20934	Allograft; includes templating, cutting, placement and internal fixation, when performed; intercalary, complete (id, cylindrical) (List separately in addition to code for primary procedure)	20936, 20957, 20962, 23146, 23156, 23200, 24116, 24126, 24152, 25136, 25138, 27078, 27090, 27091, 27130, 27132, 27134, 27138, 27236, 27244, 27366, 27448, 27638, 27646, 27647, 27648, 28103, 28107. **Insertion of joint prosthesis may be separately reported. *** Use with 23210, 23220, 24150, 25170, 27075, 27076, 27077, 27365, 27645, 27704.	Skin Graft or Substitute	Yes	Yes	Yes	No	Yes	No	Yes	Yes
20936	Autograft for spine surgery only (includes harvesting the graft); local (eg; ribs; spinous process; or laminae fragments) obtained from same incision (List separately in addition to code for primary procedure)	*Do not use modifier 62 to bone graft codes 20900-20938. **Use in conjunction with 22319; 22532-22533; 22548-22558; 22590-22612; 22630; 22633; 22634; 22800-22812	Grafts	Yes	Yes	No	No	No	No	Yes	Yes
20937	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure)	*Do not use modifier 62 to bone graft codes 20900-20938. **Use in conjunction with 22319; 22532-22533; 22548-22558; 22590-22612; 22630; 22633; 22634; 22800-22812	Grafts	Yes	Yes	No	No	No	No	Yes	Yes
20938	Autograft for spine surgery only (includes harvesting the graft); structural; bicortical or tricortical (through separate skin or fascial incision) (List separately in addition to code for primary procedure)	*Do not use modifier 62 to bone graft codes 20900-20938. **Use in conjunction with 22319; 22532-22533; 22548-22558; 22590-22612; 22630; 22633; 22634; 22800-22812. ***For aspiration of bone marrow for bone grafting; spine surgery only; use 20939.	Grafts	Yes	Yes	No	No	No	No	Yes	Yes
20939	Bone marrow aspiration for bone grafting; spine surgery only; through separate skin or fascial incision (List separately in addition to code for primary procedure)	20956, 20957, 20962, 23146, 23156, 23200, 24116, 24126, 24152, 25136, 25138, 27078, 27090, 27091, 27130, 27132, 27134, 27138, 27236, 27244, 27366, 27448, 27638, 27646, 27647, 27648, 28103, 28107. **Insertion of joint prosthesis may be separately reported. *** Use with 23210, 23220, 24150, 25170, 27075, 27076, 27077, 27365, 27645, 27704.	Grafts	No	No	No	No	No	No	No	No
20950	Monitoring of interstitial fluid pressure (includes insertion of device; eg, wick catheter technique; needle manometer technique) in detection of muscle compartment syndrome	22534; 22548; 22551-22552; 22554; 22556; 22558; 22590; 22595; 22600; 22610; 22612; 22630; 22633; 22634; 22800; 22802; 22804; 22808; 22810; 22812. **For bilateral procedure; use -50 modifier. ***See CPT for additional parenthetical data.	Monitoring	No	No	No	No	No	No	No	No
20955	Bone graft with microvascular anastomosis; fibula		Grafts	No	No	No	No	No	No	No	No
20956	Bone graft with microvascular anastomosis; iliac crest		Grafts	No	No	No	No	No	No	No	No
20957	Bone graft with microvascular anastomosis; metatarsal		Grafts	No	No	No	No	No	No	No	No
20962	Bone graft with microvascular anastomosis; other than fibula, iliac crest; or metatarsal	Do not report in addition to codes 20955-20962.	Grafts	No	No	No	No	No	No	No	No
20969	Free osteotomized flap with microvascular anastomosis; other than iliac crest; metatarsal; or great toe		Grafts	No	No	No	No	No	No	No	No
20970	Free osteotomized flap with microvascular anastomosis; iliac crest		Grafts	No	No	No	No	No	No	No	No
20972	Free osteotomized flap with microvascular anastomosis; metatarsal		Grafts	No	No	No	No	No	No	No	No
20973	Free osteotomized flap with microvascular anastomosis; great toe with web space	*Do not report in addition to codes 20969-20973. **For great toe; wrap-around procedure; use 26551.	Grafts	No	No	No	No	No	No	No	No
20974	Electrical stimulation to aid bone healing; noninvasive (nonoperative)		Stimulation Device	Yes	Yes	No	No	No	No	Yes	Yes
20975	Electrical stimulation to aid bone healing; invasive (operative)		Stimulation Device	Yes	Yes	No	No	No	No	Yes	Yes
20979	Low intensity ultrasound stimulation to aid bone healing; noninvasive (nonoperative)		Stimulation Device	Yes	Yes	No	No	No	No	Yes	Yes
20982	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension; percutaneous; including imaging guidance when performed; radiofrequency	Do not report in conjunction with 76940; 77002; 77013; 77022.	Ablation	No	No	No	No	No	No	No	No
20983	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension; percutaneous; including imaging guidance when performed; cryoablation	Do not report in conjunction with 76940; 77002; 77013; 77022.	Ablation	No	No	No	No	No	No	No	No
20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures; image-less (List separately in addition to code for primary procedure)	*Do not report in conjunction with 61781-61783. **For computer assisted navigational procedures with image guidance based on pre-operative and intraoperatively obtained images; see 00547; 00557.	Computer Assisted Surgery	Yes	Yes	No	No	No	No	Yes	Yes
20999	Unlimited procedure; musculoskeletal system; general		Unlimited Procedure	Yes	Yes	No	No	No	No	Yes	Yes
21010	Arthroscopy; temporomandibular joint	To report bilateral procedure report with modifier -50.	Incision	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
21011	Excision; tumor; soft tissue of face or scalp; subcutaneous; less than 2 cm	For excision of benign lesions of cutaneous origin (eg sebaceous cyst); see 11420-11426	Excision	No	No	No	No	No	No	No	No
21012	Excision; tumor; soft tissue of face or scalp; subcutaneous; 2 cm or greater		Excision	No	No	No	No	No	No	No	No
21013	Excision; tumor; soft tissue of face and scalp; subfacial (eg, subgaleal; intramuscular); less than 2 cm		Excision	No	No	No	No	No	No	No	No
21014	Excision; tumor; soft tissue of face and scalp; subfacial (eg, subgaleal; intramuscular); 2 cm or greater		Excision	No	No	No	No	No	No	No	No
21015	Radical resection of tumor (eg, sarcoma); soft tissue of face or scalp; less than 2 cm	To report excision of skull tumor for osteomyelitis; use 61501	Resection	No	No	No	No	No	No	No	No
21016	Radical resection of tumor (eg, sarcoma); soft tissue of face or scalp; 2 cm or greater	For radical resection of tumor of cutaneous origin; see 11620-11646	Resection	No	No	No	No	No	No	No	No
21025	Excision of bone (eg, for osteomyelitis or bone abscess); mandible		Excision	No	No	No	No	No	No	No	No
21026	Excision of bone (eg, for osteomyelitis or bone abscess); facial bones		Excision	No	No	No	No	No	No	No	No
21029	Removal by contouring of benign tumor of facial bone (eg, fibrous dysplasia)		Removal	No	No	No	No	No	No	No	No
21030	Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage		Excision	No	No	No	No	No	No	No	No
21031	Excision of torus mandibularis		Excision	No	No	No	No	No	No	No	No
21032	Excision of maxillary torus palatinus		Excision	No	No	No	No	No	No	No	No
21034	Excision of malignant tumor of maxilla or zygoma		Excision	No	No	No	No	No	No	No	No
21040	Excision of benign tumor or cyst of mandible; by enucleation and/or curettage	*For enucleation and/or curettage of benign cysts or tumors of mandible not requiring osteotomy; use 21040. **For excision of benign tumor or cyst of mandible requiring osteotomy; see 21046-21047.	Excision	No	No	No	No	No	No	No	No
21044	Excision of malignant tumor of mandible		Excision	No	No	No	No	No	No	No	No
21045	Excision of malignant tumor of mandible; radical resection	For bone graft; use 21215.	Excision	No	No	No	No	No	No	No	No
21046	Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy (eg, locally aggressive or destructive lesion[s])		Excision	No	No	No	No	No	No	No	No
21047	Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy and partial mandibulectomy (eg, locally aggressive or destructive lesion[s])		Excision	No	No	No	No	No	No	No	No
21048	Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion[s])		Excision	No	No	No	No	No	No	No	No
21049	Excision of benign tumor or cyst of maxilla; requiring extra-oral osteotomy and partial maxillectomy (eg, locally aggressive or destructive lesion[s])		Excision	No	No	No	No	No	No	No	No
21050	Condylectomy; temporomandibular joint (separate procedure)	For bilateral procedure; use modifier -50.	Removal	No	No	No	Yes	No	Yes	No	No
21060	Mandibulectomy; partial or complete; temporomandibular joint (separate procedure)	For bilateral procedure; use modifier -50.	Removal	No	No	No	Yes	No	Yes	No	No
21070	Coronoidectomy (separate procedure)	For bilateral procedure; use modifier -50.	Removal	No	No	No	Yes	No	Yes	No	No
21073	Manipulation of temporomandibular joint(s) (TMJ); therapeutic; requiring an anesthesia service (ie, general or monitored anesthesia care)	*For TMJ manipulation without anesthesia service; see 97140; 98925-98929; 98943. **For closed treatment of temporomandibular dislocation; see 21480; 21485.	Manipulation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
21076	Impression and custom preparation; surgical obturator prosthesis	For application or removal of caliper or tong; see 20660; 20665	Prosthesis	Yes	Yes	No	No	No	No	Yes	Yes
21077	Impression and custom preparation; orbital prosthesis	For application or removal of caliper or tong; see 20660; 20665	Prosthesis	Yes	Yes	No	No	No	No	Yes	Yes
21079	Impression and custom preparation; interim obturator prosthesis	For application or removal of caliper or tong; see 20660; 20665	Prosthesis	Yes	Yes	No	No	No	No	Yes	Yes
21080	Impression and custom preparation; definitive obturator prosthesis	For application or removal of caliper or tong; see 20660; 20665	Prosthesis	Yes	Yes	No	No	No	No	Yes	Yes

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
21081	Impression and custom preparation; mandibular resection prosthesis	For application or removal of caliper or tong; see 20660; 20665	Prosthesis	Yes	Yes	No	No	No	No	Yes	Yes
21082	Impression and custom preparation; palatal augmentation prosthesis	For application or removal of caliper or tong; see 20660; 20665	Prosthesis	Yes	Yes	No	No	No	No	Yes	Yes
21083	Impression and custom preparation; palatal lift prosthesis	For application or removal of caliper or tong; see 20660; 20665	Prosthesis	Yes	Yes	No	No	No	No	Yes	Yes
21084	Impression and custom preparation; speech aid prosthesis	For application or removal of caliper or tong; see 20660; 20665	Prosthesis	Yes	Yes	No	No	No	No	Yes	Yes
21085	Impression and custom preparation; oral surgical splint	For application or removal of caliper or tong; see 20660; 20665	Prosthesis	Yes	Yes	No	No	No	No	Yes	Yes
21086	Impression and custom preparation; auricular prosthesis	For application or removal of caliper or tong; see 20660; 20665	Prosthesis	Yes	Yes	No	No	No	No	Yes	Yes
21087	Impression and custom preparation; nasal prosthesis	For application or removal of caliper or tong; see 20660; 20665	Prosthesis	Yes	Yes	No	No	No	No	Yes	Yes
21088	Impression and custom preparation; facial prosthesis	For application or removal of caliper or tong; see 20660; 20665	Prosthesis	Yes	Yes	No	No	No	No	Yes	Yes
21089	United maxillofacial prosthetic procedure		Unlimited Procedure	Yes	Yes	No	No	No	No	Yes	Yes
21100	Application of halo type appliance for maxillofacial fixation; includes removal (separate procedure)		Application	No	No	No	No	No	No	No	No
21110	Application of interdental fixation device for conditions other than fracture or dislocation; includes removal	For removal of interdental fixation by another individual; see 20070-20080	Application	No	No	No	No	No	No	No	No
21116	Injection procedure for temporomandibular joint arthrography	For radiological supervision and interpretation; use 70332. Do not report 77002 in conjunction with 70332.	Introduction	No	No	No	No	No	No	No	No
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)		Augmentation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
21121	Genioplasty; sliding osteotomy, single piece		Augmentation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)		Augmentation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)		Augmentation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
21125	Augmentation; mandibular body or angle; prosthetic material		Augmentation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
21127	Augmentation; mandibular body or angle; with bone graft; only or interpositional (includes obtaining autograft)		Augmentation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
21137	Reduction forehead; contouring only		Reduction	Yes	Yes	No	No	No	No	Yes	Yes
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)		Reduction	Yes	Yes	No	No	No	No	Yes	Yes
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall		Reduction	Yes	Yes	No	No	No	No	Yes	Yes
21141	Reconstruction midface; LeFort I single piece; segment movement in any direction (eg, for Long Face Syndrome); without bone graft		Reconstruction	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
21142	Reconstruction midface; LeFort I, 2 pieces; segment movement in any direction; without bone graft		Reconstruction	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
21143	Reconstruction midface; LeFort I, 3 or more pieces; segment movement in any direction; without bone graft		Reconstruction	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
21145	Reconstruction midface; LeFort I single piece; segment movement in any direction; requiring bone graft (includes obtaining autografts)		Reconstruction	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
21146	Reconstruction midface; LeFort I, 2 pieces; segment movement in any direction; requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)		Reconstruction	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
21147	Reconstruction midface; LeFort I, 3 or more pieces; segment movement in any direction; requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)		Reconstruction	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
21150	Reconstruction midface; LeFort I, anterior intrusion (eg, Treacher-Collins Syndrome)		Reconstruction	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
21151	Reconstruction midface; LeFort I, any direction; requiring bone grafts (includes obtaining autografts)		Reconstruction	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
21154	Reconstruction midface; LeFort II (extracranial); any type; requiring bone grafts (includes obtaining autografts); without LeFort I		Reconstruction	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
21155	Reconstruction midface; LeFort II (extracranial); any type; requiring bone grafts (includes obtaining autografts); with LeFort I		Reconstruction	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
21159	Reconstruction midface; LeFort II (extra and intracranial) with forehead advancement (eg, mono bloc); requiring bone grafts (includes obtaining autografts); without LeFort I		Reconstruction	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
21160	Reconstruction midface; LeFort II (extra and intracranial) with forehead advancement (eg, mono bloc); requiring bone grafts (includes obtaining autografts); with LeFort I		Reconstruction	Yes	Yes	No	No	No	No	Yes	Yes
21172	Reconstruction superior-lateral orbital rim and lower forehead; advancement or alteration; with or without grafts (includes obtaining autografts)	For frontal or parietal craniotomy performed for craniostomy; use 61556.	Reconstruction	Yes	Yes	No	No	No	No	Yes	Yes
21175	Reconstruction; bifrontal; superior-lateral orbital rims and lower forehead; advancement or alteration (eg, pharyngoplasty, trigonostomy, brachycephaly); with or without grafts (includes obtaining autografts)	For bifrontal craniotomy performed for craniostomy; use 61557.	Reconstruction	Yes	Yes	No	No	No	No	Yes	Yes
21179	Reconstruction; entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	For extensive craniectomy for multiple suture craniostomy; use only 61558 or 61559.	Reconstruction	Yes	Yes	No	No	No	No	Yes	Yes
21180	Reconstruction; entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)		Reconstruction	Yes	Yes	No	No	No	No	Yes	Yes
21181	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia); extracranial		Reconstruction	Yes	Yes	No	No	No	No	Yes	Yes
21182	Reconstruction of orbital walls; rims; forehead; nasomaxillary complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia); with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm		Reconstruction	Yes	Yes	No	No	No	No	Yes	Yes
21183	Reconstruction of orbital walls; rims; forehead; nasomaxillary complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia); with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm		Reconstruction	Yes	Yes	No	No	No	No	Yes	Yes
21184	Reconstruction of orbital walls; rims; forehead; nasomaxillary complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia); with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm	For excision of benign tumor of cranial bones; see 61563, 61564.	Reconstruction	Yes	Yes	No	No	No	No	Yes	Yes
21188	Reconstruction midface; osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)		Reconstruction	Yes	Yes	No	No	No	No	Yes	Yes
21193	Reconstruction of mandibular ram; horizontal; vertical; C, or L osteotomy; without bone graft		Reconstruction	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
21194	Reconstruction of mandibular ram; horizontal; vertical; C, or L osteotomy; with bone graft (includes obtaining graft)		Reconstruction	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
21195	Reconstruction of mandibular ram and/or body; sagittal split; without internal rigid fixation		Reconstruction	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
21196	Reconstruction of mandibular ram and/or body; sagittal split; with internal rigid fixation		Reconstruction	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
21198	Osteotomy; mandible; segmental		Removal	No	No	No	Yes	No	Yes	No	No
21199	Osteotomy; mandible; segmental; with anisoglossus advancement	To report total osteotomy of the maxilla; see 21141-21160.	Removal	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
21206	Osteotomy; maxilla; segmental (ie, bilateral or LeFort type)		Removal	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
21208	Osteoplasty; facial bones; augmentation (autograft, allograft, or prosthetic implant)		Augmentation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
21209	Osteoplasty; facial bones; reduction		Reduction	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
21210	Graft; bone; nasal; maxillary or malar areas (includes obtaining graft)	For cleft palate repair; see 42200-42225.	Grafts	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
21215	Graft; bone; mandible (includes obtaining graft)		Grafts	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
21230	Graft; rib cartilage; autogenous; to face, chin, nose or ear (includes obtaining graft)		Grafts	Yes	Yes	No	No	No	No	Yes	Yes
21235	Graft; ear cartilage; autogenous; to nose or ear (includes obtaining graft)	To report graft augmentation of facial bones; use 21208.	Grafts	Yes	Yes	No	No	No	No	Yes	Yes
21240	Arthroplasty; temporomandibular joint; with or without autograft (includes obtaining graft)		Arthroplasty	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
21241	Arthroplasty; temporomandibular joint; with allograft		Arthroplasty	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
21243	Arthroplasty; temporomandibular joint; with prosthetic joint replacement		Arthroplasty	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
21244	Reconstruction of mandible; extraoral; with transosteal bone plate (eg, mandibular staple bone plate)		Reconstruction	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
21245	Reconstruction of mandible or maxilla; subperiosteal implant; partial		Reconstruction	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
21246	Reconstruction of mandible or maxilla; subperiosteal implant; complete		Reconstruction	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
21247	Reconstruction of mandibular complex with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)		Reconstruction	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
21248	Reconstruction of mandible or maxilla; endosteal implant (eg, blade; cylinder); partial		Reconstruction	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
21249	Reconstruction of mandible or maxilla; endosteal implant (eg, blade; cylinder); complete	To report midface reconstruction; see 21141-21160.	Reconstruction	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)		Reconstruction	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)		Reconstruction	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
21260	Periorbital osteotomies for orbital hypertelorism; with bone grafts; extracranial approach		Reconstruction	Yes	Yes	No	No	No	No	Yes	Yes
21263	Periorbital osteotomies for orbital hypertelorism; with bone grafts; combined intra- and extracranial approach		Reconstruction	Yes	Yes	No	No	No	No	Yes	Yes
21268	Orbital repositioning; periorbital osteotomies; unilateral; with bone grafts; combined intra- and extracranial approach		Reconstruction	Yes	Yes	No	No	No	No	Yes	Yes
21270	Maxillary augmentation; prosthetic material	For malar augmentation with bone graft; use 21210.	Augmentation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
21275	Secondary revision of orthocraniofacial reconstruction		Revision	Yes	Yes	No	No	No	No	Yes	Yes
21280	Medial canthopexy (separate procedure)	For medial canthopexy; use 67950.	Reattachment	Yes	Yes	No	No	No	No	Yes	Yes
21282	Lateral canthopexy		Reattachment	Yes	Yes	No	No	No	No	Yes	Yes
21295	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach		Reduction	Yes	Yes	No	No	No	No	Yes	Yes
21296	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach		Reduction	Yes	Yes	No	No	No	No	Yes	Yes
21299	Unilateral cranioplasty and maxillofacial procedure		Unlimited Procedure	Yes	Yes	No	No	No	No	Yes	Yes
21315	Closed treatment of nasal bone fracture with manipulation; without stabilization		Closed Treatment	No	No	No	No	No	No	No	No
21320	Closed treatment of nasal bone fracture with manipulation; with stabilization		Closed Treatment	No	No	No	No	No	No	No	No
21325	Open treatment of nasal fracture; uncomplicated		Open Treatment	No	No	No	No	No	No	No	No
21330	Open treatment of nasal fracture; complicated; with internal and/or external skeletal fixation		Open Treatment	No	No	No	No	No	No	No	No
21335	Open treatment of nasal fracture; with concomitant open treatment of fractured septum		Open Treatment	No	No	No	No	No	No	No	No
21336	Open treatment of nasal septal fracture; with or without stabilization		Open Treatment	No	No	No	No	No	No	No	No
21337	Closed treatment of nasal septal fracture; with or without stabilization		Closed Treatment	No	No	No	No	No	No	No	No
21338	Open treatment of nasomaxillary complex fracture; without external fixation		Open Treatment	No	No	No	No	No	No	No	No
21339	Open treatment of nasomaxillary complex fracture; with external fixation		Open Treatment	No	No	No	No	No	No	No	No
21340	Perforaneous treatment of nasomaxillary complex fracture; with splint; wire or headcap fixation; including repair of cartilaginous and/or the nasolacrimal apparatus		Perforaneous Treatment	No	No	No	No	No	No	No	No
21343	Open treatment of depressed frontal sinus fracture		Open Treatment	No	No	No	No	No	No	No	No
21344	Open treatment of complicated (eg, comminuted or involving posterior wall) frontal sinus fracture; via coronal or multiple approaches		Open Treatment	No	No	No	No	No	No	No	No
21345	Closed treatment of nasomaxillary complex fracture (LeFort I type); with interdental wire fixation or fixation of denture or splint		Closed Treatment	No	No	No	No	No	No	No	No
21346	Open treatment of nasomaxillary complex fracture (LeFort I type); with wiring and/or local fixation		Open Treatment	No	No	No	No	No	No	No	No
21347	Open treatment of nasomaxillary complex fracture (LeFort I type); requiring multiple open approaches		Open Treatment	No	No	No	No	No	No	No	No
21348	Open treatment of nasomaxillary complex fracture (LeFort I type); with bone grafting (includes obtaining graft)		Open Treatment	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO Auth	Commercial PPO Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
21355	Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod; with manipulation		Percutaneous Treatment	No	No	No	No	No	No	No	No
21356	Open treatment of depressed zygomatic arch fracture (eg, Gillies approach)		Open Treatment	No	No	No	No	No	No	No	No
21360	Open treatment of depressed malar fracture; including zygomatic arch and malar tripod		Open Treatment	No	No	No	No	No	No	No	No
21365	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area; including zygomatic arch and malar tripod; with internal fixation and multiple surgical approaches		Open Treatment	No	No	No	No	No	No	No	No
21366	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area; including zygomatic arch and malar tripod; with bone grafting (includes obtaining graft)		Open Treatment	No	No	No	No	No	No	No	No
21385	Open treatment of orbital floor blowout fracture; transanal approach (Caldwell-Luc type operation)		Open Treatment	No	No	No	No	No	No	No	No
21386	Open treatment of orbital floor blowout fracture; periorbital approach		Open Treatment	No	No	No	No	No	No	No	No
21387	Open treatment of orbital floor blowout fracture; combined approach		Open Treatment	No	No	No	No	No	No	No	No
21390	Open treatment of orbital floor blowout fracture; periorbital approach; with alloplastic or other implant		Open Treatment	No	No	No	No	No	No	No	No
21395	Open treatment of orbital floor blowout fracture; periorbital approach with bone graft (includes obtaining graft)		Open Treatment	No	No	No	No	No	No	No	No
21400	Closed treatment of fracture of orbit, except blowout; without manipulation		Closed Treatment	No	No	No	No	No	No	No	No
21403	Closed treatment of fracture of orbit, except blowout; with manipulation		Closed Treatment	No	No	No	No	No	No	No	No
21406	Open treatment of fracture of orbit, except blowout; without implant		Open Treatment	No	No	No	No	No	No	No	No
21407	Open treatment of fracture of orbit, except blowout; with implant		Open Treatment	No	No	No	No	No	No	No	No
21408	Open treatment of fracture of orbit, except blowout; with bone grafting (includes obtaining graft)		Open Treatment	No	No	No	No	No	No	No	No
21421	Closed treatment of palatal or maxillary fracture (LeFort I type); with interdental wire fixation or fixation of denture or splint		Closed Treatment	No	No	No	No	No	No	No	No
21422	Open treatment of palatal or maxillary fracture (LeFort I type)		Open Treatment	No	No	No	No	No	No	No	No
21423	Open treatment of palatal or maxillary fracture (LeFort I type); complicated (comminuted or involving cranial nerve foramina); multiple approaches		Open Treatment	No	No	No	No	No	No	No	No
21431	Closed treatment of craniofacial separation (LeFort II type) using interdental wire fixation of denture or splint		Closed Treatment	No	No	No	No	No	No	No	No
21432	Open treatment of craniofacial separation (LeFort II type); with wiring and/or internal fixation		Open Treatment	No	No	No	No	No	No	No	No
21433	Open treatment of craniofacial separation (LeFort II type); complicated (eg, comminuted or involving cranial nerve foramina); multiple surgical approaches		Open Treatment	No	No	No	No	No	No	No	No
21435	Open treatment of craniofacial separation (LeFort II type); complicated: utilizing internal and/or external fixation techniques (eg, head cap; halo device; and/or intermaxillary fixation)	For removal of internal or external fixation device; use 20670.	Open Treatment	No	No	No	No	No	No	No	No
21436	Open treatment of craniofacial separation (LeFort II type); complicated; multiple surgical approaches; internal fixation; with bone grafting (includes obtaining graft)		Open Treatment	No	No	No	No	No	No	No	No
21440	Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)		Closed Treatment	No	No	No	No	No	No	No	No
21445	Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)		Open Treatment	No	No	No	No	No	No	No	No
21450	Closed treatment of mandibular fracture, without manipulation		Closed Treatment	No	No	No	No	No	No	No	No
21451	Closed treatment of mandibular fracture; with manipulation		Closed Treatment	No	No	No	No	No	No	No	No
21452	Percutaneous treatment of mandibular fracture; with external fixation		Percutaneous Treatment	No	No	No	No	No	No	No	No
21453	Closed treatment of mandibular fracture with interdental fixation		Closed Treatment	No	No	No	No	No	No	No	No
21454	Open treatment of mandibular fracture with external fixation		Open Treatment	No	No	No	No	No	No	No	No
21463	Open treatment of craniofacial separation (LeFort II type); without interdental fixation		Open Treatment	No	No	No	No	No	No	No	No
21462	Open treatment of mandibular fracture; with interdental fixation		Open Treatment	No	No	No	No	No	No	No	No
21465	Open treatment of mandibular condylar fracture		Open Treatment	No	No	No	No	No	No	No	No
21470	Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation; interdental fixation; and/or wiring of dentures or splints		Open Treatment	No	No	yes	No	yes	No	No	No
21480	Closed treatment of temporomandibular dislocation; initial or subsequent		Dislocation	No	No	yes	Yes	yes	Yes	No	No
21485	Closed treatment of temporomandibular dislocation; complicated (eg, recurrent requiring intermaxillary fixation or splinting); initial or subsequent		Dislocation	No	No	yes	Yes	yes	Yes	No	No
21490	Open treatment of temporomandibular dislocation	*For interdental wire fixation; use 21497. ***To report treatment of closed fracture of larynx, use the applicable E/M code.	Dislocation	No	No	yes	Yes	yes	Yes	No	No
21497	Interdental wiring; for condition other than fracture		Other Procedure	No	No	yes	Yes	yes	Yes	No	No
21499	Unlimited musculoskeletal procedure; head	For unilateral craniofacial or maxillofacial procedure; use 21299.	Unlimited Procedure	Yes	Yes	yes	No	yes	No	Yes	Yes
21501	Incision and drainage; deep abscess or hematoma; soft tissues of neck or thorax;	*For incision and drainage of abscess or hematoma; superficial; see 10060; 10140. **For posterior spine subfascial incision / drainage; see 22010-22015.	Incision/Drainage	No	No	No	No	No	No	No	No
21502	Incision and drainage; deep abscess or hematoma; soft tissues of neck or thorax; with partial rib osteotomy		Incision/Drainage	No	No	No	No	No	No	No	No
21510	Incision; deep; with opening of bone cortex (eg, for osteomyelitis or bone abscess); thorax 1		Incision	No	No	No	No	No	No	No	No
21550	Biopsy; soft tissue of neck or thorax		Biopsy	No	No	No	No	No	No	No	No
21552	Excision; tumor; soft tissue of neck or anterior thorax; subcutaneous; 3 cm or greater	For excision of benign lesions of cutaneous origin (eg sebaceous cyst); see 11420-11426	Excision	No	No	No	No	No	No	No	No
21554	Excision; tumor; soft tissue of neck or anterior thorax; subfascial (eg, intramuscular); 5 cm or greater		Excision	No	No	No	No	No	No	No	No
21555	Excision; tumor; soft tissue of neck or anterior thorax; subcutaneous; less than 3 cm		Excision	No	No	No	No	No	No	No	No
21556	Excision; tumor; soft tissue of neck or anterior thorax; subfascial (eg, intramuscular); less than 5 cm		Excision	No	No	No	No	No	No	No	No
21557	Radical resection of tumor (eg, sarcoma); soft tissue of neck or anterior thorax; less than 5 cm		Resection	No	No	No	No	No	No	No	No
21558	Radical resection of tumor (eg, sarcoma); soft tissue of neck or anterior thorax; 5 cm or greater	For radical resection of tumor of cutaneous origin; see 11600-11620	Resection	No	No	No	No	No	No	No	No
21600	Excision of rib; partial	*For radical resection of chest wall and rib cage for tumor; use 10360. **For radical debridement of chest wall and rib cage for injury see 11044, 11047.	Excision	No	No	No	No	No	No	No	No
21601	Excision of chest wall tumor including ribs(s)	Replaces 19260	Excision	No	No	No	No	No	No	No	No
21602	Excision of chest wall tumor including ribs(s), with plastic reconstruction; without mediastinal lymphadenectomy	Replaces 19271	Excision	No	No	No	No	No	No	No	No
21603	Excision of chest wall tumor including ribs(s), with plastic reconstruction; with mediastinal lymphadenectomy	Replaces 19272	Excision	No	No	No	No	No	No	No	No
21610	Costovertebral resection (separate procedure)		Resection	No	No	No	No	No	No	No	No
21615	Excision first and/or cervical rib		Excision	No	No	No	No	No	No	No	No
21616	Excision first and/or cervical rib; with sympathectomy		Excision	No	No	No	No	No	No	No	No
21620	Obtectomy of sternum; partial		Removal	No	No	No	No	No	No	No	No
21627	Sternal debridement	For debridement and closure; use 21750.	Debridement	No	No	No	No	No	No	No	No
21630	Radical resection of sternum;		Resection	No	No	No	No	No	No	No	No
21632	Radical resection of sternum; with mediastinal lymphadenectomy		Resection	No	No	No	No	No	No	No	No
21685	Involc myeloma and suspension		Revision	No	No	No	No	No	No	No	No
21700	Division of scalenus anticus; without resection of cervical rib		Revision	No	No	No	No	No	No	No	No
21705	Division of scalenus anticus; with resection of cervical rib		Revision	No	No	No	No	No	No	No	No
21720	Division of sternocleidomastoid for torticollis; open operation; without cast application	For transection of spinal accessory and cervical nerves; see 63191; 64722.	Revision	No	No	No	No	No	No	No	No
21725	Division of sternocleidomastoid for torticollis; open operation; with cast application		Revision	No	No	No	No	No	No	No	No
21740	Reconstructive repair of pectus excavatum or carinatum; open		Repair	No	No	No	No	No	No	No	No
21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure); without thoracoscopy		Repair	No	No	No	No	No	No	No	No
21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure); with thoracoscopy		Repair	No	No	No	No	No	No	No	No
21750	Closure of median sternotomy separation with or without debridement (separate procedure)		Closure	No	No	No	No	No	No	No	No
21811	Open treatment of rib fracture(s) with internal fixation; includes thoracoscopic visualization when performed; unilateral; 1-3 ribs	For bilateral procedure; use modifier -50.	Open Treatment	No	No	No	No	No	No	No	No
21812	Open treatment of rib fracture(s) with internal fixation; includes thoracoscopic visualization when performed; unilateral; 4-6 ribs	For bilateral procedure; use modifier -50.	Open Treatment	No	No	No	No	No	No	No	No
21813	Open treatment of rib fracture(s) with internal fixation; includes thoracoscopic visualization when performed; unilateral; 7 or more ribs	For bilateral procedure; use modifier -50.	Open Treatment	No	No	No	No	No	No	No	No
21820	Closed treatment of sternum fracture		Closed Treatment	No	No	No	No	No	No	No	No
21825	Open treatment of sternum fracture with or without skeletal fixation	For sternoclavicular dislocation; see 23520-23532	Open Treatment	No	No	No	No	No	No	No	No
21899	Unlimited procedure; neck or thorax		Unlimited Procedure	Yes	Yes	No	No	No	No	Yes	Yes
21920	Biopsy; soft tissue of back or flank; superficial		Biopsy	No	No	No	No	No	No	No	No
21925	Biopsy; soft tissue of back or flank; deep		Biopsy	No	No	No	No	No	No	No	No
21930	Excision; tumor; soft tissue of back or flank; subcutaneous; less than 3 cm		Excision	No	No	No	No	No	No	No	No
21931	Excision; tumor; soft tissue of back or flank; subcutaneous; 3 cm or greater		Excision	No	No	No	No	No	No	No	No
21932	Excision; tumor; soft tissue of back or flank; subfascial (eg, intramuscular); less than 5 cm		Excision	No	No	No	No	No	No	No	No
21933	Excision; tumor; soft tissue of back or flank; subfascial (eg, intramuscular); 5 cm or greater		Excision	No	No	No	No	No	No	No	No
21935	Radical resection of tumor (eg, sarcoma); soft tissue of back or flank; less than 5 cm		Resection	No	No	No	No	No	No	No	No
21936	Radical resection of tumor (eg, sarcoma); soft tissue of back or flank; 5 cm or greater	For radical resection of tumor of cutaneous origin see 11600-11606.	Resection	No	No	No	No	No	No	No	No
22010	Incision and drainage; open; of deep abscess (subfascial); posterior spine; cervical; thoracic; or cervicothoracic		Incision/Drainage	No	No	No	No	No	No	No	No
22015	Incision and drainage; open; of deep abscess (subfascial); posterior spine; lumbar; sacral; or lumbosacral	*Do not report in conjunction with 22010. **Do not report in conjunction with instrumentation removal 10180; 22850; 22852. ***For I/D of abscess or hematoma; superficial; see 10060; 10140.	Incision/Drainage	No	No	No	No	No	No	No	No
22016	Partial excision of posterior vertebral component (eg, spinous process; lamina or facet) for intrinsic bony lesion; single vertebral segment; cervical		Excision	No	No	No	No	No	No	No	No
22101	Partial excision of posterior vertebral component (eg, spinous process; lamina or facet) for intrinsic bony lesion; single vertebral segment; thoracic		Excision	No	No	No	No	No	No	No	No
22102	Partial excision of posterior vertebral component (eg, spinous process; lamina or facet) for intrinsic bony lesion; single vertebral segment; lumbar	For insertion of posterior spinous process distraction devices; see 22867-22870.	Excision	No	No	No	No	No	No	No	No
22103	Partial excision of posterior vertebral component (eg, spinous process; lamina or facet) for intrinsic bony lesion; single vertebral segment; each additional segment (List separately in addition to code for primary procedure)		Excision	No	No	No	No	No	No	No	No
22109	Partial excision of vertebral body; for intrinsic bony lesion; without decompression of spinal cord or nerve root(s); single vertebral segment; cervical	Use in conjunction with 22100-22102.	Excision	No	No	No	No	No	No	No	No
22110	Partial excision of vertebral body; for intrinsic bony lesion; without decompression of spinal cord or nerve root(s); single vertebral segment; thoracic		Excision	No	No	No	No	No	No	No	No
22112	Partial excision of vertebral body; for intrinsic bony lesion; without decompression of spinal cord or nerve root(s); single vertebral segment; lumbar		Excision	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Senity-Auth Non-ASA Provider	Senity-Auth ASA Provider	TRBC Auth	BMS Auth
22114	Partial excision of vertebral body; for intrinsic bony lesion, without decompression of spinal cord or nerve root(s); single vertebral segment; lumbar	* Use in conjunction with 22110; 22112; 22114. **See CPT book for additional parenthetical data.	Excision	No	No	No	No	No	No	No	No
22116	Partial excision of vertebral body; for intrinsic bony lesion, without decompression of spinal cord or nerve root(s); single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	* Use in conjunction with 22110; 22112; 22114. **See CPT book for additional parenthetical data.	Excision	No	No	No	No	No	No	No	No
22206	Osteotomy of spine; posterior or posterolateral approach; 3 columns; 1 vertebral segment (eg: pedicle/vertebral body subtraction); thoracic	*Do not report in conjunction with 22207. **Do not report 22206-22208 in conjunction with 22210-22226; 22830; 63001-63048; 63055-63066; 63075-63091; 63101-63103 when performed at the same level. *Do not report in conjunction with 22206. **Do not report 22206-22208 in conjunction with 22210-22226; 22830; 63001-63048; 63055-63066; 63075-63091; 63101-63103 when performed at the same level.	Removal	Yes	Yes	No	No	No	No	Yes	Yes
22207	Osteotomy of spine; posterior or posterolateral approach; 3 columns; 1 vertebral segment (eg: pedicle/vertebral body subtraction); lumbar	*Use in conjunction with 22206; 22207. **Do not report 22206-22208 in conjunction with 22210-22226; 22830; 63001-63048; 63055-63066; 63075-63091; 63101-63103 when performed at the same level.	Removal	Yes	Yes	No	No	No	No	Yes	Yes
22208	Osteotomy of spine; posterior or posterolateral approach; 3 columns; 1 vertebral segment (eg: pedicle/vertebral body subtraction); each additional vertebral segment (List separately in addition to code for primary procedure)		Removal	Yes	Yes	No	No	No	No	Yes	Yes
22210	Osteotomy of spine; posterior or posterolateral approach; 1 vertebral segment; cervical		Removal	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
22212	Osteotomy of spine; posterior or posterolateral approach; 1 vertebral segment; thoracic		Removal	Yes	Yes	No	No	No	No	Yes	Yes
22214	Osteotomy of spine; posterior or posterolateral approach; 1 vertebral segment; lumbar		Removal	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
22216	Osteotomy of spine; posterior or posterolateral approach; 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)	* Use in conjunction with 22210; 22212; 22214.	Removal	Yes	Yes	No	No	No	No	Yes	Yes
22218	Osteotomy of spine; including discotomy, single vertebral segment; cervical		Removal	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
22222	Osteotomy of spine; including discotomy, anterior approach; single vertebral segment; thoracic		Removal	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
22224	Osteotomy of spine; including discotomy, anterior approach; single vertebral segment; lumbar		Removal	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
22226	Osteotomy of spine; including discotomy, anterior approach; single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	*Use in conjunction with 22220; 22222; 22224. **For vertebral corpectomy, see 63081-63091.	Removal	Yes	Yes	No	No	No	No	Yes	Yes
22310	Closed treatment of vertebral body fracture(s); without manipulation; requiring and including casting or bracing	Do not report in conjunction with 22510-22515 when performed at the same level.	Closed Treatment	No	No	No	No	No	No	No	No
22315	Closed treatment of vertebral fracture(s) and/or dislocation(s) requiring casting or bracing, with and including casting and/or bracing by manipulation or traction	*Do not report in conjunction with 22510-22515 when performed at the same level. **For spinal subluxation, use 97140.	Closed Treatment	No	No	No	No	No	No	No	No
22318	Open treatment and/or reduction of odontoid fracture(s) and/or dislocation(s) (including os odontoidum); anterior approach; including placement of internal fixation; without grafting		Open Treatment	No	No	No	No	No	No	No	No
22319	Open treatment and/or reduction of odontoid fracture(s) and/or dislocation(s) (including os odontoidum); anterior approach; including placement of internal fixation; with grafting		Open Treatment	No	No	No	No	No	No	No	No
22325	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s); posterior approach; 1 fractured vertebra or dislocated segment; lumbar	Do not report in conjunction with 22511; 22512; 22514; 22515 when performed at the same level.	Open Treatment	No	No	No	No	No	No	No	No
22326	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s); posterior approach; 1 fractured vertebra or dislocated segment; cervical	Do not report in conjunction with 22510; 22512 when performed at the same level.	Open Treatment	No	No	No	No	No	No	No	No
22327	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s); posterior approach; 1 fractured vertebra or dislocated segment; thoracic	Do not report in conjunction with 22510; 22512; 22513; 22515 when performed at the same level.	Open Treatment	No	No	No	No	No	No	No	No
22328	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s); posterior approach; 1 fractured vertebra or dislocated segment; each additional fractured vertebra or dislocated segment (List separately in addition to code for primary procedure)	*Use in conjunction with 22325-22327. **For treatment of vertebral fracture by the anterior approach, see corpectomy 63081-63091; and appropriate arthrodesis; bone graft and instrument codes. ***For decompression of spine following fracture, see 63001-63091; for arthrodesis of spine following fracture, see 22548-22632.	Open Treatment	No	No	No	No	No	No	No	No
25005	Manipulation of spine requiring anesthesia; any region	For spinal manipulation without anesthesia, use 97140.	Manipulation	Yes	Yes	No	No	No	No	Yes	Yes
22510	Percutaneous vertebroplasty (bone biopsy included when performed); 1 vertebral body; unilateral or bilateral injection; inclusive of all imaging guidance; cervicothoracic	Do not report 22510-22512 in conjunction with 20225; 22310; 22315; 22325; 22327 when performed at the same level as 22510; 22511; 22512.	Percutaneous Treatment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
22511	Percutaneous vertebroplasty (bone biopsy included when performed); 1 vertebral body; unilateral or bilateral injection; inclusive of all imaging guidance; lumbosacral	Do not report 22510-22512 in conjunction with 20225; 22310; 22315; 22325; 22327 when performed at the same level as 22510; 22511; 22512.	Percutaneous Treatment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
22512	Percutaneous vertebroplasty (bone biopsy included when performed); 1 vertebral body; unilateral or bilateral injection; inclusive of all imaging guidance (eg: hypophysis); 1 vertebral body; unilateral or bilateral injection; inclusive of all imaging guidance (eg: hypophysis); 1 vertebral body; unilateral or bilateral injection; inclusive of all imaging guidance; each additional fractured vertebra or dislocated segment (List separately in addition to code for primary procedure)	*Use in conjunction with 22510; 22511. **Do not report 22510-22512 in conjunction with 20225; 22310; 22315; 22325; 22327 when performed at the same level as 22510; 22511; 22512. ***Do not report 22513-22515 in conjunction with 20225; 22310; 22315; 22325; 22327 when performed at the same level as 22513-22515.	Percutaneous Treatment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg: hypophysis); 1 vertebral body; unilateral or bilateral cannulation; inclusive of all imaging guidance; thoracic	Do not report 22510-22512 in conjunction with 20225; 22310; 22315; 22325; 22327 when performed at the same level as 22513-22515. ***Do not report 22513-22515 in conjunction with 20225; 22310; 22315; 22325; 22327 when performed at the same level as 22513-22515.	Augmentation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg: hypophysis); 1 vertebral body; unilateral or bilateral cannulation; inclusive of all imaging guidance; lumbar	*Use in conjunction with 22513; 22514. **Do not report 22513-22515 in conjunction with 20225; 22310; 22315; 22325; 22327 when performed at the same level as 22513-22515.	Augmentation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg: hypophysis); 1 vertebral body; unilateral or bilateral cannulation; inclusive of all imaging guidance; each additional fractured vertebra or dislocated segment (List separately in addition to code for primary procedure)	*Use in conjunction with 22513; 22514. **Do not report 22513-22515 in conjunction with 20225; 22310; 22315; 22325; 22327 when performed at the same level as 22513-22515.	Augmentation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
22526	Percutaneous intradiscal electrothermal annuloplasty; unilateral or bilateral including fluoroscopic guidance; single level	Do not report 22526; 22527 in conjunction with 77002; 77003.	Augmentation	Yes	Yes	No	No	No	No	Yes	Yes
22527	Percutaneous intradiscal electrothermal annuloplasty; unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (List separately in addition to code for primary procedure)	*Use in conjunction with 22526. **Do not report 22526; 22527 in conjunction with 77002; 77003. ***For percutaneous intradiscal annuloplasty using method other than electrothermal, use 22899.	Augmentation	Yes	Yes	No	No	No	No	Yes	Yes
22532	Arthrodesis; lateral extracavitary technique; including minimal discotomy to prepare interspace (other than for decompression); thoracic		Arthrodesis	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
22533	Arthrodesis; lateral extracavitary technique; including minimal discotomy to prepare interspace (other than for decompression); lumbar		Arthrodesis	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
22534	Arthrodesis; lateral extracavitary technique; including minimal discotomy to prepare interspace (other than for decompression); thoracic or lumbar; each additional vertebral segment (List separately in addition to code for primary procedure)		Arthrodesis	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
22548	Arthrodesis; anterior transoral or extraoral technique; C1v-C2 (atlax-axis); with or without excision of odontoid process	Use in conjunction with 22532 and 22533. For intervertebral disc excision by laminotomy or laminectomy, see 63020-63042.	Arthrodesis	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
22551	Arthrodesis; anterior interbody; including disc space preparation; discotomy; osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2		Arthrodesis	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
22552	Arthrodesis; anterior interbody; including disc space preparation; discotomy; osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2; each additional interspace (List separately in addition to code for separate procedure)	Use in conjunction with 22551.	Arthrodesis	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
22554	Arthrodesis; anterior interbody technique; including minimal discotomy to prepare interspace (other than for decompression); cervical below C2	*Do not report in conjunction with 63075; even if performed by a separate individual. **To report anterior cervical discotomy and interbody fusion at the same level during the same session, use 22551.	Arthrodesis	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
22556	Arthrodesis; anterior interbody technique; including minimal discotomy to prepare interspace (other than for decompression); thoracic		Arthrodesis	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
22558	Arthrodesis; anterior interbody technique; including minimal discotomy to prepare interspace (other than for decompression); lumbar	For arthrodesis using pre-sacral interbody technique, use 22586. Use in conjunction with 22548; 22556; 22558. Do not report in conjunction with 63075; even if performed by a separate individual. **To report anterior cervical discotomy and interbody fusion at the same level during the same session, use 22552.	Arthrodesis	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
22585	Arthrodesis; anterior interbody technique; including minimal discotomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	Do not report in conjunction with 20930-20938; 22840; 22844; 72275; 77002; 77003; 77011; 77012.	Arthrodesis	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
22586	Arthrodesis; pre-sacral interbody technique; including disc space preparation; discotomy; with posterior instrumentation; with image guidance; includes bone graft when performed; is discspace		Arthrodesis	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
22590	Arthrodesis; posterior technique; minimalsacral (occiput-C2)		Arthrodesis	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
22595	Arthrodesis; posterior technique; minimalsacral (C3-C7)		Arthrodesis	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
22600	Arthrodesis; posterior or posterolateral technique; single interspace; cervical below C2 segment		Arthrodesis	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
22610	Arthrodesis; posterior or posterolateral technique; single interspace; thoracic (with lateral transverse technique; when performed)		Arthrodesis	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
22612	Arthrodesis; posterior or posterolateral technique; single interspace; lumbar (with lateral transverse technique; when performed)	Do not report in conjunction with 22630 for the same interspace and segment; use 22633.	Arthrodesis	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
22614	Arthrodesis; posterior or posterolateral technique; single interspace, each additional interspace (List separately in addition to code for primary procedure)	*Use in conjunction with 22600; 22610; 22612; 22630 or 22633 when performed at a different level. **See CPT for additional parenthetical data.	Arthrodesis	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
22630	Arthrodesis; posterior interbody technique; including laminectomy and/or discotomy to prepare interspace (other than for decompression); single interspace; lumbar	Do not report in conjunction with 22612 for the same interspace and segment; use 22633.	Arthrodesis	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

CPT	Description	Notes	Code Group	Commercial I/MO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRIC Auth	BMD Auth
		*Use in conjunction with 22612; 22630; 22633 when performed at a different level. **When performing a posterior or posterolateral technique for fusion/arthrodesis at an additional level use 22614. ***When performing a combined posterior or posterolateral technique with posterior interbody arthrodesis at an additional level: use 22634.									
2632	Arthrodesis; posterior interbody technique; including laminectomy and/or discectomy to prepare interspace (other than for decompression); single interspace; each additional interspace (List separately in addition to code for primary procedure)		Arthrodesis	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2633	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, lumbar	Do not report with 22612 or 22630 at the same level.	Arthrodesis	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2634	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, lumbar, each additional interspace (List separately in addition to code for primary procedure)	Use in conjunction with 22633	Arthrodesis	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2800	Arthrodesis, posterior, for spinal deformity, with or without cast, up to 6 vertebral segments		Arthrodesis	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2802	Arthrodesis, posterior, for spinal deformity, with or without cast, 7 to 12 vertebral segments		Arthrodesis	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2804	Arthrodesis, posterior, for spinal deformity, with or without cast, 13 or more vertebral segments		Arthrodesis	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2806	Arthrodesis, anterior, for spinal deformity, with or without cast, 2 to 3 vertebral segments		Arthrodesis	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2810	Arthrodesis, anterior, for spinal deformity, with or without cast, 4 to 7 vertebral segments		Arthrodesis	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2812	Arthrodesis, anterior, for spinal deformity, with or without cast, 8 or more vertebral segments		Arthrodesis	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2818	Laminectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments		Removal	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2819	Laminectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments	To report arthrodesis, see 22800-22804 and add modifier -51.	Removal	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2830	Exploration of spinal fusion	To report bone graft procedures, see 20930-20938	Exploratory	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2836	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed, up to 7 vertebral segments			Yes	Yes	Yes	No	Yes	No	Yes	Yes
2837	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed, 8 or more vertebral segments			Yes	Yes	Yes	No	Yes	No	Yes	Yes
2838	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed			Yes	Yes	Yes	No	Yes	No	Yes	Yes
2840	Posterior non-segmental instrumentation (eg, Harrington rod technique; pedicle fixation across 1 interspace; unilateral transforaminal screw fixation; sublamina wiring etc; facet screw fixation) (List separately in addition to code for primary procedure)	22110-22114; 22206; 22207; 22210-22214; 22220-22224; 22310-22327; 22532; 22533; 22548-22558; 22590-22612; 22630; 22633; 22634; 22800-22812; 63001-63030; 63040-63042; 63045-63047; 63050-63056; 63064; 63075; 63077; 63081; 63085; 63087; 63090; 63101; 63102; 63170-63290; 63300-63307	Fixation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2841	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)	22110-22114; 22206; 22207; 22210-22214; 22220-22224; 22310-22327; 22532; 22533; 22548-22558; 22590-22612; 22630; 22633; 22634; 22800-22812; 63001-63030; 63040-63042; 63045-63047; 63050-63056; 63064; 63075; 63077; 63081; 63085; 63087; 63090; 63101; 63102; 63170-63290; 63300-63307	Fixation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2842	Posterior segmental instrumentation (eg, pedicle fixation; dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)	22110-22114; 22206; 22207; 22210-22214; 22220-22224; 22310-22327; 22532; 22533; 22548-22558; 22590-22612; 22630; 22633; 22634; 22800-22812; 63001-63030; 63040-63042; 63045-63047; 63050-63056; 63064; 63075; 63077; 63081; 63085; 63087; 63090; 63101; 63102; 63170-63290; 63300-63307	Fixation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2843	Posterior segmental instrumentation (eg, pedicle fixation; dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)	22110-22114; 22206; 22207; 22210-22214; 22220-22224; 22310-22327; 22532; 22533; 22548-22558; 22590-22612; 22630; 22633; 22634; 22800-22812; 63001-63030; 63040-63042; 63045-63047; 63050-63056; 63064; 63075; 63077; 63081; 63085; 63087; 63090; 63101; 63102; 63170-63290; 63300-63307	Fixation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2844	Posterior segmental instrumentation (eg, pedicle fixation; dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)	22110-22114; 22206; 22207; 22210-22214; 22220-22224; 22310-22327; 22532; 22533; 22548-22558; 22590-22612; 22630; 22633; 22634; 22800-22812; 63001-63030; 63040-63042; 63045-63047; 63050-63056; 63064; 63075; 63077; 63081; 63085; 63087; 63090; 63101; 63102; 63170-63290; 63300-63307	Fixation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	22110-22114; 22206; 22207; 22210-22214; 22220-22224; 22310-22327; 22532; 22533; 22548-22558; 22590-22612; 22630; 22633; 22634; 22800-22812; 63001-63030; 63040-63042; 63045-63047; 63050-63056; 63064; 63075; 63077; 63081; 63085; 63087; 63090; 63101; 63102; 63170-63290; 63300-63307	Fixation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)	22110-22114; 22206; 22207; 22210-22214; 22220-22224; 22310-22327; 22532; 22533; 22548-22558; 22590-22612; 22630; 22633; 22634; 22800-22812; 63001-63030; 63040-63042; 63045-63047; 63050-63056; 63064; 63075; 63077; 63081; 63085; 63087; 63090; 63101; 63102; 63170-63290; 63300-63307	Fixation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)	22110-22114; 22206; 22207; 22210-22214; 22220-22224; 22310-22327; 22532; 22533; 22548-22558; 22590-22612; 22630; 22633; 22634; 22800-22812; 63001-63030; 63040-63042; 63045-63047; 63050-63056; 63064; 63075; 63077; 63081; 63085; 63087; 63090; 63101; 63102; 63170-63290; 63300-63307	Fixation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)	22110-22114; 22206; 22207; 22210-22214; 22220-22224; 22310-22327; 22532; 22533; 22548-22558; 22590-22612; 22630; 22633; 22634; 22800-22812; 63001-63030; 63040-63042; 63045-63047; 63050-63056; 63064; 63075; 63077; 63081; 63085; 63087; 63090; 63101; 63102; 63170-63290; 63300-63307	Fixation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2849	Removal of spinal fixation device		Removal	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2850	Removal of posterior nonsegmental instrumentation (eg, Harrington rod)		Removal	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2852	Removal of posterior segmental instrumentation		Removal	No	No	Yes	Yes	Yes	Yes	No	No
2854	Insertion of interbody biomechanical device(s) (eg, synthetic cage; mesh) with integral anterior instrumentation for device anchoring (eg, screws; flanges); when performed, to intervertebral disc space in conjunction with interbody arthrodesis; each interspace (List separately in addition to code for primary procedure)	*Use in conjunction with 22100-22102; 22110-22114; 22206; 22207; 22210-22214; 22220-22224; 22310-22327; 22532; 22533; 22548-22558; 22590-22612; 22630; 22633; 22634; 22800-22812; 63001-63030; 63040-63042; 63045-63047; 63050-63056; 63064; 63075; 63077; 63081; 63085; 63087; 63090; 63101; 63102; 63170-63290; 63300-63307	Fixation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2855	Removal of anterior instrumentation		Removal	No	No	No	Yes	No	Yes	No	No
2856	Total disc arthroplasty (artificial disc); anterior approach, including discectomy with end plate preparation (includes osteophlectomy for nerve root or spinal cord decompression and microdissection); single interspace; cervical		Arthroplasty	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2857	Total disc arthroplasty (artificial disc); anterior approach, including discectomy to prepare interspace (other than for decompression); single interspace; lumbar		Arthroplasty	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2858	Total disc arthroplasty (artificial disc); anterior approach, including discectomy with end plate preparation (includes osteophlectomy for nerve root or spinal cord decompression and microdissection); second level; cervical (List separately in addition to code for primary procedure)		Arthroplasty	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
22859	Insertion of intervertebral biomechanical device(s) (eg. synthetic cage, mesh; methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis; each contiguous defect (List separately in addition to code for primary procedure)	22110-22114; 22206; 22307; 22310-22314; 22320-22324; 22310-22327; 22532; 22533; 22548-22558; 22590-22612; 22630; 22633; 22634; 22800-22812; 63001-63030; 63040-63042; 63045-63047; 63050-63056; 63064; 63075; 63077; 63081; 63085; 63087; 63090; 63101; 63102; 63170-63290; 63300-63307	Reconstruction	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
22860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (List separately in addition to code for primary procedure)		Arthroplasty	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
22861	Revision including replacement of total disc arthroplasty (artificial disc); anterior approach; single interspace; cervical	*Do not report in conjunction with 22845; 22853; 22854; 22859; 22864; 63075 when performed at the same level. **Do not report in conjunction with 69990. ***For additional interspace revision of cervical total disc arthroplasty, use 00987. ****Do not report in conjunction with 22534; 22845; 22853; 22854; 22859; 22865; 49010 when performed at the same level. ***For additional interspace, use Cat II code 01647.	Revision	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
22862	Revision including replacement of total disc arthroplasty (artificial disc); anterior approach; single interspace; lumbar	*Do not report in conjunction with 22861; 69990. **For additional interspace revision of cervical total disc arthroplasty, use 00957.	Revision	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
22864	Removal of total disc arthroplasty (artificial disc); anterior approach; single interspace; cervical	*Do not report in conjunction with 22861; 69990. **For additional interspace revision of cervical total disc arthroplasty, use 00957.	Removal	Yes	Yes	No	No	No	No	Yes	Yes
22865	Removal of total disc arthroplasty (artificial disc); anterior approach; single interspace; lumbar	*Do not report in conjunction with 49010. **For additional interspace, use Cat II code 01647. *** 22856-22865 include fluoroscopy when performed. ****For decompression, see 63001-63048.	Removal	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
22867	Insertion of interlaminar/interspinous process stabilization/distraction device; without fusion; including image guidance when performed; with open decompression; lumbar; single level	Do not report in conjunction with 22532-22534; 22558; 22612; 22614; 22630; 22633-22634; 22800; 22802; 22804; 22840-22842; 22869; 22870; 63005; 63012; 63017; 63030; 63035; 63042; 63044; 63047; 63048; 77003 for the same level. ***For insertion of interlaminar / interspinous process stabilization / distraction device; without open decompression or fusion; see 22869; 22870.	Reconstruction	Yes	Yes	No	No	No	No	Yes	Yes
22868	Insertion of interlaminar/interspinous process stabilization/distraction device; without fusion; including image guidance when performed; with open decompression; lumbar; second level (List separately in addition to code for primary procedure)	Do not report in conjunction with 22532-22534; 22558; 22612; 22614; 22630; 22633-22634; 22800; 22802; 22804; 22840-22842; 22869; 22870; 63005; 63012; 63017; 63030; 63035; 63042; 63044; 63047; 63048; 77003 for the same level. ***For insertion of interlaminar / interspinous process stabilization / distraction device; without open decompression or fusion; see 22869; 22870.	Reconstruction	Yes	Yes	No	No	No	No	Yes	Yes
22869	Insertion of interlaminar/interspinous process stabilization/distraction device; without open decompression or fusion; including image guidance when performed; lumbar; single level	Do not report in conjunction with 22532-22534; 22558; 22612; 22614; 22630; 22633-22634; 22800; 22802; 22804; 22840-22842; 22869; 22870; 63005; 63012; 63017; 63030; 63035; 63042; 63044; 63047; 63048; 77003 for the same level. ***For insertion of interlaminar / interspinous process stabilization / distraction device; without open decompression or fusion; see 22869; 22870.	Reconstruction	Yes	Yes	No	No	No	No	Yes	Yes
22870	Insertion of interlaminar/interspinous process stabilization/distraction device; without open decompression or fusion; including image guidance when performed; lumbar; second level (List separately in addition to code for primary procedure)	Do not report in conjunction with 22532-22534; 22558; 22612; 22614; 22630; 22633-22634; 22800; 22802; 22804; 22840-22842; 22869; 22870; 63005; 63012; 63017; 63030; 63035; 63042; 63044; 63047; 63048; 77003 for the same level. ***For insertion of interlaminar / interspinous process stabilization / distraction device; without open decompression or fusion; see 22869; 22870.	Reconstruction	Yes	Yes	No	No	No	No	Yes	Yes
22899	Unlisted procedure, spine		Unlisted Procedure	Yes	Yes	No	No	No	No	Yes	Yes
22900	Excision; tumor, soft tissue of abdominal wall, subfascial (eg. intramuscular); less than 5 cm		Excision	No	No	No	No	No	No	No	No
22901	Excision; tumor, soft tissue of abdominal wall, subfascial (eg. intramuscular); 5 cm or greater		Excision	No	No	No	No	No	No	No	No
22902	Excision; tumor, soft tissue of abdominal wall, subcutaneous; less than 5 cm		Excision	No	No	No	No	No	No	No	No
22903	Excision; tumor, soft tissue of abdominal wall, subcutaneous; 5 cm or greater		Excision	No	No	No	No	No	No	No	No
22904	Radical resection of tumor (eg. sarcoma); soft tissue of abdominal wall; less than 5 cm		Resection	No	No	No	No	No	No	No	No
22905	Radical resection of tumor (eg. sarcoma); soft tissue of abdominal wall; 5 cm or greater		Resection	No	No	No	No	No	No	No	No
22999	Unlisted procedure, abdomen; musculoskeletal system		Unlisted Procedure	No	No	No	No	No	No	No	No
23000	Removal of subdeltoid calcareous deposits; open		Removal	No	No	No	No	No	No	No	No
23020	Capsular contracture release (eg. Seaver type procedure)		Incision	No	No	No	No	No	No	No	No
23030	Incision and drainage; shoulder area; deep abscess or hematoma		Incision/Drainage	No	No	No	No	No	No	No	No
23031	Incision and drainage; shoulder area; infected bursa		Incision/Drainage	No	No	No	No	No	No	No	No
23033	Incision; bursae (eg. olecranon bursae or bursae); shoulder area		Incision	No	No	No	No	No	No	No	No
23040	Arthroscopy; glenohumeral joint; including exploration; drainage; or removal of foreign body		Incision/Drainage	No	No	No	No	No	No	No	No
23044	Arthroscopy; acromioclavicular; sternoclavicular joint; including exploration; drainage; or removal of foreign body		Incision/Drainage	No	No	No	No	No	No	No	No
23065	Biopsy; soft tissue of shoulder area; superficial		Biopsy	No	No	No	No	No	No	No	No
23066	Biopsy; soft tissue of shoulder area; deep		Biopsy	No	No	No	No	No	No	No	No
23074	Excision; tumor, soft tissue of shoulder area; subcutaneous; 3 cm or greater		Excision	No	No	No	No	No	No	No	No
23075	Excision; tumor, soft tissue of shoulder area; subfascial (eg. intramuscular); 5 cm or greater		Excision	No	No	No	No	No	No	No	No
23076	Excision; tumor, soft tissue of shoulder area; subcutaneous; less than 3 cm		Excision	No	No	No	No	No	No	No	No
23077	Excision; tumor, soft tissue of shoulder area; subfascial (eg. intramuscular); less than 5 cm		Excision	No	No	No	No	No	No	No	No
23077	Radical resection of tumor (eg. sarcoma); soft tissue of shoulder area; less than 5 cm		Resection	No	No	No	No	No	No	No	No
23078	Radical resection of tumor (eg. sarcoma); soft tissue of shoulder area; 5 cm or greater		Resection	No	No	No	No	No	No	No	No
23100	Arthroscopy; glenohumeral joint; including biopsy		Excision	No	No	No	No	No	No	No	No
23101	Arthroscopy; acromioclavicular joint or sternoclavicular joint; including biopsy and/or excision of torn cartilage		Excision	No	No	No	No	No	No	No	No
23105	Arthroscopy; glenohumeral joint; with synovectomy; with or without biopsy		Excision	No	No	No	No	No	No	No	No
23106	Arthroscopy; sternoclavicular joint; with synovectomy; with or without biopsy		Excision	No	No	No	No	No	No	No	No
23107	Arthroscopy; glenohumeral joint; with joint exploration; with or without removal of loose or foreign body		Excision	No	No	No	No	No	No	No	No
23120	Claviclelectomy; partial		Removal	No	No	No	No	No	No	No	No
23125	Claviclelectomy; total		Removal	No	No	No	No	No	No	No	No
23130	Acromioplasty or acromioclavicular joint; partial; with or without coracoclavicular ligament release		Repair	No	No	No	No	No	No	No	No
23140	Excision or curettage of bone cyst or benign tumor of clavicle or scapula;		Excision	No	No	No	No	No	No	No	No
23145	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with autograft (includes obtaining graft)		Excision	No	No	No	No	No	No	No	No
23146	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with allograft		Excision	No	No	No	No	No	No	No	No
23150	Excision or curettage of bone cyst or benign tumor of proximal humerus;		Excision	No	No	No	No	No	No	No	No
23155	Excision or curettage of bone cyst or benign tumor of proximal humerus; with autograft (includes obtaining graft)		Excision	No	No	No	No	No	No	No	No
23156	Excision or curettage of bone cyst or benign tumor of proximal humerus; with allograft		Excision	No	No	No	No	No	No	No	No
23170	Sequestrectomy (eg. for osteomyelitis or bone abscess); clavicle		Removal	No	No	No	No	No	No	No	No
23172	Sequestrectomy (eg. for osteomyelitis or bone abscess); scapula		Removal	No	No	No	No	No	No	No	No
23174	Sequestrectomy (eg. for osteomyelitis or bone abscess); humeral head to surgical neck		Removal	No	No	No	No	No	No	No	No
23180	Partial excision (craterization; saucerization; or diaphysectomy) bone (eg. osteomyelitis); clavicle		Excision	No	No	No	No	No	No	No	No
23182	Partial excision (craterization; saucerization; or diaphysectomy) bone (eg. osteomyelitis); scapula		Excision	No	No	No	No	No	No	No	No
23184	Partial excision (craterization; saucerization; or diaphysectomy) bone (eg. osteomyelitis); proximal humerus		Excision	No	No	No	No	No	No	No	No
23190	Osteotomy of scapula, partial (eg. superior medial angle)		Removal	No	No	No	No	No	No	No	No
23195	Resection; humeral head		Resection	No	No	No	No	No	No	No	No
23200	Radical resection of tumor; clavicle		Resection	No	No	No	No	No	No	No	No
23210	Radical resection of tumor; scapula		Resection	No	No	No	No	No	No	No	No
23220	Radical resection of tumor; proximal humerus		Resection	No	No	No	No	No	No	No	No
23330	Removal of foreign body; shoulder; subcutaneous		Removal	No	No	No	No	No	No	No	No
23333	Removal of foreign body; shoulder; deep (subfascial or intramuscular)		Removal	No	No	No	No	No	No	No	No
23334	Removal of prosthesis; includes debridement and synovectomy when performed; humeral or glenoid component	Do not report in conjunction with 23473; 23474 if a prosthesis (humeral and/or glenoid component) is being removed and replaced in the same shoulder during the same surgical session.	Removal	No	No	No	No	No	No	No	No
23335	Removal of prosthesis; includes debridement and synovectomy when performed; humeral and glenoid components (eg. total shoulder)	*Do not report in conjunction with 23473; 23474 if a prosthesis (humeral and/or glenoid component) is being removed and replaced in the same shoulder during the same surgical session. **To report removal of hardware; other than humeral and/or glenoid prosthesis, use 20080.	Removal	No	No	No	No	No	No	No	No
23350	Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography	See CPT for parenthetical data.	Introduction	No	No	No	No	No	No	No	No
23395	Muscle transfer; any type; shoulder or upper arm; single		Repair	No	No	No	No	No	No	No	No
23397	Muscle transfer; any type; shoulder or upper arm; multiple		Repair	No	No	No	No	No	No	No	No
23400	Scapulothoracic (eg. Serratus deformity or for paralysis)		Reconstruction	No	No	No	No	No	No	No	No
23405	Tendonotomy; shoulder area; single tendon		Removal	No	No	No	No	No	No	No	No
23406	Tendonotomy; shoulder area; multiple tendons through same incision		Removal	No	No	No	No	No	No	No	No
23410	Repair of ruptured musculotendinous cuff (eg. rotator cuff); open; acute		Repair	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic		Repair	No	No	No	No	No	No	No	No
23415	Coracoclavicular ligament release; with or without acromioplasty		Release	No	No	No	No	No	No	No	No
23420	Reconstruction of complete shoulder (rotator cuff avulsion; chronic [includes acromioplasty])		Reconstruction	No	No	No	No	No	No	No	No
23430	Tenodesis of long tendon of biceps		Removal	No	No	No	No	No	No	No	No
23440	Resection or transplantation of long tendon of biceps		Transplantation	No	No	No	No	No	No	No	No
23450	Capsulorhaphy, anterior; full-thrust procedure; Magnusson type operation		Reconstruction	No	No	No	No	No	No	No	No
23455	Capsulorhaphy, anterior; with labral repair (eg, Bankart procedure)		Reconstruction	No	No	No	No	No	No	No	No
23460	Capsulorhaphy, anterior; any type; with bone block		Reconstruction	No	No	No	No	No	No	No	No
23462	Capsulorhaphy, anterior; any type; with coracoid process transfer		Reconstruction	No	No	No	No	No	No	No	No
23465	Capsulorhaphy; glenohumeral joint; posterior; with or without bone block		Reconstruction	No	No	No	No	No	No	No	No
23466	Capsulorhaphy; glenohumeral joint; any type multi-directional instability		Reconstruction	yes	yes	yes	No	yes	No	yes	yes
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty		Arthroplasty	yes	yes	yes	Yes	yes	Yes	yes	yes
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement [eg, total shoulder])		Arthroplasty	yes	yes	yes	Yes	yes	Yes	yes	yes
23473	Revision of total shoulder arthroplasty; including allograft when performed; humeral or glenoid component		Arthroplasty	yes	yes	yes	Yes	yes	Yes	yes	yes
23474	Revision of total shoulder arthroplasty; including allograft when performed; humeral and glenoid component		Revision	yes	yes	yes	Yes	yes	Yes	yes	yes
23480	Osteotomy, clavicle; with or without internal fixation		Removal	No	No	No	No	No	No	No	No
23485	Osteotomy, clavicle; with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)		Removal	No	No	No	No	No	No	No	No
23490	Prophylactic treatment (nailing; pinning; plating or wiring) with or without methylmethacrylate; clavicle		Fixation	No	No	No	No	No	No	No	No
23491	Prophylactic treatment (nailing; pinning; plating or wiring) with or without methylmethacrylate; proximal humerus		Fixation	No	No	No	No	No	No	No	No
23500	Closed treatment of clavicular fracture; without manipulation		Closed Treatment	No	No	No	No	No	No	No	No
23505	Closed treatment of clavicular fracture; with manipulation		Closed Treatment	No	No	No	No	No	No	No	No
23515	Open treatment of clavicular fracture; includes internal fixation; when performed		Open Treatment	No	No	No	No	No	No	No	No
23520	Closed treatment of sternoclavicular dislocation; without manipulation		Closed Treatment	No	No	No	No	No	No	No	No
23525	Closed treatment of sternoclavicular dislocation; with manipulation		Closed Treatment	No	No	No	No	No	No	No	No
23530	Open treatment of sternoclavicular dislocation; acute or chronic		Open Treatment	No	No	No	No	No	No	No	No
23532	Open treatment of sternoclavicular dislocation; acute or chronic; with fascial graft (includes obtaining graft)		Open Treatment	No	No	No	No	No	No	No	No
23540	Closed treatment of acromioclavicular dislocation; without manipulation		Closed Treatment	No	No	No	No	No	No	No	No
23545	Closed treatment of acromioclavicular dislocation; with manipulation		Closed Treatment	No	No	No	No	No	No	No	No
23550	Open treatment of acromioclavicular dislocation; acute or chronic		Open Treatment	No	No	No	No	No	No	No	No
23552	Open treatment of acromioclavicular dislocation; acute or chronic; with fascial graft (includes obtaining graft)		Open Treatment	No	No	No	No	No	No	No	No
23570	Closed treatment of scapular fracture; without manipulation		Closed Treatment	No	No	No	No	No	No	No	No
23575	Closed treatment of scapular fracture; with manipulation; with or without skeletal traction (with or without shoulder joint involvement)		Closed Treatment	No	No	No	No	yes	No	No	No
23585	Open treatment of scapular fracture (body; glenoid or acromion) includes internal fixation; when performed		Open Treatment	No	No	No	No	No	No	No	No
23600	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation		Closed Treatment	No	No	No	No	No	No	No	No
23605	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; with manipulation; with or without skeletal traction		Closed Treatment	No	No	No	No	No	No	No	No
23615	Open treatment of proximal humeral (surgical or anatomical neck) fracture; includes internal fixation; when performed; includes repair of tuberosity(s); when performed		Open Treatment	No	No	No	No	No	No	No	No
23616	Open treatment of proximal humeral (surgical or anatomical neck) fracture; includes internal fixation; when performed; includes repair of tuberosity(s); when performed; with proximal humeral prosthetic replacement		Open Treatment	No	No	No	No	No	No	No	No
23620	Closed treatment of greater humeral tuberosity fracture; without manipulation		Closed Treatment	No	No	No	No	No	No	No	No
23625	Closed treatment of greater humeral tuberosity fracture; with manipulation		Closed Treatment	No	No	No	No	No	No	No	No
23630	Open treatment of greater humeral tuberosity fracture; includes internal fixation; when performed		Open Treatment	No	No	No	No	No	No	No	No
23650	Closed treatment of shoulder dislocation; with manipulation; without anesthesia		Closed Treatment	No	No	No	No	No	No	No	No
23655	Closed treatment of shoulder dislocation; with manipulation; requiring anesthesia		Closed Treatment	No	No	No	No	No	No	No	No
23660	Open treatment of acute shoulder dislocation		Open Treatment	No	No	No	No	No	No	No	No
23665	Closed treatment of shoulder dislocation; with fracture of greater humeral tuberosity; with manipulation		Closed Treatment	No	No	No	No	No	No	No	No
23670	Open treatment of shoulder dislocation; with fracture of greater humeral tuberosity; includes internal fixation; when performed		Open Treatment	No	No	No	No	No	No	No	No
23675	Closed treatment of shoulder dislocation; with surgical or anatomical neck fracture; with manipulation		Closed Treatment	No	No	No	No	No	No	No	No
23680	Open treatment of shoulder dislocation; with surgical or anatomical neck fracture; includes internal fixation; when performed		Open Treatment	No	No	No	No	No	No	No	No
23700	Manipulation under anesthesia; shoulder joint; including application of fixation apparatus (dislocation excluded)		Manipulation	No	No	No	No	No	No	No	No
23800	Arthrodesis; glenohumeral joint		Arthrodesis	No	No	No	No	No	No	No	No
23805	Arthrodesis; glenohumeral joint; with autogenous graft (includes obtaining graft)		Arthrodesis	No	No	No	No	No	No	No	No
23900	Interthoracoacromial amputation (forequarter)		Amputation	No	No	No	No	No	No	No	No
23920	Disarticulation of shoulder		Amputation	No	No	No	No	No	No	No	No
23925	Disarticulation of shoulder; secondary closure or scar revision		Amputation	No	No	No	No	No	No	No	No
23929	Unlisted procedure; shoulder		Unlisted Procedure	No	No	No	No	No	No	No	No
23930	Incision and drainage; upper arm or elbow area; deep abscess or hematoma		Incision/Drainage	No	No	No	No	No	No	No	No
23931	Incision and drainage; upper arm or elbow area; bursa		Incision/Drainage	No	No	No	No	No	No	No	No
23935	Incision; deep; with opening of bone cortex (eg, for osteomyelitis or bone abscess); humerus or elbow		Incision	No	No	No	No	No	No	No	No
24000	Arthroscopy; elbow; including exploration; drainage; or removal of foreign body		Incision/Drainage	No	No	No	No	No	No	No	No
24006	Arthroscopy of the elbow; with capsular excision for capsular release (separate procedure)		Incision/Drainage	No	No	No	No	No	No	No	No
24005	Biopsy; soft tissue of upper arm or elbow area; superficial		Biopsy	No	No	No	No	No	No	No	No
24060	Biopsy; soft tissue of upper arm or elbow area; deep (subfascial or intramuscular)		Biopsy	No	No	No	No	No	No	No	No
24075	Excision; tumor; soft tissue of upper arm or elbow area; subcutaneous; 3 cm or greater		Excision	No	No	No	No	No	No	No	No
24073	Excision; tumor; soft tissue of upper arm or elbow area; subfascial (eg, intramuscular); 5 cm or greater		Excision	No	No	No	No	No	No	No	No
24075	Excision; tumor; soft tissue of upper arm or elbow area; subcutaneous; less than 3 cm		Excision	No	No	No	No	No	No	No	No
24076	Excision; tumor; soft tissue of upper arm or elbow area; subfascial (eg, intramuscular); less than 5 cm		Excision	No	No	No	No	No	No	No	No
24077	Radical resection of tumor (eg, sarcoma); soft tissue of upper arm or elbow area; less than 5 cm		Resection	No	No	No	No	No	No	No	No
24079	Radical resection of tumor (eg, sarcoma); soft tissue of upper arm or elbow area; 5 cm or greater		Resection	No	No	No	No	No	No	No	No
24100	Arthroscopy; elbow; with synovial biopsy only		Incision/Drainage	No	No	No	No	No	No	No	No
24101	Arthroscopy; elbow; with joint exploration; with or without biopsy; with or without removal of bone or foreign body		Incision/Drainage	No	No	No	No	No	No	No	No
24102	Arthroscopy; elbow; with synovectomy		Incision/Drainage	No	No	No	No	No	No	No	No
24105	Excision; olecranon bursa		Excision	No	No	No	No	No	No	No	No
24110	Excision or curettage of bone cyst or benign tumor; humerus; with allograft		Excision	No	No	No	No	No	No	No	No
24115	Excision or curettage of bone cyst or benign tumor; humerus; with autograft (includes obtaining graft)		Excision	No	No	No	No	No	No	No	No
24116	Excision or curettage of bone cyst or benign tumor; humerus; with allograft		Excision	No	No	No	No	No	No	No	No
24120	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; includes internal fixation		Excision	No	No	No	No	No	No	No	No
24125	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with autograft (includes obtaining graft)		Excision	No	No	No	No	No	No	No	No
24126	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with allograft		Excision	No	No	No	No	No	No	No	No
24130	Excision; radial head		Excision	No	No	No	No	No	No	No	No
24134	Sequestrectomy (eg, for osteomyelitis or bone abscess); shaft or distal humerus		Removal	No	No	No	No	No	No	No	No
24136	Sequestrectomy (eg, for osteomyelitis or bone abscess); radial head or neck		Removal	No	No	No	No	No	No	No	No
24138	Sequestrectomy (eg, for osteomyelitis or bone abscess); olecranon process		Removal	No	No	No	No	No	No	No	No
24140	Partial excision (craterization; saucerization; or diaphysectomy) bone (eg, osteomyelitis); humerus		Excision	No	No	No	No	No	No	No	No
24145	Partial excision (craterization; saucerization; or diaphysectomy) bone (eg, osteomyelitis); radial head or neck		Excision	No	No	No	No	No	No	No	No
24147	Partial excision (craterization; saucerization; or diaphysectomy) bone (eg, osteomyelitis); olecranon process		Excision	No	No	No	No	No	No	No	No
24149	Radical resection of capsule; soft tissue; and heterotopic bone; elbow; with contracture release (separate procedure)		Resection	No	No	No	No	No	No	No	No
24150	Radical resection of tumor; shaft or distal humerus		Resection	No	No	No	No	No	No	No	No
24152	Radical resection of tumor; radial head or neck		Resection	No	No	No	No	No	No	No	No
24155	Resection of elbow joint (arthrectomy)		Resection	No	No	No	No	No	No	No	No
24160	Removal of prosthesis; includes debridement and synovectomy when performed; humeral and ulnar components		Removal	No	No	No	No	No	No	No	No
24164	Removal of prosthesis; includes debridement and synovectomy when performed; radial head		Removal	No	No	No	No	No	No	No	No
24200	Removal of foreign body; upper arm or elbow area; subcutaneous		Removal	No	No	No	No	No	No	No	No
24201	Removal of foreign body; upper arm or elbow area; deep (subfascial or intramuscular)		Removal	No	No	No	No	No	No	No	No
24220	Injection procedure for elbow arthrography		Introduction	No	No	No	No	No	No	No	No
24300	Manipulation; elbow; under anesthesia		Manipulation	No	No	No	No	No	No	No	No
24301	Muscle or tendon transfer; any type; upper arm or elbow; single (excluding 24320-24331)		Reconstruction	No	No	No	No	No	No	No	No
24305	Tendon lengthening; upper arm or elbow; each tendon		Reconstruction	No	No	No	No	No	No	No	No
24310	Tendon; open; elbow to shoulder; each tendon		Release	No	No	No	No	No	No	No	No
24315	Tenodesis; with muscle transfer; with or without free graft; elbow to shoulder; single (Seddon-Brookes type procedure)		Reconstruction	No	No	No	No	No	No	No	No
24320	Tenodesis; with muscle transfer; with or without free graft; elbow to shoulder; single (Seddon-Brookes type procedure)		Reconstruction	No	No	No	No	No	No	No	No
24330	Flexor-plasty; elbow (eg, Beal-type advancement)		Reconstruction	No	No	No	No	No	No	No	No
24331	Flexor-plasty; elbow (eg, Beal-type advancement); with extensor advancement		Reconstruction	No	No	No	No	No	No	No	No
24332	Tenodesis; triceps		Removal	No	No	No	No	No	No	No	No
24340	Tenodesis of biceps tendon at elbow (separate procedure)		Reattachment	No	No	No	No	No	No	No	No
24341	Repair; tendon or muscle; upper arm or elbow; each tendon or muscle; primary or secondary (excludes rotator cuff)		Repair	No	No	No	No	No	No	No	No
24342	Reinsertion of ruptured biceps or triceps tendon; distal; with or without tendon graft		Insertion	No	No	No	No	No	No	No	No
24343	Repair lateral collateral ligament; elbow; with local tissue		Repair	No	No	No	No	No	No	No	No
24344	Reconstruction lateral collateral ligament; elbow; with tendon graft (includes harvesting of graft)		Reconstruction	No	No	No	No	No	No	No	No
24345	Repair medial collateral ligament; elbow; with local tissue		Repair	No	No	No	No	No	No	No	No
24346	Reconstruction medial collateral ligament; elbow; with tendon graft (includes harvesting of graft)		Reconstruction	No	No	No	No	No	No	No	No
24357	Tenotomy; elbow; lateral or medial (eg, epicondylitis; tennis elbow; golfer's elbow); percutaneous		Release	No	No	No	No	No	No	No	No
24358	Tenotomy; elbow; lateral or medial (eg, epicondylitis; tennis elbow; golfer's elbow); debridement; soft tissue and/or bone; open		Release	No	No	No	No	No	No	No	No
24359	Tenotomy; elbow; lateral or medial (eg, epicondylitis; tennis elbow; golfer's elbow); debridement; soft tissue and/or bone; open with tendon repair or reattachment		Release	No	No	No	No	No	No	No	No
24360	Arthroplasty; elbow; with membrane (eg, fascial)		Arthroplasty	Yes	Yes	No	No	No	No	Yes	Yes
24361	Arthroplasty; elbow; with distal humeral prosthetic replacement		Revision	No	No	No	No	No	No	No	No
24362	Arthroplasty; elbow; with implant and fascia lata ligament reconstruction		Reconstruction	No	No	No	No	No	No	No	No
24363	Arthroplasty; elbow; with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow)		Revision	No	No	No	No	No	No	No	No
24365	Arthroplasty; radial head		Arthroplasty	Yes	Yes	No	No	No	No	Yes	Yes

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
24366	Arthroplasty, radial head, with implant		Arthroplasty	Yes	Yes	No	No	No	No	Yes	Yes
24370	Revision of total elbow arthroplasty, including allograft when performed; humeral or ulnar component		Revision	No	No	No	No	No	No	No	No
24371	Revision of total elbow arthroplasty, including allograft when performed; humeral and ulnar component		Revision	No	No	No	No	No	No	No	No
24400	Osteotomy, humerus, with or without internal fixation		Removal	No	No	No	No	No	No	No	No
24410	Multiple osteotomies with realignment on intramedullary rod, humeral shaft (Sofist type procedure)		Removal	No	No	No	No	No	No	No	No
24420	Osteotomy, humerus (eg, shortening or lengthening) (excluding 24474)		Removal	No	No	No	No	No	No	No	No
24430	Repair of nonunion or malunion, humerus, without graft (eg, compression technique)		Repair	No	No	No	No	No	No	No	No
24435	Repair of nonunion or malunion, humerus, with iliac or other autograft (includes obtaining graft)		Repair	No	No	No	No	No	No	No	No
24470	Hemiphyseal arrest (eg, cubitus varus or valgus, distal humerus)		Reconstruction	No	No	No	No	No	No	No	No
24495	Decompression fasciotomy, forearm; with brachial artery exploration		Decompression	No	No	No	No	No	No	No	No
24498	Prophylactic treatment (nailing; pinning; plating or wiring); with or without methylmethacrylate; humeral shaft		Fixation	No	No	No	No	No	No	No	No
24500	Closed treatment of humeral shaft fracture, without manipulation		Closed Treatment	No	No	No	No	No	No	No	No
24505	Closed treatment of humeral shaft fracture, with manipulation; with or without skeletal traction		Closed Treatment	No	No	No	No	No	No	No	No
24515	Open treatment of humeral shaft fracture with plate/screws; with or without cerclage		Open Treatment	No	No	No	No	No	No	No	No
24516	Treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws		Insertion	No	No	No	No	No	No	No	No
24530	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; without manipulation		Closed Treatment	No	No	No	No	No	No	No	No
24535	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; with manipulation; with or without skin or skeletal traction		Closed Treatment	No	No	No	No	No	No	No	No
24538	Percutaneous skeletal fixation of supracondylar or transcondylar humeral fracture, with or without intercondylar extension		Fixation	No	No	No	No	No	No	No	No
24545	Open treatment of humeral supracondylar or transcondylar fracture; includes internal fixation, when performed; without intercondylar extension		Open Treatment	No	No	No	No	No	No	No	No
24546	Open treatment of humeral supracondylar or transcondylar fracture; includes internal fixation, when performed; with intercondylar extension		Open Treatment	No	No	No	No	No	No	No	No
24560	Closed treatment of humeral epicondylar fracture; medial or lateral; without manipulation		Closed Treatment	No	No	No	No	No	No	No	No
24565	Closed treatment of humeral epicondylar fracture; medial or lateral; with manipulation		Closed Treatment	No	No	No	No	No	No	No	No
24566	Percutaneous skeletal fixation of humeral epicondylar fracture; medial or lateral; with manipulation		Fixation	No	No	No	No	No	No	No	No
24575	Open treatment of humeral epicondylar fracture; medial or lateral; includes internal fixation; when performed		Open Treatment	No	No	No	No	No	No	No	No
24576	Closed treatment of humeral condylar fracture; medial or lateral; without manipulation		Closed Treatment	No	No	No	No	No	No	No	No
24577	Closed treatment of humeral condylar fracture; medial or lateral; with manipulation		Closed Treatment	No	No	No	No	No	No	No	No
24579	Open treatment of humeral condylar fracture; medial or lateral; includes internal fixation; when performed		Open Treatment	No	No	No	No	No	No	No	No
24582	Percutaneous skeletal fixation of humeral condylar fracture; medial or lateral; with manipulation		Fixation	No	No	No	No	No	No	No	No
24586	Open treatment of periaricular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius)		Open Treatment	No	No	No	No	No	No	No	No
24587	Open treatment of periaricular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius); with implant arthroplasty		Open Treatment	No	No	No	No	No	No	No	No
24600	Treatment of closed elbow dislocation; without anesthesia		Dislocation	No	No	No	No	No	No	No	No
24605	Treatment of closed elbow dislocation; requiring anesthesia		Dislocation	No	No	No	No	No	No	No	No
24615	Open treatment of acute or chronic elbow dislocation		Open Treatment	No	No	No	No	No	No	No	No
24620	Closed treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head); with manipulation		Closed Treatment	No	No	No	No	No	No	No	No
24635	Open treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head); includes internal fixation; when performed		Open Treatment	No	No	No	No	No	No	No	No
24640	Closed treatment of radial head subluxation in child; nutcracker elbow; with manipulation		Closed Treatment	No	No	No	No	No	No	No	No
24650	Closed treatment of radial head or neck fracture; without manipulation		Closed Treatment	No	No	No	No	No	No	No	No
24655	Closed treatment of radial head or neck fracture; with manipulation		Closed Treatment	No	No	No	No	No	No	No	No
24665	Open treatment of radial head or neck fracture; includes internal fixation or radial head excision; when performed		Open Treatment	No	No	No	No	No	No	No	No
24666	Open treatment of radial head or neck fracture; includes internal fixation or radial head excision; when performed; with radial head prosthetic replacement		Open Treatment	No	No	No	No	No	No	No	No
24670	Closed treatment of ulnar fracture; proximal end (eg, olecranon or coronoid process(es)); without manipulation		Closed Treatment	No	No	No	No	No	No	No	No
24675	Closed treatment of ulnar fracture; proximal end (eg, olecranon or coronoid process(es)); with manipulation		Closed Treatment	No	No	No	No	No	No	No	No
24685	Open treatment of ulnar fracture; proximal end (eg, olecranon or coronoid process(es)); includes internal fixation; when performed		Open Treatment	No	No	No	No	No	No	No	No
24800	Arthrodesis; elbow joint; local		Arthrodesis	No	No	No	No	No	No	No	No
24802	Arthrodesis; elbow joint; with autogenous graft (includes obtaining graft)		Arthrodesis	No	No	No	No	No	No	No	No
24900	Amputation; arm through humerus; with primary closure		Amputation	No	No	No	No	No	No	No	No
24920	Amputation; arm through humerus; open; circular (guillotine)		Amputation	No	No	No	No	No	No	No	No
24925	Amputation; arm through humerus; secondary closure or scar revision		Amputation	No	No	No	No	No	No	No	No
24930	Amputation; arm through humerus; re-amputation		Amputation	No	No	No	No	No	No	No	No
24931	Amputation; arm through humerus; with implant		Amputation	No	No	No	No	No	No	No	No
24935	Stump elongation; upper extremity		Amputation	No	No	No	No	No	No	No	No
24940	Circularity; upper extremity; complete procedure		Amputation	No	No	No	No	No	No	No	No
24999	Unlisted procedure, humerus or elbow		Unlisted Procedure	No	No	No	No	No	No	No	No
25000	Incision; extensor tendon sheath; wrist (eg, deQuervains disease)		Incision	No	No	No	No	No	No	No	No
25001	Incision; flexor tendon sheath; wrist (eg, flexor carpi radialis)		Incision	No	No	No	No	No	No	No	No
25020	Decompression fasciotomy; forearm and/or wrist; flexor OR extensor compartment; without debridement of nonviable muscle and/or nerve		Decompression	No	No	No	No	No	No	No	No
25023	Decompression fasciotomy; forearm and/or wrist; flexor OR extensor compartment; with debridement of nonviable muscle and/or nerve		Decompression	No	No	No	No	No	No	No	No
25024	Decompression fasciotomy; forearm and/or wrist; flexor AND extensor compartment; without debridement of nonviable muscle and/or nerve		Decompression	No	No	No	No	No	No	No	No
25025	Decompression fasciotomy; forearm and/or wrist; flexor AND extensor compartment; with debridement of nonviable muscle and/or nerve		Decompression	No	No	No	No	No	No	No	No
25028	Incision and drainage; forearm and/or wrist; deep abscess or hematoma		Incision/Drainage	No	No	No	No	No	No	No	No
25031	Incision and drainage; forearm and/or wrist; bursa		Incision/Drainage	No	No	No	No	No	No	No	No
25035	Incision; deep; bone cortex; forearm and/or wrist (eg, osteomyelitis or bone abscess)		Incision	No	No	No	No	No	No	No	No
25040	Arthroscopy; radiocarpal or midcarpal joint; with exploration; drainage; or removal of foreign body		Incision	No	No	No	No	No	No	No	No
25065	Biopsy; soft tissue of forearm and/or wrist; superficial		Biopsy	No	No	No	No	No	No	No	No
25066	Biopsy; soft tissue of forearm and/or wrist; deep (subfascial or intramuscular)		Biopsy	No	No	No	No	No	No	No	No
25071	Excision; tumor; soft tissue of forearm and/or wrist area; subcutaneous; 3 cm or greater		Excision	No	No	No	No	No	No	No	No
25073	Excision; tumor; soft tissue of forearm and/or wrist area; subfascial (eg, intramuscular); 3 cm or greater		Excision	No	No	No	No	No	No	No	No
25075	Excision; tumor; soft tissue of forearm and/or wrist area; subcutaneous; less than 3 cm		Excision	No	No	No	No	No	No	No	No
25076	Excision; tumor; soft tissue of forearm and/or wrist area; subfascial (eg, intramuscular); less than 3 cm		Excision	No	No	No	No	No	No	No	No
25077	Radical resection of tumor (eg, sarcoma); soft tissue of forearm and/or wrist area; less than 3 cm		Resection	No	No	No	No	No	No	No	No
25078	Radical resection of tumor (eg, sarcoma); soft tissue of forearm and/or wrist area; 3 cm or greater		Resection	No	No	No	No	No	No	No	No
25085	Capsulotomy; wrist (eg, contracture)		Excision	No	No	No	No	No	No	No	No
25100	Arthroscopy; wrist joint; with biopsy		Excision	No	No	No	No	No	No	No	No
25101	Arthroscopy; wrist joint; with joint exploration; with or without biopsy; with or without removal of loose or foreign body		Excision	No	No	No	No	No	No	No	No
25105	Arthroscopy; wrist joint; with synovectomy		Excision	No	No	No	No	No	No	No	No
25107	Arthroscopy; distal radioulnar joint including repair of triangular cartilage; complex		Excision	No	No	No	No	No	No	No	No
25109	Excision of tendon; forearm and/or wrist; flexor or extensor; each		Excision	No	No	No	No	No	No	No	No
25110	Excision; lesion of tendon sheath; forearm and/or wrist		Excision	No	No	No	No	No	No	No	No
25115	Excision of ganglion; wrist (dorsal or volar); primary		Excision	No	No	No	No	No	No	No	No
25112	Excision of ganglion; wrist (dorsal or volar); recurrent		Excision	No	No	No	No	No	No	No	No
25115	Radical excision of bursa; synovia of wrist; or forearm tendon sheaths (eg, tenosynovitis; fungus; Tbc; or other granuloma; rheumatoid arthritis; flexor)		Excision	No	No	No	No	No	No	No	No
25116	Radical excision of bursa; synovia of wrist; or forearm tendon sheaths (eg, tenosynovitis; fungus; Tbc; or other granuloma; rheumatoid arthritis); extensors; with or without transposition of dorsal interosseum		Excision	No	No	No	No	No	No	No	No
25118	Synovectomy; extensor tendon sheath; wrist; single compartment		Excision	No	No	No	No	No	No	No	No
25119	Synovectomy; extensor tendon sheath; wrist; single compartment; with resection of distal ulna		Excision	No	No	No	No	No	No	No	No
25120	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process)		Excision	No	No	No	No	No	No	No	No
25125	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with autograft (includes obtaining graft)		Excision	No	No	No	No	No	No	No	No
25126	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with allograft		Excision	No	No	No	No	No	No	No	No
25130	Excision or curettage of bone cyst or benign tumor of carpal bones		Excision	No	No	No	No	No	No	No	No
25135	Excision or curettage of bone cyst or benign tumor of carpal bones; with autograft (includes obtaining graft)		Excision	No	No	No	No	No	No	No	No
25136	Excision or curettage of bone cyst or benign tumor of carpal bones; with allograft		Excision	No	No	No	No	No	No	No	No
25145	Sequestrectomy (eg, for osteomyelitis or bone abscess); forearm and/or wrist		Removal	No	No	No	No	No	No	No	No
25150	Partial excision (craterization; saucerization; or diaphysectomy) of bone (eg, for osteomyelitis); ulna		Excision	No	No	No	No	No	No	No	No
25151	Partial excision (craterization; saucerization; or diaphysectomy) of bone (eg, for osteomyelitis); radius		Excision	No	No	No	No	No	No	No	No
25170	Radical resection of tumor; radius or ulna		Resection	No	No	No	No	No	No	No	No
25210	Carpectomy; 1 bone		Excision	No	No	No	No	No	No	No	No
25215	Carpectomy; all bones of proximal row		Excision	No	No	No	No	No	No	No	No
25230	Radial styloidectomy (separate procedure)		Excision	No	No	No	No	No	No	No	No
25240	Excision; distal ulna partial or complete (eg, Darrach type or matched resection)		Excision	No	No	No	No	No	No	No	No
25246	Injection procedure for wrist arthrography		Introduction	No	No	No	No	No	No	No	No
25248	Exploration with removal of deep foreign body; forearm or wrist		Removal	No	No	No	No	No	No	No	No
25250	Removal of wrist prosthesis; (separate procedure)		Removal	No	No	No	No	No	No	No	No
25251	Removal of wrist prosthesis; complicated; including total wrist		Removal	No	No	No	No	No	No	No	No
25259	Manipulation; wrist; under anesthesia		Manipulation	No	No	No	No	No	No	No	No
25260	Repair; tendon or muscle; flexor; forearm and/or wrist; primary; single; each tendon or muscle		Repair	No	No	No	No	No	No	No	No
25263	Repair; tendon or muscle; flexor; forearm and/or wrist; secondary; single; each tendon or muscle		Repair	No	No	No	No	No	No	No	No
25265	Repair; tendon or muscle; flexor; forearm and/or wrist; secondary; with free graft (includes obtaining graft); each tendon or muscle		Repair	No	No	No	No	No	No	No	No
25270	Repair; tendon or muscle; extensor; forearm and/or wrist; primary; single; each tendon or muscle		Repair	No	No	No	No	No	No	No	No
25272	Repair; tendon or muscle; extensor; forearm and/or wrist; secondary; single; each tendon or muscle		Repair	No	No	No	No	No	No	No	No
25274	Repair; tendon or muscle; extensor; forearm and/or wrist; secondary; with free graft (includes obtaining graft); each tendon or muscle		Repair	No	No	No	No	No	No	No	No
25275	Repair; tendon sheath; extensor; forearm and/or wrist; with free graft (includes obtaining graft) (eg, for extensor carpi ulnaris subluxation)		Repair	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
25280	Lengthening or shortening of flexor or extensor tendon; forearm and/or wrist; single; each tendon		Revision	No	No	No	No	No	No	No	No
25290	Tendon transfer; flexor or extensor tendon; forearm and/or wrist; single; each tendon		Reconstruction	No	No	No	No	No	No	No	No
25295	Tenolysis; flexor or extensor tendon; forearm and/or wrist; single; each tendon		Removal	No	No	No	No	No	No	No	No
25300	Tendodesis at wrist; flexors of fingers		Repair	No	No	No	No	No	No	No	No
25301	Tendodesis at wrist; extensors of fingers		Repair	No	No	No	No	No	No	No	No
25310	Tendon transplantation or transfer; flexor or extensor; forearm and/or wrist; single; each tendon		Transplantation	No	No	No	No	No	No	No	No
25312	Tendon transplantation or transfer; flexor or extensor; forearm and/or wrist; single; with tendon graft(s) (includes obtaining graft); each tendon		Transplantation	No	No	No	No	No	No	No	No
25315	Flexor origin slide (eg. for cerebral palsy; Volkmann contracture); forearm and/or wrist		Revision	No	No	No	No	No	No	No	No
25316	Flexor origin slide (eg. for cerebral palsy; Volkmann contracture); forearm and/or wrist; with tendon(s) transfer		Revision	No	No	No	No	No	No	No	No
25320	Capsulorhaphy or reconstruction; wrist; open (eg. capsulodesis; ligament repair; tendon transfer or graft) (includes synovectomy; capsulotomy and open reduction) for carpal instability		Reconstruction	No	No	No	No	No	No	No	No
25332	Arthroplasty; wrist; with or without interposition; with or without external or internal fixation		Arthroplasty	No	No	No	No	No	No	No	No
25335	Reconstruction for stabilization of unstable distal ulna or distal radioulnar joint; secondary by soft tissue stabilization (eg. tendon transfer; tendon graft or weave; or tenodesis) with or without open reduction of distal radioulnar joint		Revision	No	No	No	No	No	No	No	No
25337	Osteotomy; radius; distal third		Reconstruction	No	No	No	No	No	No	No	No
25350	Osteotomy; radius; distal third		Removal	No	No	No	No	No	No	No	No
25355	Osteotomy; radius; middle or proximal third		Removal	No	No	No	No	No	No	No	No
25360	Osteotomy; ulna		Removal	No	No	No	No	No	No	No	No
25365	Osteotomy; radius AND ulna		Removal	No	No	No	No	No	No	No	No
25370	Multiple osteotomies; with realignment on intramedullary rod (Sofield type procedure); radius OR ulna		Removal	No	No	No	No	No	No	No	No
25375	Multiple osteotomies; with realignment on intramedullary rod (Sofield type procedure); radius AND ulna		Removal	No	No	No	No	No	No	No	No
25390	Osteoplasty; radius OR ulna; shortening		Removal	No	No	No	No	No	No	No	No
25391	Osteoplasty; radius OR ulna; lengthening with autograft		Removal	No	No	No	No	No	No	No	No
25392	Osteoplasty; radius AND ulna; shortening (excluding 64876)		Removal	No	No	No	No	No	No	No	No
25393	Osteoplasty; radius AND ulna; lengthening with autograft		Removal	No	No	No	No	No	No	No	No
25394	Osteoplasty; carpal bone; shortening		Revision	Yes	Yes	No	No	Yes	Yes	Yes	Yes
25400	Repair of nonunion or malunion; radius OR ulna; without graft (eg. compression technique)		Repair	No	No	No	No	No	No	No	No
25405	Repair of nonunion or malunion; radius OR ulna; with autograft (includes obtaining graft)		Repair	No	No	No	No	No	No	No	No
25415	Repair of nonunion or malunion; radius AND ulna; without graft (eg. compression technique)		Repair	No	No	No	No	No	No	No	No
25420	Repair of nonunion or malunion; radius AND ulna; with autograft (includes obtaining graft)		Repair	No	No	No	No	No	No	No	No
25425	Repair of defect with autograft; radius OR ulna		Repair	No	No	No	No	No	No	No	No
25426	Repair of defect with autograft; radius AND ulna		Repair	No	No	No	No	No	No	No	No
25430	Insertion of vascular pedicle into carpal bone (eg. Hori procedure)		Insertion	No	No	No	No	No	No	No	No
25431	Repair of nonunion of carpal bone (excluding carpal scaphoid [navicular]) (includes obtaining graft and necessary fixation); each bone		Repair	No	No	No	No	No	No	No	No
25440	Repair of nonunion; scaphoid carpal (navicular) bone; with or without radial styloidectomy (includes obtaining graft and necessary fixation)		Repair	No	No	No	No	No	No	No	No
25441	Arthroplasty with prosthetic replacement; distal radius		Arthroplasty	No	No	No	No	No	No	No	No
25442	Arthroplasty with prosthetic replacement; distal ulna		Arthroplasty	No	No	No	No	No	No	No	No
25443	Arthroplasty with prosthetic replacement; scaphoid carpal (navicular)		Arthroplasty	No	No	No	No	No	No	No	No
25444	Arthroplasty with prosthetic replacement; lunate		Arthroplasty	No	No	No	No	No	No	No	No
25445	Arthroplasty with prosthetic replacement; trapezium		Arthroplasty	No	No	No	No	No	No	No	No
25446	Arthroplasty with prosthetic replacement; distal radius and partial or entire carpus (total wrist)		Arthroplasty	No	No	No	No	No	No	No	No
25447	Arthroplasty; interosseous; intercarpal or carpometacarpal joints		Arthroplasty	No	No	No	No	No	No	No	No
25448	Revision of arthroplasty; including removal of implant; wrist joint		Revision	No	No	No	No	No	No	No	No
25450	Epiphyseal arrest by epiphyseodesis or stapling; distal radius OR ulna		Revision	No	No	No	No	No	No	No	No
25451	Epiphyseal arrest by epiphyseodesis or stapling; distal radius AND ulna		Revision	No	No	No	No	No	No	No	No
25490	Prophylactic treatment (nailing; pinning; plating or wiring) with or without methylmethacrylate; radius		Repair	No	No	No	No	No	No	No	No
25491	Prophylactic treatment (nailing; pinning; plating or wiring) with or without methylmethacrylate; ulna		Repair	No	No	No	No	No	No	No	No
25492	Prophylactic treatment (nailing; pinning; plating or wiring) with or without methylmethacrylate; radius AND ulna		Repair	No	No	No	No	No	No	No	No
25500	Closed treatment of radial shaft fracture; without manipulation		Closed Treatment	No	No	No	No	No	No	No	No
25505	Closed treatment of radial shaft fracture; with manipulation		Closed Treatment	No	No	No	No	No	No	No	No
25515	Open treatment of radial shaft fracture; includes internal fixation; when performed		Open Treatment	No	No	No	No	No	No	No	No
25520	Closed treatment of radial shaft fracture and closed treatment of dislocation of distal radioulnar joint (Galeazzi fracture/dislocation)		Closed Treatment	No	No	No	No	No	No	No	No
25525	Open treatment of radial shaft fracture; includes internal fixation; when performed; and closed treatment of distal radioulnar joint dislocation (Galeazzi fracture) (dislocation); includes percutaneous skeletal fixation; when performed		Open Treatment	No	No	No	No	No	No	No	No
25526	Open treatment of radial shaft fracture; includes internal fixation; when performed; and open treatment of distal radioulnar joint dislocation (Galeazzi fracture) (dislocation); includes internal fixation; when performed; includes repair of triangular fibrocartilage complex		Open Treatment	No	No	No	No	No	No	No	No
25530	Closed treatment of ulnar shaft fracture; without manipulation		Closed Treatment	No	No	No	No	No	No	No	No
25535	Closed treatment of ulnar shaft fracture; with manipulation		Closed Treatment	No	No	No	No	No	No	No	No
25545	Open treatment of ulnar shaft fracture; includes internal fixation; when performed		Open Treatment	No	No	No	No	No	No	No	No
25560	Closed treatment of radial and ulnar shaft fractures; without manipulation		Closed Treatment	No	No	No	No	No	No	No	No
25565	Closed treatment of radial and ulnar shaft fractures; with manipulation		Closed Treatment	No	No	No	No	No	No	No	No
25574	Open treatment of radial AND ulnar shaft fractures; with internal fixation; when performed; of radius OR ulna		Open Treatment	No	No	No	No	No	No	No	No
25575	Open treatment of radial AND ulnar shaft fractures; with internal fixation; when performed; of radius AND ulna		Open Treatment	No	No	No	No	No	No	No	No
25600	Closed treatment of distal radial fracture (eg. Colles or Smith type) or epiphyseal separation; includes closed treatment of fracture of ulnar styloid; when performed; without manipulation		Closed Treatment	No	No	No	No	No	No	No	No
25605	Closed treatment of distal radial fracture (eg. Colles or Smith type) or epiphyseal separation; includes closed treatment of fracture of ulnar styloid; when performed; with manipulation		Closed Treatment	No	No	No	No	No	No	No	No
25606	Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation		Fixation	No	No	No	No	No	No	No	No
25607	Open treatment of distal radial extra-articular fracture or epiphyseal separation; with internal fixation		Open Treatment	No	No	No	No	No	No	No	No
25608	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments		Open Treatment	No	No	No	No	No	No	No	No
25609	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments		Open Treatment	No	No	No	No	No	No	No	No
25622	Closed treatment of carpal scaphoid (navicular) fracture; without manipulation		Closed Treatment	No	No	No	No	No	No	No	No
25624	Closed treatment of carpal scaphoid (navicular) fracture; with manipulation		Closed Treatment	No	No	No	No	No	No	No	No
25628	Open treatment of carpal scaphoid (navicular) fracture; includes internal fixation; when performed		Open Treatment	No	No	No	No	No	No	No	No
25630	Closed treatment of carpal bone fracture (excluding carpal scaphoid [navicular]); without manipulation; each bone		Closed Treatment	No	No	No	No	No	No	No	No
25635	Closed treatment of carpal bone fracture (excluding carpal scaphoid [navicular]); with manipulation; each bone		Closed Treatment	No	No	No	No	No	No	No	No
25645	Open treatment of carpal bone fracture (other than carpal scaphoid [navicular]); each bone		Open Treatment	No	No	No	No	No	No	No	No
25650	Closed treatment of ulnar styloid fracture		Closed Treatment	No	No	No	No	No	No	No	No
25651	Percutaneous skeletal fixation of ulnar styloid fracture		Fixation	No	No	No	No	No	No	No	No
25652	Open treatment of ulnar styloid fracture		Open Treatment	No	No	No	No	No	No	No	No
25660	Closed treatment of radiocarpal or intercarpal dislocation; 1 or more bones; with manipulation		Closed Treatment	No	No	No	No	No	No	No	No
25670	Open treatment of radiocarpal or intercarpal dislocation; 1 or more bones		Open Treatment	No	No	No	No	No	No	No	No
25671	Percutaneous skeletal fixation of distal radioulnar dislocation		Fixation	No	No	No	No	No	No	No	No
25675	Closed treatment of distal radioulnar dislocation with manipulation		Closed Treatment	No	No	No	No	No	No	No	No
25676	Open treatment of distal radioulnar dislocation; acute or chronic		Open Treatment	No	No	No	No	No	No	No	No
25680	Closed treatment of trans-scaphoepiphyseal type of fracture dislocation; with manipulation		Closed Treatment	No	No	No	No	No	No	No	No
25685	Open treatment of trans-scaphoepiphyseal type of fracture dislocation		Open Treatment	No	No	No	No	No	No	No	No
25690	Closed treatment of lunate dislocation; with manipulation		Open Treatment	No	No	No	No	No	No	No	No
25695	Open treatment of lunate dislocation		Open Treatment	No	No	No	No	No	No	No	No
25800	Arthrodesis; wrist; complete; without bone graft (includes radiocarpal and/or intercarpal and/or carpometacarpal joints)		Arthrodesis	No	No	No	No	No	No	No	No
25805	Arthrodesis; wrist; with sliding graft		Arthrodesis	No	No	No	No	No	No	No	No
25810	Arthrodesis; wrist; with free or other autograft (includes obtaining graft)		Arthrodesis	No	No	No	No	No	No	No	No
25820	Arthrodesis; wrist; limited; without bone graft (eg. intercarpal or radiocarpal)		Arthrodesis	No	No	No	No	No	No	No	No
25825	Arthrodesis; wrist; with autograft (includes obtaining graft)		Arthrodesis	No	No	No	No	No	No	No	No
25830	Arthrodesis; distal radioulnar joint with segmental resection of ulna; with or without bone graft (eg. Sauve-Kapandji procedure)		Arthrodesis	No	No	No	No	No	No	No	No
25900	Amputation; forearm; through radius and ulna		Amputation	No	No	No	No	No	No	No	No
25905	Amputation; forearm; through radius and ulna; open; circular (guillotine)		Amputation	No	No	No	No	No	No	No	No
25907	Amputation; forearm; through radius and ulna; secondary closure or scar revision		Amputation	No	No	No	No	No	No	No	No
25909	Amputation; forearm; through radius and ulna; re-amputation		Amputation	No	No	No	No	No	No	No	No
25915	Krukenberg procedure		Amputation	No	No	No	No	No	No	No	No
25920	Disarticulation through wrist;		Amputation	No	No	No	No	No	No	No	No
25922	Disarticulation through wrist; secondary closure or scar revision		Amputation	No	No	No	No	No	No	No	No
25924	Disarticulation through wrist; re-amputation		Amputation	No	No	No	No	No	No	No	No
25927	Transmetacarpal amputation;		Amputation	No	No	No	No	No	No	No	No
25929	Transmetacarpal amputation; secondary closure or scar revision		Amputation	No	No	No	No	No	No	No	No
25931	Transmetacarpal amputation; re-amputation		Amputation	No	No	No	No	No	No	No	No
25995	Unlisted procedure; forearm or wrist		Unlisted Procedure	No	No	No	No	No	No	No	No
26010	Drainage of finger abscess; simple		Incision/Drainage	No	No	No	No	No	No	No	No
26011	Drainage of finger abscess; complicated (eg. felon)		Incision/Drainage	No	No	No	No	No	No	No	No
26020	Drainage of tendon sheath; digit and/or palm; each		Incision/Drainage	No	No	No	No	No	No	No	No
26025	Drainage of palmar bursa; single; bursa		Incision/Drainage	No	No	No	No	No	No	No	No
26030	Drainage of palmar bursa; multiple; bursa		Incision/Drainage	No	No	No	No	No	No	No	No
26034	Incision; bone cortex; hand or finger (eg. osteomyelitis or bone abscess)		Incision	No	No	No	No	No	No	No	No
26035	Decompression fingers and/or hand; injection injury (eg. grease gun)		Decompression	No	No	No	No	No	No	No	No
26037	Decompressive fasciotomy; hand (excludes 26035)		Decompression	No	No	No	No	No	No	No	No
26040	Fasciotomy; palmar (eg. Dupuytren's contracture); percutaneous		Incision	No	No	No	No	No	No	No	No
26045	Fasciotomy; palmar (eg. Dupuytren's contracture); open; partial		Incision	No	No	No	No	No	No	No	No
26055	Tendon sheath incision (eg. for trigger finger)		Incision	No	No	No	No	No	No	No	No
26060	Tenotomy; percutaneous; single; each digit		Release	No	No	No	No	No	No	No	No
26070	Arthrotomy; with exploration; drainage; or removal of loose or foreign body; carpometacarpal joint		Incision	No	No	No	No	No	No	No	No
26075	Arthrotomy; with exploration; drainage; or removal of loose or foreign body; metacarpophalangeal joint; each		Incision	No	No	No	No	No	No	No	No
26080	Arthrotomy; with exploration; drainage; or removal of loose or foreign body; interphalangeal joint; each		Incision	No	No	No	No	No	No	No	No
26100	Arthrotomy with biopsy; carpometacarpal joint; each		Biopsy	No	No	No	No	No	No	No	No
26105	Arthrotomy with biopsy; metacarpophalangeal joint; each		Biopsy	No	No	No	No	No	No	No	No
26110	Arthrotomy with biopsy; interphalangeal joint; each		Biopsy	No	No	No	No	No	No	No	No
26111	Excision; tumor or vascular malformation; soft tissue of hand or finger; subcutaneous; 1.5 cm or greater		Excision	No	No	No	No	No	No	No	No
26113	Excision; tumor or vascular malformation; of hand or finger; subcuticular (eg. intermucocle); 1.5 cm or greater		Excision	No	No	No	No	No	No	No	No

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26115	Excision; tumor or vascular malformation; soft tissue of hand or finger; subcutaneous; less than 1.5 cm		Excision	No	No	No	No	No	No	No	No
26116	Excision; tumor, soft tissue, or vascular malformation; of hand or finger; subfascial (eg, intermuscular); less than 1.5 cm		Excision	No	No	No	No	No	No	No	No
26117	Radical resection of tumor (eg, sarcoma); soft tissue of hand or finger; less than 3 cm		Resection	No	No	No	No	No	No	No	No
26118	Radical resection of tumor (ie, sarcoma); soft tissue of hand or finger; 3 cm or greater		Resection	No	No	No	No	No	No	No	No
26121	Fasciectomy; palm only, with or without 2-plasty; other local tissue rearrangement; or skin grafting (includes obtaining graft)		Excision	No	No	No	No	No	No	No	No
26123	Fasciectomy; partial palmar with release of single digit including proximal interphalangeal joint; with or without 2-plasty; other local tissue rearrangement; or skin grafting (includes obtaining graft);		Excision	No	No	No	No	No	No	No	No
	Fasciectomy; partial palmar with release of single digit including proximal interphalangeal joint; with or without 2-plasty; other local tissue rearrangement; or skin grafting (includes obtaining graft); each additional digit (List separately in addition to code for primary procedure)		Excision	No	No	No	No	No	No	No	No
26126	Synovectomy; carpometacarpal joint		Excision	No	No	No	No	No	No	No	No
26135	Synovectomy; metacarpophalangeal joint including intrinsic release and extensor hood reconstruction; each digit		Reconstruction	No	No	No	No	No	No	No	No
26140	Synovectomy; proximal interphalangeal joint; including extensor reconstruction; each interphalangeal joint		Reconstruction	No	No	No	No	No	No	No	No
26145	Synovectomy; tendon sheath; radical (tenosynovectomy); flexor tendon; palm and/or finger; each tendon		Excision	No	No	No	No	No	No	No	No
26160	Excision of lesion of tendon sheath or joint capsule (ie, cyst, mucous cyst, or ganglion); hand or finger		Excision	No	No	No	No	No	No	No	No
26170	Excision of tendon; palm; flexor or extensor; single; each tendon		Excision	No	No	No	No	No	No	No	No
26180	Excision of tendon; finger; flexor or extensor; each tendon		Excision	No	No	No	No	No	No	No	No
26185	Sesamoidectomy; thumb or finger (separate procedure)		Excision	No	No	No	No	No	No	No	No
26200	Excision or curettage of bone cyst or benign tumor of metacarpal		Excision	No	No	No	No	No	No	No	No
26205	Excision or curettage of bone cyst or benign tumor of metacarpal; with autograft (includes obtaining graft)		Excision	No	No	No	No	No	No	No	No
26210	Excision or curettage of bone cyst or benign tumor of proximal; middle; or distal phalanx of finger;		Excision	No	No	No	No	No	No	No	No
26215	Excision or curettage of bone cyst or benign tumor of proximal; middle; or distal phalanx of finger; with autograft (includes obtaining graft)		Excision	No	No	No	No	No	No	No	No
26230	Partial excision (craterization, saucerization; or diaphysectomy) bone (eg, osteomyelitis); metacarpal		Excision	No	No	No	No	No	No	No	No
26235	Partial excision (craterization, saucerization; or diaphysectomy) bone (eg, osteomyelitis); proximal or middle phalanx of finger		Excision	No	No	No	No	No	No	No	No
26236	Partial excision (craterization, saucerization; or diaphysectomy) bone (eg, osteomyelitis); distal phalanx of finger		Excision	No	No	No	No	No	No	No	No
26250	Radical resection of tumor; metacarpal		Resection	No	No	No	No	No	No	No	No
26260	Radical resection of tumor; proximal or middle phalanx of finger		Resection	No	No	No	No	No	No	No	No
26262	Radical resection of tumor; distal phalanx of finger		Resection	No	No	No	No	No	No	No	No
26320	Removal of implant from finger or hand		Removal	No	No	No	No	No	No	No	No
26340	Manipulation; finger joint; under anesthesia; each joint		Manipulation	No	No	No	No	No	No	No	No
26341	Manipulation; palmar fascial cord (ie, Dupuytren's cord); post enzyme injection (eg, collagenase); single cord		Manipulation	No	No	No	No	No	No	No	No
26350	Repair or advancement; flexor tendon; not in zone 2 digital flexor tendon sheath (eg, no man's land); primary or secondary without free graft; each tendon		Repair	No	No	No	No	No	No	No	No
26352	Repair or advancement; flexor tendon; not in zone 2 digital flexor tendon sheath (eg, no man's land); secondary with free graft (includes obtaining graft); each tendon		Repair	No	No	No	No	No	No	No	No
26356	Repair or advancement; flexor tendon; in zone 2 digital flexor tendon sheath (eg, no man's land); primary; without free graft; each tendon		Repair	No	No	No	No	No	No	No	No
26357	Repair or advancement; flexor tendon; in zone 2 digital flexor tendon sheath (eg, no man's land); secondary; without free graft; each tendon		Repair	No	No	No	No	No	No	No	No
26358	Repair or advancement; flexor tendon; in zone 2 digital flexor tendon sheath (eg, no man's land); secondary; with free graft (includes obtaining graft); each tendon		Repair	No	No	No	No	No	No	No	No
26370	Repair or advancement of profundus tendon; with intact superficialis tendon; primary; each tendon		Repair	No	No	No	No	No	No	No	No
26372	Repair or advancement of profundus tendon; with intact superficialis tendon; secondary with free graft (includes obtaining graft); each tendon		Repair	No	No	No	No	No	No	No	No
26373	Repair or advancement of profundus tendon; with intact superficialis tendon; secondary without free graft; each tendon		Repair	No	No	No	No	No	No	No	No
26390	Excision flexor tendon; with implantation of synthetic rod for delayed tendon graft; hand or finger; each rod		Excision	No	No	No	No	No	No	No	No
26392	Removal of synthetic rod and insertion of flexor tendon graft; hand or finger (includes obtaining graft); each rod		Removal	No	No	No	No	No	No	No	No
26410	Repair; extensor tendon; hand; primary or secondary; without free graft; each tendon		Repair	No	No	No	No	No	No	No	No
26412	Repair; extensor tendon; hand; primary or secondary; with free graft (includes obtaining graft); each tendon		Repair	No	No	No	No	No	No	No	No
26415	Excision of extensor tendon; with implantation of synthetic rod for delayed tendon graft; hand or finger; each rod		Excision	No	No	No	No	No	No	No	No
26416	Removal of synthetic rod and insertion of extensor tendon graft (includes obtaining graft); hand or finger; each rod		Removal	No	No	No	No	No	No	No	No
26418	Repair; extensor tendon; finger; primary or secondary; without free graft; each tendon		Repair	No	No	No	No	No	No	No	No
26420	Repair; extensor tendon; finger; primary or secondary; with free graft (includes obtaining graft) each tendon		Repair	No	No	No	No	No	No	No	No
26426	Repair of extensor tendon; central slip; secondary (eg, boutonniere deformity); using local tissue(s); including lateral bands(s); each finger		Repair	No	No	No	No	No	No	No	No
26428	Repair of extensor tendon; central slip; secondary (eg, boutonniere deformity); with free graft (includes obtaining graft); each finger		Repair	No	No	No	No	No	No	No	No
26432	Closed treatment of distal extensor tendon insertion; with or without percutaneous pinning (eg, mallet finger)		Closed Treatment	No	No	No	No	No	No	No	No
26433	Repair of extensor tendon; distal insertion; primary or secondary; without graft (eg, mallet finger)		Repair	No	No	No	No	No	No	No	No
26434	Repair of extensor tendon; distal insertion; primary or secondary; with free graft (includes obtaining graft)		Repair	No	No	No	No	No	No	No	No
26437	Realignment of extensor tendon; hand; each tendon		Revision	No	No	No	No	No	No	No	No
26440	Tenolysis; flexor tendon; palm OR finger; each tendon		Removal	No	No	No	No	No	No	No	No
26442	Tenolysis; flexor tendon; palm AND finger; each tendon		Removal	No	No	No	No	No	No	No	No
26445	Tenolysis; extensor tendon; hand OR finger; each tendon		Removal	No	No	No	No	No	No	No	No
26448	Tenolysis; complex; extensor tendon; finger; including forearm; each tendon		Removal	No	No	No	No	No	No	No	No
26450	Tenotomy; flexor; palm; open; each tendon		Release	No	No	No	No	No	No	No	No
26455	Tenotomy; flexor; finger; open; each tendon		Release	No	No	No	No	No	No	No	No
26460	Tenotomy; extensor; hand or finger; open; each tendon		Release	No	No	No	No	No	No	No	No
26471	Tenodesis; of proximal interphalangeal joint; each joint		Repair	No	No	No	No	No	No	No	No
26474	Tenodesis; of distal joint; each joint		Repair	No	No	No	No	No	No	No	No
26476	Lengthening of tendon; extensor; hand or finger; each tendon		Revision	No	No	No	No	No	No	No	No
26477	Shortening of tendon; extensor; hand or finger; each tendon		Revision	No	No	No	No	No	No	No	No
26478	Lengthening of tendon; flexor; hand or finger; each tendon		Revision	No	No	No	No	No	No	No	No
26479	Shortening of tendon; flexor; hand or finger; each tendon		Revision	No	No	No	No	No	No	No	No
26480	Transfer or transplant of tendon; carpometacarpal area or dorsum of hand; without free graft; each tendon		Transplantation	Yes	Yes	Yes	No	Yes	No	Yes	Yes
26483	Transfer or transplant of tendon; carpometacarpal area or dorsum of hand; with free tendon graft (includes obtaining graft); each tendon		Transplantation	Yes	Yes	Yes	No	Yes	No	Yes	Yes
26485	Transfer or transplant of tendon; palmar; without free tendon graft; each tendon		Transplantation	Yes	Yes	Yes	No	Yes	No	Yes	Yes
26489	Transfer or transplant of tendon; palmar; with free tendon graft (includes obtaining graft); each tendon		Transplantation	Yes	Yes	Yes	No	Yes	No	Yes	Yes
26490	Opponensplasty; superficialis tendon transfer type; each tendon		Transplantation	Yes	Yes	Yes	No	Yes	No	Yes	Yes
26492	Opponensplasty; tendons transfer with graft (includes obtaining graft); each tendon		Transplantation	Yes	Yes	Yes	No	Yes	No	Yes	Yes
26494	Opponensplasty; hypothenar muscle transfer		Transplantation	Yes	Yes	Yes	No	Yes	No	Yes	Yes
26496	Opponensplasty; other methods		Transplantation	Yes	Yes	Yes	No	Yes	No	Yes	Yes
26497	Transfer of tendon to restore intrinsic function; ring and small finger		Transplantation	Yes	Yes	Yes	No	Yes	No	Yes	Yes
26498	Transfer of tendon to restore intrinsic function; all 4 fingers		Transplantation	Yes	Yes	Yes	No	Yes	No	Yes	Yes
26499	Correction claw finger; other methods		Revision	No	No	No	No	No	No	No	No
26500	Reconstruction of tendon pulley; each tendon; with local tissues (separate procedure)		Reconstruction	No	No	No	No	No	No	No	No
	Reconstruction of tendon pulley; each tendon; with tendon or fascial graft (includes obtaining graft) (separate procedure)		Reconstruction	No	No	No	No	No	No	No	No
26508	Release of thenar muscle(s) (eg, thumb contracture)		Release	No	No	No	No	No	No	No	No
26510	Cross intrinsic transfer; each tendon		Transplantation	Yes	Yes	Yes	No	Yes	No	Yes	Yes
26516	Capsulodesis; metacarpophalangeal joint; single digit		Repair	No	No	No	No	No	No	No	No
26517	Capsulodesis; metacarpophalangeal joint; 2 digits		Repair	No	No	No	No	No	No	No	No
26518	Capsulodesis; metacarpophalangeal joint; 3 or 4 digits		Repair	No	No	No	No	No	No	No	No
26520	Capsulotomy or capsulotomy; metacarpophalangeal joint; each joint		Release	No	No	No	No	No	No	No	No
26525	Capsulotomy or capsulotomy; interphalangeal joint; each joint		Release	No	No	No	No	No	No	No	No
26530	Arthroplasty; metacarpophalangeal joint; each joint		Arthroplasty	No	No	No	No	No	No	No	No
26531	Arthroplasty; metacarpophalangeal joint; with prosthetic implant; each joint		Arthroplasty	No	No	No	No	No	No	No	No
26535	Arthroplasty; interphalangeal joint; each joint		Arthroplasty	No	No	No	No	No	No	No	No
26536	Arthroplasty; interphalangeal joint; with prosthetic implant; each joint		Arthroplasty	No	No	No	No	No	No	No	No
26540	Repair of collateral ligament; metacarpophalangeal or interphalangeal joint		Repair	No	No	No	No	No	No	No	No
26541	Reconstruction; collateral ligament; metacarpophalangeal joint; single; with tendon or fascial graft (includes obtaining graft)		Reconstruction	No	No	No	No	No	No	No	No
26542	Reconstruction; collateral ligament; metacarpophalangeal joint; single; with local tissue (eg, adductor advancement)		Reconstruction	No	No	No	No	No	No	No	No
26543	Reconstruction; collateral ligament; interphalangeal joint; single; including graft; each joint		Reconstruction	No	No	No	No	No	No	No	No
26546	Repair non-union; metacarpal or phalanx (includes obtaining bone graft with or without external or internal fixation)		Repair	No	No	No	No	No	No	No	No
26548	Repair and reconstruction; finger; volar plate; interphalangeal joint		Repair	No	No	No	No	No	No	No	No
26550	Plication of a digit		Reconstruction	No	No	No	No	No	No	No	No
26553	Transfer; toe-to-hand with microvascular anastomosis; great toe wrap-around with bone graft		Transplantation	No	No	No	No	No	No	No	No
26553	Transfer; toe-to-hand with microvascular anastomosis; other than great toe; single		Transplantation	No	No	No	No	No	No	No	No
26554	Transfer; toe-to-hand with microvascular anastomosis; other than great toe; double		Transplantation	No	No	No	No	No	No	No	No
26555	Transfer; finger to another position without microvascular anastomosis		Transplantation	No	No	No	No	No	No	No	No
26556	Transfer; free toe to joint; with microvascular anastomosis		Transplantation	No	No	No	No	No	No	No	No
26560	Repair of syndactyly (web finger) each web space; with skin flaps		Repair	No	No	No	No	No	No	No	No
26565	Repair of syndactyly (web finger) each web space; with skin flaps and grafts		Repair	No	No	No	No	No	No	No	No
26562	Repair of syndactyly (web finger) each web space; complex (eg, involving bone; nails)		Repair	No	No	No	No	No	No	No	No
26565	Osteotomy; metacarpal; each		Removal	No	No	No	No	No	No	No	No
26567	Osteotomy; phalanx of finger; each		Removal	No	No	No	No	No	No	No	No
26568	Osteotomy; lengthening; metacarpal or phalanx		Removal	No	No	No	No	No	No	No	No
26580	Repair cleft hand		Removal	No	No	No	No	No	No	No	No
26587	Reconstruction of polydactylous digit; soft tissue and bone		Reconstruction	No	No	No	No	No	No	No	No
26590	Repair macrodactyly; each digit		Repair	No	No	No	No	No	No	No	No
26591	Repair; intrinsic muscles of hand; each muscle		Repair	No	No	No	No	No	No	No	No
26593	Release; intrinsic muscles of hand; each muscle		Release	No	No	No	No	No	No	No	No
26596	Excision of constricting ring of finger; with multiple 2-plasties		Excision	No	No	No	No	No	No	No	No
26600	Closed treatment of metacarpal fracture; single; without manipulation; each bone		Closed Treatment	No	No	No	No	No	No	No	No
26605	Closed treatment of metacarpal fracture; single; with manipulation; each bone		Closed Treatment	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO Auth	Commercial PPO Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
26607	Closed treatment of metacarpal fracture; with manipulation; with external fixation; each bone		Closed Treatment	No	No	No	No	No	No	No	No
26608	Percutaneous skeletal fixation of metacarpal fracture; each bone		Fixation	Yes	Yes	Yes	No	Yes	No	Yes	Yes
26615	Open treatment of metacarpal fracture; single; includes internal fixation; when performed; each bone		Open Treatment	No	No	No	No	No	No	No	No
26641	Closed treatment of carpometacarpal dislocation; thumb; with manipulation		Closed Treatment	No	No	No	No	No	No	No	No
26645	Closed treatment of carpometacarpal fracture dislocation; thumb (Bennett fracture); with manipulation		Closed Treatment	No	No	No	No	No	No	No	No
26650	Percutaneous skeletal fixation of carpometacarpal fracture dislocation; thumb (Bennett fracture); with manipulation		Fixation	Yes	Yes	Yes	No	Yes	No	Yes	Yes
26665	Open treatment of carpometacarpal fracture dislocation; thumb (Bennett fracture); includes internal fixation; when performed		Open Treatment	No	No	No	No	No	No	No	No
26670	Closed treatment of carpometacarpal dislocation; other than thumb; with manipulation; each joint; without anesthesia		Closed Treatment	No	No	No	No	No	No	No	No
26675	Closed treatment of carpometacarpal dislocation; other than thumb; with manipulation; each joint; requiring anesthesia		Closed Treatment	No	No	No	No	No	No	No	No
26676	Percutaneous skeletal fixation of carpometacarpal dislocation; other than thumb; with manipulation; each joint		Fixation	Yes	Yes	Yes	No	Yes	No	Yes	Yes
26685	Open treatment of carpometacarpal dislocation; other than thumb; includes internal fixation; when performed; each joint		Open Treatment	No	No	No	No	No	No	No	No
26686	Open treatment of carpometacarpal dislocation; other than thumb; complex, multiple, or delayed reduction		Open Treatment	No	No	No	No	No	No	No	No
26700	Closed treatment of metacarpophalangeal dislocation; single; with manipulation; without anesthesia		Closed Treatment	No	No	No	No	No	No	No	No
26705	Closed treatment of metacarpophalangeal dislocation; single; with manipulation; requiring anesthesia		Closed Treatment	No	No	No	No	No	No	No	No
26706	Percutaneous skeletal fixation of metacarpophalangeal dislocation; single; with manipulation		Fixation	Yes	Yes	Yes	No	Yes	No	Yes	Yes
26715	Open treatment of metacarpophalangeal dislocation; single; includes internal fixation; when performed		Open Treatment	No	No	No	No	No	No	No	No
26720	Closed treatment of phalangeal shaft fracture; proximal or middle phalanx; finger or thumb; without manipulation; each		Closed Treatment	No	No	No	No	No	No	No	No
26725	Closed treatment of phalangeal shaft fracture; proximal or middle phalanx; finger or thumb; with manipulation; with or without skin or skeletal traction; each		Closed Treatment	No	No	No	No	No	No	No	No
26727	Percutaneous skeletal fixation of unstable phalangeal shaft fracture; proximal or middle phalanx; finger or thumb; with manipulation; each		Fixation	Yes	Yes	Yes	No	Yes	No	Yes	Yes
26735	Open treatment of phalangeal shaft fracture; proximal or middle phalanx; finger or thumb; includes internal fixation; when performed; each		Open Treatment	No	No	No	No	No	No	No	No
26740	Closed treatment of articular fracture; involving metacarpophalangeal or interphalangeal joint; without manipulation; each		Closed Treatment	No	No	No	No	No	No	No	No
26742	Closed treatment of articular fracture; involving metacarpophalangeal or interphalangeal joint; with manipulation; each		Closed Treatment	No	No	No	No	No	No	No	No
26746	Open treatment of articular fracture; involving metacarpophalangeal or interphalangeal joint; includes internal fixation; when performed; each		Open Treatment	No	No	No	No	No	No	No	No
26750	Closed treatment of distal phalangeal fracture; finger or thumb; without manipulation; each		Closed Treatment	No	No	No	No	No	No	No	No
26755	Closed treatment of distal phalangeal fracture; finger or thumb; with manipulation; each		Closed Treatment	No	No	No	No	No	No	No	No
26756	Percutaneous skeletal fixation of distal phalangeal fracture; finger or thumb; each		Fixation	No	No	No	No	No	No	No	No
26765	Open treatment of distal phalangeal fracture; finger or thumb; includes internal fixation; when performed; each		Open Treatment	No	No	No	No	No	No	No	No
26770	Closed treatment of interphalangeal joint dislocation; single; with manipulation; without anesthesia		Closed Treatment	No	No	No	No	No	No	No	No
26775	Closed treatment of interphalangeal joint dislocation; single; with manipulation; requiring anesthesia		Closed Treatment	No	No	No	No	No	No	No	No
26776	Percutaneous skeletal fixation of interphalangeal joint dislocation; single; with manipulation		Fixation	No	No	No	No	No	No	No	No
26785	Open treatment of interphalangeal joint dislocation; includes internal fixation; when performed; single		Open Treatment	No	No	No	No	No	No	No	No
26820	Fusion in opposite thumb; with autogenous graft (includes obtaining graft)		Fusion	No	No	No	No	No	No	No	No
26841	Arthrodesis; carpometacarpal joint; thumb; with or without internal fixation		Arthrodesis	No	No	No	No	No	No	No	No
26842	Arthrodesis; carpometacarpal joint; thumb; with or without internal fixation; with autograft (includes obtaining graft)		Arthrodesis	No	No	No	No	No	No	No	No
26843	Arthrodesis; carpometacarpal joint; digit; other than thumb; each		Arthrodesis	No	No	No	No	No	No	No	No
26844	Arthrodesis; carpometacarpal joint; digit; other than thumb; each; with autograft (includes obtaining graft)		Arthrodesis	No	No	No	No	No	No	No	No
26850	Arthrodesis; metacarpophalangeal joint; with or without internal fixation		Arthrodesis	No	No	No	No	No	No	No	No
26852	Arthrodesis; metacarpophalangeal joint; with or without internal fixation; with autograft (includes obtaining graft)		Arthrodesis	No	No	No	No	No	No	No	No
26860	Arthrodesis; interphalangeal joint; with or without internal fixation		Arthrodesis	No	No	No	No	No	No	No	No
26861	Arthrodesis; interphalangeal joint; with or without internal fixation; each additional interphalangeal joint (List separately in addition to code for primary procedure)		Arthrodesis	No	No	No	No	No	No	No	No
26862	Arthrodesis; interphalangeal joint; with or without internal fixation; with autograft (includes obtaining graft)		Arthrodesis	No	No	No	No	No	No	No	No
26863	Arthrodesis; interphalangeal joint; with or without internal fixation; with autograft (includes obtaining graft); each additional joint (List separately in addition to code for primary procedure)		Arthrodesis	No	No	No	No	No	No	No	No
26910	Amputation; metacarpal; with finger or thumb (ray amputation); single; with or without intraosseous transfer		Amputation	No	No	No	No	No	No	No	No
26951	Amputation; finger or thumb; primary or secondary; any joint or phalanx; single; including neurotomy; with direct closure		Amputation	No	No	No	No	No	No	No	No
26952	Amputation; finger or thumb; primary or secondary; any joint or phalanx; single; including neurotomy; with local advancement flaps (V-Y; hood)		Amputation	No	No	No	No	No	No	No	No
26989	Unlimited procedure; hands or fingers		Unlimited Procedure	Yes	Yes	Yes	No	Yes	No	Yes	Yes
26990	Incision and drainage; pelvis or hip joint area; deep abscess or hematoma		Incision/Drainage	No	No	No	No	No	No	No	No
26991	Incision and drainage; pelvis or hip joint area; infected bursa		Incision/Drainage	No	No	No	No	No	No	No	No
26992	Incision; bone cortex; pelvis and/or hip joint (eg: osteomyelitis or bone abscess)		Incision	No	No	No	No	No	No	No	No
27000	Tenotomy; adductor of hip; anteroposterior (separate procedure)		Release	No	No	No	No	No	No	No	No
27001	Tenotomy; adductor of hip; open		Release	No	No	No	No	No	No	No	No
27003	Tenotomy; adductor; subcutaneous; open; with obturator neurotomy		Release	No	No	No	No	No	No	No	No
27005	Tenotomy; hip flexor(s); open (separate procedure)		Release	No	No	No	No	No	No	No	No
27006	Tenotomy; abductors and/or extensor(s) of hip; open (separate procedure)		Release	No	No	No	No	No	No	No	No
27025	Fasciotomy; hip or thigh; any type		Incision	No	No	No	No	No	No	No	No
27027	Decompression fasciotomy(s); pelvis (buttock compartment(s)) (eg: gluteus medius-minimus; gluteus maximus; iliopsoas; and/or tensor fascia lata muscle); unilateral		Decompression	Yes	Yes	Yes	No	Yes	No	Yes	Yes
27030	Arthrothomy; hip; with drainage (eg: infection)		Incision	No	No	No	No	No	No	No	No
27031	Arthrothomy; hip; including exploration or removal of loose or foreign body		Incision	No	No	No	No	No	No	No	No
27035	Denervation; hip joint; intrapelvic or extrapelvic intra-articular branches of sciatic; femoral; or obturator nerves		Denervation	Yes	Yes	Yes	No	Yes	No	Yes	Yes
27036	Capsulectomy or capsulotomy; hip; with or without excision of heterotopic bone; with release of hip flexor muscles (eg: gluteus medius; gluteus minimus; tensor fascia lata; rectus femoris; sartorius; iliopsoas)		Release	No	No	No	No	No	No	No	No
27040	Biopsy; soft tissue of pelvis and hip area; superficial		Biopsy	No	No	No	No	No	No	No	No
27041	Biopsy; soft tissue of pelvis and hip area; deep; subfascial or intramuscular		Biopsy	No	No	No	No	No	No	No	No
27043	Excision; tumor; soft tissue of pelvis and hip area; subcutaneous; 3 cm or greater		Excision	No	No	No	No	No	No	No	No
27045	Excision; tumor; soft tissue of pelvis and hip area; subfascial (eg: intramuscular); 5 cm or greater		Excision	No	No	No	No	No	No	No	No
27047	Excision; tumor; soft tissue of pelvis and hip area; subcutaneous; less than 3 cm		Excision	No	No	No	No	No	No	No	No
27048	Excision; tumor; soft tissue of pelvis and hip area; subfascial (eg: intramuscular); less than 5 cm		Excision	No	No	No	No	No	No	No	No
27049	Radical resection of tumor (eg: sarcoma); soft tissue of pelvis and hip area; less than 5 cm		Resection	No	No	No	No	No	No	No	No
27050	Arthrothomy; with biopsy; sacrospinous joint		Biopsy	No	No	No	No	No	No	No	No
27051	Arthrothomy; with biopsy; hip joint		Biopsy	No	No	No	No	No	No	No	No
27054	Arthrothomy with synovectomy; hip joint		Excision	No	No	No	No	No	No	No	No
27057	Decompression fasciotomy(s); pelvis (buttock compartment(s)) (eg: gluteus medius-minimus; gluteus maximus; iliopsoas; and/or tensor fascia lata muscle) with debridement of nonviable muscle; unilateral		Decompression	No	No	No	No	No	No	No	No
27059	Radical resection of tumor (eg: sarcoma); soft tissue of pelvis and hip area; 5 cm or greater		Resection	No	No	No	No	No	No	No	No
27060	Excision; ischial bursa		Excision	No	No	No	No	No	No	No	No
27062	Excision; trochanteric bursa or calcification		Excision	No	No	No	No	No	No	No	No
27065	Excision of bone cyst or benign tumor; wing of ilium; symphysis pubis; or greater trochanter of femur; superficial; includes autograft; when performed		Excision	No	No	No	No	No	No	No	No
27066	Excision of bone cyst or benign tumor; wing of ilium; symphysis pubis; or greater trochanter of femur; deep (subfascial); includes autograft; when performed		Excision	No	No	No	No	No	No	No	No
27067	Excision of bone cyst or benign tumor; wing of ilium; symphysis pubis; or greater trochanter of femur; with autograft requiring separate incision		Excision	No	No	No	No	No	No	No	No
27070	Partial excision; wing of ilium; symphysis pubis; or greater trochanter of femur; (craterization; saucerization) (eg: osteomyelitis or bone abscess); superficial		Excision	No	No	No	No	No	No	No	No
27071	Partial excision; wing of ilium; symphysis pubis; or greater trochanter of femur; (craterization; saucerization) (eg: osteomyelitis or bone abscess); deep (subfascial or intramuscular)		Excision	No	No	No	No	No	No	No	No
27075	Radical resection of tumor; wing of ilium; 1 pubic or ischial ramus or symphysis pubis		Resection	No	No	No	No	No	No	No	No
27076	Radical resection of tumor; ilium; including acetabulum; both pubic rami; or ischium and acetabulum		Resection	No	No	No	No	No	No	No	No
27077	Radical resection of tumor; innominate bone; total		Resection	No	No	No	No	No	No	No	No
27078	Radical resection of tumor; ischial tuberosity and greater trochanter of femur		Resection	No	No	No	No	No	No	No	No
27080	Coccygectomy; primary		Excision	No	No	No	No	No	No	No	No
27086	Removal of foreign body; pelvis or hip; subcutaneous tissue		Removal	No	No	No	No	No	No	No	No
27087	Removal of foreign body; pelvis or hip; deep (subfascial or intramuscular)		Removal	No	No	No	No	No	No	No	No
27090	Removal of hip prosthesis; (separate procedure)		Removal	No	No	Yes	Yes	Yes	Yes	No	No
27091	Removal of hip prosthesis; complicated; including total hip prosthesis; methylmethacrylate with or without insertion of spacer		Removal	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
27093	Injection procedure for hip arthrography; without anesthesia		Introduction	No	No	No	No	No	No	No	No
27095	Injection procedure for hip arthrography; with anesthesia		Introduction	No	No	No	No	No	No	No	No
27096	Injection procedure for sacrospinous joint; anesthetic steroid; with image guidance (fluoroscopy or CT) including arthrography when performed		Introduction	No	No	No	Yes	No	Yes	No	No
27097	Release or recession; hamstring; proximal		Release	No	No	No	No	No	No	No	No
27098	Transfer; adductor to ischium		Transplantation	Yes	Yes	Yes	No	Yes	No	Yes	Yes
27100	Transfer external oblique muscle to greater trochanter including fascial or tendon extension (graft)		Transplantation	Yes	Yes	Yes	No	Yes	No	Yes	Yes
27105	Transfer piriformis muscle to hip (includes fascial or tendon extension graft)		Transplantation	Yes	Yes	Yes	No	Yes	No	Yes	Yes
27110	Transfer iliopsoas; to greater trochanter of femur		Transplantation	Yes	Yes	Yes	No	Yes	No	Yes	Yes
27111	Transfer iliopsoas; to femoral neck		Transplantation	Yes	Yes	Yes	No	Yes	No	Yes	Yes
27120	Acetabuloplasty; (eg: Whitman; Coleman; Haggqvist; or cup type)		Resection	No	No	No	No	No	No	No	No
27122	Acetabuloplasty; resection; femoral head (eg: Girdlestone procedure)		Resection	No	No	No	No	No	No	No	No
27125	Hemiarthroplasty; hip; partial (eg: femoral stem prosthesis; bipolar arthroplasty)		Repair	No	No	Yes	Yes	Yes	Yes	No	No
27126	Arthroplasty; acetabular and proximal femoral prosthetic replacement (total hip arthroplasty); with or without autograft or allograft		Arthroplasty	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
27132	Revision of previous hip surgery to total hip arthroplasty; with or without autograft or allograft		Revision	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
27134	Revision of total hip arthroplasty; both components; with or without autograft or allograft		Revision	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
27137	Revision of total hip arthroplasty; acetabular component only; with or without autograft or allograft		Revision	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
27138	Revision of total hip arthroplasty; femoral component only; with or without autograft		Revision	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
27140	Osteotomy and transfer of greater trochanter of femur (separate procedure)		Removal	Yes	Yes	No	No	No	No	Yes	Yes
27146	Osteotomy; iliac; acetabular or innominate bone;		Removal	Yes	Yes	No	No	No	No	Yes	Yes

CPT	Description	Notes	Code Group	Commercial HMO Auth	Commercial PPO Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
27147	Osteotomy, iliac, acetabular or innominate bone, with open reduction of hip		Removal	Yes	Yes	No	No	No	No	Yes	Yes
27155	Osteotomy, iliac, acetabular or innominate bone, with femoral osteotomy		Removal	Yes	Yes	No	No	No	No	Yes	Yes
27156	Osteotomy, iliac, acetabular or innominate bone, with femoral osteotomy and with open reduction of hip		Removal	Yes	Yes	No	No	No	No	Yes	Yes
27158	Osteotomy, pelvis, bilateral (eg, congenital malformation)		Removal	Yes	Yes	No	No	No	No	Yes	Yes
27163	Osteotomy, femoral neck (separate procedure)		Removal	Yes	Yes	No	No	No	No	Yes	Yes
27165	Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast		Removal	Yes	Yes	No	No	No	No	Yes	Yes
27170	Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft)		Grafts	Yes	Yes	No	No	No	No	Yes	Yes
27175	Treatment of slipped femoral epiphysis, by traction, without reduction		Repair	No	No	No	No	No	No	No	No
27176	Treatment of slipped femoral epiphysis, by single or multiple pinning, in situ		Repair	No	No	No	No	No	No	No	No
27177	Open treatment of slipped femoral epiphysis, single or multiple pinning or bone graft (includes obtaining graft)		Open Treatment	No	No	No	No	No	No	No	No
27178	Open treatment of slipped femoral epiphysis, closed manipulation with single or multiple pinning		Open Treatment	Yes	Yes	No	No	No	No	Yes	Yes
27179	Open treatment of slipped femoral epiphysis, osteoplasty of femoral neck (Hewman type procedure)		Open Treatment	Yes	Yes	No	No	No	No	Yes	Yes
27181	Open treatment of slipped femoral epiphysis, osteotomy and internal fixation		Open Treatment	Yes	Yes	No	No	No	No	Yes	Yes
27185	Epiphyseal arrest by epiphyseodesis or stapling, greater trochanter of femur		Revision	No	No	No	No	No	No	No	No
27187	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoral neck and proximal femur		Fixation	Yes	Yes	No	No	No	No	Yes	Yes
27197	Closed treatment of posterior pelvic ring fracture(s); dislocation(s); distasis or subluxation of the ilium, sacroiliac joint, and/or sacrum; with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior ram; unilateral or bilateral; without manipulation		Closed Treatment	No	No	No	No	No	No	No	No
27198	Closed treatment of posterior pelvic ring fracture(s); dislocation(s); distasis or subluxation of the ilium, sacroiliac joint, and/or sacrum; with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior ram; unilateral or bilateral; with manipulation; requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal epidural)		Closed Treatment	No	No	No	No	No	No	No	No
27200	Closed treatment of coccygeal fracture		Closed Treatment	No	No	No	No	No	No	No	No
27202	Open treatment of coccygeal fracture		Open Treatment	No	No	No	No	No	No	No	No
27215	Open treatment of iliac spine(s); tuberosity avulsion; or iliac wing fracture(s); unilateral; for pelvic bone fracture patterns that do not disrupt the pelvic ring, includes internal fixation; when performed		Open Treatment	No	No	No	No	No	No	No	No
27216	Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation; for fracture patterns that disrupt the pelvic ring; unilateral (includes ipsilateral ilium, sacroiliac joint and/or sacrum)		Fixation	No	No	No	No	No	No	No	No
27217	Open treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns that disrupt the pelvic ring; unilateral; includes internal fixation; when performed (includes pubic symphysis and/or ipsilateral superior/inferior ram)		Open Treatment	No	No	No	No	No	No	No	No
27218	Open treatment of posterior pelvic bone fracture and/or dislocation; for fracture patterns that disrupt the pelvic ring; unilateral; includes internal fixation; when performed (includes ipsilateral ilium, sacroiliac joint and/or sacrum)		Open Treatment	No	No	No	No	No	No	No	No
27220	Closed treatment of acetabulum (hip socket) fracture(s); without manipulation		Closed Treatment	No	No	No	No	No	No	No	No
27222	Closed treatment of acetabulum (hip socket) fracture(s); with manipulation; with or without skeletal traction		Closed Treatment	No	No	No	No	No	No	No	No
27226	Open treatment of posterior or anterior acetabular wall fracture; with internal fixation		Open Treatment	No	No	No	No	No	No	No	No
27227	Open treatment of acetabular fracture(s) involving anterior or posterior (cox) column; or a fracture running transversely across the acetabulum; with internal fixation		Open Treatment	No	No	No	No	No	No	No	No
27228	Open treatment of acetabular fracture(s) involving anterior and posterior (two) columns; includes T-fracture and both column fracture with complete articular detachment; or single column or transverse fracture with associated acetabular wall fracture; with internal fixation		Open Treatment	No	No	No	No	No	No	No	No
27230	Closed treatment of femoral fracture; proximal end; neck; without manipulation		Closed Treatment	No	No	No	No	No	No	No	No
27232	Closed treatment of femoral fracture; proximal end; neck; with manipulation; with or without skeletal traction		Closed Treatment	No	No	No	No	No	No	No	No
27235	Percutaneous skeletal fixation of femoral fracture; proximal end; neck		Fixation	No	No	No	No	No	No	No	No
27236	Open treatment of femoral fracture; proximal end; neck; internal fixation or prosthetic replacement		Open Treatment	No	No	No	No	No	No	No	No
27238	Closed treatment of intertrochanteric, pertrochanteric, or subtrochanteric femoral fracture; without manipulation		Closed Treatment	No	No	No	No	No	No	No	No
27240	Closed treatment of intertrochanteric, pertrochanteric, or subtrochanteric femoral fracture; with manipulation; with or without skin or skeletal traction		Closed Treatment	No	No	No	No	No	No	No	No
27244	Treatment of intertrochanteric, pertrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant; with or without cerclage		Other Procedure	No	No	No	No	No	No	No	No
27245	Treatment of intertrochanteric, pertrochanteric, or subtrochanteric femoral fracture; with intramedullary implant; with or without interlocking screws and/or cerclage		Other Procedure	No	No	No	No	No	No	No	No
27246	Closed treatment of greater trochanteric fracture; without manipulation		Closed Treatment	No	No	No	No	No	No	No	No
27248	Open treatment of greater trochanteric fracture; includes internal fixation; when performed		Open Treatment	No	No	No	No	No	No	No	No
27250	Closed treatment of hip dislocation; traumatic; without anesthesia		Closed Treatment	No	No	No	No	No	No	No	No
27251	Closed treatment of hip dislocation; traumatic; requiring anesthesia		Closed Treatment	No	No	No	No	No	No	No	No
27253	Open treatment of hip dislocation; traumatic; without internal fixation		Open Treatment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
27254	Open treatment of hip dislocation; traumatic; with acetabular wall and femoral head fracture; with or without internal or external fixation		Open Treatment	Yes	Yes	Yes	No	Yes	No	Yes	Yes
27256	Treatment of spontaneous hip dislocation (developmental; including congenital or pathological); by abduction; splint or traction; without anesthesia; without manipulation		Dislocation	No	No	No	No	No	No	No	No
27257	Treatment of spontaneous hip dislocation (developmental; including congenital or pathological); by abduction; splint or traction; with manipulation; requiring anesthesia		Manipulation	No	No	No	No	No	No	No	No
27258	Open treatment of spontaneous hip dislocation (developmental; including congenital or pathological); replacement of femoral head in acetabulum (including tenotomy, etc);		Open Treatment	Yes	Yes	Yes	No	Yes	No	Yes	Yes
27259	Open treatment of spontaneous hip dislocation (developmental; including congenital or pathological); replacement of femoral head in acetabulum (including tenotomy, etc); with femoral shaft shortening		Open Treatment	Yes	Yes	Yes	No	Yes	No	Yes	Yes
27265	Closed treatment of post hip arthroplasty dislocation; without anesthesia		Closed Treatment	No	No	No	No	No	No	No	No
27266	Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia		Closed Treatment	No	No	No	No	No	No	No	No
27267	Closed treatment of femoral fracture; proximal end; head; without manipulation		Closed Treatment	No	No	No	No	No	No	No	No
27268	Closed treatment of femoral fracture; proximal end; head; with manipulation		Closed Treatment	No	No	No	No	No	No	No	No
27269	Open treatment of femoral fracture; proximal end; head; includes internal fixation; when performed		Open Treatment	No	No	No	No	No	No	No	No
27275	Manipulation, hip joint, requiring general anesthesia		Manipulation	No	No	No	No	No	No	No	No
27278	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (eg, bone allograft(s), synthetic device(s)), without placement of transfusion device			Yes	Yes	Yes	No	Yes	No	Yes	Yes
27279	Arthrodesis; sacroiliac joint; percutaneous or minimally invasive (indirect visualization); with image guidance; includes obtaining bone graft when performed; and placement of transfusing device		Arthrodesis	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
27280	Arthrodesis; open; sacroiliac joint; open; includes obtaining bone graft; including instrumentation; when performed		Arthrodesis	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
27282	Arthrodesis; symphysis pubis (including obtaining graft)		Arthrodesis	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
27284	Arthrodesis; hip joint (including obtaining graft)		Arthrodesis	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
27286	Arthrodesis; hip joint (including obtaining graft); with subtrochanteric osteotomy		Arthrodesis	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
27290	Interphalangeal amputation (hindquarter amputation)		Amputation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
27291	Disarticulation of hip		Amputation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
27299	Unlisted procedure, pelvis or hip joint		Unlisted Procedure	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
27301	Incision and drainage; deep abscess; bursa, or hematoma; thigh or knee region		Incision/Drainage	No	No	No	No	No	No	No	No
27303	Incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis or bone abscess)		Incision	Yes	No	Yes	No	No	No	No	No
27305	Fasciotomy, fibrotibial (tenotomy), open		Release	Yes	Yes	No	No	No	No	Yes	Yes
27306	Tenotomy, percutaneous; adductor or hamstring, single tendon (separate procedure)		Release	No	No	No	No	No	No	No	No
27307	Tenotomy, percutaneous; adductor or hamstring, multiple tendons		Release	No	No	No	No	No	No	No	No
27310	Arthroscopy, knee; with exploration; drainage; or removal of foreign body (eg, infection)		Exploratory	Yes	Yes	No	No	No	No	Yes	Yes
27323	Biopsy, soft tissue of thigh or knee area; superficial		Biopsy	No	No	No	No	No	No	No	No
27324	Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)		Biopsy	No	No	No	No	No	No	No	No
27325	Neurectomy; hamstring muscle		Excision	No	No	No	No	No	No	No	No
27326	Neurectomy; popliteal (gastrocnemius)		Excision	No	No	No	No	No	No	No	No
27327	Excision; tumor; soft tissue of thigh or knee area; subcutaneous; less than 3 cm		Excision	No	No	No	No	No	No	No	No
27328	Excision; tumor; soft tissue of thigh or knee area; subfascial (eg, intramuscular); less than 5 cm		Excision	No	No	No	No	No	No	No	No
27329	Radical resection of tumor (eg, sarcoma); soft tissue of thigh or knee area; less than 5 cm		Resection	No	No	No	No	No	No	No	No
27330	Arthroscopy, knee; with synovial biopsy only		Biopsy	No	No	No	No	No	No	No	No
27331	Arthroscopy, knee; including joint exploration; biopsy; or removal of loose or foreign bodies		Biopsy	No	No	No	No	No	No	No	No
27332	Arthroscopy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral		Excision	No	No	No	No	No	No	No	No
27333	Arthroscopy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral		Excision	No	No	No	No	No	No	No	No
27334	Arthroscopy, with synovectomy, knee; anterior OR posterior		Excision	No	No	No	No	No	No	No	No
27335	Arthroscopy, with synovectomy, knee; anterior AND posterior including popliteal area		Excision	No	No	No	No	No	No	No	No
27337	Excision; tumor; soft tissue of thigh or knee area; subcutaneous; 3 cm or greater		Excision	No	No	No	No	No	No	No	No
27339	Excision; tumor; soft tissue of thigh or knee area; subfascial (eg, intramuscular); 5 cm or greater		Excision	No	No	No	No	No	No	No	No
27340	Excision; prepatellar bursa		Excision	No	No	No	No	No	No	No	No
27345	Excision of synovial cyst of popliteal space (eg, Baker's cyst)		Excision	No	No	No	No	No	No	No	No
27347	Excision of lesion of meniscus or capsule (eg, cyst, ganglion); knee		Excision	No	No	No	No	No	No	No	No
27350	Patelectomy or hemipatelectomy		Excision	No	No	No	No	No	No	No	No
27355	Excision or curettage of bone cyst or benign tumor of femur; with allograft		Excision	No	No	No	No	No	No	No	No
27356	Excision or curettage of bone cyst or benign tumor of femur; with allograft		Excision	No	No	No	No	No	No	No	No
27357	Excision or curettage of bone cyst or benign tumor of femur; with autograft (includes obtaining graft)		Excision	No	No	No	No	No	No	No	No
27358	Excision or curettage of bone cyst or benign tumor of femur; with internal fixation (List in addition to code for primary procedure)		Excision	No	No	No	No	No	No	No	No
27360	Partial excision (osteostomy, saucerization; or diaphysectomy) bone; femur; proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)		Excision	No	No	No	No	No	No	No	No
27364	Radical resection of tumor (eg, sarcoma); soft tissue of thigh or knee area; 5 cm or greater		Resection	No	No	No	No	No	No	No	No
27365	Radical resection of tumor; femur or knee		Resection	No	No	No	No	No	No	No	No
27369	Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography	See CPT for all parenthetical data.	Arthrocentesis	No	No	No	No	No	No	No	No
27372	Removal of foreign body, deep; thigh region or knee area		Removal	No	No	No	No	No	No	No	No
27380	Suture of intrafemoral tendon; primary		Repair	No	No	No	No	No	No	No	No
27383	Suture of intrafemoral tendon; secondary reconstruction; including fascial or tendon graft		Reconstruction	No	No	No	No	No	No	No	No
27385	Suture of quadriceps or hamstring muscle rupture; primary		Repair	No	No	No	No	No	No	No	No
27386	Suture of quadriceps or hamstring muscle rupture; secondary reconstruction; including fascial or tendon graft		Reconstruction	No	No	No	No	No	No	No	No
27390	Tenotomy; open; hamstring; knee to hip; single tendon		Release	No	No	No	No	No	No	No	No
27391	Tenotomy; open; hamstring; knee to hip; multiple tendons; 1 leg		Release	No	No	No	No	No	No	No	No
27392	Tenotomy; open; hamstring; knee to hip; multiple tendons; bilateral		Release	No	No	No	No	No	No	No	No
27393	Lengthening of hamstring tendon; single tendon		Revision	No	No	No	No	No	No	No	No
27394	Lengthening of hamstring tendon; multiple tendons; 1 leg		Revision	No	No	No	No	No	No	No	No
27395	Lengthening of hamstring tendon; multiple tendons; bilateral		Revision	No	No	No	No	No	No	No	No
27396	Transplant or transfer (with muscle redirection or reupping); thigh (eg, extensor to flexor); single tendon		Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
27397	Transplant or transfer (with muscle redirection or reupping); thigh (eg, extensor to flexor); multiple tendons		Transplantation	Yes	Yes	No	No	No	No	Yes	Yes

CPT	Description	Notes	Code Group	Commercial HMO Auth	Commercial PPO Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
27406	Transfer; tendon or muscle; hamstring to femur (eg, Egger's type procedure)		Transplantation	Yes	Yes	No	No	No	No	Yes	Yes
27403	Arthroscopy with meniscus repair; knee		Repair	No	No	No	No	No	No	No	No
27405	Repair; primary; torn ligament and/or capsule; knee; collateral		Repair	No	No	No	No	No	No	No	No
27407	Repair; primary; torn ligament and/or capsule; knee; cruciate		Repair	No	No	No	No	No	No	No	No
27409	Repair; primary; torn ligament and/or capsule; knee; collateral and cruciate ligaments		Repair	No	No	No	No	No	No	No	No
27412	Autologous chondrocyte implantation; knee		Implant	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
27415	Osteochondral allograft; knee; open		Grafts	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
27416	Osteochondral autograft(s); knee; open (eg, mosaicplasty) [includes harvesting of autograft(s)]		Grafts	Yes	Yes	No	No	No	No	Yes	Yes
27418	Anterior tibial tubercleplasty (eg, Maquet type procedure)		Revision	Yes	Yes	No	No	No	No	Yes	Yes
27420	Reconstruction of dislocating patella; (eg, Hauser type procedure)		Reconstruction	Yes	Yes	No	No	No	No	Yes	Yes
27422	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwate type procedure)		Reconstruction	Yes	Yes	No	No	No	No	Yes	Yes
27424	Reconstruction of dislocating patella; with patellectomy		Reconstruction	Yes	Yes	No	No	No	No	Yes	Yes
27425	Lateral retinacular release; open		Release	Yes	Yes	No	No	No	No	Yes	Yes
27427	Ligamentous reconstruction (augmentation); knee; extra-articular		Reconstruction	Yes	Yes	No	No	No	No	Yes	Yes
27428	Ligamentous reconstruction (augmentation); knee; intra-articular (open)		Reconstruction	Yes	Yes	No	No	No	No	Yes	Yes
27429	Ligamentous reconstruction (augmentation); knee; intra-articular (open) and extra-articular		Reconstruction	Yes	Yes	No	No	No	No	Yes	Yes
27430	Quadricepsplasty (eg, Bennett or Thompson type)		Revision	Yes	Yes	No	No	No	No	Yes	Yes
27435	Capsulotomy; posterior capsular release; knee		Release	No	No	No	No	No	No	No	No
27437	Arthroplasty; patella; without prosthesis		Arthroplasty	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
27438	Arthroplasty; patella; with prosthesis		Arthroplasty	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
27440	Arthroplasty; knee; tibial plateau		Arthroplasty	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
27441	Arthroplasty; knee; tibial plateau; with debridement and partial synovectomy		Arthroplasty	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
27442	Arthroplasty; femoral condyles or tibial plateau(s); knee		Arthroplasty	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
27443	Arthroplasty; femoral condyles or tibial plateau(s); knee; with debridement and partial synovectomy		Arthroplasty	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
27445	Arthroplasty; knee; hinge prosthesis (eg, Walldus type)		Arthroplasty	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
27446	Arthroplasty; knee; condyle and plateau; medial OR lateral compartment		Arthroplasty	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
27447	Arthroplasty; knee; condyle and plateau; medial AND lateral compartments with or without patella resurfacing total knee arthroplasty		Arthroplasty	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
27448	Osteotomy; femur; shaft or supracondylar; without fixation		Removal	Yes	Yes	No	No	No	No	Yes	Yes
27450	Osteotomy; femur; shaft or supracondylar; with fixation		Removal	Yes	Yes	No	No	No	No	Yes	Yes
27454	Osteotomy; multiple; with realignment on intramedullary rod; femoral shaft (eg, Sofield type procedure)		Removal	Yes	Yes	No	No	No	No	Yes	Yes
27455	Osteotomy; proximal tibia; including fibular excision or osteotomy (includes correction of genu valgus [bowleg] or genu valgus [knock-knee]) before epiphyseal closure		Removal	Yes	Yes	No	No	No	No	Yes	Yes
27457	Osteotomy; proximal tibia; including fibular excision or osteotomy (includes correction of genu valgus [bowleg] or genu valgus [knock-knee]); after epiphyseal closure		Removal	Yes	Yes	No	No	No	No	Yes	Yes
27465	Osteoplasty; femur; shortening	excluding 64876	Removal	Yes	Yes	Yes	No	No	No	Yes	Yes
27466	Osteoplasty; femur; lengthening		Removal	Yes	Yes	Yes	No	No	No	Yes	Yes
27468	Osteoplasty; femur; combined; lengthening and shortening with femoral segment transfer		Removal	Yes	Yes	Yes	No	No	No	Yes	Yes
27470	Repair; nonunion or malunion; femur; distal to head and neck; without graft (eg, compression technique)		Repair	Yes	Yes	No	No	No	No	Yes	Yes
27472	Repair; nonunion or malunion; femur; distal to head and neck; with iliac or other autogenous bone graft (includes obtaining graft)		Repair	Yes	Yes	No	No	No	No	Yes	Yes
27475	Arrest; epiphyseal; any method (eg, epiphysodesis); distal femur		Fusion	Yes	Yes	No	No	No	No	Yes	Yes
27477	Arrest; epiphyseal; any method (eg, epiphysodesis); tibia and fibula; proximal		Fusion	Yes	Yes	No	No	No	No	Yes	Yes
27479	Arrest; epiphyseal; any method (eg, epiphysodesis); combined distal femur; proximal tibia and fibula		Fusion	Yes	Yes	No	No	No	No	Yes	Yes
27485	Arrest; hemiepiphyseal; distal femur or proximal tibia or fibula (eg, genu valgus or valgus)		Revision	No	No	No	No	No	No	No	No
27486	Revision of total knee arthroplasty; with or without allograft; 1 component		Revision	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
27487	Revision of total knee arthroplasty; with or without allograft; femoral and entire tibial component		Revision	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
27488	Removal of prosthesis; including total knee prosthesis; methylmethacrylate with or without insertion of spacer; knee		Removal	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
27495	Prophylactic treatment (trailing, pinning, plating, or wiring) with or without methylmethacrylate; femur		Fixation	Yes	Yes	No	No	No	No	Yes	Yes
27496	Decompression fasciotomy; thigh and/or knee; 1 compartment (flexor or extensor or adductor)		Decompression	No	No	No	No	No	No	No	No
27497	Decompression fasciotomy; thigh and/or knee; 1 compartment (flexor or extensor or adductor); with debridement of nonviable muscle and/or nerve		Decompression	No	No	No	No	No	No	No	No
27498	Decompression fasciotomy; thigh and/or knee; multiple compartments		Decompression	No	No	No	No	No	No	No	No
27499	Decompression fasciotomy; thigh and/or knee; multiple compartments; with debridement of nonviable muscle and/or nerve		Decompression	No	No	No	No	No	No	No	No
27500	Closed treatment of femoral shaft fracture; without manipulation		Closed Treatment	No	No	No	No	No	No	No	No
27501	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension; without manipulation		Closed Treatment	No	No	No	No	No	No	No	No
27502	Closed treatment of femoral shaft fracture; with manipulation; with or without skin or skeletal traction		Closed Treatment	No	No	No	No	No	No	No	No
27503	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension; with manipulation; with or without skin or skeletal traction		Closed Treatment	No	No	No	No	No	No	No	No
27506	Open treatment of femoral shaft fracture; with or without external fixation; with insertion of intramedullary implant; with or without cerclage and/or locking screws		Open Treatment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
27507	Open treatment of femoral shaft fracture with plate/screws; with or without cerclage		Open Treatment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
27508	Closed treatment of femoral fracture; distal end; medial or lateral condyle; without manipulation		Closed Treatment	No	No	No	No	No	No	No	No
27509	Percutaneous skeletal fixation of femoral fracture; distal end; medial or lateral condyle; or supracondylar or transcondylar; with or without intercondylar extension; or distal femoral epiphyseal separation		Fixation	Yes	Yes	No	No	No	No	Yes	Yes
27510	Closed treatment of femoral fracture; distal end; medial or lateral condyle; with manipulation		Closed Treatment	No	No	No	No	No	No	No	No
27511	Open treatment of femoral supracondylar or transcondylar fracture without intercondylar extension; includes internal fixation; when performed		Open Treatment	No	No	No	No	No	No	No	No
27513	Open treatment of femoral supracondylar or transcondylar fracture with intercondylar extension; includes internal fixation; when performed		Open Treatment	No	No	No	No	No	No	No	No
27514	Open treatment of femoral fracture; distal end; medial or lateral condyle; includes internal fixation; when performed		Open Treatment	No	No	No	No	No	No	No	No
27516	Closed treatment of distal femoral epiphyseal separation; without manipulation		Closed Treatment	No	No	No	No	No	No	No	No
27517	Closed treatment of distal femoral epiphyseal separation; with manipulation; with or without skin or skeletal traction		Closed Treatment	No	No	No	No	No	No	No	No
27519	Open treatment of distal femoral epiphyseal separation; includes internal fixation; when performed		Open Treatment	No	No	No	No	No	No	No	No
27520	Closed treatment of patellar fracture; without manipulation		Closed Treatment	No	No	No	No	No	No	No	No
27524	Open treatment of patellar fracture; with internal fixation and/or partial or complete patellectomy and soft tissue repair		Open Treatment	No	No	No	No	No	No	No	No
27530	Closed treatment of tibial fracture; proximal (plateau); without manipulation		Closed Treatment	No	No	No	No	No	No	No	No
27532	Closed treatment of tibial fracture; proximal (plateau); with or without manipulation; with skeletal traction		Closed Treatment	No	No	No	No	No	No	No	No
27535	Open treatment of tibial fracture; proximal (plateau); unicorndylar; includes internal fixation; when performed		Open Treatment	No	No	No	No	No	No	No	No
27536	Open treatment of tibial fracture; proximal (plateau); bicorndylar; with or without internal fixation		Open Treatment	No	No	No	No	No	No	No	No
27538	Closed treatment of intercondylar spine(s) and/or tuberosity fracture(s) of knee; with or without manipulation		Closed Treatment	No	No	No	No	No	No	No	No
27540	Open treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee; includes internal fixation; when performed		Open Treatment	No	No	No	No	No	No	No	No
27550	Closed treatment of knee dislocation; without anesthesia		Closed Treatment	No	No	No	No	No	No	No	No
27552	Closed treatment of knee dislocation; requiring anesthesia		Closed Treatment	No	No	No	No	No	No	No	No
27556	Open treatment of knee dislocation; includes internal fixation; when performed; without primary ligamentous repair or augmentation/reconstruction		Open Treatment	No	No	No	No	No	No	No	No
27557	Open treatment of knee dislocation; includes internal fixation; when performed; with primary ligamentous repair		Open Treatment	No	No	No	No	No	No	No	No
27558	Open treatment of knee dislocation; includes internal fixation; when performed; with primary ligamentous repair; with augmentation/reconstruction		Open Treatment	No	No	No	No	No	No	No	No
27560	Closed treatment of patellar dislocation; without anesthesia		Closed Treatment	No	No	No	No	No	No	No	No
27562	Closed treatment of patellar dislocation; requiring anesthesia		Closed Treatment	No	No	No	No	No	No	No	No
27566	Open treatment of patellar dislocation; with or without partial or total patellectomy		Open Treatment	No	No	No	No	No	No	No	No
27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)		Manipulation	No	No	No	No	No	No	No	No
27580	Arthrodesis; knee; any technique		Arthrodesis	No	No	No	No	No	No	No	No
27590	Amputation; thigh; through femur; any level		Amputation	No	No	No	No	No	No	No	No
27591	Amputation; thigh; through femur; any level; immediate fitting technique including first cast		Amputation	No	No	No	No	No	No	No	No
27592	Amputation; thigh; through femur; any level; open; circular (guillotine)		Amputation	No	No	No	No	No	No	No	No
27594	Amputation; thigh; through femur; any level; secondary closure or scar revision		Amputation	No	No	No	No	No	No	No	No
27596	Amputation; thigh; through femur; any level; re-amputation		Amputation	No	No	No	No	No	No	No	No
27598	Disarticulation at knee		Amputation	No	No	No	No	No	No	No	No
27599	Unlisted procedure; femur or knee		Unlisted Procedure	No	No	No	No	No	No	No	No
27600	Decompression fasciotomy; leg; anterior and/or lateral compartments only		Decompression	No	No	No	No	No	No	No	No
27601	Decompression fasciotomy; leg; posterior compartment(s) only		Decompression	No	No	No	No	No	No	No	No
27602	Decompression fasciotomy; leg; anterior and/or lateral; and posterior compartment(s)		Decompression	No	No	No	No	No	No	No	No
27603	Incision and drainage; leg or ankle; deep abscess or hematoma		Incision/Drainage	No	No	No	No	No	No	No	No
27604	Incision and drainage; leg or ankle; infected bursa		Incision/Drainage	No	No	No	No	No	No	No	No
27605	Tenotomy; percutaneous; Achilles tendon (separate procedure); local anesthesia		Release	No	No	No	No	No	No	No	No
27606	Tenotomy; percutaneous; Achilles tendon (separate procedure); general anesthesia		Release	No	No	No	No	No	No	No	No
27607	Incision (eg, osteomyelitis or bone abscess); leg or ankle		Incision	No	No	No	No	No	No	No	No
27610	Arthroscopy; ankle; including exploration; drainage; or removal of foreign body		Exploratory	No	No	No	No	No	No	No	No
27612	Arthroscopy; posterior capsular release; ankle; with or without Achilles tendon lengthening		Revision	No	No	No	No	No	No	No	No
27613	Biopsy; soft tissue of leg or ankle area; superficial		Biopsy	No	No	No	No	No	No	No	No
27614	Biopsy; soft tissue of leg or ankle area; deep (subfascial or intramuscular)		Biopsy	No	No	No	No	No	No	No	No
27615	Radical resection of tumor (eg, sarcoma); soft tissue of leg or ankle area; less than 5 cm		Resection	No	No	No	No	No	No	No	No
27616	Radical resection of tumor (eg, sarcoma); soft tissue of leg or ankle area; 5 cm or greater		Resection	No	No	No	No	No	No	No	No
27618	Excision; tumor; soft tissue of leg or ankle area; subcutaneous; less than 5 cm		Excision	No	No	No	No	No	No	No	No
27619	Excision; tumor; soft tissue of leg or ankle area; subfascial (eg, intramuscular); less than 5 cm		Excision	No	No	No	No	No	No	No	No
27620	Arthroscopy; ankle; with joint exploration; with or without biopsy; with or without removal of loose or foreign body		Exploratory	No	No	No	No	No	No	No	No
27625	Arthroscopy; with synovectomy; ankle		Incision/Drainage	No	No	No	No	No	No	No	No
27626	Arthroscopy; with synovectomy; ankle; including tenosynovectomy		Incision/Drainage	No	No	No	No	No	No	No	No
27630	Excision of lesion of tendon sheath or capsule (eg, cyst or ganglion); leg and/or ankle		Excision	No	No	No	No	No	No	No	No
27632	Excision; tumor; soft tissue of leg or ankle area; subcutaneous; 5 cm or greater		Excision	No	No	No	No	No	No	No	No
27634	Excision; tumor; soft tissue of leg or ankle area; subfascial (eg, intramuscular); 5 cm or greater		Excision	No	No	No	No	No	No	No	No
27635	Excision or curettage of bone cyst or benign tumor; tibia or fibula		Excision	No	No	No	No	No	No	No	No
27637	Excision or curettage of bone cyst or benign tumor; tibia or fibula; with autograft (includes obtaining graft)		Excision	No	No	No	No	No	No	No	No
27638	Excision or curettage of bone cyst or benign tumor; tibia or fibula; with allograft		Excision	No	No	No	No	No	No	No	No
27640	Partial excision (craterization, saucerization, or diaphysectomy); bone (eg, osteomyelitis); tibia		Excision	No	No	No	No	No	No	No	No
27641	Partial excision (craterization, saucerization, or diaphysectomy); bone (eg, osteomyelitis); fibula		Excision	No	No	No	No	No	No	No	No
27643	Radical resection of tumor; tibia		Resection	No	No	No	No	No	No	No	No
27646	Radical resection of tumor; fibula		Resection	No	No	No	No	No	No	No	No
27647	Radical resection of tumor; tibia or calcaneus		Resection	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO Auth	Commercial PPO Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
27648	Injection procedure for ankle arthrography		Introduction	No	No	No	No	No	No	No	No
27650	Repair, primary, open or percutaneous; ruptured Achilles tendon;		Repair	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
27652	Repair, primary, open or percutaneous; ruptured Achilles tendon, with graft (includes obtaining graft)		Repair	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
27654	Repair, secondary, Achilles tendon, with or without graft		Repair	Yes	Yes	No	No	No	No	Yes	Yes
27656	Repair, fascial defect of leg		Repair	No	No	No	No	No	No	No	No
27658	Repair, flexor tendon, leg, primary, without graft; each tendon		Repair	No	No	No	No	No	No	No	No
27659	Repair, flexor tendon, leg, secondary, with or without graft; each tendon		Repair	No	No	No	No	No	No	No	No
27664	Repair, extensor tendon, leg, primary, without graft; each tendon		Repair	No	No	No	No	No	No	No	No
27665	Repair, extensor tendon, leg, secondary, with or without graft; each tendon		Repair	No	No	No	No	No	No	No	No
27675	Repair, dislocating peroneal tendons, without fibular osteotomy		Repair	No	No	No	No	No	No	No	No
27676	Repair, dislocating peroneal tendons, with fibular osteotomy		Repair	No	No	No	No	No	No	No	No
27680	Tenolysis, flexor or extensor tendon; leg and/or ankle; single, each tendon		Removal	No	No	No	No	No	No	No	No
27681	Tenolysis, flexor or extensor tendon; leg and/or ankle; multiple tendons (through separate incision[s])		Removal	No	No	No	No	No	No	No	No
27685	Lengthening or shortening of tendon; leg or ankle; single tendon (separate procedure)		Revision	No	No	No	No	No	No	No	No
27686	Lengthening or shortening of tendon; leg or ankle; multiple tendons (through same incision); each		Revision	No	No	No	Yes	No	Yes	No	No
27687	Gastrocnemius recession (eg, Strayer procedure)		Release	No	No	No	No	No	No	No	No
27690	Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)		Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
27691	Transfer or transplant of single tendon (with muscle redirection or rerouting; each additional tendon (list separately in addition to code for primary procedure)		Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
27692	Repair, primary, disrupted ligament; ankle, collateral		Repair	No	Yes	Yes	Yes	Yes	Yes	No	No
27696	Repair, primary, disrupted ligament; ankle, both collateral ligaments		Repair	No	No	No	No	No	No	No	No
27698	Repair, secondary, disrupted ligament; ankle; collateral (eg, Watson-Jones procedure)		Repair	No	No	No	No	No	No	No	No
27700	Arthroplasty, ankle; with implant (total ankle)		Arthroplasty	Yes	Yes	Yes	No	No	No	Yes	Yes
27702	Arthroplasty, ankle; revision (total ankle)		Arthroplasty	Yes	Yes	Yes	No	No	No	Yes	Yes
27703	Arthroplasty, ankle; revision; total ankle		Arthroplasty	Yes	Yes	Yes	No	No	No	Yes	Yes
27704	Removal of ankle implant		Removal	Yes	Yes	No	No	No	No	Yes	Yes
27705	Osteotomy, tibia		Removal	No	No	No	No	No	No	No	No
27707	Osteotomy, fibula		Removal	No	No	No	No	No	No	No	No
27709	Osteotomy, tibia and fibula		Removal	No	No	No	No	No	No	No	No
27712	Osteotomy, multiple, with realignment on intramedullary rod (eg, Seldi type procedure)		Removal	No	No	No	No	No	No	No	No
27715	Osteoplasty, tibia and fibula, lengthening or shortening		Removal	No	No	No	No	No	No	No	No
27720	Repair of nonunion or malunion, tibia, without graft (eg, compression technique)		Repair	No	No	No	No	No	No	No	No
27722	Repair of nonunion or malunion, tibia, with sliding graft		Repair	No	No	No	No	No	No	No	No
27724	Repair of nonunion or malunion, tibia, with flap or other autograft (includes obtaining graft)		Repair	No	No	No	No	No	No	No	No
27725	Repair of nonunion or malunion, tibia, by synostosis; with fibula, any method		Repair	No	No	No	No	No	No	No	No
27726	Repair of fibula nonunion and/or malunion with internal fixation		Repair	No	No	No	No	No	No	No	No
27727	Repair of congenital pseudarthrosis, tibia		Repair	No	No	No	No	No	No	No	No
27730	Arrest, epiphyseal (epiphyseodesis); open, distal tibia		Fusion	Yes	Yes	Yes	No	Yes	No	Yes	Yes
27732	Arrest, epiphyseal (epiphyseodesis); open, distal fibula		Fusion	Yes	Yes	Yes	No	Yes	No	Yes	Yes
27734	Arrest, epiphyseal (epiphyseodesis); open, distal tibia and fibula		Fusion	Yes	Yes	Yes	No	Yes	No	Yes	Yes
27740	Arrest, epiphyseal (epiphyseodesis); any method; combined; proximal and distal tibia and fibula		Fusion	Yes	Yes	Yes	No	Yes	No	Yes	Yes
27742	Arrest, epiphyseal (epiphyseodesis); any method; combined; proximal and distal tibia and fibula, and distal femur		Fusion	Yes	Yes	Yes	No	Yes	No	Yes	Yes
27745	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; tibia		Fixation	No	No	No	No	No	No	No	No
27750	Closed treatment of tibial shaft fracture (with or without fibular fracture); without manipulation		Closed Treatment	No	No	No	No	No	No	No	No
27752	Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation; with or without skeletal traction		Closed Treatment	No	No	No	No	No	No	No	No
27756	Percutaneous skeletal fixation of tibial shaft fracture (with or without fibular fracture) (eg, pins or screws)		Fixation	Yes	Yes	Yes	No	No	No	Yes	Yes
27758	Open treatment of tibial shaft fracture (with or without fibular fracture); with plate/screws, with or without cerclage		Open Treatment	No	No	No	No	No	No	No	No
27759	Treatment of tibial shaft fracture (with or without fibular fracture) by intramedullary implant; with or without interlocking screws and/or cerclage		Other Procedure	No	No	No	No	No	No	No	No
27760	Closed treatment of medial malleolus fracture; without manipulation		Closed Treatment	No	No	No	No	No	No	No	No
27762	Closed treatment of medial malleolus fracture; with manipulation; with or without skin or skeletal traction		Closed Treatment	No	No	No	No	No	No	No	No
27766	Open treatment of medial malleolus fracture; includes internal fixation; when performed		Open Treatment	No	No	No	No	No	No	No	No
27767	Closed treatment of posterior malleolus fracture; without manipulation		Closed Treatment	No	No	No	No	No	No	No	No
27768	Closed treatment of posterior malleolus fracture; with manipulation		Closed Treatment	No	No	No	No	No	No	No	No
27769	Open treatment of posterior malleolus fracture; includes internal fixation; when performed		Open Treatment	No	No	No	No	No	No	No	No
27780	Closed treatment of proximal fibula or shaft fracture; without manipulation		Closed Treatment	No	No	No	No	No	No	No	No
27781	Closed treatment of proximal fibula or shaft fracture; with manipulation		Closed Treatment	No	No	No	No	No	No	No	No
27784	Open treatment of proximal fibula or shaft fracture; includes internal fixation; when performed		Open Treatment	No	No	No	No	No	No	No	No
27786	Closed treatment of distal fibula fracture (lateral malleolus); without manipulation		Closed Treatment	No	No	No	No	No	No	No	No
27788	Closed treatment of distal fibula fracture (lateral malleolus); with manipulation		Closed Treatment	No	No	No	No	No	No	No	No
27792	Open treatment of distal fibula fracture (lateral malleolus); includes internal fixation; when performed		Open Treatment	No	No	No	No	No	No	No	No
27806	Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli; or lateral and posterior malleoli or medial and posterior malleoli); without manipulation		Closed Treatment	No	No	No	No	No	No	No	No
27808	Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli; or lateral and posterior malleoli or medial and posterior malleoli); with manipulation		Closed Treatment	No	No	No	No	No	No	No	No
27810	Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli; or lateral and posterior malleoli; or medial and posterior malleoli); includes internal fixation; when performed		Open Treatment	No	No	No	No	No	No	No	No
27814	Closed treatment of trimalleolar ankle fracture; without manipulation		Closed Treatment	No	No	No	No	No	No	No	No
27816	Closed treatment of trimalleolar ankle fracture; with manipulation		Closed Treatment	No	No	No	No	No	No	No	No
27818	Open treatment of trimalleolar ankle fracture; includes internal fixation; when performed; medial and/or lateral malleolus, without fixation of posterior lip		Open Treatment	No	No	No	No	No	No	No	No
27822	Open treatment of trimalleolar ankle fracture; includes internal fixation; when performed; medial and/or lateral malleolus, with fixation of posterior lip		Open Treatment	No	No	No	No	No	No	No	No
27824	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond); with or without anesthesia; without manipulation		Closed Treatment	No	No	No	No	No	No	No	No
27825	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond); with or without anesthesia; with skeletal traction and/or requiring manipulation		Closed Treatment	No	No	No	No	No	No	No	No
27826	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond); with internal fixation; when performed; of tibia only		Open Treatment	No	No	No	No	No	No	No	No
27827	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond); with internal fixation; when performed; of both tibia and fibula		Open Treatment	No	No	No	No	No	No	No	No
27828	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond); with internal fixation; when performed; of both tibia and fibula		Open Treatment	No	No	No	No	No	No	No	No
27829	Open treatment of distal tibiofibular joint (syndesmosis) disruption; includes internal fixation; when performed		Open Treatment	No	No	No	No	No	No	No	No
27830	Closed treatment of proximal tibiofibular joint dislocation; without anesthesia		Closed Treatment	No	No	No	No	No	No	No	No
27831	Closed treatment of proximal tibiofibular joint dislocation; requiring anesthesia		Closed Treatment	No	No	No	No	No	No	No	No
27832	Open treatment of proximal tibiofibular joint dislocation; includes internal fixation; when performed; or with excision of proximal fibula		Open Treatment	No	No	No	No	No	No	No	No
27840	Closed treatment of ankle dislocation; without anesthesia		Closed Treatment	No	No	No	No	No	No	No	No
27842	Closed treatment of ankle dislocation; requiring anesthesia, with or without percutaneous skeletal fixation		Closed Treatment	No	No	No	No	No	No	No	No
27846	Open treatment of ankle dislocation; with or without percutaneous skeletal fixation; without repair or internal fixation		Open Treatment	No	No	No	No	No	No	No	No
27848	Open treatment of ankle dislocation; with or without percutaneous skeletal fixation; with repair or internal or external fixation		Open Treatment	No	No	No	No	No	No	No	No
27860	Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)		Manipulation	No	No	No	No	No	No	No	No
27870	Arthrodesis, ankle; open		Arthrodesis	No	No	No	No	No	No	No	No
27872	Arthrodesis, tibiofibular joint; proximal or distal		Arthrodesis	No	No	No	No	No	No	No	No
27880	Amputation, leg, through tibia and fibula		Amputation	No	No	No	No	No	No	No	No
27881	Amputation, leg, through tibia and fibula, with immediate fitting technique including application of first cast		Amputation	No	No	No	No	No	No	No	No
27882	Amputation, leg, through tibia and fibula, open; circular (girdle)		Amputation	Yes	Yes	No	No	No	No	Yes	Yes
27884	Amputation, leg, through tibia and fibula, secondary closure or scar revision		Amputation	Yes	Yes	No	No	No	No	Yes	Yes
27886	Amputation, leg, through tibia and fibula, re-amputation		Amputation	Yes	Yes	No	No	No	No	Yes	Yes
27888	Amputation, ankle, through malleoli of tibia and fibula (eg, Syme; Pirogoff type procedures); with plastic closure and resection of nerves		Amputation	Yes	Yes	No	No	No	No	Yes	Yes
27889	Ankle disarticulation		Amputation	Yes	Yes	No	No	No	No	Yes	Yes
27892	Decompression fasciotomy, leg, anterior and/or lateral compartments only; with debridement of nonviable muscle and/or nerve		Decompression	Yes	Yes	Yes	No	Yes	No	Yes	Yes
27893	Decompression fasciotomy, leg, posterior compartment(s) only; with debridement of nonviable muscle and/or nerve		Decompression	Yes	Yes	Yes	No	Yes	No	Yes	Yes
27894	Decompression fasciotomy, leg, anterior and/or lateral; and posterior compartment(s); with debridement of nonviable muscle and/or nerve		Decompression	Yes	Yes	Yes	No	Yes	No	Yes	Yes
27895	United procedure; leg or ankle		United Procedure	Yes	Yes	Yes	No	Yes	No	Yes	Yes
88001	Incision and drainage; bursa; foot		Incision/Drainage	No	No	No	No	No	No	No	No
88002	Incision and drainage below fascia; with or without tendon sheath involvement; foot; single bursal space		Incision/Drainage	No	No	No	No	No	No	No	No
88003	Incision and drainage below fascia; with or without tendon sheath involvement; foot; multiple areas		Incision/Drainage	No	No	No	No	No	No	No	No
88005	Incision; bursae; foot (eg, retrocalcaneal or bursae alar); foot		Incision	No	No	No	No	No	No	No	No
88008	Fasciotomy, foot and/or toe		Incision	No	No	No	No	No	No	No	No
88010	Tenotomy; percutaneous; toe; single tendon		Release	No	No	No	No	No	No	No	No
88011	Tenotomy; percutaneous; toe; multiple tendons		Release	No	No	No	No	No	No	No	No
88020	Arthroscopy, including exploration; drainage; or removal of loose or foreign body; intertarsal or tarsometatarsal joint		Exploratory	No	No	No	No	No	No	No	No
88022	Arthroscopy, including exploration; drainage; or removal of loose or foreign body; metatarsophalangeal joint		Exploratory	No	No	No	No	No	No	No	No
88024	Arthroscopy, including exploration; drainage; or removal of loose or foreign body; interphalangeal joint		Exploratory	No	No	No	No	No	No	No	No
88035	Release; tarsal tunnel (posterior tibial nerve decompression)		Release	No	No	No	No	No	No	No	No
88039	Excision; tumor; soft tissue of foot or toe; subcutaneous; 1.5 cm or greater		Excision	No	No	No	No	No	No	No	No
88043	Excision; tumor; soft tissue of foot or toe; subcutaneous; 1.5 cm or greater		Excision	No	No	No	No	No	No	No	No
88045	Excision; tumor; soft tissue of foot or toe; subcutaneous; less than 1.5 cm		Excision	No	No	No	No	No	No	No	No
88046	Excision; tumor; soft tissue of foot or toe; subcutaneous; less than 1.5 cm or greater		Excision	No	No	No	No	No	No	No	No
88048	Radical resection of tumor (eg, sarcoma); soft tissue of foot or toe; less than 3 cm		Excision	No	No	No	No	No	No	No	No
88047	Radical resection of tumor (eg, sarcoma); soft tissue of foot or toe; 3 cm or greater		Excision	No	No	No	No	No	No	No	No
88050	Arthroscopy with biopsy; intertarsal or tarsometatarsal joint		Biopsy	No	No	No	No	No	No	No	No
88052	Arthroscopy with biopsy; metatarsophalangeal joint		Biopsy	No	No	No	No	No	No	No	No
88054	Arthroscopy with biopsy; interphalangeal joint		Biopsy	No	No	No	No	No	No	No	No
88055	Neurectomy; intrinsic musculature of foot		Excision	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO Auth	Commercial PPO Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
28060	Facetectomy; planter fascia; partial (separate procedure)		Excision	No	No	No	No	No	No	No	No
28062	Facetectomy; planter fascia; radical (separate procedure)		Excision	No	No	No	No	No	No	No	No
28070	Synovectomy; intertarsal or tarsometatarsal joint; each		Excision	No	No	No	No	No	No	No	No
28072	Synovectomy; metatarsophalangeal joint; each		Excision	No	No	No	No	No	No	No	No
28080	Excision; interdigital (Morton) neuroma; single; each		Excision	No	No	No	No	No	No	No	No
28086	Synovectomy; tendon sheath; foot; flexor		Excision	No	No	No	No	No	No	No	No
28088	Synovectomy; tendon sheath; foot; extensor		Excision	No	No	No	No	No	No	No	No
28090	Excision of lesion; tendon; tendon sheath; or capsule (including synovectomy) (eg: cyst or ganglion); foot		Excision	No	No	No	No	No	No	No	No
28092	Excision of lesion; tendon; tendon sheath; or capsule (including synovectomy) (eg: cyst or ganglion); toe(s); each		Excision	No	No	No	No	No	No	No	No
28100	Excision or curettage of bone cyst or benign tumor; talus or calcaneus;		Excision	No	No	No	No	No	No	No	No
28102	Excision or curettage of bone cyst or benign tumor; talus or calcaneus; with iliac or other autograft (includes obtaining graft)		Excision	No	No	No	No	No	No	No	No
28103	Excision or curettage of bone cyst or benign tumor; talus or calcaneus; with allograft		Excision	No	No	No	No	No	No	No	No
28104	Excision or curettage of bone cyst or benign tumor; tarsal or metatarsal; except talus or calcaneus;		Excision	No	No	No	No	No	No	No	No
28106	Excision or curettage of bone cyst or benign tumor; tarsal or metatarsal; except talus or calcaneus; with iliac or other autograft (includes obtaining graft)		Excision	No	No	No	No	No	No	No	No
28107	Excision or curettage of bone cyst or benign tumor; tarsal or metatarsal; except talus or calcaneus; with allograft		Excision	No	No	No	No	No	No	No	No
28108	Excision or curettage of bone cyst or benign tumor; phalanges of foot		Excision	No	No	No	No	No	No	No	No
28110	Osteotomy; partial excision; fifth metatarsal head (bunionette) (separate procedure)		Excision	No	No	No	No	No	No	No	No
28112	Osteotomy; complete excision; first metatarsal head		Excision	No	No	No	No	No	No	No	No
28112	Osteotomy; complete excision; other metatarsal head (second; third or fourth)		Excision	No	No	No	No	No	No	No	No
28113	Osteotomy; complete excision; fifth metatarsal head		Excision	No	No	No	No	No	No	No	No
28114	Osteotomy; complete excision; of metatarsal heads; with partial proximal phalangectomy; excluding first metatarsal (eg: Clayton type procedure)		Excision	No	No	No	No	No	No	No	No
28116	Osteotomy; excision of tarsal coalition		Excision	No	No	No	No	No	No	No	No
28118	Osteotomy; calcaneus;		Excision	No	No	No	No	No	No	No	No
28118	Osteotomy; calcaneus; for spur; with or without planar fascial release		Excision	No	No	No	No	No	No	No	No
28120	Partial excision (craterization; saucerization; sequestrectomy; or diaphysectomy) bone (eg: osteomyelitis or bonying); talus or calcaneus		Excision	No	No	No	No	No	No	No	No
28122	Partial excision (craterization; saucerization; sequestrectomy; or diaphysectomy) bone (eg: osteomyelitis or bonying); tarsal or metatarsal bone; except talus or calcaneus		Excision	No	No	No	No	No	No	No	No
28124	Partial excision (craterization; saucerization; sequestrectomy; or diaphysectomy) bone (eg: osteomyelitis or bonying); phalanx of toe		Excision	No	No	No	No	No	No	No	No
28126	Resection; partial or complete; phalangeal base; each toe		Resection	No	No	No	No	No	No	No	No
28130	Tarctomy (artralgectomy)		Excision	No	No	No	No	No	No	No	No
28140	Metatarsotomy		Excision	No	No	No	No	No	No	No	No
28150	Phalangectomy; toe; each toe		Excision	No	No	No	No	No	No	No	No
28153	Resection; condyle(s); distal end of phalanx; each toe		Resection	No	No	No	No	No	No	No	No
28160	Hemiphalangectomy or interphalangeal joint excision; toe; proximal end of phalanx; each		Excision	No	No	No	No	No	No	No	No
28173	Radical resection of tumor; tarsal (except talus or calcaneus)		Resection	No	No	No	No	No	No	No	No
28173	Radical resection of tumor; metatarsal		Resection	No	No	No	No	No	No	No	No
28175	Radical resection of tumor; phalanx of toe		Resection	No	No	No	No	No	No	No	No
28190	Removal of foreign body; foot; subcutaneous		Removal	No	No	No	No	No	No	No	No
28192	Removal of foreign body; foot; deep		Removal	No	No	No	No	No	No	No	No
28193	Removal of foreign body; foot; complicated		Removal	No	No	No	No	No	No	No	No
28200	Repair; tendon; flexor; foot; primary or secondary; without free graft; each tendon		Repair	No	No	No	No	No	No	No	No
28202	Repair; tendon; flexor; foot; secondary with free graft; each tendon (includes obtaining graft)		Repair	No	No	No	No	No	No	No	No
28208	Repair; tendon; extensor; foot; primary or secondary; each tendon		Repair	No	No	No	No	No	No	No	No
28210	Repair; tendon; extensor; foot; secondary with free graft; each tendon (includes obtaining graft)		Repair	No	No	No	No	No	No	No	No
28220	Tenolysis; flexor; foot; single tendon		Removal	No	No	No	No	No	No	No	No
28222	Tenolysis; flexor; foot; multiple tendons		Removal	No	No	No	No	No	No	No	No
28225	Tenolysis; extensor; foot; single tendon		Removal	No	No	No	No	No	No	No	No
28226	Tenolysis; extensor; foot; multiple tendons		Removal	No	No	No	No	No	No	No	No
28230	Tenotomy; open; tendon flexor; foot; single or multiple tendon(s) (separate procedure)		Release	No	No	No	No	No	No	No	No
28232	Tenotomy; open; tendon flexor; toe; single tendon (separate procedure)		Release	No	No	No	No	No	No	No	No
28234	Tenotomy; open; extensor; foot or toe; each tendon		Release	No	No	No	No	No	No	No	No
28236	Reconstruction (advancement); posterior tibial tendon with excision of accessory tarsal navicular bone (eg: Kidner type procedure)		Reconstruction	No	No	No	No	No	No	No	No
28240	Tenotomy; lengthening; or release; abductor hallucis muscle		Revision	No	No	No	No	No	No	No	No
28250	Division of plantar fascia and muscles (eg: Bosworth stromal) (separate procedure)		Revision	No	No	No	No	No	No	No	No
28260	Capsulotomy; midfoot; medial release only (separate procedure)		Release	No	No	No	No	No	No	No	No
28262	Capsulotomy; midfoot; with tendon lengthening		Revision	No	No	No	No	No	No	No	No
28262	Capsulotomy; midfoot; extensor; including posterior talotibial capsulotomy and tendon(s) lengthening (eg: resistant clubfoot deformity)		Revision	No	No	No	No	No	No	No	No
28264	Capsulotomy; midtarsal (eg: Heyman type procedure)		Reconstruction	No	No	No	No	No	No	No	No
28270	Capsulotomy; metatarsophalangeal joint; with or without tenorrhaphy; each joint (separate procedure)		Reconstruction	No	No	No	No	No	No	No	No
28272	Capsulotomy; interphalangeal joint; each joint (separate procedure)		Reconstruction	No	No	No	No	No	No	No	No
28280	Syndactylization; toes; late; webbing or keloid type procedure)		Reconstruction	No	No	No	No	No	No	No	No
28285	Correction; hammettes (eg: interphalangeal fusion; partial or total phalangectomy)		Revision	Yes	Yes	No	No	No	No	Yes	Yes
28286	Correction; cock-up fifth toe; with plastic skin closure (eg: Ruiz-Mora type procedure)		Reconstruction	No	No	No	No	No	No	No	No
28288	Osteotomy; partial; excision(s) of condyle(s); metatarsal head; each metatarsal head		Reconstruction	No	No	No	No	No	No	No	No
28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant		Release	No	No	No	No	No	No	No	No
28291	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant		Release	No	No	No	No	No	No	No	No
28292	Correction; hallux valgus (bunionectomy); with sesamoidectomy; when performed; with resection of proximal phalanx base; when performed; any method		Reconstruction	Yes	Yes	No	No	No	No	Yes	Yes
28295	Correction; hallux valgus (bunionectomy); with sesamoidectomy; when performed; with proximal metatarsal osteotomy; any method		Reconstruction	No	Yes	No	No	No	No	No	No
28296	Correction; hallux valgus (bunionectomy); with sesamoidectomy; when performed; with distal metatarsal osteotomy; any method		Reconstruction	Yes	Yes	No	No	No	No	Yes	Yes
28297	Correction; hallux valgus (bunionectomy); with sesamoidectomy; when performed; with first metatarsal and medial cuneiform joint arthrodesis; any method		Reconstruction	Yes	Yes	No	No	No	No	Yes	Yes
28298	Correction; hallux valgus (bunionectomy); with sesamoidectomy; when performed; with proximal phalanx osteotomy; any method		Reconstruction	Yes	Yes	No	No	No	No	Yes	Yes
28299	Correction; hallux valgus (bunionectomy); with sesamoidectomy; when performed; with double osteotomy; any method		Reconstruction	Yes	Yes	No	No	No	No	Yes	Yes
28300	Osteotomy; calcaneus (eg: Dwyer or Chambers type procedure); with or without internal fixation		Removal	No	No	No	No	No	No	No	No
28302	Osteotomy; talus		Removal	No	No	No	No	No	No	No	No
28304	Osteotomy; tarsal bones; other than calcaneus or talus;		Removal	No	No	No	No	No	No	No	No
28304	Osteotomy; tarsal bones; other than calcaneus or talus; with autograft (includes obtaining graft) (eg: Fowler type)		Removal	No	No	No	No	No	No	No	No
28306	Osteotomy; with or without lengthening; shortening or angular correction; metatarsal; first metatarsal		Removal	No	No	No	No	No	No	No	No
28307	Osteotomy; with or without lengthening; shortening or angular correction; metatarsal; first metatarsal with autograft (other than first toe)		Removal	No	No	No	No	No	No	No	No
28308	Osteotomy; with or without lengthening; shortening or angular correction; metatarsal; other than first metatarsal; each		Removal	No	No	No	No	No	No	No	No
28309	Osteotomy; with or without lengthening; shortening or angular correction; metatarsal; multiple (eg: Swanson type cavus foot procedure)		Removal	No	No	No	No	No	No	No	No
28310	Osteotomy; shortening; angular or rotational correction; proximal phalanx; first toe (separate procedure)		Removal	No	No	No	No	No	No	No	No
28312	Osteotomy; shortening; angular or rotational correction; other phalanges; any toe		Removal	No	No	No	No	No	No	No	No
28313	Reconstruction; angular deformity of toe; soft tissue procedures only (eg: overlapping second toe; fifth toe; curly toes)		Reconstruction	No	No	No	No	No	No	No	No
28315	Sesamoidectomy; first toe (separate procedure)		Reconstruction	No	No	No	No	No	No	No	No
28320	Repair; nonunion or malunion; tarsal bones		Repair	No	No	No	No	No	No	No	No
28322	Repair; nonunion or malunion; metatarsal; with or without bone graft (includes obtaining graft)		Repair	No	No	No	No	No	No	No	No
28340	Reconstruction; toe; microvascularly; soft tissue resection		Reconstruction	No	No	No	No	No	No	No	No
28342	Reconstruction; toe; microvascularly; requiring bone resection		Reconstruction	No	No	No	No	No	No	No	No
28344	Reconstruction; toe(s); podiatric		Reconstruction	No	No	No	No	No	No	No	No
28345	Reconstruction; toe(s); syndactyl; with or without skin graft(s); each web		Reconstruction	No	No	No	No	No	No	No	No
28360	Reconstruction; cleft foot		Reconstruction	No	No	No	No	No	No	No	No
28400	Closed treatment of calcaneal fracture; without manipulation		Closed Treatment	No	No	No	No	No	No	No	No
28405	Closed treatment of calcaneal fracture; with manipulation		Closed Treatment	No	No	No	No	No	No	No	No
28406	Percutaneous skeletal fixation of calcaneal fracture; with manipulation		Fixation	Yes	Yes	No	No	No	No	Yes	Yes
28415	Open treatment of calcaneal fracture; includes internal fixation; when performed;		Open Treatment	No	No	No	No	No	No	No	No
28420	Open treatment of calcaneal fracture; includes internal fixation; when performed; with primary iliac or other autogenous bone graft (includes obtaining graft)		Open Treatment	No	No	No	No	No	No	No	No
28430	Closed treatment of talus fracture; without manipulation		Closed Treatment	No	No	No	No	No	No	No	No
28435	Closed treatment of talus fracture; with manipulation		Closed Treatment	No	No	No	No	No	No	No	No
28436	Percutaneous skeletal fixation of talus fracture; with manipulation		Fixation	Yes	Yes	No	No	No	No	Yes	Yes
28445	Open treatment of talus fracture; includes internal fixation; when performed		Open Treatment	No	No	No	No	No	No	No	No
28446	Open osteochondral autograft; talus (includes obtaining graft(s))		Open Treatment	Yes	Yes	No	No	No	No	Yes	Yes
28450	Treatment of tarsal bone fracture (except talus and calcaneus); without manipulation; each		Other Procedure	No	No	No	No	No	No	No	No
28455	Treatment of tarsal bone fracture (except talus and calcaneus); with manipulation; each		Manipulation	No	No	No	No	No	No	No	No
28456	Percutaneous skeletal fixation of tarsal bone fracture (except talus and calcaneus); with manipulation; each		Fixation	Yes	Yes	No	No	No	No	Yes	Yes
28460	Open treatment of tarsal bone fracture (except talus and calcaneus); includes internal fixation; when performed; each		Open Treatment	No	No	No	No	No	No	No	No
28465	Closed treatment of metatarsal fracture; without manipulation; each		Closed Treatment	No	No	No	No	No	No	No	No
28475	Closed treatment of metatarsal fracture; with manipulation; each		Closed Treatment	No	No	No	No	No	No	No	No
28476	Percutaneous skeletal fixation of metatarsal fracture; with manipulation; each		Fixation	No	No	No	No	No	No	No	No
28485	Open treatment of metatarsal fracture; includes internal fixation; when performed; each		Open Treatment	No	No	No	No	No	No	No	No
28490	Closed treatment of fracture great toe; phalanx or phalanges; without manipulation		Closed Treatment	No	No	No	No	No	No	No	No
28495	Closed treatment of fracture great toe; phalanx or phalanges; with manipulation		Closed Treatment	No	No	No	No	No	No	No	No
28496	Percutaneous skeletal fixation of fracture great toe; phalanx or phalanges; with manipulation		Fixation	No	No	No	No	No	No	No	No
28505	Open treatment of fracture; great toe; phalanx or phalanges; includes internal fixation; when performed		Open Treatment	No	No	No	No	No	No	No	No
28510	Closed treatment of fracture; phalanx or phalanges; other than great toe; without manipulation; each		Closed Treatment	No	No	No	No	No	No	No	No
28515	Closed treatment of fracture; phalanx or phalanges; other than great toe; with manipulation; each		Closed Treatment	No	No	No	No	No	No	No	No
28525	Open treatment of fracture; phalanx or phalanges; other than great toe; includes internal fixation; when performed; each		Open Treatment	No	No	No	No	No	No	No	No
28530	Closed treatment of sesamoid fracture		Closed Treatment	No	No	No	No	No	No	No	No
28531	Open treatment of sesamoid fracture; with or without internal fixation		Open Treatment	No	No	No	No	No	No	No	No
28540	Closed treatment of tarsal bone dislocation; other than talotarsal; without anesthesia		Closed Treatment	No	No	No	No	No	No	No	No
28545	Closed treatment of tarsal bone dislocation; other than talotarsal; requiring anesthesia		Closed Treatment	No	No	No	No	No	No	No	No
28546	Percutaneous skeletal fixation of tarsal bone dislocation; other than talotarsal; with manipulation		Fixation	No	No	No	No	No	No	No	No
28555	Open treatment of tarsal bone dislocation; includes internal fixation; when performed		Open Treatment	No	No	No	No	No	No	No	No
28570	Closed treatment of talotarsal joint dislocation; without anesthesia		Closed Treatment	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO Auth	Commercial PPO Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
28575	Closed treatment of talonavicular joint dislocation; requiring anesthesia		Closed Treatment	No	No	No	No	No	No	No	No
28576	Percutaneous skeletal fixation of talonavicular joint dislocation; with manipulation		Fixation	Yes	Yes	No	No	No	No	Yes	Yes
28585	Open treatment of talonavicular joint dislocation; includes internal fixation; when performed		Open Treatment	No	No	No	No	No	No	No	No
28600	Closed treatment of tarsometatarsal joint dislocation; without anesthesia		Closed Treatment	No	No	No	No	No	No	No	No
28605	Closed treatment of tarsometatarsal joint dislocation; requiring anesthesia		Closed Treatment	No	No	No	No	No	No	No	No
28606	Percutaneous skeletal fixation of tarsometatarsal joint dislocation; with manipulation		Fixation	Yes	Yes	No	No	No	No	Yes	Yes
28615	Open treatment of tarsometatarsal joint dislocation; includes internal fixation; when performed		Open Treatment	No	No	No	No	No	No	No	No
28630	Closed treatment of metatarsophalangeal joint dislocation; without anesthesia		Closed Treatment	No	No	No	No	No	No	No	No
28635	Closed treatment of metatarsophalangeal joint dislocation; requiring anesthesia		Closed Treatment	No	No	No	No	No	No	No	No
28636	Percutaneous skeletal fixation of metatarsophalangeal joint dislocation; with manipulation		Fixation	No	No	No	No	No	No	No	No
28645	Open treatment of metatarsophalangeal joint dislocation; includes internal fixation; when performed		Open Treatment	No	No	No	No	No	No	No	No
28660	Closed treatment of interphalangeal joint dislocation; without anesthesia		Closed Treatment	No	No	No	No	No	No	No	No
28665	Closed treatment of interphalangeal joint dislocation; requiring anesthesia		Closed Treatment	No	No	No	No	No	No	No	No
28666	Percutaneous skeletal fixation of interphalangeal joint dislocation; with manipulation		Fixation	Yes	Yes	No	No	No	No	Yes	Yes
28675	Open treatment of interphalangeal joint dislocation; includes internal fixation; when performed		Open Treatment	No	No	No	No	No	No	No	No
28705	Arthrodesis; pentalar		Arthrodesis	No	No	No	No	No	No	No	No
28725	Arthrodesis; single		Arthrodesis	No	No	No	No	No	No	No	No
28725	Arthrodesis; subtalar		Arthrodesis	No	No	No	No	No	No	No	No
28730	Arthrodesis; midtalar or tarsometatarsal; multiple or transverse;		Arthrodesis	No	No	No	No	No	No	No	No
28735	Arthrodesis; midtalar or tarsometatarsal; multiple or transverse; with osteotomy (eg: flatfoot correction)		Arthrodesis	No	No	No	No	No	No	No	No
28735	Arthrodesis; with tendon lengthening and advancement; midtalar; tarsal navicular-cuneiform (eg: Miller type procedure)		Arthrodesis	No	No	No	No	No	No	No	No
28740	Arthrodesis; midtalar or tarsometatarsal; single joint		Arthrodesis	No	No	No	No	No	No	No	No
28750	Arthrodesis; great toe; metatarsophalangeal joint		Arthrodesis	No	No	No	No	No	No	No	No
28755	Arthrodesis; great toe; interphalangeal joint		Arthrodesis	No	No	No	No	No	No	No	No
28755	Arthrodesis; with extensor hallucis longus transfer to first metatarsal neck; great toe; interphalangeal joint (eg: Jones type procedure)		Arthrodesis	No	No	No	No	No	No	No	No
28760	Arthrodesis		Arthrodesis	No	No	No	No	No	No	No	No
28800	Amputation; foot; midtarsal (eg: Chopart type procedure)		Amputation	No	No	No	No	No	No	No	No
28805	Amputation; foot; transmetatarsal		Amputation	No	No	No	No	No	No	No	No
28810	Amputation; metatarsal; with toe, single		Amputation	No	No	No	No	No	No	No	No
28820	Amputation; toe; metatarsophalangeal joint		Amputation	No	No	No	No	No	No	No	No
28825	Amputation; toe; interphalangeal joint		Amputation	No	No	No	No	No	No	No	No
28890	Extracorporeal shock wave; high energy; performed by a physician or other qualified health care professional; requiring anesthesia other than local; including ultrasound guidance; involving the plantar fascia		Reconstruction	No	No	No	No	No	No	No	No
28899	Unlisted procedure; foot or toes		Unlisted Procedure	Yes	Yes	Yes	No	Yes	No	Yes	Yes
29000	Application of halo type body cast (see 20661-20663 for insertion)		Application	No	No	No	No	No	No	No	No
29010	Application of Riser jacket; localized; body; only		Application	No	No	No	No	No	No	No	No
29015	Application of Riser jacket; localized; body; including head		Application	No	No	No	No	No	No	No	No
29035	Application of body cast; shoulder to hips;		Application	No	No	No	No	No	No	No	No
29040	Application of body cast; shoulder to hips; including head; Minerva type		Application	No	No	No	No	No	No	No	No
29044	Application of body cast; shoulder to hips; including 1 thigh		Application	No	No	No	No	No	No	No	No
29046	Application of body cast; shoulder to hips; including both thighs		Application	No	No	No	No	No	No	No	No
29049	Application; cast; (figure-of-eight)		Application	No	No	No	No	No	No	No	No
29055	Application; cast; shoulder girdle		Application	No	No	No	No	No	No	No	No
29058	Application; cast; plaster Velpeau		Application	No	No	No	No	No	No	No	No
29065	Application; cast; shoulder to hand (long arm)		Application	No	No	No	No	No	No	No	No
29075	Application; cast; elbow to finger (short arm)		Application	No	No	No	No	No	No	No	No
29085	Application; cast; hand and lower forearm (gastrectic)		Application	No	No	No	No	No	No	No	No
29086	Application; cast; finger (leg contracture)		Application	No	No	No	No	No	No	No	No
29105	Application of long arm splint (shoulder to hand)		Application	No	No	No	No	No	No	No	No
29125	Application of short arm splint (forearm to hand); static		Application	No	No	No	No	No	No	No	No
29126	Application of short arm splint (forearm to hand); dynamic		Application	No	No	No	No	No	No	No	No
29130	Application of finger splint; static		Application	No	No	No	No	No	No	No	No
29133	Application of finger splint; dynamic		Application	No	No	No	No	No	No	No	No
29200	Strapping; thorax		Application	No	No	No	No	No	No	No	No
29240	Strapping; shoulder (eg: Velpeau)		Application	No	No	No	No	No	No	No	No
29260	Strapping; elbow or wrist		Application	No	No	No	No	No	No	No	No
29280	Strapping; hand or finger		Application	No	No	No	No	No	No	No	No
29305	Application of hip spica cast; 1 leg		Application	No	No	No	No	No	No	No	No
29325	Application of hip spica cast; 1 and one-half spica or both legs		Application	No	No	No	No	No	No	No	No
29345	Application of long leg cast (thigh to toes)		Application	No	No	No	No	No	No	No	No
29355	Application of long leg cast (thigh to toes); walker or ambulatory type		Application	No	No	No	No	No	No	No	No
29358	Application of long leg cast brace		Application	No	No	No	No	No	No	No	No
29365	Application of cylinder cast (thigh to ankle)		Application	No	No	No	No	No	No	No	No
29405	Application of short leg cast (below knee to toes);		Application	No	No	No	No	No	No	No	No
29425	Application of short leg cast (below knee to toes); walking or ambulatory type		Application	No	No	No	No	No	No	No	No
29435	Application of anterior tendon bearing (PTB) cast		Application	No	No	No	No	No	No	No	No
29440	Adding walker to previously applied cast		Application	No	No	No	No	No	No	No	No
29445	Application of rigid total contact leg cast		Application	No	No	No	No	No	No	No	No
29450	Application of clubfoot cast with molding or manipulation; long or short leg		Application	No	No	No	No	No	No	No	No
29460	Application of long leg splint (thigh to ankle or toes)		Application	No	No	No	No	No	No	No	No
29515	Application of short leg splint (calf to foot)		Application	No	No	No	No	No	No	No	No
29520	Strapping; hip		Application	No	No	No	No	No	No	No	No
29530	Strapping; knee		Application	No	No	No	No	No	No	No	No
29540	Strapping; ankle and/or foot		Application	No	No	No	No	No	No	No	No
29550	Strapping; toes		Application	No	No	No	No	No	No	No	No
29580	Strapping; Ulnar boot		Application	No	No	No	No	No	No	No	No
29585	Application of multi-layer compression system; leg (below knee); including ankle and foot		Application	No	No	No	No	No	No	No	No
29584	Application of multi-layer compression system; upper arm; forearm; hand; and fingers		Application	No	No	No	No	No	No	No	No
29700	Removal or breaking; splinter; foot or body cast		Removal	No	No	No	No	No	No	No	No
29705	Removal or breaking; full arm or full leg cast		Removal	No	No	No	No	No	No	No	No
29710	Removal or breaking; shoulder or hip spica; Minerva or Riser jacket; etc.		Removal	No	No	No	No	No	No	No	No
29720	Repair of cast; body cast or jacket		Repair	No	No	No	No	No	No	No	No
29730	Windowing of cast		Removal	No	No	No	No	No	No	No	No
29740	Wedgeing of cast (except clubfoot casts)		Removal	No	No	No	No	No	No	No	No
29750	Windowing of clubfoot cast		Removal	No	No	No	No	No	No	No	No
29799	Unlisted procedure; casting or strapping		Unlisted Procedure	No	No	No	No	No	No	No	No
29800	Arthroscopy; temporomandibular joint; diagnostic; with or without synovial biopsy (separate procedure)		Diagnostic/Screening	No	No	No	Yes	No	Yes	No	No
29804	Arthroscopy; temporomandibular joint; surgical		Arthroscopy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
29805	Arthroscopy; shoulder; diagnostic; with or without synovial biopsy (separate procedure)		Diagnostic/Screening	Yes	Yes	No	No	No	No	Yes	Yes
29806	Arthroscopy; shoulder; surgical; capsulorrhaphy		Arthroscopy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
29807	Arthroscopy; shoulder; surgical; repair of SLAP lesion		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
29819	Arthroscopy; shoulder; surgical; with removal of loose body or foreign body		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
29820	Arthroscopy; shoulder; surgical; synovectomy; partial		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
29821	Arthroscopy; shoulder; surgical; synovectomy; complete		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
29822	Arthroscopy; shoulder; surgical; debridement; limited, 3 or more discrete structures (eg: humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign bodies)		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
29823	Arthroscopy; shoulder; surgical; debridement; extensive		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
29824	Arthroscopy; shoulder; surgical; distal clavicle resection including distal articular surface (Mumford procedure)		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
29825	Arthroscopy; shoulder; surgical; with lysis and resection of adhesions; with or without manipulation		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
29825	Arthroscopy; shoulder; surgical; decompression of subacromial space with partial acromioplasty; with concomitant ligament (ie: arch) release; when performed (list separately in addition to code for primary procedure)		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
29826	Arthroscopy; shoulder; surgical; with rotator cuff repair		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
29827	Arthroscopy; shoulder; surgical; with rotator cuff repair		Arthroscopy	Yes	Yes	No	No	No	No	No	No
29828	Arthroscopy; shoulder; surgical; biceps tenodesis		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
29830	Arthroscopy; elbow; diagnostic; with or without synovial biopsy (separate procedure)		Diagnostic/Screening	No	No	No	No	No	No	No	No
29834	Arthroscopy; elbow; surgical; with removal of loose body or foreign body		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
29835	Arthroscopy; elbow; surgical; synovectomy; partial		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
29836	Arthroscopy; elbow; surgical; synovectomy; complete		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
29837	Arthroscopy; elbow; surgical; debridement; limited		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
29838	Arthroscopy; elbow; surgical; debridement; extensive		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
29840	Arthroscopy; wrist; diagnostic; with or without synovial biopsy (separate procedure)		Diagnostic/Screening	No	No	No	No	No	No	No	No
29843	Arthroscopy; wrist; surgical; for infection; lavage and drainage		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
29844	Arthroscopy; wrist; surgical; synovectomy; partial		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
29845	Arthroscopy; wrist; surgical; synovectomy; complete		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
29846	Arthroscopy; wrist; surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
29847	Arthroscopy; wrist; surgical; internal fixation for fracture or instability		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
29848	Endoscopy; wrist; surgical; with release of transverse carpal ligament		Release	No	No	No	No	No	No	No	No
29850	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee; with or without manipulation; without internal or external fixation (includes arthroscopy)		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
29851	Arthroscopically aided treatment of tibial fracture; proximal (plateau); unicoronal; includes internal fixation; when performed (includes arthroscopy)		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
29855	Arthroscopically aided treatment of tibial fracture; proximal (plateau); bicondylar; includes internal fixation; when performed (includes arthroscopy)		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
29856	Arthroscopy; hip; diagnostic; with or without synovial biopsy (separate procedure)		Diagnostic/Screening	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
29860	Arthroscopy; hip; surgical; with removal of loose body or foreign body		Arthroscopy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
29861	Arthroscopy; hip; surgical; with debridement/shaving of articular cartilage (chondroplasty); abrasion arthroplasty; and/or resection of labrum		Arthroscopy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
29862	Arthroscopy; hip; surgical; with synovectomy		Arthroscopy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
29863	Arthroscopy; knee; surgical; osteochondral autograft(s) (eg: mosaicplasty) (includes harvesting of the autograft(s))		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
29866	Arthroscopy; knee; surgical; osteochondral allograft (eg: mosaicplasty)		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
29867	Arthroscopy; knee; surgical; meniscal transplantation (includes arthroscopy for meniscal insertion); medial or lateral		Transplantation	Yes	Yes	No	No	No	No	Yes	Yes
29868	Arthroscopy; knee; surgical; with or without synovial biopsy (separate procedure)		Diagnostic/Screening	Yes	Yes	No	No	No	No	Yes	Yes
29870	Arthroscopy; knee; surgical; for infection; lavage and drainage		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
29871	Arthroscopy; knee; surgical; with lateral meniscectomy		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
29872	Arthroscopy; knee; surgical; for removal of loose body or foreign body (eg: osteochondritis dissecans fragmentation; chondral fragmentation)		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
29874	Arthroscopy; knee; surgical; synovectomy; limited (eg: plica or shelf resection) (separate procedure)		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
29875	Arthroscopy; knee; surgical; synovectomy; major; 2 or more compartments (eg: medial or lateral)		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
29876	Arthroscopy; knee; surgical; debridement/shaving of articular cartilage (chondroplasty)		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
25879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
25880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral; including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty); same or separate compartment(s); when performed		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
25881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral; including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty); same or separate compartment(s); when performed		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
25882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)		Arthroscopy	No	No	No	No	No	No	No	No
25883	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)		Arthroscopy	No	No	No	No	No	No	No	No
25884	Arthroscopy, knee, surgical; with lysis of adhesions; with or without manipulation (separate procedure)		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
25885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting; with or without internal fixation (including debridement of base of lesion)		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
25886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
25887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
25888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
25889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
25891	Arthroscopy, ankle, surgical; excision of osteochondral defect of talus and/or tibia, including drilling of the defect		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
25892	Arthroscopically aided repair of large osteochondritis dissecans lesion; talar dome fracture; or tibial plafond fracture; with or without internal fixation (includes arthroscopy)		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
25893	Endoscopic plantar fasciotomy		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
25894	Arthroscopy, ankle (tibiotalar and fibulotalar joints); surgical; with removal of loose body or foreign body		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
25895	Arthroscopy, ankle (tibiotalar and fibulotalar joints); surgical; synovectomy, partial		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
25897	Arthroscopy, ankle (tibiotalar and fibulotalar joints); surgical; debridement, limited		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
25898	Arthroscopy, ankle (tibiotalar and fibulotalar joints); surgical; debridement, extensive		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
25899	Arthroscopy, ankle (tibiotalar and fibulotalar joints); surgical; with ankle arthrodesis		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
25900	Arthroscopy, metacarpophalangeal joint; diagnostic; includes synovial biopsy		Diagnostic/Screening	No	No	No	No	No	No	No	No
25901	Arthroscopy, metacarpophalangeal joint; surgical; with debridement		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
25902	Arthroscopy, metacarpophalangeal joint; surgical; with reduction of displaced ulnar collateral ligament (eg: Stener lesion)		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
25904	Arthroscopy, subtalar joint; surgical; with removal of loose body or foreign body		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
25905	Arthroscopy, subtalar joint; surgical; with synovectomy		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
25906	Arthroscopy, subtalar joint; surgical; with debridement		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
25907	Arthroscopy, subtalar joint; surgical; with subtalar arthrodesis		Arthroscopy	Yes	Yes	No	No	No	No	Yes	Yes
25914	Arthroscopy, hip, surgical; with femoroplasty (ie: treatment of cam lesion)		Arthroscopy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
25915	Arthroscopy, hip, surgical; with acetabuloplasty (ie: treatment of pincer lesion)		Arthroscopy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
25916	Arthroscopy, hip, surgical; with labral repair		Arthroscopy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
25999	Unlisted procedure, arthroscopy		Unlisted Procedure	Yes	Yes	No	No	No	No	Yes	Yes

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
30000	Drainage abscess or hematoma, nasal, internal approach		Incision/Drainage	No	No	No	No	No	No	No	No
30020	Drainage abscess or hematoma, nasal septum		Incision/Drainage	No	No	No	No	No	No	No	No
30100	Biopsy, intranasal		Biopsy	No	No	No	No	No	No	No	No
30110	Excision, nasal polyp(s), simple		Excision	No	No	No	No	No	No	No	No
30115	Excision, nasal polyp(s), extensive		Excision	No	No	No	No	No	No	No	No
30117	Excision or destruction (eg, laser), intranasal lesion, internal approach		Excision	No	No	No	No	No	No	No	No
30118	Excision or destruction (eg, laser), intranasal lesion, external approach (lateral rhinotomy)		Excision	No	Yes	No	No	No	No	No	No
30120	Excision or surgical planing of skin of nose for rhinophyma		Excision	No	No	No	No	No	No	Yes	Yes
30124	Excision dermoid cyst, nose; simple, skin, subcutaneous		Excision	No	No	No	No	No	No	No	No
30125	Excision dermoid cyst, nose; complex, under bone or cartilage		Excision	No	No	No	No	No	No	No	No
30130	Excision inferior turbinate, partial or complete, any method		Excision	No	No	No	No	No	No	No	No
30140	Submucous resection inferior turbinate, partial or complete, any method		Excision	No	No	No	No	No	No	No	No
30150	Rhinectomy, partial		Excision	No	No	No	No	No	No	No	No
30160	Rhinectomy, total		Excision	No	No	No	No	No	No	No	No
30200	Injection into turbinate(s), therapeutic		Introduction	No	No	No	No	No	No	No	No
30210	Displacement therapy (Proetz type)		Removal	No	No	No	No	No	No	No	No
30220	Insertion, nasal septal prosthesis (button)		Introduction	Yes	Yes	No	No	No	No	Yes	Yes
30300	Removal foreign body, intranasal; office type procedure		Removal	No	No	No	No	No	No	No	No
30310	Removal foreign body, intranasal; requiring general anesthesia		Removal	No	No	No	No	No	No	No	No
30320	Removal foreign body, intranasal; by lateral rhinotomy		Removal	No	No	No	No	No	No	No	No
30400	Rhinoplasty, primary, lateral and alar cartilages and/or elevation of nasal tip		Repair	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
30410	Rhinoplasty, primary, complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip		Repair	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
30420	Rhinoplasty, primary, including major septal repair		Repair	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)		Repair	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)		Repair	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)		Repair	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only		Repair	No	No	No	No	No	No	No	No
30465	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies		Repair	No	No	No	No	No	No	No	No
30462	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)		Repair	No	No	No	No	No	No	No	No
30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)		Repair	No	No	No	No	No	No	No	No
30469	Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutaneous/submucosal remodeling		Repair	No	No	No	No	No	No	No	No
30520	Septoplasty or submucosal resection, with or without cartilage scoring, contouring or replacement with graft		Resection	Yes	Yes	No	No	No	No	Yes	Yes
30540	Repair choanal atresia, intranasal		Repair	No	No	No	No	No	No	No	No
30545	Repair choanal atresia; transpalatine		Repair	No	No	No	No	No	No	No	No
30560	Lysis intranasal synechia		Repair	No	No	No	No	No	No	No	No
30580	Repair fistula, oromaxillary (combine with 31030 if anastomosis is included)		Repair	Yes	Yes	No	No	No	No	Yes	Yes
30600	Repair fistula, oronasal		Repair	No	No	No	No	No	No	No	No
30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)		Repair	No	No	No	No	No	No	No	No
30630	Repair nasal septal perforations		Repair	No	No	No	No	No	No	No	No
30800	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); superficial		Ablation	No	No	No	No	No	No	No	No
30802	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); intranasal (ie, submucosal)		Ablation	No	No	No	No	No	No	No	No
30901	Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method		Other Procedure	No	No	No	No	No	No	No	No
30903	Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method		Other Procedure	No	No	No	No	No	No	No	No
30905	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method, initial		Other Procedure	No	No	No	No	No	No	No	No
30906	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method, subsequent		Other Procedure	No	No	No	No	No	No	No	No
30915	Ligation arteries, ethmoidal		Ligation	No	No	No	No	No	No	No	No
30920	Ligation arteries; internal maxillary artery, transantral		Ligation	No	No	No	No	No	No	No	No
30930	Fracture nasal inferior turbinate(s), therapeutic		Fracture	No	No	No	No	No	No	No	No
30999	Unlisted procedure, nose		Unlisted Procedure	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
31000	Lavage by cannulation; maxillary sinus (antrum puncture or natural ostium)		Incision	No	No	No	No	No	No	No	No
31002	Lavage by cannulation; sphenoid sinus		Incision	No	No	No	No	No	No	No	No
31020	Sinusotomy, maxillary (antroscopy), intranasal		Incision	Yes	Yes	No	No	No	No	Yes	Yes
31030	Sinusotomy, maxillary (antroscopy); radical (Caldwell-Luc) without removal of antrochoanal polyps		Incision	Yes	Yes	No	No	No	No	Yes	Yes
31032	Sinusotomy, maxillary (antroscopy); radical (Caldwell-Luc) with removal of antrochoanal polyps		Incision	Yes	Yes	No	No	No	No	Yes	Yes
31040	Pterygomaxillary fossa surgery, any approach		Incision	Yes	Yes	No	No	No	No	Yes	Yes
31050	Sinusotomy, sphenoid, with or without biopsy		Incision	Yes	Yes	No	No	No	No	Yes	Yes
31052	Sinusotomy, sphenoid, with or without biopsy, with mucosal stripping or removal of polyp(s)		Incision	Yes	Yes	No	No	No	No	Yes	Yes
31070	Sinusotomy frontal, external, simple (trephine operation)		Incision	Yes	Yes	No	No	No	No	Yes	Yes
31075	Sinusotomy frontal, transorbital, unilateral (for mucocele or osteoma, Lynch type)		Incision	Yes	Yes	No	No	No	No	Yes	Yes
31080	Sinusotomy frontal; obliterative without osteoplastic flap, brow incision (includes ablation)		Incision	Yes	Yes	No	No	No	No	Yes	Yes
31081	Sinusotomy frontal; obliterative, without osteoplastic flap, coronal incision (includes ablation)		Incision	Yes	Yes	No	No	No	No	Yes	Yes
31084	Sinusotomy frontal; obliterative, with osteoplastic flap, brow incision		Incision	Yes	Yes	No	No	No	No	Yes	Yes
31085	Sinusotomy frontal; obliterative, with osteoplastic flap, coronal incision		Incision	Yes	Yes	No	No	No	No	Yes	Yes
31086	Sinusotomy frontal; nonobliterative, with osteoplastic flap, brow incision		Incision	Yes	Yes	No	No	No	No	Yes	Yes
31087	Sinusotomy frontal; nonobliterative, with osteoplastic flap, coronal incision		Incision	Yes	Yes	No	No	No	No	Yes	Yes
31090	Sinusotomy, unilateral, 3 or more paranasal sinuses (frontal, maxillary, ethmoid, sphenoid)		Incision	Yes	Yes	No	No	No	No	Yes	Yes
31200	Ethmoidectomy; intranasal, anterior		Excision	No	No	No	No	No	No	No	No
31201	Ethmoidectomy; intranasal, total		Excision	No	No	No	No	No	No	No	No
31205	Ethmoidectomy; extranasal, total		Excision	No	No	No	No	No	No	No	No
31225	Maxillectomy; without orbital exenteration		Excision	No	No	No	No	No	No	No	No
31240	Maxillectomy; with or without exenteration (en bloc)		Excision	No	No	No	No	No	No	No	No
31231	Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)		Diagnostic/Screening	No	No	No	No	No	No	No	No
31233	Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)		Diagnostic/Screening	No	No	No	No	No	No	No	No
31235	Nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)		Diagnostic/Screening	No	No	No	No	No	No	No	No
31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)		Biopsy	Yes	Yes	No	No	No	No	Yes	Yes
31238	Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage		Endoscopy (EGD)	No	No	No	No	No	No	No	No
31239	Nasal/sinus endoscopy, surgical; with dacryocystitis		Endoscopy (EGD)	No	No	No	No	No	No	No	No
31240	Nasal/sinus endoscopy, surgical; with concha bullosa resection		Resection	Yes	Yes	No	No	No	No	Yes	Yes
31241	Nasal/sinus endoscopy, surgical; with ligation of sphenoplatine artery		Ligation	No	No	No	No	No	No	No	No
31242	Nasal/sinus endoscopy, surgical; with destruction by radiofrequency ablation, posterior nasal nerve			Yes	Yes	Yes	No	Yes	No	Yes	Yes
31243	Nasal/sinus endoscopy, surgical; with destruction by cryoablation, posterior nasal nerve			Yes	Yes	Yes	No	Yes	No	Yes	Yes
31253	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed		Endoscopy (EGD)	No	No	Yes	Yes	Yes	Yes	No	No
31254	Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)		Endoscopy (EGD)	No	No	No	Yes	No	Yes	No	No
31255	Nasal/sinus endoscopy, surgical; with ethmoidectomy; total (anterior and posterior)		Endoscopy (EGD)	No	No	No	Yes	No	Yes	No	No
31256	Nasal/sinus endoscopy, surgical; with maxillary antrostomy		Endoscopy (EGD)	No	No	No	Yes	No	Yes	No	No
31257	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy		Endoscopy (EGD)	No	No	No	Yes	No	Yes	No	No
31259	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus		Removal	No	No	No	Yes	No	Yes	No	No
31267	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus		Removal	No	No	No	Yes	No	Yes	No	No
31276	Nasal/sinus endoscopy, surgical with frontal sinus exploration, with or without removal of tissue from frontal sinus		Removal	No	No	No	Yes	No	Yes	No	No
31287	Nasal/sinus endoscopy, surgical, with sphenoidotomy		Endoscopy (EGD)	No	No	No	Yes	No	Yes	No	No
31289	Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus		Removal	No	No	No	Yes	No	Yes	No	No
31290	Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; ethmoid region		Repair	No	No	No	Yes	No	Yes	No	No
31291	Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; sphenoid region		Repair	No	No	No	Yes	No	Yes	No	No
31292	Nasal/sinus endoscopy, surgical; with medial or inferior orbital wall decompression		Decompression	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
31293	Nasal/sinus endoscopy, surgical; with medial or orbital wall and inferior orbital wall decompression		Decompression	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
31294	Nasal/sinus endoscopy, surgical, with optic nerve decompression		Decompression	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation) transnasal or via canine fossa		Dilation	No	No	No	Yes	No	Yes	No	No
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)		Dilation	No	No	No	Yes	No	Yes	No	No
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)		Dilation	No	No	No	Yes	No	Yes	No	No
31298	Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)		Dilation	No	No	No	Yes	No	Yes	No	No
31299	Unlisted procedure, accessory sinuses		Unlisted Procedure	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
31300	Laryngotomy (thyrotomy, laryngofissure); with removal of tumor or laryngoele, cordectomy		Removal	No	No	No	No	No	No	No	No
31360	Laryngectomy; total, without radical neck dissection		Excision	No	No	No	No	No	No	No	No
31365	Laryngectomy; total, with radical neck dissection		Excision	No	No	No	No	No	No	No	No
31367	Laryngectomy; subtotal supraglottic, without radical neck dissection		Excision	No	No	No	No	No	No	No	No
31368	Laryngectomy; subtotal supraglottic, with radical neck dissection		Excision	No	No	No	No	No	No	No	No
31370	Partial laryngectomy (hemilaryngectomy); horizontal		Excision	No	No	No	No	No	No	No	No
31375	Partial laryngectomy (hemilaryngectomy); laterovertical		Excision	No	No	No	No	No	No	No	No
31380	Partial laryngectomy (hemilaryngectomy); anterovertical		Excision	No	No	No	No	No	No	No	No
31382	Partial laryngectomy (hemilaryngectomy); antero-latero-vertical		Excision	No	No	No	No	No	No	No	No
31390	Pharyngolaryngectomy, with radical neck dissection; without reconstruction		Excision	No	No	No	No	No	No	No	No
31395	Pharyngolaryngectomy, with radical neck dissection; with reconstruction		Reconstruction	No	No	No	No	No	No	No	No
31400	Arytenoidectomy or arytenoidopexy, external approach		Excision	No	No	No	No	No	No	No	No
31420	Epiglottidectomy		Excision	No	No	No	No	No	No	No	No
31500	Intubation, endotracheal, emergency procedure		Introduction	No	No	No	No	No	No	No	No
31501	Tracheostomy tube change prior to establishment of fistula tract		Tracheostomy	No	No	No	No	No	No	No	No
31505	Laryngoscopy, indirect; diagnostic (separate procedure)		Diagnostic/Screening	No	No	No	No	No	No	No	No
31510	Laryngoscopy, indirect; with biopsy		Biopsy	No	No	No	No	No	No	No	No
31511	Laryngoscopy, indirect; with removal of foreign body		Removal	No	No	No	No	No	No	No	No
31512	Laryngoscopy, indirect; with removal of lesion		Removal	No	No	No	No	No	No	No	No
31513	Laryngoscopy, indirect; with vocal cord injection		Endoscopy (EGD)	No	No	No	No	No	No	No	No
31515	Laryngoscopy direct, with or without tracheoscopy; for aspiration		Aspiration	No	No	No	No	No	No	No	No
31520	Laryngoscopy direct, with or without tracheoscopy; diagnostic, newborn		Diagnostic/Screening	No	No	No	No	No	No	No	No
31525	Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn		Diagnostic/Screening	No	No	No	No	No	No	No	No
31526	Laryngoscopy direct, with or without tracheoscopy; diagnostic, with operating microscope or telescope		Diagnostic/Screening	No	No	No	No	No	No	No	No
31527	Laryngoscopy direct, with or without tracheoscopy; with insertion of obturator		Insertion	No	No	No	No	No	No	No	No
31528	Laryngoscopy direct, with or without tracheoscopy; with dilation, initial		Dilation	No	No	No	No	No	No	No	No
31529	Laryngoscopy direct, with or without tracheoscopy; with dilation, subsequent		Dilation	No	No	No	No	No	No	No	No
31530	Laryngoscopy, direct, operative, with foreign body removal		Removal	No	No	No	No	No	No	No	No
31531	Laryngoscopy, direct, operative, with foreign body removal; with operating microscope or telescope		Removal	No	No	No	No	No	No	No	No
31535	Laryngoscopy, direct, operative, with biopsy		Biopsy	No	No	No	No	No	No	No	No
31536	Laryngoscopy, direct, operative, with biopsy, with operating microscope or telescope		Biopsy	No	No	No	No	No	No	No	No
31540	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis		Excision	No	No	No	No	No	No	No	No
31541	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis, with operating microscope or telescope		Excision	No	No	No	No	No	No	No	No
31545	Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with local tissue flaps		Reconstruction	No	No	No	No	No	No	No	No
31546	Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with graft(s) (includes obtaining autograft)		Reconstruction	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
31553	Laryngoplasty, for laryngeal stenosis, with Grafts, without indwelling stent placement, younger than 12 years of age		Grafts	No	No	No	No	No	No	No	No
31552	Laryngoplasty, for laryngeal stenosis, with Grafts, without indwelling stent placement, age 12 years or older		Grafts	No	No	No	No	No	No	No	No
31553	Laryngoplasty, for laryngeal stenosis, with Grafts, with indwelling stent placement, younger than 12 years of age		Grafts	No	No	No	No	No	No	No	No
31554	Laryngoplasty, for laryngeal stenosis, with Grafts, with indwelling stent placement, age 12 years or older		Grafts	No	No	No	No	No	No	No	No
31560	Laryngoscopy, direct, operative, with arytenoidectomy		Endoscopy (EGD)	No	No	No	No	No	No	No	No
31561	Laryngoscopy, direct, operative, with arytenoidectomy, with operating microscope or telescope		Endoscopy (EGD)	No	No	No	No	No	No	No	No
31570	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic		Endoscopy (EGD)	No	No	No	No	No	No	No	No
31571	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic, with operating microscope or telescope		Endoscopy (EGD)	No	No	No	No	No	No	No	No
31572	Laryngoscopy, flexible, with ablation or destruction of lesion(s) with laser, unilateral		Ablation	No	No	No	No	No	No	No	No
31573	Laryngoscopy, flexible, with therapeutic injection(s) (eg, chemodenervation agent or corticosteroid, injected percutaneous, transoral, or via endoscope channel), unilateral		Endoscopy (EGD)	No	No	No	No	No	No	No	No
31574	Laryngoscopy, flexible, with injection(s) for augmentation (eg, percutaneous, transoral), unilateral		Endoscopy (EGD)	No	No	No	No	No	No	No	No
31575	Laryngoscopy, flexible; diagnostic		Diagnostic/Screening	No	No	No	No	No	No	No	No
31576	Laryngoscopy, flexible; with biopsy(ies)		Biopsy	No	No	No	No	No	No	No	No
31577	Laryngoscopy, flexible; with removal of foreign body(s)		Removal	No	No	No	No	No	No	No	No
31578	Laryngoscopy, flexible; with removal of lesion(s), non-laser		Removal	No	No	No	No	No	No	No	No
31579	Laryngoscopy, flexible or rigid telescopic, with stroboscopy		Endoscopy (EGD)	No	No	No	No	No	No	No	No
31580	Laryngoplasty, for laryngeal web, with indwelling keel or stent insertion		Repair	No	No	No	No	No	No	No	No
31584	Laryngoplasty, with open reduction and fixation of (eg, plating) fracture, includes tracheostomy, if performed		Repair	No	No	No	No	No	No	No	No
31587	Laryngoplasty, cricoid split, without graft placement		Repair	No	No	No	No	No	No	No	No
31590	Laryngeal reinnervation by neuromuscular pedicle		Repair	No	No	No	No	No	No	No	No
31591	Laryngoplasty, mediastinal, unilateral		Repair	No	No	No	No	No	No	No	No
31592	Cricoid chondroplasty		Repair	No	No	No	No	No	No	No	No
31599	Unlisted procedure, larynx		Unlisted Procedure	No	No	No	No	No	No	No	No
31600	Tracheostomy, planned (separate procedure)		Tracheostomy	No	No	No	No	No	No	No	No
31601	Tracheostomy, planned (separate procedure), younger than 2 years		Tracheostomy	No	No	No	No	No	No	No	No
31603	Tracheostomy, emergency procedure; transtacheal		Tracheostomy	No	No	No	No	No	No	No	No
31605	Tracheostomy, emergency procedure; cricohyoid membrane		Tracheostomy	No	No	No	No	No	No	No	No
31610	Tracheostomy, fenestration procedure with skin flaps		Tracheostomy	No	No	No	No	No	No	No	No
31611	Construction of tracheostomal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis)		Tracheostomy	No	No	No	No	No	No	No	No
31612	Tracheal puncture, percutaneous with transtacheal aspiration and/or injection		Tracheostomy	No	No	No	No	No	No	No	No
31613	Tracheostoma revision, simple, without flap rotation		Revision	No	No	No	No	No	No	No	No
31614	Tracheostoma revision, complex, with flap rotation		Revision	No	No	No	No	No	No	No	No
31615	Tracheobronchoplasty through established tracheostomy incision		Incision	No	No	No	No	No	No	No	No
31622	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)		Diagnostic/Screening	No	No	No	No	No	No	No	No
31623	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings		Bronchoscopy	No	No	No	No	No	No	No	No
31624	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage		Bronchoscopy	No	No	No	No	No	No	No	No
31625	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple		Biopsy	No	No	No	No	No	No	No	No
31626	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple		Placement	No	No	No	No	No	No	No	No
31627	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure(s))		Bronchoscopy	No	No	No	No	No	No	No	No
31628	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe		Bronchoscopy	No	No	No	No	No	No	No	No
31629	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(es)		Bronchoscopy	No	No	No	No	No	No	No	No
31630	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with tracheal/bronchial dilation or closed reduction of fracture		Bronchoscopy	No	No	No	No	No	No	No	No
31631	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)		Placement	No	No	No	No	No	No	No	No
31632	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure)	code first 31628	Biopsy	No	No	No	No	No	No	No	No
31633	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure)	code first 31629	Biopsy	No	No	No	No	No	No	No	No
31634	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, with assessment of air leak, with administration of occlusive substance (eg, fibrin glue), if performed		Occlusion	No	No	No	No	No	No	No	No
31635	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of foreign body		Removal	No	No	No	No	No	No	No	No
31636	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of bronchial stent(s) (includes tracheal/bronchial dilation as required), initial bronchus		Placement	No	No	No	No	No	No	No	No
31637	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; each additional major bronchus stented (List separately in addition to code for primary procedure)	code first 31636	Bronchoscopy	No	No	No	No	No	No	No	No
31638	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required)		Revision	No	No	No	No	No	No	No	No
31640	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with excision of tumor		Excision	No	No	No	No	No	No	No	No
31641	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with destruction of tumor or relief of stenosis by any method other than excision (eg, laser therapy, cryotherapy)		Destruction	No	No	No	No	No	No	No	No
31642	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application		Placement	No	No	No	No	No	No	No	No
31643	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial (eg, drainage of lung abscess)		Aspiration	No	No	No	No	No	No	No	No
31644	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, subsequent		Aspiration	No	No	No	No	No	No	No	No
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		Occlusion	No	No	No	No	No	No	No	No
31648	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), initial lobe		Removal	No	No	No	No	No	No	No	No
31649	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure)		Removal	No	No	No	No	No	No	No	No
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))		Occlusion	No	No	No	No	No	No	No	No
31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtacheal and/or transbronchial sampling (eg, aspiration(s)/biopsy(ies)), one or two mediastinal and/or hilar lymph node stations or structures		Ultrasound	No	No	No	No	No	No	No	No
31653	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtacheal and/or transbronchial sampling (eg, aspiration(s)/biopsy(ies)), 3 or more mediastinal and/or hilar lymph node stations or structures		Ultrasound	No	No	No	No	No	No	No	No
31654	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (List separately in addition to code for primary procedure(s))		Diagnostic/Screening	No	No	No	No	No	No	No	No
31660	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe		Bronchoscopy	No	No	No	No	No	No	No	No
31661	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes		Bronchoscopy	No	No	No	No	No	No	No	No
31717	Catheterization with bronchial brush biopsy		Catheterization	No	No	No	No	No	No	No	No
31720	Catheter aspiration (separate procedure), transtacheal		Aspiration	No	No	No	No	No	No	No	No
31725	Catheter aspiration (separate procedure), tracheobronchial with fiberoptic, bedside		Aspiration	No	No	No	No	No	No	No	No
31730	Transtacheal (percutaneous) introduction of needle wire dilator/stent or indwelling tube for oxygen therapy		Intubation	No	No	No	No	No	No	No	No
31750	Tracheoplasty, cervical		Repair	No	No	No	No	No	No	No	No
31755	Tracheoplasty, tracheopharyngeal fistulization, each stage		Repair	No	No	No	No	No	No	No	No
31760	Tracheoplasty, intrathoracic		Repair	No	No	No	No	No	No	No	No
31766	Carinal reconstruction		Reconstruction	No	No	No	No	No	No	No	No
31770	Bronchoplasty, graft repair		Repair	No	No	No	No	No	No	No	No
31775	Bronchoplasty, excision stenosis and anastomosis		Excision	No	No	No	No	No	No	No	No
31780	Excision tracheal stenosis and anastomosis, cervical		Excision	No	No	No	No	No	No	No	No
31781	Excision tracheal stenosis and anastomosis, cervicothoracic		Excision	No	No	No	No	No	No	No	No
31785	Excision of tracheal tumor or carcinoma, cervical		Excision	No	No	No	No	No	No	No	No
31786	Excision of tracheal tumor or carcinoma, thoracic		Excision	No	No	No	No	No	No	No	No
31800	Suture of tracheal wound or injury, cervical		Repair	No	No	No	No	No	No	No	No
31805	Suture of tracheal wound or injury, intrathoracic		Repair	No	No	No	No	No	No	No	No
31820	Surgical closure tracheostomy or fistula, without plastic repair		Closure	No	No	No	No	No	No	No	No
31825	Surgical closure tracheostomy or fistula, with plastic repair		Closure	No	No	No	No	No	No	No	No
31830	Revision of tracheostomy scar		Revision	No	No	No	No	No	No	No	No
31835	Unlisted procedure, trachea, bronchus		Unlisted Procedure	No	No	No	No	No	No	No	No
32035	Thoracotomy, with rib resection for emphysema		Incision	No	No	No	No	No	No	No	No
32036	Thoracotomy, with open flap drainage for emphysema		Incision/Drainage	No	No	No	No	No	No	No	No
32096	Thoracotomy, with diagnostic biopsy(ies) of lung nodule(s) (eg, wedge, incisional), unilateral		Biopsy	No	No	No	No	No	No	No	No
32097	Thoracotomy, with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral		Biopsy	No	No	No	No	No	No	No	No
32098	Thoracotomy, with biopsy(ies) of pleura		Biopsy	No	No	No	No	No	No	No	No
32100	Thoracotomy, with exploration		Exploration	No	No	No	No	No	No	No	No
32110	Thoracotomy, with control of traumatic hemorrhage and/or repair of lung tear		Incision	No	No	No	No	No	No	No	No
32120	Thoracotomy, for postoperative complications		Incision	No	No	No	No	No	No	No	No
32124	Thoracotomy, with open intrapleural pneumonolysis		Incision	No	No	No	No	No	No	No	No
32140	Thoracotomy, with cyst(s) removal, includes pleural procedure when performed		Removal	No	No	No	No	No	No	No	No
32141	Thoracotomy, with resection of bullae, includes any pleural procedure when performed		Excision	No	No	No	No	No	No	No	No
32150	Thoracotomy, with removal of intrapleural foreign body or fibrin deposit		Removal	No	No	No	No	No	No	No	No
32153	Thoracotomy, with removal of intrapleural foreign body		Removal	No	No	No	No	No	No	No	No
32160	Thoracotomy, with cardiac massage		Incision	No	No	No	No	No	No	No	No
32200	Pneumostomy, with open drainage of abscess or cyst		Incision/Drainage	No	No	No	No	No	No	No	No
32215	Pleural scarification for repeat pneumothorax		Incision	No	No	No	No	No	No	No	No
32220	Decortication, pulmonary (separate procedure), total		Incision	No	No	No	No	No	No	No	No
32225	Decortication, pulmonary (separate procedure), partial		Incision	No	No	No	No	No	No	No	No
32310	Pleurectomy, parietal (separate procedure)		Excision	No	No	No	No	No	No	No	No
32320	Decortication and parietal pleurectomy		Excision	No	No	No	No	No	No	No	No
32400	Biopsy, pleura, percutaneous needle		Biopsy	No	No	No	No	No	No	No	No
32409	Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed	new code 1/1/21 - compare to 30465	Biopsy	No	No	No	No	No	No	No	No
32440	Removal of lung, pneumonectomy		Removal	No	No	No	No	No	No	No	No
32442	Removal of lung, pneumonectomy, with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy)		Removal	No	No	No	No	No	No	No	No
32445	Removal of lung, pneumonectomy; extrapleural		Removal	No	No	No	No	No	No	No	No
32480	Removal of lung, other than pneumonectomy; single lobe (lobectomy)		Removal	No	No	No	No	No	No	No	No
32482	Removal of lung, other than pneumonectomy; 2 lobes (bilobectomy)		Removal	No	No	No	No	No	No	No	No
32484	Removal of lung, other than pneumonectomy; single segment (segmentectomy)		Removal	No	No	No	No	No	No	No	No
32486	Removal of lung, other than pneumonectomy, with circumferential resection of segment of bronchus followed by broncho-bronchial anastomosis (sleeve lobectomy)		Removal	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
32488	Removal of lung, other than pneumonectomy; with all remaining lung following previous removal of a portion of lung (completion pneumonectomy)		Removal	No	No	No	No	No	No	No	No
32491	Removal of lung, other than pneumonectomy; with resection-plectomy of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, includes any pleural procedure, when performed		Removal	Yes	Yes	Yes	No	Yes	No	Yes	Yes
32491	Resection and repair of portion of bronchus (bronchoplasty) when performed at time of lobectomy or segmentectomy (List separately in addition to code for primary procedure)		Resection	No	No	No	No	No	No	No	No
32503	Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed, without chest wall reconstruction(s)		Resection	No	No	No	No	No	No	No	No
32504	Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed, with chest wall reconstruction		Resection	No	No	No	No	No	No	No	No
32505	Thoracotomy, with therapeutic wedge resection (eg, mass, nodule), initial		Resection	No	No	No	No	No	No	No	No
32505	Thoracotomy, with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)		Resection	No	No	No	No	No	No	No	No
32506	Thoracotomy, with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)	code fr st 32505	Resection	No	No	No	No	No	No	No	No
32507	Extrapleural excision of empyema (empyemectomy)		Diagnostic/Screening	No	No	No	No	No	No	No	No
32550	Insertion of indwelling tunneled pleural catheter with cuff		Insertion	No	No	No	No	No	No	No	No
32551	Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)		Resection	No	No	No	No	No	No	No	No
32552	Removal of indwelling tunneled pleural catheter with cuff		Removal	No	No	No	No	No	No	No	No
32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple		Placement	No	No	No	No	No	No	No	No
32554	Thoracostomy, needle or catheter, aspiration of the pleural space, without imaging guidance		Introduction	No	No	No	No	No	No	No	No
32555	Thoracostomy, needle or catheter, aspiration of the pleural space, with imaging guidance		Introduction	No	No	No	No	No	No	No	No
32556	Pleural drainage, percutaneous, with insertion of indwelling catheter, without imaging guidance		Insertion	No	No	No	No	No	No	No	No
32557	Pleural drainage, percutaneous, with insertion of indwelling catheter, with imaging guidance		Insertion	No	No	No	No	No	No	No	No
32560	Instillation, via chest tube/catheter, agent for pleurodesis (eg, talc for recurrent or persistent pneumothorax)		Destruction	No	No	No	No	No	No	No	No
32561	Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break up of multiloculated effusion); initial day		Destruction	No	No	No	No	No	No	No	No
32562	Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break up of multiloculated effusion); subsequent day		Destruction	No	No	No	No	No	No	No	No
32601	Thoracoscopy, diagnostic (separate procedure); lungs, pericardial sac, mediastinal or pleural space, without biopsy		Diagnostic/Screening	No	No	No	No	No	No	No	No
32604	Thoracoscopy, diagnostic (separate procedure); pericardial sac, with biopsy		Diagnostic/Screening	No	No	No	No	No	No	No	No
32606	Thoracoscopy, diagnostic (separate procedure); mediastinal space, with biopsy		Diagnostic/Screening	No	No	No	No	No	No	No	No
32607	Thoracoscopy, with diagnostic biopsy(ies) of lung infarct(s) (eg, wedge, incisional), unilateral		Diagnostic/Screening	Yes	No	No	No	No	No	Yes	Yes
32608	Thoracoscopy, with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral		Diagnostic/Screening	No	No	No	No	No	No	No	No
32609	Thoracoscopy, with biopsy(ies) of pleura		Biopsy	Yes	Yes	No	No	No	No	Yes	Yes
32650	Thoracoscopy, surgical, with pleurodesis (eg, mechanical or chemical)		Thoracoscopy	Yes	Yes	No	No	No	No	Yes	Yes
32651	Thoracoscopy, surgical, with partial pulmonary decortication		Thoracoscopy	Yes	No	No	No	No	No	Yes	Yes
32652	Thoracoscopy, surgical, with total pulmonary decortication, including intrapleural pneumonolysis		Thoracoscopy	Yes	Yes	No	No	No	No	Yes	Yes
32653	Thoracoscopy, surgical, with removal of intrapleural foreign body or fibrin deposit		Removal	Yes	Yes	No	No	No	No	Yes	Yes
32654	Thoracoscopy, surgical, with control of traumatic hemothorax		Thoracoscopy	Yes	Yes	No	No	No	No	Yes	Yes
32655	Thoracoscopy, surgical, with resection-plectomy of bulge, includes any pleural procedure when performed		Resection	Yes	Yes	No	No	No	No	Yes	Yes
32656	Thoracoscopy, surgical, with parietal pleurectomy		Thoracoscopy	Yes	Yes	Yes	No	Yes	No	Yes	Yes
32658	Thoracoscopy, surgical, with removal of clot or foreign body from pericardial sac		Removal	Yes	Yes	Yes	No	Yes	No	Yes	Yes
32659	Thoracoscopy, surgical, with creation of pericardial window or partial resection of pericardial sac for drainage		Thoracoscopy	Yes	Yes	Yes	No	Yes	No	Yes	Yes
32661	Thoracoscopy, surgical, with excision of pericardial cyst, tumor, or mass		Excision	No	Yes	Yes	No	Yes	No	No	No
32662	Thoracoscopy, surgical, with excision of mediastinal cyst, tumor, or mass		Excision	No	No	No	No	No	No	No	No
32663	Thoracoscopy, surgical, with lobectomy (single lobe)		Thoracoscopy	Yes	No	No	No	Yes	No	Yes	Yes
32664	Thoracoscopy, surgical, with thoracic sympathectomy		Thoracoscopy	Yes	Yes	Yes	No	Yes	No	Yes	Yes
32665	Thoracoscopy, surgical, with esophagotomy (Heller type)		Thoracoscopy	Yes	Yes	Yes	No	Yes	No	Yes	Yes
32666	Thoracoscopy, surgical, with therapeutic wedge resection (eg, mass, nodule), initial unilateral		Thoracoscopy	Yes	Yes	Yes	No	Yes	No	Yes	Yes
32667	Thoracoscopy, surgical, with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)	code fr st 32666	Thoracoscopy	Yes	Yes	Yes	No	Yes	No	Yes	Yes
32668	Thoracoscopy, surgical, with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)	code fr st 32440-32488 32503-32504 32663 32669-32671	Diagnostic/Screening	Yes	Yes	Yes	No	Yes	No	Yes	Yes
32669	Thoracoscopy, surgical, with removal of a single lung segment (segmentectomy)		Removal	Yes	Yes	Yes	No	Yes	No	Yes	Yes
32670	Thoracoscopy, surgical, with removal of two lobes (lobectomy)		Removal	Yes	Yes	Yes	No	Yes	No	Yes	Yes
32671	Thoracoscopy, surgical, with removal of lung (pneumonectomy)		Removal	Yes	Yes	Yes	No	Yes	No	Yes	Yes
32672	Thoracoscopy, surgical, with resection-plectomy for emphysematous lung (bullous or non-bullous) for lung volume reduction (LVRS), unilateral includes any pleural procedure, when performed		Resection	Yes	Yes	Yes	No	Yes	No	Yes	Yes
32673	Thoracoscopy, surgical, with resection of thymus, unilateral or bilateral		Resection	Yes	Yes	Yes	No	Yes	No	Yes	Yes
32674	Thoracoscopy, surgical, with mediastinal and regional lymphadenectomy (List separately in addition to code for primary procedure)		Thoracoscopy	Yes	Yes	Yes	No	Yes	No	Yes	Yes
32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SBRT), (photon or particle beam), entire course of treatment		Radiation Therapy	Yes	Yes	Yes	No	Yes	No	Yes	Yes
32801	Repair lung hernia through chest wall		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
32810	Closure of chest wall following open flap drainage for empyema (Clagett type procedure)		Closure	No	No	No	No	No	No	No	No
32815	Open closure of major bronchial fistula		Closure	Yes	Yes	Yes	No	Yes	No	Yes	Yes
32820	Major reconstruction, chest wall (posttraumatic)		Reconstruction	Yes	Yes	Yes	No	Yes	No	Yes	Yes
32850	Donor pneumonectomy(s) including cold preservation, from cadaver donor		Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
32851	Lung transplant, single, without cardiopulmonary bypass		Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
32852	Lung transplant, single, with cardiopulmonary bypass		Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
32853	Lung transplant, double (bilateral sequential or en bloc), without cardiopulmonary bypass		Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
32854	Lung transplant, double (bilateral sequential or en bloc), with cardiopulmonary bypass		Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
32855	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus, unilateral		Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
32856	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus, bilateral		Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
32900	Resection of ribs, extrapleural, all stages		Resection	Yes	Yes	Yes	No	Yes	No	Yes	Yes
32905	Thoracoplasty, Schede type or extrapleural (all stages)		Resection	Yes	Yes	Yes	No	Yes	No	Yes	Yes
32906	Thoracoplasty, Schede type or extrapleural (all stages), with closure of bronchopleural fistula		Resection	Yes	Yes	Yes	No	Yes	No	Yes	Yes
32945	Pneumothorax, extrapleural, including filling or packing procedures		Release	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
32950	Pneumothorax, therapeutic, intrapleural injection of air		Introduction	Yes	Yes	Yes	No	Yes	No	Yes	Yes
32994	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral, cryablation		Ablation	No	No	No	No	Yes	No	No	No
32997	Total lung lavage (unilateral)		Bronchoscopy	No	No	No	No	No	No	No	No
32998	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, radiofrequency, unilateral		Ablation	No	No	No	No	No	No	No	No
32999	Unlisted procedure, lungs and pleura		Unlisted Procedure	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33016	Pericardiocentesis, including imaging guidance, when performed		Aspiration	No	No	No	No	No	No	No	No
33017	Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrason guidance, when performed, > 5 years without congenital cardiac anomaly		Insertion	No	No	No	No	No	No	No	No
33018	Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrason guidance, when performed, birth through age 5 years without or any age with congenital cardiac anomaly		Insertion	No	No	No	No	No	No	No	No
33019	Pericardial drainage with insertion of indwelling catheter, percutaneous, including CT guidance		Insertion	No	No	No	No	No	No	No	No
33020	Pericardiotomy for removal of clot or foreign body (primary procedure)		Removal	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33025	Creation of pericardial window or partial resection for drainage		Incision/Drainage	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33026	Pericardiectomy, subtotal or complete, without cardiopulmonary bypass		Incision	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33031	Pericardiectomy, subtotal or complete, with cardiopulmonary bypass		Incision	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33050	Resection of pericardial cyst or tumor		Resection	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33120	Excision of intracardiac tumor, resection with cardiopulmonary bypass		Excision	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33130	Resection of external cardiac tumor		Resection	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33140	Transmyocardial laser revascularization, by thoracotomy, (separate procedure)		Revascularization	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33141	Transmyocardial laser revascularization, by thoracotomy, performed at the time of other open cardiac procedure(s) (List separately in addition to code for primary procedure)		Revascularization	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33202	Insertion of epicardial electrode(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid approach)		Insertion	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33203	Insertion of epicardial electrode(s); endoscopic approach (eg, thoracoscopy, pericardiocentesis)		Insertion	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial		Insertion	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular		Insertion	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular		Insertion	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
33210	Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter (separate procedure)		Insertion	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33211	Insertion or replacement of temporary transvenous dual chamber pacing electrodes (separate procedure)		Insertion	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33212	Insertion of pacemaker pulse generator only, with existing single lead		Insertion	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33213	Insertion of pacemaker pulse generator only, with existing dual leads		Insertion	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
33214	Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator)		Replacement	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode		Repositioning	No	No	No	No	No	No	No	No
33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator		Insertion	Yes	Yes	No	No	No	No	Yes	Yes
33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator		Insertion	Yes	Yes	No	No	No	No	Yes	Yes
33218	Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator		Repair	Yes	Yes	No	No	No	No	Yes	Yes
33220	Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator		Repair	Yes	Yes	No	No	No	No	Yes	Yes
33221	Insertion of pacemaker pulse generator only, with existing multiple leads		Insertion	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
33222	Relocation of skin pocket for pacemaker		Repositioning	No	No	No	No	No	No	No	No
33223	Relocation of skin pocket for implantable defibrillator		Repositioning	No	No	No	No	No	No	No	No
33226	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator)		Insertion	No	No	No	Yes	No	Yes	No	No
33227	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system) (List separately in addition to code for primary procedure)		Insertion	No	No	No	Yes	No	Yes	No	No
33228	Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of existing generator)		Repositioning	No	No	No	No	No	No	No	No
33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system		Removal	No	No	No	Yes	No	Yes	No	No
33230	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system		Removal	No	No	No	Yes	No	Yes	No	No
33231	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system		Removal	No	No	No	Yes	No	Yes	No	No
33232	Insertion of implantable defibrillator pulse generator only, with existing dual leads		Insertion	Yes	Yes	No	Yes	No	Yes	Yes	Yes
33233	Insertion of implantable defibrillator pulse generator only, with existing multiple leads		Insertion	Yes	Yes	No	No	Yes	No	Yes	Yes
33233	Removal of permanent pacemaker pulse generator only		Removal	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
33234	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular		Removal	No	No	No	No	No	No	No	No
33235	Removal of transvenous pacemaker electrode(s); dual lead system		Removal	No	No	No	No	No	No	No	No
33236	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; single lead system, atrial or ventricular		Removal	No	No	No	No	No	No	No	No
33237	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; dual lead system		Removal	No	No	No	No	No	No	No	No
33238	Removal of permanent transvenous electrode(s) by thoracotomy		Removal	No	No	No	No	No	No	No	No
33240	Insertion of implantable defibrillator pulse generator only, with existing single lead		Insertion	Yes	Yes	No	Yes	No	Yes	Yes	Yes
33241	Removal of implantable defibrillator pulse generator only		Removal	No	No	No	No	No	Yes	No	No
33243	Removal of single or dual chamber implantable defibrillator electrode(s); by thoracotomy		Removal	No	No	No	No	No	No	No	No
33244	Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction		Removal	No	No	No	No	No	No	No	No
33249	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s); single or dual chamber		Insertion	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
33250	Operative ablation of supraventricular arrhythmic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry, tract) and/or focus (foci); without cardiopulmonary bypass		Ablation	No	No	No	No	No	No	No	No
33251	Operative ablation of supraventricular arrhythmic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry, tract) and/or focus (foci); with cardiopulmonary bypass		Ablation	No	No	No	No	No	No	No	No
33254	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)		Ablation	No	No	No	No	No	No	No	No
33255	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass		Ablation	No	No	No	No	No	No	No	No
33256	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass		Ablation	No	No	No	No	No	No	No	No
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)		Ablation	No	No	No	No	No	No	No	No
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)		Ablation	No	No	No	No	No	No	No	No
33259	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure); with cardiopulmonary bypass (List separately in addition to code for primary procedure)		Ablation	No	No	No	No	No	No	No	No
33261	Operative ablation of ventricular arrhythmic focus with cardiopulmonary bypass		Ablation	No	No	No	No	No	No	No	No
33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system		Removal	No	No	No	Yes	No	Yes	No	No
33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system		Removal	No	No	No	Yes	No	Yes	No	No
33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system		Removal	No	No	No	Yes	No	Yes	No	No
33265	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure); without cardiopulmonary bypass		Endoscopy (EGD)	No	No	No	No	No	No	No	No
33266	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass		Endoscopy (EGD)	No	No	No	No	No	No	No	No
33267	Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)		Exclusion	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33268	Exclusion of left atrial appendage, open, performed at the time of other sternotomy or thoracotomy procedure(s), any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip) (List separately in addition to code for primary procedure)		Exclusion	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33269	Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)		Exclusion	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed		Insertion	Yes	Yes	No	Yes	No	Yes	Yes	Yes
33271	Insertion of subcutaneous implantable defibrillator electrode		Insertion	Yes	Yes	No	Yes	No	Yes	Yes	Yes
33272	Removal of subcutaneous implantable defibrillator electrode		Removal	No	No	No	Yes	No	Yes	No	No
33273	Repositioning of previously implanted subcutaneous implantable defibrillator electrode		Reposition	No	No	No	Yes	No	Yes	No	No
33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed		Insertion	Yes	Yes	No	Yes	No	Yes	Yes	No
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed	See CPT for all parenthetical data.	Removal	No	No	No	Yes	No	Yes	No	No
33276	Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial analysis with diagnostic mode activation, when performed			Yes	Yes	Yes	No	Yes	No	Yes	Yes
33277	Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure)			Yes	Yes	Yes	No	Yes	No	Yes	Yes
33278	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; system, including pulse generator and lead(s)			No	No	No	No	No	No	No	No
33279	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s) only			No	No	No	No	No	No	No	No
33280	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator only			No	No	No	No	No	No	No	No
33281	Repositioning of phrenic nerve stimulator transvenous lead(s)			No	Yes	No	No	Yes	No	Yes	Yes
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming		Insertion	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33286	Removal, subcutaneous cardiac rhythm monitor	Initial insertion includes programming. For subsequent electronic analysis and/or reprogramming, see 93285, 93291, 93298, 93299	Removal	No	No	No	No	No	No	No	No
33287	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator			Yes	Yes	Yes	No	Yes	No	Yes	Yes
33288	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s)			Yes	Yes	Yes	No	Yes	No	Yes	Yes
33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary artery catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed	*For remote monitoring of an implantable wireless pulmonary artery pressure sensor, use 93264. **Do not report with 36013-36015, 75741, 75743, 75746, 76000, 93451, 73453, 93456, 93457, 93460, 93461, 93530-93533, 93568.	Implant	Yes	Yes	No	Yes	No	Yes	Yes	Yes
33300	Repair of cardiac wound; without bypass		Repair	No	No	No	No	No	No	No	No
33306	Repair of cardiac wound; with cardiopulmonary bypass		Repair	No	No	No	No	No	No	No	No
33310	Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); without bypass		Exploratory	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33315	Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); with cardiopulmonary bypass		Exploratory	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33320	Suture repair of aorta or great vessels; without shunt or cardiopulmonary bypass		Repair	Yes	Yes	No	Yes	No	Yes	Yes	Yes
33321	Suture repair of aorta or great vessels; with shunt bypass		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33322	Suture repair of aorta or great vessels; with cardiopulmonary bypass		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33330	Insertion of graft, aorta or great vessels; without shunt, or cardiopulmonary bypass		Insertion	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33335	Insertion of graft, aorta or great vessels; with cardiopulmonary bypass		Insertion	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33340	Pericardiotomy, transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transeptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation		Transcatheter	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach		Aortic Valve	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach		Aortic Valve	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach		Aortic Valve	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach		Aortic Valve	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transcatheter approach (eg, median sternotomy, mediastinotomy)		Aortic Valve	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33366	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)		Aortic Valve	Yes	Yes	Yes	No	Yes	No	Yes	Yes
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)		Aortic Valve	Yes	Yes	Yes	No	Yes	No	Yes	Yes
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)		Aortic Valve	Yes	Yes	Yes	No	Yes	No	Yes	Yes
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)		Aortic Valve	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33370	Transcatheter placement and subsequent removal of cerebral embolic protection device(s), including arterial access, catheterization, imaging, and radiological supervision and interpretation, percutaneous (List separately in addition to code for primary procedure)		Placement	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33391	Valvuloplasty, mitral valve, open, with cardiopulmonary bypass; complex (eg, leaflet extension, leaflet resection, leaflet reconstruction, or annuloplasty)		Aortic Valve	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33404	Construction of aortic-aortic conduit		Aortic Valve	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33405	Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homografts or stentless valve		Aortic Valve	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33406	Replacement, aortic valve, open, with cardiopulmonary bypass; with allograft valve (freedhand)		Aortic Valve	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33410	Replacement, aortic valve, open, with cardiopulmonary bypass; with stentless tissue valve		Aortic Valve	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33411	Replacement, aortic valve; with aortic annulus enlargement, nonopen aortic annulus		Aortic Valve	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33412	Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)		Aortic Valve	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33413	Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)		Aortic Valve	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33414	Repair of left ventricular outflow tract obstruction by patch enlargement of the outflow tract		Aortic Valve	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33415	Resection or incision of subvalvular tissue for discrete subvalvular aortic stenosis		Aortic Valve	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33416	Ventriculotomy (-myectomy) for idiopathic hypertrophic subaortic stenosis (eg, asymmetric septal hypertrophy)		Aortic Valve	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33417	Aortoplasty (least) for supravalvular stenosis		Aortic Valve	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33418	Transcatheter mitral valve repair, percutaneous approach, including transeptal puncture when performed; initial prosthesis		Mitral Valve	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33419	Transcatheter mitral valve repair, percutaneous approach, including transeptal puncture when performed; additional prosthesis(es) during same session (List separately in addition to code for primary procedure)		Mitral Valve	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33420	Valvotomy, mitral valve; closed heart		Mitral Valve	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33422	Valvotomy, mitral valve; open heart, with cardiopulmonary bypass		Mitral Valve	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33423	Valvuloplasty, mitral valve, with cardiopulmonary bypass		Mitral Valve	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33426	Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring		Mitral Valve	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33427	Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring		Mitral Valve	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33430	Replacement, mitral valve, with cardiopulmonary bypass		Mitral Valve	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33431	Replacement, aortic valve, by translocation of autologous pulmonary valve and transventricular aortic annulus enlargement of the left ventricular outflow tract with valved conduit replacement of pulmonary valve (Ross-Konno procedure)		Replacement	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33440	Valvectomy, tricuspid valve, with cardiopulmonary bypass		Tricuspid Valve	Yes	Yes	Yes	No	Yes	No	Yes	Yes

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
33463	Valvuloplasty, tricuspid valve, without ring insertion		Tricuspid Valve	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33464	Valvuloplasty, tricuspid valve, with ring insertion		Tricuspid Valve	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33465	Replacement, tricuspid valve, with cardiopulmonary bypass		Tricuspid Valve	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33468	Tricuspid valve replacement and plication for Ebstein anomaly		Tricuspid Valve	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33471	Valvotomy, pulmonary valve, closed heart, via pulmonary artery		Pulmonary Valve	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33474	Valvotomy, pulmonary valve, open heart, with cardiopulmonary bypass		Pulmonary Valve	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33475	Replacement, pulmonary valve		Pulmonary Valve	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33476	Right ventricular resection for infundibular stenosis, with or without commissurotomy		Pulmonary Valve	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed		Pulmonary Valve	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33478	Outflow tract augmentation (gusset), with or without commissurotomy or infundibular resection		Pulmonary Valve	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33496	Repair of non-structural prosthetic valve dysfunction with cardiopulmonary bypass (separate procedure)		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33500	Repair of coronary arteriovenous or arteriocardiac chamber fistula, with cardiopulmonary bypass		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33501	Repair of coronary arteriovenous or arteriocardiac chamber fistula, without cardiopulmonary bypass		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33502	Repair of anomalous coronary artery from pulmonary artery origin, by ligation		Ligation	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33503	Repair of anomalous coronary artery from pulmonary artery origin, by Grafts, without cardiopulmonary bypass		Grafts	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33504	Repair of anomalous coronary artery from pulmonary artery origin, by Grafts, with cardiopulmonary bypass		Grafts	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33505	Repair of anomalous coronary artery from pulmonary artery origin, with construction of intrapulmonary artery tunnel (Takeuchi procedure)		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33506	Repair of anomalous coronary artery from pulmonary artery origin, by translocation from pulmonary artery to aorta		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33507	Repair of anomalous (eg, intramural aortic or origin of coronary artery by unroofing or translocation		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33508	(Endoscopy, surgical, including video-assisted harvest of vein(s) for coronary artery bypass procedure (List separately in addition to code for primary procedure)		Endoscopy (EGD)	No	No	No	No	No	No	No	No
33509	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure, endoscopic		Bypass	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33510	Coronary artery bypass, vein only, single coronary venous Grafts		Bypass	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33511	Coronary artery bypass, vein only, 2 coronary venous Grafts		Bypass	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33512	Coronary artery bypass, vein only, 3 coronary venous Grafts		Bypass	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33513	Coronary artery bypass, vein only, 4 coronary venous Grafts		Bypass	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33514	Coronary artery bypass, vein only, 5 coronary venous Grafts		Bypass	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33516	Coronary artery bypass, vein only, 6 or more coronary venous Grafts		Bypass	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33517	Coronary artery bypass, using venous Graft(s) and arterial Graft(s); single vein Grafts (List separately in addition to code for primary procedure)		Bypass	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33518	Coronary artery bypass, using venous Graft(s) and arterial Graft(s); 2 venous Grafts (List separately in addition to code for primary procedure)		Bypass	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33519	Coronary artery bypass, using venous Graft(s) and arterial Graft(s); 3 venous Grafts (List separately in addition to code for primary procedure)		Bypass	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33521	Coronary artery bypass, using venous Graft(s) and arterial Graft(s); 4 venous Grafts (List separately in addition to code for primary procedure)		Bypass	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33522	Coronary artery bypass, using venous Graft(s) and arterial Graft(s); 5 venous Grafts (List separately in addition to code for primary procedure)		Bypass	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33523	Coronary artery bypass, using venous Graft(s) and arterial Graft(s); 6 or more venous Grafts (List separately in addition to code for primary procedure)		Bypass	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33530	Reoperation, coronary artery bypass procedure or valve procedure, more than 1 month after original operation (List separately in addition to code for primary procedure)		Bypass	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33533	Coronary artery bypass, using arterial Graft(s); single arterial Grafts		Bypass	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33534	Coronary artery bypass, using arterial Graft(s); 2 coronary arterial Grafts		Bypass	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33535	Coronary artery bypass, using arterial Graft(s); 3 coronary arterial Grafts		Bypass	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33536	Coronary artery bypass, using arterial Graft(s); 4 or more coronary arterial Grafts		Bypass	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33541	Myocardial resection (eg, ventricular aneurysmectomy)		Resection	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33545	Repair of postinfarction ventricular septal defect, with or without myocardial resection		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33548	Surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg, ventricular remodeling, SVR, SAVER, Dor procedures)		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33572	Coronary endarterectomy, open, any method, of left anterior descending, circumflex, or right coronary artery performed in conjunction with coronary artery bypass graft procedure, each vessel (List separately in addition to primary procedure)		Removal	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33600	Closure of atrioventricular valve (mitral or tricuspid) by suture or patch		Closure	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33602	Closure of semilunar valve (aortic or pulmonary) by suture or patch		Closure	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33606	Anastomosis of pulmonary artery to aorta (Damus-Kaye-Stansel procedure)		Revision	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33608	Repair of complex cardiac anomalies (eg, single ventricle with subaortic obstruction) by surgical enlargement of ventricular septal defect		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33610	Repair of double outlet right ventricle with intra-ventricular tunnel repair		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33611	Repair of double outlet right ventricle with intra-ventricular tunnel repair; with repair of right ventricular outflow tract obstruction		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33612	Repair of complex cardiac anomalies (eg, tricuspid atresia) by closure of atrial septal defect and anastomosis of atria or vena cava to pulmonary artery (simple Fontan procedure)		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33615	Repair of complex cardiac anomalies (eg, single ventricle) by modified Fontan procedure		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33617	Repair of complex cardiac anomalies (eg, single ventricle) by modified Fontan procedure		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33619	Repair of single ventricle with aortic outflow obstruction and aortic arch hypoplasia (hyposplastic left heart syndrome) (eg, Norwood procedure)		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33620	Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)		Application	No	No	No	No	Yes	No	No	No
33621	Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)		Insertion	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33622	Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, or creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage, Norwood, bidirectional Glenn, pulmonary artery debanding)		Reconstruction	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33641	Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33645	Direct or patch closure, sinus venosus, with or without anomalous pulmonary venous drainage		Closure	No	No	No	No	No	No	No	No
33647	Repair atrial septal defect and ventricular septal defect, with direct or patch closure		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33660	Repair of incomplete or partial atrioventricular canal (ostium primum atrial septal defect), with or without atrioventricular valve repair		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33665	Repair of intermediate or transitional atriocentricular canal, with or without atrioventricular valve repair		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33670	Repair of complete atrioventricular canal, with or without prosthetic valve		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33675	Closure of multiple ventricular septal defects;		Closure	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33676	Closure of multiple ventricular septal defects; with pulmonary valvotomy or infundibular resection (acyanotic)		Closure	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33677	Closure of multiple ventricular septal defects; with removal of pulmonary artery band, with or without gusset		Closure	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33681	Closure of single ventricular septal defect, with or without patch;		Closure	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33684	Closure of single ventricular septal defect, with or without patch; with pulmonary valvotomy or infundibular resection (acyanotic)		Closure	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33685	Closure of single ventricular septal defect, with or without patch; with removal of pulmonary artery band, with or without gusset		Closure	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33690	Banding of pulmonary artery		Placement	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33692	Complete repair tetralogy of Fallot without pulmonary atresia		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33694	Complete repair tetralogy of Fallot without pulmonary atresia, with transannular patch		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33697	Complete repair tetralogy of Fallot with pulmonary atresia including construction of conduit from right ventricle to pulmonary artery and closure of ventricular septal defect		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33702	Repair sinus of Valsalva fistula, with cardiopulmonary bypass;		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33710	Repair sinus of Valsalva fistula, with cardiopulmonary bypass; with repair of ventricular septal defect		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33720	Repair sinus of Valsalva aneurysm, with cardiopulmonary bypass		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33724	Repair of isolated partial anomalous pulmonary venous return (eg, Scimitar Syndrome)		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33726	Repair of pulmonary venous stenosis		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33730	Complete repair of anomalous pulmonary venous return (supracardiac, infracardiac, or intracardiac types)		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33732	Repair of cor triatriatum or supra-valvular mitral ring by resection of left atrial membrane		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33735	Atrial septectomy or septostomy, closed heart (Blalock-Hanlon type operation)		Shunt	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33736	Atrial septectomy or septostomy, open heart with cardiopulmonary bypass		Shunt	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33737	Atrial septectomy or septostomy, open heart, with inflow occlusion		Occlusion	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33741	Transcatheter atrial septostomy (TAS) for congenital cardiac anomalies to create effective atrial flow, including all imaging guidance by the proceduralist, when performed, any method (eg, Rashkind, Sang-Park, balloon, cutting balloon, blade)		Transcatheter	No	No	No	No	No	No	No	No
33745	Transcatheter intracardiac shunt (TIS) created by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac abnormalities, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); initial intracardiac shunt		Transcatheter	No	No	No	No	No	No	No	No
33746	Transcatheter intracardiac shunt (TIS) created by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac abnormalities, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); each additional		Transcatheter	No	No	No	No	No	No	No	No
33746	Intracardiac shunt location	ADD ON CODE	Transcatheter	No	No	No	No	No	No	No	No
33750	Shunt, subclavian to pulmonary artery (Blalock-Taussig type operation)		Shunt	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33755	Shunt; ascending aorta to pulmonary artery (Waterston type operation)		Shunt	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33762	Shunt; descending aorta to pulmonary artery (Potts-Smith type operation)		Shunt	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33764	Shunt; central, with prosthetic graft		Shunt	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33766	Shunt; superior vena cava to pulmonary artery for flow to 1 lung (classical Glenn procedure)		Shunt	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33767	Shunt; superior vena cava to pulmonary artery for flow to both lungs (bidirectional Glenn procedure)		Shunt	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33768	Anastomosis, cavopulmonary, second superior vena cava (List separately in addition to primary procedure)		Shunt	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33770	Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis, without surgical enlargement of ventricular septal defect		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33771	Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis, with surgical enlargement of ventricular septal defect		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33772	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass;		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33774	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass, with removal of pulmonary band		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33775	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass, with closure of ventricular septal defect		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33776	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass, with closure of ventricular septal defect		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33777	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass, with repair of subpulmonic obstruction		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33778	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type);		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33779	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with removal of pulmonary band		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33779	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with closure of ventricular septal defect		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33780	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with repair of subpulmonic obstruction		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33781	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with repair of subpulmonic obstruction		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33782	Aortic root transection with ventricular septal defect and pulmonary stenosis repair (ie, Nikaido procedure); without coronary ostium reimplantation		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33783	Aortic root transection with ventricular septal defect and pulmonary stenosis repair (ie, Nikaido procedure); with reimplantation of 1 or both coronary ostia		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
33786	Total repair, truncus arteriosus (Rastelli type operation)		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33788	Reimplantation of an anomalous pulmonary artery		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33800	Aortic suspension (aortopexy) for tracheal decompression (eg, for tracheomalacia) (separate procedure)		Decompression	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33802	Division of aberrant vessel (vascular ring)		Division	No	No	No	No	No	No	No	No
33803	Division of aberrant vessel (vascular ring), with reanastomosis		Division	No	No	No	No	No	No	No	No
33813	Obiteration of aortopulmonary septal defect, without cardiopulmonary bypass		Obiteration	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33814	Obiteration of aortopulmonary septal defect, with cardiopulmonary bypass		Obiteration	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33820	Repair of patent ductus arteriosus, by ligation		Ligation	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33822	Repair of patent ductus arteriosus, by division, younger than 18 years		Division	No	No	No	No	No	No	No	No
33824	Repair of patent ductus arteriosus, by division, 18 years and older		Division	No	No	No	No	No	No	No	No
33840	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with direct anastomosis		Excision	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33845	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with Grafts		Excision	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33853	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; repair using either left subclavian artery or prosthetic material as gutter for enlargement		Excision	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33852	Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material, without cardiopulmonary bypass		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33853	Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material, with cardiopulmonary bypass		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33858	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed, for aortic dissection		Grafts	No	No	No	No	No	No	No	No
33859	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed, for aortic disease other than dissection (eg, aneurysm)		Grafts	No	No	No	No	No	No	No	No
33863	Ascending aorta Grafts, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)		Grafts	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33864	Ascending aorta Grafts, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, David Procedure, Yacoub Procedure)		Grafts	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33866	Aortic hemiarth graft including isolation and control of the arch vessels, beveled open distal aortic anastomosis extending under one or more of the arch vessels, and total oculatory arrest or isolated cerebral perfusion (list separately in addition to code for primary procedure)	*Use with 33860, 33863, 33864. **Do not report with 33870.	Grafts	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33871	Transverse aortic arch graft, with cardiopulmonary bypass, with profound hypothermia, total circulatory arrest and isolated cerebral perfusion with reimplantation of arch vessel(s) (eg, island pedicle or individual arch vessel reimplantation)		Grafts	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33875	Descending thoracic aorta Grafts, with or without bypass		Grafts	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33877	Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33880	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33881	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
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		Placement	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33884	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); each additional proximal extension (list separately in addition to code for primary procedure)		Placement	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33886	Placement of distal extension prosthesis (delayed after endovascular repair of descending thoracic aorta)		Placement	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33889	Open subclavian to carotid artery transposition performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision, unilateral		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33891	Bypass Grafts, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision		Grafts	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33894	Endovascular stent repair of coarctation of the ascending, transverse, or descending thoracic or abdominal aorta, involving stent placement, across major side branches		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33895	Endovascular stent repair of coarctation of the ascending, transverse, or descending thoracic or abdominal aorta, involving stent placement, not crossing major side branches		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33897	Percutaneous transluminal angioplasty of native or recurrent coarctation of the aorta		Angioplasty	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33900	Per cutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, unilateral		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33901	Per cutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, bilateral		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33902	Per cutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, unilateral		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33903	Per cutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, bilateral		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33904	Per cutaneous pulmonary artery revascularization by stent placement, each additional vessel or separate lesion, normal or abnormal connections (list separately in addition to code for primary procedure)		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33910	Pulmonary artery embolectomy, with cardiopulmonary bypass		Removal	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33915	Pulmonary artery embolectomy, without cardiopulmonary bypass		Removal	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33916	Pulmonary endarterectomy, with or without embolectomy, with cardiopulmonary bypass		Removal	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33917	Repair of pulmonary artery stenosis by reconstruction with patch or graft		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33920	Repair of pulmonary atresia with ventricular septal defect, by construction or replacement of conduit from right or left ventricle to pulmonary artery		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33922	Transsection of pulmonary artery with cardiopulmonary bypass		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33924	Ligation and takedown of a systemic-to-pulmonary artery shunt, performed in conjunction with a congenital heart procedure (list separately in addition to code for primary procedure)		Ligation	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33925	Repair of pulmonary artery arborization anomalies by unifocalization, without cardiopulmonary bypass		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33926	Repair of pulmonary artery arborization anomalies by unifocalization, with cardiopulmonary bypass		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy		Implant	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33928	Removal and replacement of total replacement heart system (artificial heart)		Removal	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (list separately in addition to code for primary procedure)		Removal	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
33930	Donor cardiectomy-pneumectomy (including cold preservation)		Transplantation	No	No	No	Yes	No	Yes	No	No
33932	Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, and trachea for implantation		Transplantation	No	No	No	Yes	No	Yes	No	No
33933	Heart-lung transplant with recipient cardiectomy-pneumectomy		Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
33940	Donor cardiectomy (includes cold preservation)		Transplantation	No	No	No	Yes	No	Yes	No	No
33942	Backbench standard preparation of cadaver donor heart allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, pulmonary artery, and left atrium for implantation		Transplantation	No	No	No	Yes	No	Yes	No	No
33944	Heart transplant, with or without recipient cardiectomy		Transplantation	No	Yes	No	Yes	No	Yes	No	No
33945	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous		Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
33946	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial		ECMO	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33947	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous		ECMO	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33948	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial		ECMO	Yes	Yes	Yes	No	Yes	No	Yes	Yes
33949	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)		ECMO	No	No	No	No	No	No	No	No
33951	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)		ECMO	No	No	No	No	No	No	No	No
33952	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age		ECMO	No	No	No	No	No	No	No	No
33953	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older		ECMO	No	No	No	No	No	No	No	No
33954	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by stenotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed)		ECMO	No	No	No	No	No	No	No	No
33955	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by stenotomy or thoracotomy, 6 years and older		ECMO	No	No	No	No	No	No	No	No
33956	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)		ECMO	No	No	No	No	No	No	No	No
33957	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)		ECMO	No	No	No	No	No	No	No	No
33958	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed)		ECMO	No	No	No	No	No	No	No	No
33959	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)		ECMO	No	No	No	No	No	No	No	No
33962	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)		ECMO	No	No	No	No	No	No	No	No
33963	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition central cannula(e) by stenotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed)		ECMO	No	No	No	No	No	No	No	No
33964	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition central cannula(e) by stenotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed)		ECMO	No	No	No	No	No	No	No	No
33965	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age		ECMO	No	No	No	No	No	No	No	No
33966	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older		ECMO	No	No	No	No	No	No	No	No
33967	Insertion of intra-aortic balloon assist device, percutaneous		Insertion	No	No	No	No	No	No	No	No
33968	Removal of intra-aortic balloon assist device, percutaneous		Removal	No	No	No	No	No	No	No	No
33969	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age		ECMO	No	No	No	No	No	No	No	No
33970	Insertion of intra-aortic balloon assist device through the femoral artery, open approach		Insertion	No	No	No	No	No	No	No	No
33971	Removal of intra-aortic balloon assist device including repair of femoral artery, with or without graft		Removal	No	No	No	No	No	No	No	No
33973	Removal of intra-aortic balloon assist device through the ascending aorta		Insertion	No	No	No	No	No	No	No	No
33974	Removal of intra-aortic balloon assist device from the ascending aorta, including repair of the ascending aorta, with or without graft		Removal	No	No	No	No	No	No	No	No
33975	Insertion of ventricular assist device, extracorporeal, single ventricle		Insertion	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
33976	Insertion of ventricular assist device, extracorporeal, biventricular		Insertion	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
33977	Removal of ventricular assist device, extracorporeal, single ventricle		Removal	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
33978	Removal of ventricular assist device, extracorporeal, biventricular		Removal	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
33979	Insertion of ventricular assist device, implantable intracorporeal, single ventricle		Insertion	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
33980	Removal of ventricular assist device, implantable intracorporeal, single ventricle		Removal	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
33981	Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump		Replacement	No	No	No	Yes	No	Yes	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass		Replacement	No	No	No	Yes	No	Yes	No	No
33983	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass		Replacement	No	No	No	Yes	No	Yes	No	No
33984	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(s), open, 6 years and older		ECMO	No	No	No	No	No	No	No	No
33985	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(s) by sternotomy or thoracotomy, birth through 5 years of age		ECMO	No	No	No	No	No	No	No	No
33986	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(s) by sternotomy or thoracotomy, 6 years and older		ECMO	No	No	No	No	No	No	No	No
33987	Arterial exposure with creation of Grafts conduit (eg, chimney Grafts) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)		ECMO	No	No	No	No	No	No	No	No
33988	Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS		ECMO	No	No	No	No	No	No	No	No
33989	Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS		ECMO	No	No	No	No	No	No	No	No
33990	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, arterial access only		Insertion	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
33991	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, arterial and venous access, with transeptal puncture		Insertion	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
33992	Removal of percutaneous left heart ventricular assist device, arterial or arterial and venous cannula(s), at separate and distinct session from insertion		Removal	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
33993	Repositioning of percutaneous right or left heart ventricular assist device with imaging guidance at separate and distinct session from insertion		Ventricular Assist Device	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only		Insertion	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
33997	Removal of percutaneous right heart ventricular assist device, venous cannula, at separate and distinct session from insertion		Removal	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
33999	Unlisted procedure, cardiac surgery		Unlisted Procedure	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
34001	Embolectomy or thrombectomy, with or without catheter; carotid, subclavian or innominate artery, by neck incision		Removal	No	No	No	No	No	No	No	No
34053	Embolectomy or thrombectomy, with or without catheter; innominate, subclavian artery, by thoracic incision		Removal	No	No	No	No	No	No	No	No
34101	Embolectomy or thrombectomy, with or without catheter; axillary, brachial, innominate, subclavian artery, by arm incision		Removal	No	No	No	No	No	No	No	No
34111	Embolectomy or thrombectomy, with or without catheter; radial or ulnar artery, by arm incision		Removal	No	No	No	No	No	No	No	No
34151	Embolectomy or thrombectomy, with or without catheter; renal, celiac, mesenteric, aortolac artery, by abdominal incision		Removal	No	No	No	No	No	No	No	No
34201	Embolectomy or thrombectomy, with or without catheter; femoropopliteal, aortolac artery, by leg incision		Removal	No	No	No	No	No	No	No	No
34203	Embolectomy or thrombectomy, with or without catheter; popliteal-fibular-peroneal artery, by leg incision		Removal	No	No	No	No	No	No	No	No
34401	Thrombectomy, direct or with catheter; vena cava, iliac vein, by abdominal incision		Removal	No	No	No	No	No	No	No	No
34421	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by leg incision		Removal	No	No	No	No	No	No	No	No
34451	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by abdominal and leg incision		Removal	No	No	No	No	No	No	No	No
34471	Thrombectomy, direct or with catheter; subclavian vein, by neck incision		Removal	No	No	No	No	No	No	No	No
34490	Thrombectomy, direct or with catheter; axillary and subclavian vein, by arm incision		Removal	No	No	No	No	No	No	No	No
34501	Valvuloplasty, femoral vein		Balloon Catheter	No	No	No	No	No	No	No	No
34502	Reconstruction of vena cava, any method		Reconstruction	No	No	No	No	No	No	No	No
34510	Venous valve transposition, any vein donor		Repair	No	No	No	No	No	No	No	No
34520	Cross-over vein Grafts to venous system		Grafts	No	No	No	No	No	No	No	No
34530	Superfemoral vein anastomosis		Repair	No	No	No	No	No	No	No	No
34701	Endovascular repair of infrarenal aorta by deployment of an aorto-bi-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
34702	Endovascular repair of infrarenal aorta by deployment of an aorto-bi-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
34703	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
34704	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
34705	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
34706	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
34707	Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation)		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
34708	Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
34709	Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)		Placement	No	No	No	No	No	No	No	No
34710	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; initial vessel treated		Placement	No	No	No	No	No	No	No	No
34711	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; each additional vessel treated (List separately in addition to code for primary procedure)		Placement	No	No	No	No	No	No	No	No
34712	Transcatheter delivery of enhanced fixation device(s) to the endograft (eg, anchor, screw, tack) and all associated radiological supervision and interpretation		Transcatheter	No	No	No	No	No	No	No	No
34713	Per cutaneous access and closure of femoral artery for delivery of endograft through a large sheath (12 French or larger), including ultrasound guidance, when performed, unilateral (List separately in addition to code for primary procedure)		Repair	No	No	No	No	No	No	No	No
34714	Open femoral artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by groin incision, unilateral (List separately in addition to code for primary procedure)		Repair	No	No	No	No	No	No	No	No
34715	Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)		Repair	No	No	No	No	No	No	No	No
34716	Open axillary/subclavian artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)		Repair	No	No	No	No	No	No	No	No
34717	Endovascular repair of iliac artery at the time of aorto-bi-iliac artery endograft placement by deployment of an iliac branched endograft including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for rupture or other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer, traumatic disruption), unilateral (List separately in addition to code for primary procedure)		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
34718	Endovascular repair of iliac artery, not associated with placement of an aorto-bi-iliac artery endograft at the same session, by deployment of an iliac branched endograft including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer), unilateral (List separately in addition to code for primary procedure)		Repair	Yes	Yes	Yes	No	Yes	No	Yes	Yes
34808	Endovascular placement of iliac artery occlusion device (List separately in addition to code for primary procedure)		Placement	No	No	No	No	No	No	No	No
34812	Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral		Placement	No	No	No	No	No	No	No	No
34813	Placement of femoral-femoral prosthetic graft during endovascular aortic aneurysm repair (List separately in addition to code for primary procedure)		Placement	No	No	No	No	No	No	No	No
34820	Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral		Occlusion	No	No	No	No	No	No	No	No
34830	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; tube prosthesis		Repair	No	No	No	No	No	No	No	No
34831	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bi-iliac prosthesis		Repair	No	No	No	No	No	No	No	No
34832	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bifemoral prosthesis		Repair	No	No	No	No	No	No	No	No
34833	Open iliac artery exposure with creation of conduit for delivery of aortic or iliac endovascular prosthesis, by abdominal or retroperitoneal incision, unilateral		Repair	No	No	No	No	No	No	No	No
34834	Open brachial artery exposure to assist in the deployment of aortic or iliac endovascular prosthesis by arm incision, unilateral		Repair	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
34839	Physician planning of a patient-specific fenestrated visceral aortic endograft requiring a minimum of 90 minutes of physician time		Repair	No	No	No	No	No	No	No	No
34841	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprostheses (superior mesenteric, celiac or renal artery)		Repair	No	No	No	No	No	No	No	No
34842	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])		Repair	No	No	No	No	No	No	No	No
34843	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])		Repair	No	No	No	No	No	No	No	No
34844	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])		Repair	No	No	No	No	No	No	No	No
34845	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery)		Repair	No	No	No	No	No	No	No	No
34846	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])		Repair	No	No	No	No	No	No	No	No
34847	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])		Repair	No	No	No	No	No	No	No	No
34848	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])		Repair	No	No	No	No	No	No	No	No
35001	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, carotid, subclavian artery, by neck incision		Repair	No	No	No	No	No	No	No	No
35002	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, carotid, subclavian artery, by neck incision		Repair	No	No	No	No	No	No	No	No
35005	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, vertebral artery		Repair	No	No	No	No	No	No	No	No
35011	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, axillary-brachial artery, by arm incision		Repair	No	No	No	No	No	No	No	No
35013	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, axillary-brachial artery, by arm incision		Repair	No	No	No	No	No	No	No	No
35021	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, innominate, subclavian artery, by thoracic incision		Repair	No	No	No	No	No	No	No	No
35022	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, innominate, subclavian artery, by thoracic incision		Repair	No	No	No	No	No	No	No	No
35045	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, radial or ulnar artery		Repair	No	No	No	No	No	No	No	No
35081	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta		Repair	No	No	No	No	No	No	No	No
35082	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta		Repair	No	No	No	No	No	No	No	No
35091	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)		Repair	No	No	No	No	No	No	No	No
35092	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)		Repair	No	No	No	No	No	No	No	No
35102	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving iliac vessels (common, hypogastric, external)		Repair	No	No	No	No	No	No	No	No
35103	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving iliac vessels (common, hypogastric, external)		Repair	No	No	No	No	No	No	No	No
35111	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, splenic artery		Repair	No	No	No	No	No	No	No	No
35112	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, splenic artery		Repair	No	No	No	No	No	No	No	No
35121	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, hepatic, celiac, renal, or mesenteric artery		Repair	No	No	No	No	No	No	No	No
35122	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, hepatic, celiac, renal, or mesenteric artery		Repair	No	No	No	No	No	No	No	No
35131	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, iliac artery (common, hypogastric, external)		Repair	No	No	No	No	No	No	No	No
35132	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, iliac artery (common, hypogastric, external)		Repair	No	No	No	No	No	No	No	No
35141	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, common femoral artery (profunda femoris, superficial femoral)		Repair	No	No	No	No	No	No	No	No
35142	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, common femoral artery (profunda femoris, superficial femoral)		Repair	No	No	No	No	No	No	No	No
35151	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, popliteal artery		Repair	No	No	No	No	No	No	No	No
35152	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, popliteal artery		Repair	No	No	No	No	No	No	No	No
35180	Repair, congenital arteriovenous fistula, head and neck		Repair	No	No	No	No	No	No	No	No
35182	Repair, congenital arteriovenous fistula, thorax and abdomen		Repair	No	No	No	No	No	No	No	No
35184	Repair, congenital arteriovenous fistula, extremities		Repair	No	No	No	No	No	No	No	No
35188	Repair, acquired or traumatic arteriovenous fistula, head and neck		Repair	No	No	No	No	No	No	No	No
35189	Repair, acquired or traumatic arteriovenous fistula, thorax and abdomen		Repair	No	No	No	No	No	No	No	No
35190	Repair, acquired or traumatic arteriovenous fistula, extremities		Repair	No	No	No	No	No	No	No	No
35201	Repair blood vessel, direct, neck		Repair	No	No	No	No	No	No	No	No
35206	Repair blood vessel, direct, upper extremity		Repair	No	No	No	No	No	No	No	No
35207	Repair blood vessel, direct, hand, finger 2		Repair	No	No	No	No	No	No	No	No
35211	Repair blood vessel, direct, intrathoracic, with bypass		Repair	No	No	No	No	No	No	No	No
35216	Repair blood vessel, direct, intrathoracic, without bypass		Repair	No	No	No	No	No	No	No	No
35221	Repair blood vessel, direct, intra-abdominal		Repair	No	No	No	No	No	No	No	No
35226	Repair blood vessel, direct, lower extremity		Repair	No	No	No	No	No	No	No	No
35231	Repair blood vessel with vein graft, neck		Repair	No	No	No	No	No	No	No	No
35236	Repair blood vessel with vein graft, upper extremity		Repair	No	No	No	No	No	No	No	No
35241	Repair blood vessel with vein graft, intrathoracic, with bypass		Repair	No	No	No	No	No	No	No	No
35246	Repair blood vessel with vein graft, intrathoracic, without bypass		Repair	No	No	No	No	No	No	No	No
35251	Repair blood vessel with vein graft, intra-abdominal		Repair	No	No	No	No	No	No	No	No
35256	Repair blood vessel with vein graft, lower extremity		Repair	No	No	No	No	No	No	No	No
35261	Repair blood vessel with graft other than vein, neck		Repair	No	No	No	No	No	No	No	No
35266	Repair blood vessel with graft other than vein, upper extremity		Repair	No	No	No	No	No	No	No	No
35271	Repair blood vessel with graft other than vein, intrathoracic, with bypass		Repair	No	No	No	No	No	No	No	No
35276	Repair blood vessel with graft other than vein, intrathoracic, without bypass		Repair	No	No	No	No	No	No	No	No
35281	Repair blood vessel with graft other than vein, intra-abdominal		Repair	No	No	No	No	No	No	No	No
35286	Repair blood vessel with graft other than vein, lower extremity		Repair	No	No	No	No	No	No	No	No
35301	The oboenodarterectomy, including patch graft, if performed, carotid, vertebral, subclavian, by neck incision		Removal	No	No	No	No	No	No	No	No
35302	The oboenodarterectomy, including patch graft, if performed, superficial femoral artery		Removal	No	No	No	No	No	No	No	No
35303	The oboenodarterectomy, including patch graft, if performed, popliteal artery		Removal	No	No	No	No	No	No	No	No
35304	The oboenodarterectomy, including patch graft, if performed, tibioperoneal trunk artery		Removal	No	No	No	No	No	No	No	No
35305	The oboenodarterectomy, including patch graft, if performed, tibial or peroneal artery, initial vessel		Removal	No	No	No	No	No	No	No	No
35306	The oboenodarterectomy, including patch graft, if performed, each additional tibial or peroneal artery (List separately in addition to code for primary procedure)		Removal	No	No	No	No	No	No	No	No
35311	The oboenodarterectomy, including patch graft, if performed, subclavian, innominate, by thoracic incision		Removal	No	No	No	No	No	No	No	No
35321	The oboenodarterectomy, including patch graft, if performed, axillary-brachial		Removal	No	No	No	No	No	No	No	No
35331	The oboenodarterectomy, including patch graft, if performed, abdominal aorta		Removal	No	No	No	No	No	No	No	No
35341	The oboenodarterectomy, including patch graft, if performed, mesenteric, celiac, or renal		Removal	No	No	No	No	No	No	No	No
35351	The oboenodarterectomy, including patch graft, if performed, iliac		Removal	No	No	No	No	No	No	No	No
35355	The oboenodarterectomy, including patch graft, if performed, iliofemoral		Removal	No	No	No	No	No	No	No	No
35361	The oboenodarterectomy, including patch graft, if performed, combined aortoiliac		Removal	No	No	No	No	No	No	No	No
35363	The oboenodarterectomy, including patch graft, if performed, combined aortoiliacofemoral		Removal	No	No	No	No	No	No	No	No
35371	The oboenodarterectomy, including patch graft, if performed, common femoral		Removal	No	No	No	No	No	No	No	No
35372	The oboenodarterectomy, including patch graft, if performed, deep (profunda) femoral		Removal	No	No	No	No	No	No	No	No
35390	Reoperation, carotid, thromboendarterectomy, more than 1 month after or initial operation (List separately in addition to code for primary procedure)		Removal	No	No	No	No	No	No	No	No
35400	Angioplasty (noncoronary vessels or Grafts) during therapeutic intervention (List separately in addition to code for primary procedure)		Angioplasty	No	No	No	No	No	No	No	No
35500	Harvest of upper extremity vein, 1 segment, for lower extremity or coronary artery bypass procedure (List separately in addition to code for primary procedure)		Grafts	No	No	No	No	No	No	No	No
35501	Bypass Grafts, with vein, common carotid-ipsilateral internal carotid		Bypass	No	No	No	No	No	No	No	No
35506	Bypass Grafts, with vein, carotid-subclavian or subclavian-carotid		Bypass	No	No	No	No	No	No	No	No
35508	Bypass Grafts, with vein, carotid-vertebral		Bypass	No	No	No	No	No	No	No	No
35509	Bypass Grafts, with vein, carotid-contralateral carotid		Bypass	No	No	No	No	No	No	No	No
35510	Bypass Grafts, with vein, carotid-brachial		Bypass	No	No	No	No	No	No	No	No
35511	Bypass Grafts, with vein, subclavian-subclavian		Bypass	No	No	No	No	No	No	No	No
35512	Bypass Grafts, with vein, subclavian-brachial		Bypass	No	No	No	No	No	No	No	No
35515	Bypass Grafts, with vein, subclavian-vertebral		Bypass	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
35516	Bypass Grafts, with vein, subclavian-axillary		Bypass	No	No	No	No	No	No	No	No
35518	Bypass Grafts, with vein, axillary-axillary		Bypass	No	No	No	No	No	No	No	No
35521	Bypass Grafts, with vein, axillary-femoral		Bypass	No	No	No	No	No	No	No	No
35522	Bypass Grafts, with vein, axillary-brachial		Bypass	No	No	No	No	No	No	No	No
35523	Bypass Grafts, with vein, brachial-ulnar or -radial		Bypass	No	No	No	No	No	No	No	No
35525	Bypass Grafts, with vein, brachial-brachial		Bypass	No	No	No	No	No	No	No	No
35526	Bypass Grafts, with vein, aortobulbular, aortobinominate, or aortocarotid		Bypass	No	No	No	No	No	No	No	No
35531	Bypass Grafts, with vein, aortobulbular or aortomesenteric		Bypass	No	No	No	No	No	No	No	No
35533	Bypass Grafts, with vein, axillary-femoral-femoral		Bypass	No	No	No	No	No	No	No	No
35535	Bypass Grafts, with vein, hepatorenal		Bypass	No	No	No	No	No	No	No	No
35536	Bypass Grafts, with vein, spleno-renal		Bypass	No	No	No	No	No	No	No	No
35537	Bypass Grafts, with vein, aortoliac		Bypass	No	No	No	No	No	No	No	No
35538	Bypass Grafts, with vein, aortobulbular		Bypass	No	No	No	No	No	No	No	No
35539	Bypass Grafts, with vein, aortofemoral		Bypass	No	No	No	No	No	No	No	No
35540	Bypass Grafts, with vein, aortobifemoral		Bypass	No	No	No	No	No	No	No	No
35556	Bypass Grafts, with vein, femoral-popliteal		Bypass	No	No	No	No	No	No	No	No
35558	Bypass Grafts, with vein, femoral-femoral		Bypass	No	No	No	No	No	No	No	No
35560	Bypass Grafts, with vein, aorto-renal		Bypass	No	No	No	No	No	No	No	No
35561	Bypass Grafts, with vein, ilioiliac		Bypass	No	No	No	No	No	No	No	No
35565	Bypass Grafts, with vein, iliofemoral		Bypass	No	No	No	No	No	No	No	No
35566	Bypass Grafts, with vein, femoral-anterior tibial, posterior tibial, peroneal artery or other distal vessels		Bypass	No	No	No	No	No	No	No	No
35570	Bypass Grafts, with vein, tibial-tibial, peroneal-tibial, or tibial/peroneal trunk-tibial		Bypass	No	No	No	No	No	No	No	No
35571	Bypass Grafts, with vein, popliteal-tibial, peroneal artery or other distal vessels		Bypass	No	No	No	No	No	No	No	No
35572	Harvest of femoropopliteal vein, 1 segment, for vascular reconstruction procedure (eg, aortic, vena caval, coronary, peripheral artery) (List separately in addition to code for primary procedure)		Grafts	No	No	No	No	No	No	No	No
35581	In-situ vein bypass, femoral-popliteal		Bypass	No	No	No	No	No	No	No	No
35585	In-situ vein bypass, femoral-anterior tibial, posterior tibial, or peroneal artery		bypass	No	No	No	No	No	No	No	No
35587	In-situ vein bypass, popliteal-tibial, peroneal		bypass	No	No	No	No	No	No	No	No
35600	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure, open	Add on code	Grafts	No	No	No	No	No	No	No	No
35601	Bypass Grafts, with other than vein, common carotid-distal external carotid		Bypass	No	No	No	No	No	No	No	No
35606	Bypass Grafts, with other than vein, carotid-subclavian		Bypass	No	No	No	No	No	No	No	No
35612	Bypass Grafts, with other than vein, subclavian-subclavian		Bypass	No	No	No	No	No	No	No	No
35616	Bypass Grafts, with other than vein, subclavian-axillary		Bypass	No	No	No	No	No	No	No	No
35621	Bypass Grafts, with other than vein, axillary-femoral		Bypass	No	No	No	No	No	No	No	No
35623	Bypass Grafts, with other than vein, axillary-popliteal or -tibial		Bypass	No	No	No	No	No	No	No	No
35626	Bypass Grafts, with other than vein, aortobulbular, aortobinominate, or aortocarotid		Bypass	No	No	No	No	No	No	No	No
35631	Bypass Grafts, with other than vein, aortobulbular, aortomesenteric, aorto-renal		Bypass	No	No	No	No	No	No	No	No
35632	Bypass Grafts, with other than vein, ilio-celiac		Bypass	No	No	No	No	No	No	No	No
35633	Bypass Grafts, with other than vein, ilio-mesenteric		Bypass	No	No	No	No	No	No	No	No
35634	Bypass Grafts, with other than vein, ilio-renal		Bypass	No	No	No	No	No	No	No	No
35636	Bypass Grafts, with other than vein, spleno-renal (splenic to renal arterial anastomosis)		Bypass	No	No	No	No	No	No	No	No
35637	Bypass Grafts, with other than vein, aortoliac		Bypass	No	No	No	No	No	No	No	No
35638	Bypass Grafts, with other than vein, aortobulbular		Bypass	No	No	No	No	No	No	No	No
35642	Bypass Grafts, with other than vein, carotid-vertebral		Bypass	No	No	No	No	No	No	No	No
35645	Bypass Grafts, with other than vein, subclavian-vertebral		Bypass	No	No	No	No	No	No	No	No
35646	Bypass Grafts, with other than vein, aortobifemoral		Bypass	No	No	No	No	No	No	No	No
35647	Bypass Grafts, with other than vein, aortofemoral		Bypass	No	No	No	No	No	No	No	No
35650	Bypass Grafts, with other than vein, axillary-axillary		Bypass	No	No	No	No	No	No	No	No
35654	Bypass Grafts, with other than vein, axillary-femoral-femoral		Bypass	No	No	No	No	No	No	No	No
35656	Bypass Grafts, with other than vein, femoral-popliteal		Bypass	No	No	No	No	No	No	No	No
35661	Bypass Grafts, with other than vein, femoral-femoral		Bypass	No	No	No	No	No	No	No	No
35663	Bypass Grafts, with other than vein, ilioiliac		Bypass	No	No	No	No	No	No	No	No
35665	Bypass Grafts, with other than vein, iliofemoral		Bypass	No	No	No	No	No	No	No	No
35666	Bypass Grafts, with other than vein, femoral-anterior tibial, posterior tibial, or peroneal artery		Bypass	No	No	No	No	No	No	No	No
35671	Bypass Grafts, with other than vein, popliteal-tibial or -peroneal artery		Bypass	No	No	No	No	No	No	No	No
35681	Bypass Grafts, composite, prosthetic and vein (List separately in addition to code for primary procedure)		Bypass	No	No	No	No	No	No	No	No
35682	Bypass Grafts, autogenous composite, 2 segments of veins from 2 locations (List separately in addition to code for primary procedure)		Bypass	No	No	No	No	No	No	No	No
35683	Bypass Grafts, autogenous composite, 3 or more segments of vein from 2 or more locations (List separately in addition to code for primary procedure)		Bypass	No	No	No	No	No	No	No	No
35685	Placement of vein patch or cuff at distal anastomosis of bypass graft, synthetic conduit (List separately in addition to code for primary procedure)		Placement	No	No	No	No	No	No	No	No
35686	Creation of distal arteriovenous fistula during lower extremity bypass surgery (non-hemodialysis) (List separately in addition to code for primary procedure)		bypass	No	No	No	No	No	No	No	No
35691	Transposition and/or reimplantation, vertebral to carotid artery		Reimplantation	No	No	No	No	No	No	No	No
35693	Transposition and/or reimplantation, vertebral to subclavian artery		Reimplantation	No	No	No	No	No	No	No	No
35694	Transposition and/or reimplantation, subclavian to carotid artery		Reimplantation	No	No	No	No	No	No	No	No
35695	Transposition and/or reimplantation, carotid to subclavian artery		Reimplantation	No	No	No	No	No	No	No	No
35697	Reimplantation, visceral artery to infrarenal aortic prosthesis, each artery (List separately in addition to code for primary procedure)		Reimplantation	No	No	No	No	No	No	No	No
35700	Reoperation, femoral-popliteal or femoral (popliteal)-anterior tibial, posterior tibial, peroneal artery, or other distal vessels, more than 1 month after original operation (List separately in addition to code for primary procedure)		Revision	No	No	No	No	No	No	No	No
35702	Exploration (not followed by surgical repair), with or without lysis of artery, carotid artery		Exploratory	No	No	No	No	No	No	No	No
35702	Exploration not followed by surgical repair, artery, upper extremity (eg, axillary, brachial, radial, ulnar)		Repair	No	No	No	No	Yes	No	No	No
35703	Exploration not followed by surgical repair, artery, lower extremity (eg, common femoral, deep femoral, superficial femoral, popliteal, tibial, peroneal)		Repair	No	No	No	No	No	No	No	No
35800	Exploration for postoperative hemorrhage, thrombosis or infection, neck		Exploratory	No	No	No	No	No	No	No	No
35820	Exploration for postoperative hemorrhage, thrombosis or infection, chest		Exploratory	No	No	No	No	No	No	No	No
35840	Exploration for postoperative hemorrhage, thrombosis or infection, abdomen		Exploratory	No	No	No	No	No	No	No	No
35860	Exploration for postoperative hemorrhage, thrombosis or infection, extremity		Exploratory	No	No	No	No	No	No	No	No
35870	Repair of graft-enteric fistula		Repair	No	No	No	No	No	No	No	No
35875	The obstructions of arterial or venous graft (other than hemodialysis graft or fistula)		Removal	No	No	No	No	No	No	No	No
35876	The obstructions of arterial or venous graft (other than hemodialysis graft or fistula); with revision of arterial or venous graft		Removal	No	No	No	No	No	No	No	No
35879	Revision, lower extremity arterial bypass, without thrombectomy, open; with vein patch angioplasty		Revision	No	No	No	No	No	No	No	No
35881	Revision, lower extremity arterial bypass, without thrombectomy, open; with segmental vein interposition		Revision	No	No	No	No	No	No	No	No
35883	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with nonovaginal patch graft (eg, Dacron, ePTFE, bovine pericardium)		Revision	No	No	No	No	No	No	No	No
35884	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with autogenous vein patch graft		Revision	No	No	No	No	No	No	No	No
35901	Excision of infected Grafts, neck		Excision	No	No	No	No	No	No	No	No
35903	Excision of infected Grafts, extremity		Excision	No	No	No	No	No	No	No	No
35905	Excision of infected Grafts, thorax		Excision	No	No	No	No	No	No	No	No
35907	Excision of infected Grafts, abdomen		Excision	No	No	No	No	No	No	No	No
36000	Introduction of needle or intracatheter, vein		Introduction	No	No	No	No	No	No	No	No
36002	Injection procedures (eg, thrombin) for percutaneous treatment of extremity pseudoaneurysm		Percutaneous Treatment	No	No	No	No	No	No	No	No
36005	Injection procedure for extracerebral venous catheter, including introduction of needle or intracatheter		Imaging	No	No	No	No	No	No	No	No
36010	Introduction of catheter, superior or inferior vena cava		Introduction	No	No	No	No	No	No	No	No
36011	Selective catheter placement, venous system, first order branch (eg, renal vein, jugular vein)		Placement	No	No	No	No	No	No	No	No
36012	Selective catheter placement, venous system, second order, or more selective, branch (eg, left adrenal vein, petrosal sinus)		Placement	No	No	No	No	No	No	No	No
36013	Introduction of catheter, right heart or main pulmonary artery		Introduction	No	No	No	No	No	No	No	No
36014	Selective catheter placement, left or right pulmonary artery		Placement	No	No	No	No	No	No	No	No
36015	Selective catheter placement, segmental or subsegmental pulmonary artery		Placement	No	No	No	No	No	No	No	No
36100	Introduction of needle or intracatheter, carotid or vertebral artery		Introduction	No	No	No	No	No	No	No	No
36160	Introduction of needle or intracatheter, extremity artery		Introduction	No	No	No	No	No	No	No	No
36160	Introduction of needle or intracatheter, aortic, translumbar		Introduction	No	No	No	No	No	No	No	No
36200	Introduction of catheter, aorta		Introduction	No	No	No	No	No	No	No	No
36215	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family		Placement	No	No	No	No	No	No	No	No
36216	Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family		Placement	No	No	No	No	No	No	No	No
36217	Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family		Placement	No	No	No	No	No	No	No	No
36218	Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)		Placement	No	No	No	No	No	No	No	No
36221	Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed		Placement	No	No	No	No	No	No	No	No
36222	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed		Placement	No	No	No	No	No	No	No	No
36222	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed		Placement	No	No	No	No	No	No	No	No
36223	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed		Placement	No	No	No	No	No	No	No	No
36224	Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed		Placement	No	No	No	No	No	No	No	No
36225	Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed		Placement	No	No	No	No	No	No	No	No
36226	Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed		Placement	No	No	No	No	No	No	No	No
36227	Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed		Placement	No	No	No	No	No	No	No	No
36228	Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed		Placement	No	No	No	No	No	No	No	No
36245	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family		Placement	No	No	No	No	No	No	No	No
36246	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family		Placement	No	No	No	No	No	No	No	No
36247	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family		Placement	No	No	No	No	No	No	No	No
36248	Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)		Placement	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
36251	Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed, unilateral		Placement	No	No	No	No	No	No	No	No
36252	Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed, bilateral		Placement	No	No	No	No	No	No	No	No
36253	Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed, unilateral		Placement	No	No	No	No	No	No	No	No
36254	Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed, bilateral		Placement	No	No	No	No	No	No	No	No
36260	Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver)		Insertion	Yes	Yes	Yes	No	Yes	No	Yes	Yes
36261	Revision of implanted intra-arterial infusion pump		Revision	No	No	No	No	No	No	No	No
36262	Removal of implanted intra-arterial infusion pump		Removal	No	No	No	No	No	No	No	No
36299	Unlisted procedure, vascular injection		Unlisted Procedure	Yes	Yes	Yes	No	Yes	No	Yes	Yes
36400	Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; femoral or jugular vein		Venous	No	No	No	No	No	No	No	No
36405	Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; scalp vein		Venous	No	No	No	No	No	No	No	No
36406	Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; other vein		Venous	No	No	No	No	No	No	No	No
36410	Venipuncture, age 3 years or older, necessitating the skill of a physician or other qualified health care professional (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)		Venous	No	No	No	No	No	No	No	No
36415	Collection of venous blood by venipuncture		Venous	No	No	No	No	No	No	No	No
36416	Collection of capillary blood specimen (eg, finger, heel, ear stick)		Venous	No	No	No	No	No	No	No	No
36420	Venipuncture, cutdown, younger than age 1 year		Venous	No	No	No	No	No	No	No	No
36425	Venipuncture, cutdown, age 1 or over		Venous	No	No	No	No	No	No	No	No
36430	Transfusion, blood or blood components		Venous	No	No	No	No	No	No	No	No
36440	Push transfusion, blood, 2 years or younger		Venous	No	No	No	No	No	No	No	No
36450	Exchange transfusion, blood, newborn		Venous	No	No	No	No	No	No	No	No
36455	Exchange transfusion, blood, other than newborn		Venous	No	No	No	No	No	No	No	No
36456	Partial exchange transfusion, blood, plasma or crystalloid necessitating the skill of a physician or other qualified health care professional, newborn		Venous	No	No	No	No	No	No	No	No
36460	Transfusion, intrauterine, fetal		Venous	No	No	No	No	No	No	No	No
36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)		Venous	No	No	No	No	No	No	No	No
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg		Venous	No	No	No	No	No	No	No	No
36468	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia), limb or trunk		Venous	Yes	Yes	No	No	No	No	Yes	Yes
36470	Injection of sclerosing solution; single vein		Venous	Yes	Yes	No	No	No	No	Yes	Yes
36471	Injection of sclerosing solution; multiple veins, same leg		Venous	Yes	Yes	No	No	No	No	Yes	Yes
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated		Ablation	Yes	Yes	No	No	No	No	Yes	Yes
36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure)		Ablation	Yes	Yes	No	No	No	No	Yes	Yes
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated		Ablation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure)		Ablation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated		Ablation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure)		Ablation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
36481	Per cutaneous portal vein catheterization by any method		Catheterization	No	No	No	No	No	No	No	No
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated		Ablation	Yes	Yes	No	No	No	No	Yes	Yes
36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure)		Ablation	Yes	Yes	No	No	No	No	Yes	Yes
36500	Venous catheterization for selective organ blood sampling		Catheterization	Yes	Yes	No	No	No	No	Yes	Yes
36510	Catheterization of umbilical vein for diagnosis or therapy, newborn		Catheterization	No	No	No	No	No	No	No	No
36511	Therapeutic apheresis; for white blood cells		Venous	No	No	No	No	No	No	No	No
36512	Therapeutic apheresis; for red blood cells		Venous	No	No	No	No	No	No	No	No
36513	Therapeutic apheresis; for platelets		Venous	No	No	No	No	No	No	No	No
36514	Therapeutic apheresis; for plasma apheresis		Venous	No	No	No	No	No	No	No	No
36516	Therapeutic apheresis; with extracorporeal selective adsorption or selective filtration and plasma reinfusion		Venous	No	No	No	No	No	No	No	No
36527	Photopheresis, extracorporeal		Venous	No	No	No	No	No	No	No	No
36555	Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age		Insertion	No	No	No	No	No	No	No	No
36556	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older		Insertion	No	No	No	No	No	No	No	No
36557	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; younger than 5 years of age		Insertion	No	No	No	No	No	No	No	No
36558	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older		Insertion	No	No	No	No	No	No	No	No
36560	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; younger than 5 years of age		Insertion	No	No	No	No	No	No	No	No
36561	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older		Insertion	No	No	No	No	No	No	No	No
36563	Insertion of tunneled centrally inserted central venous access device with subcutaneous pump		Insertion	No	No	No	No	No	No	No	No
36565	Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; without subcutaneous port or pump (eg, Tesio type catheter)		Insertion	No	No	No	No	No	No	No	No
36566	Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; with subcutaneous port(s)		Insertion	No	No	No	No	No	No	No	No
36568	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; without imaging guidance; younger than 5 years of age		Insertion	No	No	No	No	No	No	No	No
36569	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; without imaging guidance; 5 years of age or older		Insertion	No	No	No	No	No	No	No	No
36570	Insertion of peripherally inserted central venous access device, with subcutaneous port; younger than 5 years of age		Insertion	No	No	No	No	No	No	No	No
36571	Insertion of peripherally inserted central venous access device, with subcutaneous port; age 5 years or older		Insertion	No	No	No	No	No	No	No	No
36572	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; younger than 5 years of age	*If or placement of centrally inserted non-tunneled central venous catheter, without subcutaneous port or pump; younger than 5 years of age, use 36555. ** For placement of peripherally inserted non-tunneled central venous catheter, without subcutaneous port or pump; without imaging guidance, younger than 5 years of age, use 36568. *** Do not report with 76937, 77001.	Insertion	No	No	No	No	No	No	No	No
36573	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; 5 years of age or older	*If or placement of centrally inserted non-tunneled central venous catheter, without subcutaneous port or pump; 5 years or older, use 36556. ** For placement of peripherally inserted non-tunneled central venous catheter, without subcutaneous port or pump; without imaging guidance, 5 years or older, use 36569. *** Do not report with 76937, 77001.	Insertion	No	No	No	No	No	No	No	No
36575	Repair of tunneled or non-tunneled central venous access catheter, without subcutaneous port or pump, central or peripheral insertion site		Repair	No	No	No	No	No	No	No	No
36576	Repair of central venous access device, with subcutaneous port or pump, central or peripheral insertion site		Repair	No	No	No	No	No	No	No	No
36578	Replacement, catheter only, of central venous access device, with subcutaneous port or pump, central or peripheral insertion site		Replacement	No	No	No	No	No	No	No	No
36580	Replacement, complete, of a non-tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access		Replacement	No	No	No	No	No	No	No	No
36581	Replacement, complete, of a tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access		Replacement	No	No	No	No	No	No	No	No
36582	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous port, through same venous access		Replacement	No	No	No	No	No	No	No	No
36583	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous pump, through same venous access		Replacement	No	No	No	No	No	No	No	No
36584	Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access, including all imaging guidance, image documentation and all associated radiological supervision and interpretation required to perform the replacement		Catheter	No	No	No	No	No	No	No	No
36585	Replacement, complete, of a peripherally inserted central venous access device, with subcutaneous port, through same venous access		Replacement	No	No	No	No	No	No	No	No
36589	Removal of tunneled central venous catheter, without subcutaneous port or pump		Removal	No	No	No	No	No	No	No	No
36590	Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion		Removal	No	No	No	No	No	No	No	No
36591	Collection of blood specimen from a completely implantable venous access device		Venous	No	No	No	No	No	No	No	No
36592	Collection of blood specimen using established central or peripheral catheter; venous, not otherwise specified		Venous	No	No	No	No	No	No	No	No
36593	Detaching by the ombolytic agent of implanted vascular access device or catheter		Venous	No	No	No	No	No	No	No	No
36595	Mechanical removal of pericatheter clot active material (eg, fibrin sheath) from central venous device via separate venous access		Removal	No	No	No	No	No	No	No	No
36596	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen		Removal	No	No	No	No	No	No	No	No
36597	Repositioning of previously placed central venous catheter under fluoroscopic guidance		Reposition	No	No	No	No	No	No	No	No
36598	Contrast injection(s) for radiologic evaluation of existing central venous access device, including fluoroscopy, image documentation and report		Imaging	No	No	No	No	No	No	No	No
36600	Arterial puncture, withdrawal of blood for diagnosis		Puncture	No	No	No	No	No	No	No	No
36620	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous		Catheterization	No	No	No	No	No	No	No	No

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36625	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure), cutdown		Catheterization	No	No	No	No	No	No	No	No
36640	Arterial catheterization for prolonged infusion therapy (chemotherapy), cutdown		Catheterization	No	No	No	No	No	No	No	No
36660	Catheterization, umbilical artery, newborn, for diagnosis or therapy		Catheterization	No	No	No	No	No	No	No	No
36680	Placement of needle for intravenous infusion		Placement	No	No	No	No	No	No	No	No
36800	Insertion of cannula for hemodialysis, other purpose (separate procedure); vein to vein		Insertion	No	No	No	No	No	No	No	No
36810	Insertion of cannula for hemodialysis, other purpose (separate procedure), arteriovenous, external (Scribner type)		Insertion	No	No	No	No	No	No	No	No
36815	Insertion of cannula for hemodialysis, other purpose (separate procedure), arteriovenous, external revision, or closure		Insertion	No	No	No	No	No	No	No	No
36818	Arteriovenous anastomosis, open; by upper arm cephalic vein transposition		Repair	No	No	No	No	No	No	No	No
36819	Arteriovenous anastomosis, open; by upper arm basilic vein transposition		Repair	No	No	No	No	No	No	No	No
36820	Arteriovenous anastomosis, open; by forearm vein transposition		Repair	No	No	No	No	No	No	No	No
36821	Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)		Repair	No	No	No	No	No	No	No	No
	Insertion of arterial and venous cannula(s) for isolated extracorporeal circulation including regional chemotherapy perfusion to an extremity, with or without hyperthermia, with removal of cannula(s) and repair of artery and venotomy sites		Insertion	No	No	No	No	No	No	No	No
36823	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft		Revascularization	No	No	No	No	No	No	No	No
36830	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thromboplastic graft)		Revascularization	No	No	No	No	No	No	No	No
36831	Thrombectomy, open, arteriovenous fistula without revision, autogenous or nonautogenous dialysis graft (separate procedure)		Removal	No	No	No	No	No	No	No	No
36832	Revision, open, arteriovenous fistula, without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)		Revision	No	No	No	No	No	No	No	No
36833	Revision, open, arteriovenous fistula, with thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)		Revision	No	No	No	No	No	No	No	No
36835	Insertion of Thomas shunt (separate procedure)		Shunt	No	No	No	No	No	No	No	No
	Percutaneous arteriovenous fistula creation, upper extremity, single access of both the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation		Revision	No	No	No	No	No	No	No	No
36836	Percutaneous arteriovenous fistula creation, upper extremity, separate access sites of the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation		Revision	No	No	No	No	No	No	No	No
36837	Distal revascularization and interval ligation (DRIL), upper extremity hemodialysis access (distal syndrome)		Revascularization	No	No	No	No	No	No	No	No
36838	External cannula decolting (separate procedure), without balloon catheter		Removal	No	No	No	No	No	No	No	No
36861	External cannula decolting (separate procedure), with balloon catheter		Removal	No	No	No	No	No	No	No	No
	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report;		Introduction	No	No	No	No	No	No	No	No
36901	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with a transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty		Introduction	No	No	No	No	No	No	No	No
36902	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with a transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment		Introduction	No	No	No	No	No	No	No	No
36903	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s);		Dialysis	No	No	No	No	No	No	No	No
36904	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with a transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty		Dialysis	No	No	No	No	No	No	No	No
36905	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with a transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit		Dialysis	No	No	No	No	No	No	No	No
36906	Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary procedure)		Dialysis	No	No	No	No	No	No	No	No
36907	Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)		Dialysis	No	No	No	No	No	No	No	No
36908	Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (List separately in addition to code for primary procedure)		Dialysis	No	No	No	No	No	No	No	No
36909	Venous anastomosis, open; portocaval		Decompression	No	No	No	No	No	No	No	No
37140	Venous anastomosis, open; renoportal		Decompression	No	No	No	No	No	No	No	No
37145	Venous anastomosis, open; caval-mesenteric		Decompression	No	No	No	No	No	No	No	No
37180	Venous anastomosis, open; splenorenal, proximal		Decompression	No	No	No	No	No	No	No	No
37181	Venous anastomosis, open; splenorenal, distal (selective decompression of esophagogastric varices, any technique)		Decompression	No	No	No	No	No	No	No	No
	Insertion of transvenous intrahepatic portosystemic shunt(s) [TPSS] includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract formation/dilatation, stent placement and all associated imaging guidance and documentation		Insertion	No	No	No	No	No	No	No	No
37182	Revision of transvenous intrahepatic portosystemic shunt(s) [TPSS] includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recanalization/dilatation, stent placement and all associated imaging guidance and documentation		Revision	No	No	No	No	No	No	No	No
37183	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intra-aortic, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel		Removal	No	No	No	No	No	No	No	No
	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intra-aortic, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure)		Removal	No	No	No	No	No	No	No	No
37185	Secondary percutaneous transluminal mechanical thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intra-aortic, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)		Removal	No	No	No	No	No	No	No	No
37186	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance		Removal	No	No	No	No	No	No	No	No
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance		Removal	No	No	No	No	No	No	No	No
37188	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy		Removal	No	No	No	No	No	No	No	No
37191	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmap, and imaging guidance (ultrasound and fluoroscopy), when performed		Insertion	No	No	No	No	No	No	No	No
37192	Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmap, and imaging guidance (ultrasound and fluoroscopy), when performed		Reposition	No	No	No	No	No	No	No	No
37193	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmap, and imaging guidance (ultrasound and fluoroscopy), when performed		Removal	No	No	No	No	No	No	No	No
37195	Thrombolysis, cerebral, by intravenous infusion		Infusion	No	No	No	No	No	No	No	No
37197	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), includes radiological supervision and interpretation, and imaging guidance (ultrasound and fluoroscopy), when performed		Transcatheter	No	No	No	No	No	No	No	No
37200	Transcatheter biopsy		Transcatheter	No	No	No	No	No	No	No	No
37211	Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intra-aortic, any method, including radiological supervision and interpretation, initial treatment day		Transcatheter	No	No	No	No	No	No	No	No
37212	Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day		Transcatheter	No	No	No	No	No	No	No	No
	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change or exchange, when performed		Transcatheter	No	No	No	No	No	No	No	No
	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method		Transcatheter	No	No	No	No	No	No	No	No
37214	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation, with distal embolic protection		Transcatheter	No	No	No	No	No	No	No	No
37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; without distal embolic protection		Transcatheter	No	No	No	No	No	No	No	No
37216	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, by retrograde treatment, open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation		Transcatheter	No	No	No	No	No	No	No	No
37217	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous, intragrade approach, including angioplasty, when performed, and radiological supervision and interpretation		Transcatheter	No	No	No	No	No	No	No	No
37218	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous, intragrade approach, including angioplasty, when performed, and radiological supervision and interpretation		Transcatheter	No	No	No	No	No	No	No	No
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel, with transluminal stent placement(s), includes angioplasty within the same vessel, when performed		Revascularization	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel, with transluminal stent placement(s), includes angioplasty within the same vessel, when performed		Revascularization	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
37222	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel, with transluminal stent placement(s) (List separately in addition to code for primary procedure)		Revascularization	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
37223	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)		Revascularization	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty		Revascularization	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed		Revascularization	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed		Revascularization	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
37227	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed		Revascularization	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty		Revascularization	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
37229	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed		Revascularization	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
37230	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed		Revascularization	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
37231	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed		Revascularization	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
37232	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)		Revascularization	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
37233	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)		Revascularization	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
37234	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)		Revascularization	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
37235	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)		Revascularization	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
37236	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial artery		Placement	Yes	Yes	yes	Yes	Yes	Yes	Yes	Yes
37237	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)		Placement	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
37238	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed, initial vein		Transcatheter	No	No	No	No	No	No	No	No
37239	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)		Placement	Yes	Yes	No	No	No	No	Yes	Yes
37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)		Occlusion	Yes	Yes	No	No	No	No	Yes	Yes
37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction		Occlusion	Yes	Yes	No	No	No	No	Yes	Yes
37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation		Occlusion	Yes	Yes	No	No	No	No	Yes	Yes
37244	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, initial artery		Balloon Catheter	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
37246	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, each additional artery (List separately in addition to code for primary procedure)		Balloon Catheter	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
37248	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein, initial vein		Balloon Catheter	Yes	Yes	No	No	No	No	Yes	Yes
37249	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (List separately in addition to code for primary procedure)		Balloon Catheter	Yes	Yes	No	No	No	No	Yes	Yes
37252	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation, initial noncoronary vessel (List separately in addition to code for primary procedure)		Ultrasound	No	No	No	Yes	No	Yes	No	No
37253	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)		Ultrasound	No	No	No	Yes	No	Yes	No	No
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)		Ligation	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
37501	Unlisted vascular endoscopy procedure		Unlisted Procedure	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
37601	Ligation, internal iliac artery		Ligation	No	No	No	No	No	No	No	No
37602	Ligation, external carotid artery		Ligation	No	No	No	No	No	No	No	No
37605	Ligation, internal or common carotid artery		Ligation	No	No	No	No	No	No	No	No
37606	Ligation, internal or common carotid artery, with gradual occlusion, as with Silverstone or Crutchfield clamp		Ligation	No	No	No	No	No	No	No	No
37607	Ligation or banding of angioaccess arteriovenous fistula		Ligation	No	No	No	No	No	No	No	No
37609	Ligation or biopsy, temporal artery		Ligation	No	No	No	No	No	No	No	No
37615	Ligation, major artery (eg, post-traumatic, rupture); neck		Ligation	No	No	No	No	No	No	No	No
37616	Ligation, major artery (eg, post-traumatic, rupture); chest		Ligation	No	No	No	No	No	No	No	No
37617	Ligation, major artery (eg, post-traumatic, rupture); abdomen		Ligation	No	No	No	No	No	No	No	No
37618	Ligation, major artery (eg, post-traumatic, rupture); extremity		Ligation	No	No	No	No	No	No	No	No
37619	Ligation of inferior vena cava		Ligation	No	No	No	No	No	No	No	No
37650	Ligation of femoral vein		Ligation	No	No	No	No	No	No	No	No
37660	Ligation of common iliac vein		Ligation	No	No	No	No	No	No	No	No
37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions		Ligation	No	No	yes	Yes	yes	Yes	No	No
37718	Ligation, division, and stripping, long (greater) saphenous vein from saphenofemoral junction to knee or below		Ligation	No	No	yes	Yes	yes	Yes	No	No
37722	Ligation and division and 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		Ligation	No	No	yes	Yes	yes	Yes	No	No
37735	Ligation and division and 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		Ligation	No	No	yes	Yes	yes	Yes	No	No
37760	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open, 1 leg		Ligation	No	No	yes	Yes	yes	Yes	No	No
37761	Ligation of perforator veins, subfascial, open, including ultrasound guidance, when performed, 1 leg		Ligation	No	No	yes	Yes	yes	Yes	No	No
37765	Strap phlebectomy of varicose veins, 1 extremity, 10-20 stab incisions		Removal	No	No	No	No	No	No	No	No
37766	Strap phlebectomy of varicose veins, 1 extremity, more than 20 incisions		Removal	No	No	No	No	No	No	No	No
37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)		Ligation	No	No	yes	Yes	yes	Yes	No	No
37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg		Ligation	No	No	yes	Yes	yes	Yes	No	No
37788	Penile revascularization, artery, with or without vein graft		Revascularization	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
37790	Penile venous occlusive procedure		Occlusion	Yes	Yes	yes	No	No	No	Yes	Yes
37795	Unlisted procedure, vascular surgery		Unlisted Procedure	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
38100	Splenectomy, total (separate procedure)		Removal	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
38101	Splenectomy, partial (separate procedure)		Removal	Yes	Yes	yes	No	yes	No	Yes	Yes
38102	Splenectomy, total, en bloc for extensive disease, in conjunction with other procedure (List in addition to code for primary procedure)		Removal	Yes	Yes	yes	No	yes	No	Yes	Yes
38115	Repair of ruptured spleen (splenorrhaphy) with or without partial splenectomy		Repair	No	No	No	No	No	No	No	No
38120	Laparoscopy, surgical, splenectomy		Removal	Yes	Yes	yes	No	yes	No	Yes	Yes
38129	Unlisted laparoscopy procedure, spleen		Unlisted Procedure	Yes	Yes	yes	No	yes	No	Yes	Yes
38200	Injection procedure for osteoporosis therapy		Imaine	No	No	No	No	No	No	No	No
38204	Management of recipient hematopoietic progenitor cell donor search and cell acquisition		Bone Marrow/Stem Cell	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic		Transplantation	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous		Transplantation	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
38207	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage		Transplantation	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
38207	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor		Transplantation	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor		Transplantation	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor		Transplantation	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
38210	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T cell depletion		Transplantation	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
38211	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion		Transplantation	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
38212	Transplant preparation of hematopoietic progenitor cells; red blood cell removal		Transplantation	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
38213	Transplant preparation of hematopoietic progenitor cells; platelet depletion		Transplantation	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
38214	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion		Transplantation	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
38215	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer		Transplantation	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
38220	Bone marrow, aspiration only		Bone Marrow/Stem Cell	No	No	No	No	No	No	No	No
38221	Bone marrow, biopsy, needle or trocar		Bone Marrow/Stem Cell	No	No	No	No	No	No	No	No
38222	Diagnostic bone marrow, biopsy(ies) and aspiration(s)		Bone Marrow/Stem Cell	No	No	No	No	No	No	No	No
38230	Bone marrow harvesting for transplantation, allogeneic		Transplantation	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
38232	Bone marrow harvesting for transplantation, autologous		Transplantation	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
38240	Hematopoietic progenitor cell (HPC), allogeneic transplantation per donor		Transplantation	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
38241	Hematopoietic progenitor cell (HPC), autologous transplantation		Transplantation	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
38242	Allogeneic lymphocyte infusions		Bone Marrow/Stem Cell	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
38243	Hematopoietic progenitor cell (HPC), HPC boost		Bone Marrow/Stem Cell	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
38300	Drainage of lymph node abscess or lymphadenitis, simple		Incision/Drainage	No	No	No	No	No	No	No	No
38305	Drainage of lymph node abscess or lymphadenitis, extensive		Incision/Drainage	No	No	No	No	No	No	No	No
38308	Lymphangiostomy or other operations on lymphatic channels		Incision	No	No	No	No	No	No	No	No
38380	Suture and/or ligation of thoracic duct; cervical approach		Ligation	No	No	No	No	No	No	No	No
38381	Suture and/or ligation of thoracic duct; thoracic approach		Ligation	No	No	No	No	No	No	No	No
38382	Suture and/or ligation of thoracic duct; abdominal approach		Ligation	No	No	No	No	No	No	No	No
38500	Biopsy or excision of lymph node(s); open, superficial		Biopsy	No	No	No	No	No	No	No	No
38505	Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary)		Biopsy	No	No	No	No	No	No	No	No
38510	Biopsy or excision of lymph node(s); open, deep cervical node(s)		Biopsy	No	No	No	No	No	No	No	No
38520	Biopsy or excision of lymph node(s); open, deep cervical node(s) with excision scalene fat pad		Biopsy	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
38525	Biopsy or excision of lymph node(s); open, deep axillary node(s)		Biopsy	No	No	No	No	No	No	No	No
38530	Biopsy or excision of lymph node(s); open, internal mammary node(s)		Biopsy	No	No	No	No	No	No	No	No
38531	Biopsy or excision of lymph node(s); open inguofemoral node(s)		Biopsy	No	No	No	No	No	No	No	No
38542	Dissection, deep jugular node(s)	*For bilateral procedure, report with modifier -50.	Excision	No	No	No	No	No	No	No	No
38550	Excision of cystic hygroma, axillary or cervical; without deep neurovascular dissection		Excision	No	No	No	No	No	No	No	No
38555	Excision of cystic hygroma, axillary or cervical; with deep neurovascular dissection		Excision	No	No	No	No	No	No	No	No
38562	Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic		Staging	No	No	No	No	No	No	No	No
38564	Limited lymphadenectomy for staging (separate procedure); retroperitoneal (aortic and/or splenic)		Staging	No	No	No	No	No	No	No	No
38570	Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple		Exploratory	No	No	No	No	No	No	No	No
38571	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy		Exploratory	No	No	No	No	No	No	No	No
38572	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple		Exploratory	Yes	Yes	yes	No	yes	No	Yes	Yes
38573	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling, peritoneal washings, peritoneal biopsy(ies), omentectomy, and diaphragmatic washings, including diaphragmatic and other serosal biopsy(ies), when performed		Exploratory	Yes	Yes	yes	No	yes	No	Yes	Yes
38589	Unlisted laparoscopy procedure, lymphatic system		Unlisted Procedure	Yes	Yes	yes	No	yes	No	Yes	Yes
38700	Suprathyroid lymphadenectomy		Removal	No	No	No	No	No	No	No	No
38720	Cervical lymphadenectomy (complete)		Removal	No	No	No	No	No	No	No	No
38724	Cervical lymphadenectomy (modified radical neck dissection)		Removal	No	No	No	No	No	No	No	No
38740	Axillary lymphadenectomy; superficial		Removal	No	No	No	No	No	No	No	No
38745	Axillary lymphadenectomy; complete		Removal	No	No	No	No	No	No	No	No
38746	Thoracic lymphadenectomy by thoracotomy, mediastinal and regional lymphadenectomy (List separately in addition to code for primary procedure)		Removal	No	No	No	No	No	No	No	No
38747	Abdominal lymphadenectomy, regional, including celiac, gastric, portal, peripancreatic, with or without para-aortic and vena caval nodes (List separately in addition to code for primary procedure)		Removal	No	No	No	No	No	No	No	No
38760	Inguofemoral lymphadenectomy, superficial, including Cloquet's node (separate procedure)		Removal	No	No	No	No	No	No	No	No
38765	Inguofemoral lymphadenectomy, superficial, in continuity with pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)		Removal	No	No	No	No	No	No	No	No
38770	Pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)		Removal	No	No	No	No	No	No	No	No
38780	Retroperitoneal transabdominal lymphadenectomy, extensive, including pelvic, aortic, and renal nodes (separate procedure)		Removal	No	No	No	No	No	No	No	No
38790	Injection procedure; lymphangiography		Imaging	No	No	No	No	No	No	No	No
38792	Injection procedure; radioactive tracer for identification of sentinel node		Imaging	No	No	No	No	No	No	No	No
38794	Cannulation, thoracic duct		Introduction	No	No	No	No	No	No	No	No
38900	Intraoperative identification (eg, mapping) of sentinel lymph node(s) includes injection of non-radioactive dye, when performed (List separately in addition to code for primary procedure)		Other Procedure	No	No	No	No	No	No	No	No
38999	Unlisted procedure, hemic or lymphatic system		Unlisted Procedure	Yes	Yes	yes	No	yes	No	Yes	Yes
39000	Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; cervical approach		Incision	No	No	No	No	No	No	No	No
39010	Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; transthoracic approach, including either transthoracic or median sternotomy		Incision	No	No	No	No	No	No	No	No
39200	Resection of mediastinal cyst		Resection	No	No	No	No	No	No	No	No
39220	Resection of mediastinal tumor		Resection	No	No	No	No	No	No	No	No
39400	Mediastinoscopy, includes biopsy(ies) of mediastinal mass (eg, lymphoma), when performed		Endoscopy (EGD)	No	No	No	No	No	No	No	No
39402	Mediastinoscopy, with lymph node biopsy(ies) (eg, lung cancer staging)		Endoscopy (EGD)	No	No	No	No	No	No	No	No
39499	Unlisted procedure, mediastinum		Unlisted Procedure	Yes	Yes	yes	No	yes	No	Yes	Yes
39501	Repair, laceration of diaphragm, any approach		Repair	No	No	No	No	No	No	No	No
39503	Repair, neonatal diaphragmatic hernia, with or without chest tube insertion and with or without creation of ventral hernia		Repair	No	No	No	No	No	No	No	No
39540	Repair, diaphragmatic hernia (other than neonatal), traumatic acute		Repair	No	No	No	No	No	No	No	No
39541	Repair, diaphragmatic hernia (other than neonatal), traumatic chronic		Repair	No	No	No	No	No	No	No	No
39545	Imbrication of diaphragm for eventration, transthoracic or transabdominal, paralytic or nonparalytic		Repair	No	No	No	No	No	No	No	No
39560	Resection, diaphragm, with simple repair (eg, primary suture)		Resection	Yes	Yes	No	No	No	No	Yes	Yes
39561	Resection, diaphragm, with complex repair (eg, prosthetic material, local muscle flap)		Resection	Yes	Yes	No	No	No	No	Yes	Yes
39599	Unlisted procedure, diaphragm		Unlisted Procedure	Yes	Yes	yes	No	yes	No	Yes	Yes

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth		Sentry-Auth		TRBC Auth	BMS Auth
						Non-ASA Provider	Centra-Auth ASA Provider	Non-ASA Provider	Sentry-Auth ASA Provider		
40490	Biopsy of lip		Biopsy	No	No	No	No	No	No	No	No
40500	Vermilionectomy (lip shave), with mucosal advancement		Excision	No	No	No	No	No	No	No	No
40510	Excision of lip; transverse wedge excision with primary closure		Excision	No	No	No	No	No	No	No	No
40520	Excision of lip; V-excision with primary direct linear closure		Excision	No	No	No	No	No	No	No	No
40525	Excision of lip; full thickness, reconstruction with local flap (eg, Estlander or fan)		Excision	No	No	No	No	No	No	No	No
40527	Excision of lip; full thickness, reconstruction with cross lip flap (Abbe-Estlander)		Excision	No	No	No	No	No	No	No	No
40530	Resection of lip, more than one-fourth, without reconstruction		Resection	No	No	No	No	No	No	No	No
40650	Repair lip, full thickness; vermilion only		Repair	No	No	No	No	No	No	No	No
40652	Repair lip, full thickness; up to half vertical height		Repair	No	No	No	No	No	No	No	No
40654	Repair lip, full thickness; over one-half vertical height, or complex		Repair	No	No	No	No	No	No	No	No
40700	Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral		Repair	No	No	No	No	No	No	No	No
40701	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1-stage procedure		Repair	No	No	No	No	No	No	No	No
40702	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1 of 2 stages		Repair	No	No	No	No	No	No	No	No
40720	Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure		Repair	No	No	No	No	No	No	No	No
40761	Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle		Repair	No	No	No	No	No	No	No	No
40799	Unlisted procedure, lips		Unlisted Procedure	No	No	No	No	No	No	No	No
40800	Drainage of abscess, cyst, hematoma, vestibule of mouth; simple		Incision/Drainage	No	No	No	No	No	No	No	No
40801	Drainage of abscess, cyst, hematoma, vestibule of mouth; complicated		Incision/Drainage	No	No	No	No	No	No	No	No
40804	Removal of embedded foreign body, vestibule of mouth; simple		Removal	No	No	No	No	No	No	No	No
40805	Removal of embedded foreign body, vestibule of mouth; complicated		Removal	No	No	No	No	No	No	No	No
40806	Incision of labial frenum (frenotomy)		Incision	No	No	No	No	No	No	No	No
40808	Biopsy, vestibule of mouth		Biopsy	No	No	No	No	No	No	No	No
40810	Excision of lesion of mucosa and submucosa, vestibule of mouth; without repair		Excision	No	No	No	No	No	No	No	No
40812	Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair		Excision	No	No	No	No	No	No	No	No
40814	Excision of lesion of mucosa and submucosa, vestibule of mouth; with complex repair		Excision	No	No	No	No	No	No	No	No
40816	Excision of lesion of mucosa and submucosa, vestibule of mouth; complex, with excision of underlying muscle		Excision	No	No	No	No	No	No	No	No
40818	Excision of mucosa of vestibule of mouth as donor graft		Excision	No	No	No	No	No	No	No	No
40819	Excision of frenum, labial or buccal (frenulectomy, frenectomy)		Excision	No	No	No	No	No	No	No	No
40820	Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)		Destruction	No	No	No	No	No	No	No	No
40830	Closure of laceration, vestibule of mouth; 2.5 cm or less		Closure	No	No	No	No	No	No	No	No
40831	Closure of laceration, vestibule of mouth; over 2.5 cm or complex		Closure	No	No	No	No	No	No	No	No
40840	Vestibuloplasty; anterior		Repair	No	No	No	No	No	No	No	No
40842	Vestibuloplasty; posterior, unilateral		Repair	No	No	No	No	No	No	No	No
40843	Vestibuloplasty; posterior, bilateral		Repair	No	No	No	No	No	No	No	No
40844	Vestibuloplasty; entire arch		Repair	No	No	No	No	No	No	No	No
40845	Vestibuloplasty; complex (including ridge extension, muscle repositioning)		Repair	No	No	No	No	No	No	No	No
40899	Unlisted procedure, vestibule of mouth		Unlisted Procedure	No	No	No	No	No	No	No	No
41000	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; lingual		Incision/Drainage	No	No	No	No	No	No	No	No
41005	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, superficial		Incision/Drainage	No	No	No	No	No	No	No	No
41006	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, deep, supramyohyoid		Incision/Drainage	No	No	No	No	No	No	No	No
41007	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submental space		Incision/Drainage	No	No	No	No	No	No	No	No
41008	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submandibular space		Incision/Drainage	No	No	No	No	No	No	No	No
41009	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; masticator space		Incision/Drainage	No	No	No	No	No	No	No	No
41010	Incision of lingual frenum (frenotomy)		Excision	No	No	No	No	No	No	No	No
41015	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; sublingual		Incision/Drainage	No	No	No	No	No	No	No	No
41016	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submental		Incision/Drainage	No	No	No	No	No	No	No	No
41017	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submandibular		Incision/Drainage	No	No	No	No	No	No	No	No
41018	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; masticator space		Incision/Drainage	No	No	No	No	No	No	No	No
41019	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application		Placement	No	No	No	No	No	No	No	No
41100	Biopsy of tongue; anterior two-thirds		Biopsy	No	No	No	No	No	No	No	No
41105	Biopsy of tongue; posterior one-third		Biopsy	No	No	No	No	No	No	No	No
41108	Biopsy of floor of mouth		Biopsy	No	No	No	No	No	No	No	No
41110	Excision of lesion of tongue without closure		Excision	No	No	No	No	No	No	No	No
41112	Excision of lesion of tongue with closure; anterior two-thirds		Excision	No	No	No	No	No	No	No	No
41113	Excision of lesion of tongue with closure; posterior one-third		Excision	No	No	No	No	No	No	No	No
41114	Excision of lesion of tongue with closure; with local tongue flap		Excision	No	No	No	No	No	No	No	No
41115	Excision of lingual frenum (frenectomy)		Excision	No	No	No	No	No	No	No	No
41116	Excision, lesion of floor of mouth		Excision	No	No	No	No	No	No	No	No
41120	Glossectomy; less than one-half tongue		Excision	No	No	No	No	No	No	No	No
41130	Glossectomy; hemiglossectomy		Excision	No	No	No	No	No	No	No	No
41135	Glossectomy; partial, with unilateral radical neck dissection		Excision	No	No	No	No	No	No	No	No
41140	Glossectomy; complete or total, with or without tracheostomy, without radical neck dissection		Excision	No	No	No	No	No	No	No	No
41145	Glossectomy; complete or total, with or without tracheostomy, with unilateral radical neck dissection		Excision	No	No	No	No	No	No	No	No
41150	Glossectomy; composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection		Resection	No	No	No	No	No	No	No	No
41153	Glossectomy; composite procedure with resection floor of mouth, with suprathyoid neck dissection		Resection	No	No	No	No	No	No	No	No
41155	Glossectomy; composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type)		Resection	No	No	No	No	No	No	No	No
41250	Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue		Repair	No	No	No	No	No	No	No	No
41251	Repair of laceration 2.5 cm or less; posterior one-third of tongue		Repair	No	No	No	No	No	No	No	No
41252	Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex		Repair	No	No	No	No	No	No	No	No
41510	Suture of tongue to lip for micrognathia (Douglas type procedure)		Other Procedure	No	No	No	No	No	No	No	No
41512	Tongue base suspension, permanent suture technique		Sleep Apnea	Yes	Yes	No	No	No	No	Yes	Yes
41520	Frenoplasty (surgical revision of frenum, esp, with Z-plasty)		Revision	No	No	No	No	No	No	No	No
41530	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session		Ablation	No	No	No	No	No	No	No	No
41599	Unlisted procedure, tongue, floor of mouth		Unlisted Procedure	Yes	Yes	Yes	No	Yes	No	Yes	Yes
41800	Drainage of abscess, cyst, hematoma from dentoalveolar structures		Incision/Drainage	No	No	No	No	No	No	No	No
41805	Removal of embedded foreign body from dentoalveolar structures; soft tissues		Removal	No	No	No	No	No	No	No	No
41806	Removal of embedded foreign body from dentoalveolar structures; bone		Removal	No	No	No	No	No	No	No	No
41820	Gingivectomy, excision gingiva, each quadrant		Excision	No	No	No	No	No	No	No	No
41821	Operculectomy, excision pericoronal tissues		Excision	No	No	No	No	No	No	No	No
41822	Excision of fibrous tuberosities, dentoalveolar structures		Excision	No	No	No	No	No	No	No	No
41823	Excision of osseous tuberosities, dentoalveolar structures		Excision	No	No	No	No	No	No	No	No
41825	Excision of lesion or tumor (except listed above), dentoalveolar structures; without repair		Excision	No	No	No	No	No	No	No	No
41826	Excision of lesion or tumor (except listed above), dentoalveolar structures; with simple repair		Excision	No	No	No	No	No	No	No	No
41827	Excision of lesion or tumor (except listed above), dentoalveolar structures; with complex repair		Excision	No	No	No	No	No	No	No	No
41828	Excision of hyperplastic alveolar mucosa, each quadrant (specify)		Excision	No	No	No	No	No	No	No	No
41830	Alveolectomy, including curettage of osteitis or sequestrum		Excision	No	No	No	No	No	No	No	No
41850	Destruction of lesion (except excision), dentoalveolar structures		Destruction	No	No	No	No	No	No	No	No
41870	Periodontal mucosal grafting		Grafts	Yes	Yes	No	No	No	No	Yes	Yes
41872	Gingivoplasty, each quadrant (specify)		Other Procedure	No	No	No	No	No	No	No	No
41874	Alveoloplasty, each quadrant (specify)		Other Procedure	No	No	No	No	No	No	No	No
41899	Unlisted procedure, dentoalveolar structures		Unlisted Procedure	Yes	Yes	Yes	No	Yes	No	Yes	Yes
42000	Drainage of abscess of palate, uvula		Incision/Drainage	No	No	No	No	No	No	No	No
42100	Biopsy of palate, uvula		Biopsy	No	No	No	No	No	No	No	No
42104	Excision, lesion of palate, uvula; without closure		Excision	No	No	No	No	No	No	No	No
42106	Excision, lesion of palate, uvula; with simple primary closure		Excision	No	No	No	No	No	No	No	No
42107	Excision, lesion of palate, uvula; with local flap closure		Excision	No	No	No	No	No	No	No	No
42120	Resection of palate or extensive resection of lesion		Resection	No	No	No	No	No	No	No	No
42140	Uvulectomy, excision of uvula		Excision	No	No	No	Yes	No	Yes	No	No
42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)		Excision	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
42160	Destruction of lesion, palate or uvula (thermal, cryo or chemical)		Destruction	No	No	No	No	No	No	No	No
42180	Repair, laceration of palate; up to 2 cm		Repair	No	No	No	No	No	No	No	No
42182	Repair, laceration of palate; over 2 cm or complex		Repair	No	No	No	No	No	No	No	No
42200	Palatoplasty for cleft palate, soft and/or hard palate only		Repair	No	No	No	No	No	No	No	No

[illegible]

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth		Sentry-Auth		TRBC Auth	BMS Auth
						Non-ASA Provider	Centra-Auth ASA Provider	Non-ASA Provider	Sentry-Auth ASA Provider		
43122	Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with esophagogastrectomy, with or without pyloroplasty		Excision	No	No	No	No	No	No	No	No
43123	Partial esophagectomy, thoracoabdominal or abdominal approach; with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)		Excision	No	No	No	No	No	No	No	No
43124	Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy		Excision	No	No	No	No	No	No	No	No
43130	Diverticulectomy of hypopharynx or esophagus, with or without myotomy; cervical approach		Excision	No	No	No	No	No	No	No	No
43135	Diverticulectomy of hypopharynx or esophagus, with or without myotomy; thoracic approach		Excision	No	No	No	No	No	No	No	No
43180	Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (eg, Zenker's diverticulum), with cricopharyngeal myotomy, includes use of telescope or operating microscope and repair, when performed		Repair	No	No	No	No	No	No	No	No
43191	Esophagoscopy, rigid, transoral; Diagnostic/Screening, including collection of specimen(s) by brushing or washing when performed (separate procedure)		Diagnostic/Screening	No	No	No	No	No	No	No	No
43192	Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance		Endoscopy (EGD)	No	No	No	No	No	No	No	No
43193	Esophagoscopy, rigid, transoral; with biopsy, single or multiple		Biopsy	No	No	No	No	No	No	No	No
43194	Esophagoscopy, rigid, transoral; with removal of foreign body(s)		Removal	No	No	No	No	No	No	No	No
43195	Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)		Dilation	No	No	No	No	No	No	No	No
43196	Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire		Insertion	No	No	No	No	No	No	No	No
43197	Esophagoscopy, flexible, transnasal; Diagnostic/Screening, including collection of specimen(s) by brushing or washing, when performed (separate procedure)		Diagnostic/Screening	No	No	No	No	No	No	No	No
43198	Esophagoscopy, flexible, transnasal; with biopsy, single or multiple		Biopsy	No	No	No	No	No	No	No	No
43200	Esophagoscopy, flexible, transoral; Diagnostic/Screening, including collection of specimen(s) by brushing or washing, when performed (separate procedure)		Diagnostic/Screening	No	No	No	No	No	No	No	No
43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance		Endoscopy (EGD)	No	No	No	No	No	No	No	No
43202	Esophagoscopy, flexible, transoral; with biopsy, single or multiple		Biopsy	No	No	No	No	No	No	No	No
43204	Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices		Endoscopy (EGD)	No	No	No	No	No	No	No	No
43205	Esophagoscopy, flexible, transoral; with band ligation of esophageal varices		Ligation	No	No	No	No	No	No	No	No
43206	Esophagoscopy, flexible, transoral; with optical endomicroscopy		Endoscopy (EGD)	No	No	No	No	No	No	No	No
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed		Endoscopy (EGD)	No	No	No	No	No	No	No	No
43211	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection		Resection	No	No	No	No	No	No	No	No
43212	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)		Placement	No	No	No	No	No	No	No	No
43213	Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)		Dilation	No	No	No	No	No	No	No	No
43214	Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)		Dilation	No	No	No	No	No	No	No	No
43215	Esophagoscopy, flexible, transoral; with removal of foreign body(s)		Removal	No	No	No	No	No	No	No	No
43216	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps		Removal	No	No	No	No	No	No	No	No
43217	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		Removal	No	No	No	No	No	No	No	No
43220	Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)		Dilation	No	No	No	No	No	No	No	No
43226	Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire		Insertion	No	No	No	No	No	No	No	No
43227	Esophagoscopy, flexible, transoral; with control of bleeding, any method		Endoscopy (EGD)	No	No	No	No	No	No	No	No
43229	Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)		Ablation	No	No	No	No	No	No	No	No
43231	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination		Ultrasound	No	No	No	No	No	No	No	No
43232	Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)		Biopsy	No	No	No	No	No	No	No	No
43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)		Dilation	No	No	No	No	No	No	No	No
43235	Esophagogastroduodenoscopy, flexible, transoral; Diagnostic/Screening, including collection of specimen(s) by brushing or washing, when performed (separate procedure)		Diagnostic/Screening	No	No	No	No	No	No	No	No
43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance		Endoscopy (EGD)	No	No	No	No	No	No	No	No
43237	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures		Endoscopy (EGD)	No	No	No	No	No	No	No	No
43238	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures)		Biopsy	No	No	No	No	No	No	No	No
43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple		Biopsy	No	No	No	No	No	No	No	No
43240	Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter(s)/stent(s), when performed, and endoscopic ultrasound, when performed)		Placement	No	No	No	No	No	No	No	No
43241	Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter		Insertion	No	No	No	No	No	No	No	No
43242	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)		Biopsy	No	No	No	No	No	No	No	No
43243	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices		Endoscopy (EGD)	No	No	No	No	No	No	No	No
43244	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices		Ligation	No	No	No	No	No	No	No	No
43245	Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)		Dilation	No	No	No	No	No	No	No	No
43246	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube		Placement	No	No	No	No	No	No	No	No
43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)		Removal	No	No	No	No	No	No	No	No
43248	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire		Insertion	No	No	No	No	No	No	No	No
43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)		Dilation	No	No	No	No	No	No	No	No
43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps		Removal	No	No	No	No	No	No	No	No
43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		Removal	No	No	No	No	No	No	No	No
43252	Esophagogastroduodenoscopy, flexible, transoral; with optical endomicroscopy		Endoscopy (EGD)	No	No	No	No	No	No	No	No
43253	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)		Ultrasound	No	No	No	No	No	No	No	No
43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection		Resection	No	No	No	No	No	No	No	No
43255	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method		Endoscopy (EGD)	No	No	No	No	No	No	No	No
43257	Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease		Endoscopy (EGD)	No	No	No	No	No	No	No	No
43259	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis		Ultrasound	No	No	No	No	No	No	No	No
43260	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)		ERCP	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth		Sentry-Auth		TRBC Auth	BMS Auth
						Non-ASA Provider	Centra-Auth ASA Provider	Non-ASA Provider	Sentry-Auth ASA Provider		
43261	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple		ERCP	No	No	No	No	No	No	No	No
43262	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy		ERCP	No	No	No	No	No	No	No	No
43263	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi		ERCP	No	No	No	No	No	No	No	No
43264	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)		ERCP	No	No	No	No	No	No	No	No
43265	Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)		ERCP	No	No	No	No	No	No	No	No
43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)		Placement	No	No	No	No	No	No	No	No
43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)		Ablation	Yes	Yes	No	No	No	No	Yes	Yes
43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)		Endoscopy (EGD)	No	No	No	No	No	No	No	No
43274	Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent		ERCP	No	No	No	No	No	No	No	No
43275	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)		ERCP	No	No	No	No	No	No	No	No
43276	Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged		ERCP	No	No	No	No	No	No	No	No
43277	Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct		ERCP	No	No	No	No	No	No	No	No
43278	Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed		ERCP	No	No	No	No	No	No	No	No
43279	Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed		Laparoscopy	No	No	No	No	No	No	No	No
43280	Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)		Laparoscopy	No	No	No	No	No	No	No	No
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh		Repair	No	No	No	No	No	No	No	No
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh		Repair	No	No	No	No	No	No	No	No
43283	Laparoscopy, surgical, esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty) (List separately in addition to code for primary procedure)		Laparoscopy	No	No	No	No	No	No	No	No
43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed		Placement	No	No	No	No	No	No	No	No
43285	Removal of esophageal sphincter augmentation device		Removal	No	No	No	No	No	No	No	No
43286	Removal of esophageal sphincter augmentation device		Removal	No	No	No	No	No	No	No	No
43287	Esophagectomy, total or near total, with thoracoscopic mobilization of the abdominal and lower mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with separate thoracoscopic mobilization of the middle and upper mediastinal esophagus and thoracic esophagostomy (ie, laparoscopic thoracoscopic esophagectomy, Ivor Lewis esophagectomy)		Laparoscopy	Yes	Yes	Yes	No	Yes	No	Yes	Yes
43288	Esophagectomy, total or near total, with thoracoscopic mobilization of the upper, middle, and lower mediastinal esophagus, with separate laparoscopic proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastrostomy (ie, thoracoscopic, laparoscopic and cervical incision esophagectomy, McKeown esophagectomy, tri-incisional esophagectomy)		Laparoscopy	Yes	Yes	Yes	No	Yes	No	Yes	Yes
43289	Unlisted laparoscopy procedure, esophagus		Unlisted Procedure	Yes	Yes	Yes	No	Yes	No	Yes	Yes
43290	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon		Laparoscopy	No	No	No	No	No	No	No	No
43291	Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)		Laparoscopy	No	No	No	No	No	No	No	No
43300	Esophagoplasty (plastic repair or reconstruction), cervical approach; without repair of tracheoesophageal fistula		Reconstruction	Yes	Yes	Yes	No	Yes	No	Yes	Yes
43305	Esophagoplasty (plastic repair or reconstruction), thoracic approach; without repair of tracheoesophageal fistula		Repair	No	No	No	No	No	No	No	No
43310	Esophagoplasty (plastic repair or reconstruction), thoracic approach; with repair of tracheoesophageal fistula		Reconstruction	Yes	Yes	Yes	No	Yes	No	Yes	Yes
43312	Esophagoplasty (plastic repair or reconstruction), thoracic approach; with repair of tracheoesophageal fistula		Repair	No	No	No	No	No	No	No	No
43313	Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; without repair of congenital tracheoesophageal fistula		Reconstruction	Yes	Yes	Yes	No	Yes	No	Yes	Yes
43314	Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; with repair of congenital tracheoesophageal fistula		Repair	No	No	No	No	No	No	No	No
43320	Esophagogastrostomy (cardioplasty), with or without vagotomy and pyloroplasty, transabdominal or transthoracic approach		Repair	No	No	No	No	No	No	No	No
43325	Esophagogastric fundoplasty, with fundic patch (Thal-Nissen procedure)		Repair	No	No	No	No	No	No	No	No
43327	Esophagogastric fundoplasty partial or complete; laparotomy		Repair	No	No	No	No	No	No	No	No
43328	Esophagogastric fundoplasty partial or complete; thoracotomy		Repair	No	No	No	No	No	No	No	No
43330	Esophagomyotomy (Heller type); abdominal approach		Repair	No	No	No	No	No	No	No	No
43331	Esophagomyotomy (Heller type); thoracic approach		Repair	No	No	No	No	No	No	No	No
43332	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; without implantation of mesh or other prosthesis		Hernia	No	No	No	No	No	No	No	No
43333	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; with implantation of mesh or other prosthesis		Hernia	No	No	No	No	No	No	No	No
43334	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; without implantation of mesh or other prosthesis		Hernia	No	No	No	No	No	No	No	No
43335	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; with implantation of mesh or other prosthesis		Hernia	No	No	No	No	No	No	No	No
43336	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; without implantation of mesh or other prosthesis		Hernia	No	No	No	No	No	No	No	No
43337	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; with implantation of mesh or other prosthesis		Hernia	No	No	No	No	No	No	No	No
43338	Esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty) (List separately in addition to code for primary procedure)		Repair	No	No	No	No	No	No	No	No
43340	Esophageojejunostomy (without total gastrectomy); abdominal approach		Repair	No	No	No	No	No	No	No	No
43341	Esophageojejunostomy (without total gastrectomy); thoracic approach		Repair	No	No	No	No	No	No	No	No
43351	Esophagostomy, fistulization of esophagus, external; thoracic approach		Repair	No	No	No	No	No	No	No	No
43352	Esophagostomy, fistulization of esophagus, external; cervical approach		Repair	No	No	No	No	No	No	No	No
43360	Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with stomach, with or without pyloroplasty		Reconstruction	Yes	Yes	Yes	No	Yes	No	Yes	Yes
43361	Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)		Reconstruction	Yes	Yes	Yes	No	Yes	No	Yes	Yes
43400	Ligation, direct, esophageal varices		Ligation	No	No	No	No	No	No	No	No
43405	Ligation or stapling at gastroesophageal junction for pre-existing esophageal perforation		Ligation	No	No	No	No	No	No	No	No
43410	Suture of esophageal wound or injury; cervical approach		Repair	No	No	No	No	No	No	No	No
43415	Suture of esophageal wound or injury; transthoracic or transabdominal approach		Repair	No	No	No	No	No	No	No	No
43420	Closure of esophagostomy or fistula; cervical approach		Closure	No	No	No	No	No	No	No	No
43425	Closure of esophagostomy or fistula; transthoracic or transabdominal approach		Closure	No	No	No	No	No	No	No	No
43450	Dilation of esophagus, by unguided sound or bougie, single or multiple passes		Dilation	No	No	No	No	No	No	No	No
43453	Dilation of esophagus, over guide wire		Dilation	No	No	No	No	No	No	No	No
43460	Esophagogastric tamponade, with balloon (Sengstaken type)		Manipulation	No	No	No	No	No	No	No	No
43496	Free jejunum transfer with microvascular anastomosis		Transfer	No	No	No	No	No	No	No	No
43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])		Myotomy	Yes	Yes	Yes	No	Yes	No	Yes	Yes
43499	Unlisted procedure, esophagus		Unlisted Procedure	Yes	Yes	Yes	No	Yes	No	Yes	Yes
43500	Gastrotomy; with exploration or foreign body removal		Removal	No	No	No	No	No	No	No	No
43501	Gastrotomy; with suture repair of bleeding ulcer		Repair	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
43502	Gastrostomy, with suture repair of pre-existing esophagogastric laceration (eg, Mallory-Weiss)		Repair	No	No	No	No	No	No	No	No
43510	Gastrostomy, with esophageal dilation and insertion of permanent intraluminal tube (eg, Celestin or Mousseaux-Barbin)		Dilation	No	No	No	No	No	No	No	No
43520	Pyloromyotomy, cutting of pyloric muscle (Fredet-Ramstedt type operation)		Incision	No	No	No	No	No	No	No	No
43605	Biopsy of stomach, by laparoscopy		Biopsy	No	No	No	No	No	No	No	No
43610	Excision, local; ulcer or benign tumor of stomach		Excision	No	No	No	No	No	No	No	No
43611	Excision, local; malignant tumor of stomach		Excision	No	No	No	No	No	No	No	No
43620	Gastrostomy, total, with esophageenterostomy		Excision	Yes	Yes	No	No	No	No	Yes	Yes
43621	Gastrostomy, total, with Roux-en-Y reconstruction		Excision	Yes	Yes	No	No	No	No	Yes	Yes
43622	Gastrostomy, total, with formation of intestinal pouch, any type		Excision	Yes	Yes	No	No	No	No	Yes	Yes
43631	Gastrostomy, partial, distal, with gastroduodenostomy		Excision	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
43632	Gastrostomy, partial, distal, with gastrojejunostomy		Excision	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
43633	Gastrostomy, partial, distal, with Roux-en-Y reconstruction		Excision	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
43634	Gastrostomy, partial, distal, with formation of intestinal pouch		Excision	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
43635	Vagotomy when performed with partial distal gastrectomy (List separately in addition to code[s] for primary procedure)		Excision	No	No	No	No	No	No	No	No
43640	Vagotomy including pyloroplasty, with or without gastrectomy; truncal or selective		Excision	No	No	No	No	No	No	No	No
43641	Vagotomy including pyloroplasty, with or without gastrectomy; parietal cell (highly selective)		Excision	No	No	No	No	No	No	No	No
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (Roux limb 150 cm or less)		Gastric Restrictive	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption		Gastric Restrictive	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum		Placement	Yes	Yes	No	No	No	No	Yes	Yes
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum		Removal	Yes	Yes	No	No	No	No	Yes	Yes
43651	Laparoscopy, surgical; transection of vagus nerves, truncal		Laparoscopy	No	No	No	No	No	No	No	No
43652	Laparoscopy, surgical; transection of vagus nerves, selective or highly selective		Laparoscopy	No	No	No	No	No	No	No	No
43653	Laparoscopy, surgical; gastrectomy, without construction of gastric tube (eg, Stamm procedure) (separate procedure)		Laparoscopy	No	No	No	No	No	No	No	No
43659	Unlisted laparoscopy procedure, stomach		Unlisted Procedure	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
43752	Naso- or oro-gastric tube placement, requiring physician's skill and fluoroscopic guidance (includes fluoroscopy, image documentation and report)		Placement	No	No	No	No	No	No	No	No
43753	Gastric intubation and aspiration(s) therapeutic, necessitating physician's skill (eg, for gastrointestinal hemorrhage), including lavage if performed		Laparoscopy	No	No	No	No	No	No	No	No
43754	Gastric intubation and aspiration, Diagnostic/Screening; single specimen (eg, acid analysis)		Diagnostic/Screening	No	No	No	No	No	No	No	No
43755	Gastric intubation and aspiration, Diagnostic/Screening; correction or multiple fractional specimens with gastric stimulation, single or double lumen tube (gastric secretory study) (eg, histamine, insulin, pentagastrin, calcium, secretin), includes drug administration		Diagnostic/Screening	No	No	No	No	No	No	No	No
43756	Duodenal intubation and aspiration, Diagnostic/Screening, includes image guidance; single specimen (eg, bile study for crystals or afferent loop culture)		Diagnostic/Screening	No	No	No	No	No	No	No	No
43757	Duodenal intubation and aspiration, Diagnostic/Screening, includes image guidance; collection of multiple fractional specimens with pancreatic or gallbladder stimulation, single or double lumen tube, includes drug administration		Diagnostic/Screening	No	No	No	No	No	No	No	No
43761	Repositioning of a naso- or oro-gastric feeding tube, through the duodenum for enteric nutrition		Reposition	No	No	No	No	No	No	No	No
43762	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract		Replacement	No	No	No	No	No	No	No	No
43763	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; requiring revision of gastrostomy tract	For percutaneous replacement of gastrostomy tube under fluoroscopic guidance, use 49450. **For endoscopically directed placement of gastrostomy tube, use 43246.	Replacement	No	No	No	No	No	No	No	No
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)		Gastric Restrictive	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only		Gastric Restrictive	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only		Gastric Restrictive	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only		Gastric Restrictive	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components		Gastric Restrictive	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)		Gastric Restrictive	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
43800	Pyloroplasty		Other Procedure	No	No	No	No	No	No	No	No
43810	Gastroduodenostomy		Other Procedure	Yes	Yes	No	No	No	No	Yes	Yes
43820	Gastrojejunostomy, without vagotomy		Other Procedure	Yes	Yes	No	No	No	No	Yes	Yes
43825	Gastrojejunostomy, with vagotomy, any type		Other Procedure	Yes	Yes	No	No	No	No	Yes	Yes
43830	Gastrostomy, open; without construction of gastric tube (eg, Stamm procedure) (separate procedure)		Other Procedure	Yes	Yes	No	No	No	No	Yes	Yes
43831	Gastrostomy, open; neonatal, for feeding		Other Procedure	Yes	Yes	No	No	No	No	Yes	Yes
43832	Gastrostomy, open; with construction of gastric tube (eg, Janeway procedure)		Other Procedure	No	No	No	No	No	No	No	No
43840	Gastrostomy, suture of perforated duodenal or gastric ulcer, wound, or injury		Other Procedure	No	No	No	No	No	No	No	No
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty		Gastric Restrictive	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty		Gastric Restrictive	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenileostomy and ileileostomy (50 to 100 cm common channel) to limit absorption (Billroth's diversion with duodenal switch)		Gastric Restrictive	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy		Gastric Restrictive	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption		Gastric Restrictive	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)		Gastric Restrictive	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy		Revision	No	No	No	No	No	No	No	No
43865	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy		Revision	No	No	No	No	No	No	No	No
43870	Closure of gastrotomy, surgical		Other Procedure	No	No	No	No	No	No	No	No
43880	Closure of gastrocolic fistula		Other Procedure	No	No	No	No	No	No	No	No
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open		Other Procedure	Yes	Yes	No	No	No	No	Yes	Yes
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open		Removal	Yes	Yes	No	No	No	No	Yes	Yes
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only		Gastric Restrictive	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only		Gastric Restrictive	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only		Gastric Restrictive	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
43999	Unlisted procedure, stomach		Unlisted Procedure	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
44005	Enterolysis (freeing of intestinal adhesion) (separate procedure)		Incision	No	No	No	No	No	No	No	No
44010	Duodenotomy, for exploration, biopsy(s), or foreign body removal		Biopsy	No	No	No	No	No	No	No	No
44015	Tube or needle catheter jejunostomy for enteral alimentation, intraoperative, any method (List separately in addition to primary procedure)		Incision	No	No	No	No	No	No	No	No
44020	Enterotomy, small intestine, other than duodenum; for exploration, biopsy(s), or foreign body removal		Biopsy	No	No	No	No	No	No	No	No
44021	Enterotomy, small intestine, other than duodenum; for decompression (eg, Baker tube)		Incision	No	No	No	No	No	No	No	No
44025	Colotomy, for exploration, biopsy(s), or foreign body removal		Biopsy	No	No	No	No	No	No	No	No
44050	Reduction of volvulus, intussusception, internal hernia, by laparotomy		Hernia	No	No	No	No	No	No	No	No
44055	Correction of malrotation by lysis of duodenal bands and/or reduction of midgut volvulus (eg, Ladd procedure)		Incision	No	No	No	No	No	No	No	No
44100	Biopsy of intestine by capsule, tube, peroral (1 or more specimens)		Biopsy	No	No	No	No	No	No	No	No
44110	Excision of 1 or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; single enterotomy		Excision	No	No	No	No	No	No	No	No
44111	Excision of 1 or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; multiple enterotomies		Excision	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial	Non-Auth	Commercial	Non-Auth	Centra-Auth	Sentry-Auth	Commercial	Non-Auth	Centra-Auth	Sentry-Auth	Commercial	Non-Auth	Centra-Auth	Sentry-Auth
				Auth	Provider	Auth	Provider	Auth	Provider	Auth	Provider	Auth	Provider	Auth	Provider	Auth	Provider
44120	Enterectomy, resection of small intestine; single resection and anastomosis		Resection	Yes	Yes	No	No	No	No	No	No	No	No	Yes	Yes		
44121	Enterectomy, resection of small intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)		Resection	Yes	Yes	No	No	No	No	No	No	No	No	Yes	Yes		
44125	Enterectomy, resection of small intestine; with enterostomy		Resection	Yes	Yes	No	No	No	No	No	No	No	No	Yes	Yes		
44126	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; without tapering																
		Resection		Yes	Yes	No	No	No	No	No	No	Yes	Yes				
44127	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; with tapering																
		Resection	Yes	Yes	No	No	No	No	No	No	Yes	Yes					
44128	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)		Resection	Yes	Yes	No	No	No	No	No	No	No	No	Yes	Yes		
44130	Enterostomy, anastomosis of intestine, with or without cutaneous enterostomy (separate procedure)		Excision	Yes	Yes	No	No	No	No	No	No	No	No	Yes	Yes		
44132	Donor enterectomy (including cold preservation), open; from cadaver donor		Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
44133	Donor enterectomy (including cold preservation), open; partial; from living donor		Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
44135	Intestinal allotransplantation; from cadaver donor		Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
44136	Intestinal allotransplantation; from living donor		Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
44137	Removal of transplanted intestinal allograft, complete		Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
44139	Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)		Resection	No	No	No	No	No	No	No	No	No	No	No	No		
44140	Colectomy, partial, with anastomosis		Resection	No	No	No	No	No	No	No	No	No	No	No	No		
44141	Colectomy, partial; with skin level colectomy or colostomy		Resection	No	No	No	No	No	No	No	No	No	No	No	No		
44143	Colectomy, partial; with end colectomy and closure of distal segment (Hartmann type procedure)		Resection	No	No	No	No	No	No	No	No	No	No	No	No		
44144	Colectomy, partial; with resection, with colectomy or ileostomy and creation of mucostoma		Resection	No	No	No	No	No	No	No	No	No	No	No	No		
44145	Colectomy, partial; with colectoproctostomy (low pelvic anastomosis)		Resection	No	No	No	No	No	No	No	No	No	No	No	No		
44146	Colectomy, partial; with colectoproctostomy (low pelvic anastomosis), with colostomy		Resection	No	No	No	No	No	No	No	No	No	No	No	No		
44147	Colectomy, partial; abdominal and transanal approach		Resection	No	No	No	No	No	No	No	No	No	No	No	No		
44150	Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy																
		Resection	No	No	No	No	No	No	No	No	No	No	No				
44151	Colectomy, total, abdominal, without proctectomy; with continent ileostomy		Resection	No	No	No	No	No	No	No	No	No	No	No	No		
44155	Colectomy, total, abdominal, with proctectomy; with ileostomy		Resection	No	No	No	No	No	No	No	No	No	No	No	No		
44156	Colectomy, total, abdominal, with proctectomy, with continent ileostomy		Resection	No	No	No	No	No	No	No	No	No	No	No	No		
44157	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, includes loop ileostomy, and rectal mucosectomy, when performed																
		Resection	No	No	No	No	No	No	No	No	No	No	No				
44158	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy, and rectal mucosectomy, when performed																
		Resection	No	No	No	No	No	No	No	No	No	No	No				
44160	Colectomy, partial, with removal of terminal ileum with ileocolostomy		Removal	No	No	No	No	No	No	No	No	No	No	No	No		
44180	Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure)		Incision	No	No	No	No	No	No	No	No	No	No	No	No		
44186	Laparoscopy, surgical; jejunostomy (eg, for decompression or feeding)		Laparoscopy	No	No	No	No	No	No	No	No	No	No	No	No		
44187	Laparoscopy, surgical; ileostomy or jejunostomy, non-tube		Laparoscopy	No	No	No	No	No	No	No	No	No	No	No	No		
44188	Laparoscopy, surgical, colostomy or skin level colectomy		Laparoscopy	No	No	No	No	No	No	No	No	No	No	No	No		
44202	Laparoscopy, surgical; enterectomy, resection of small intestine, single resection and anastomosis																
		Resection	No	No	No	No	No	No	No	No	No	No	No				
44203	Laparoscopy, surgical; each additional small intestine resection and anastomosis (List separately in addition to code for primary procedure)																
		Resection	No	No	No	No	No	No	No	No	No	No	No				
44204	Laparoscopy, surgical; colectomy, partial, with anastomosis		Laparoscopy	No	No	No	No	No	No	No	No	No	No	No	No		
44205	Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy																
		Removal	No	No	No	No	No	No	No	No	No	No	No				
44206	Laparoscopy, surgical; colectomy, partial, with end colectomy and closure of distal segment (Hartmann type procedure)																
		Excision	No	No	No	No	No	No	No	No	No	No	No				
44207	Laparoscopy, surgical; colectomy, partial, with anastomosis, with colectoproctostomy (low pelvic anastomosis)																
		Excision	No	No	No	No	No	No	No	No	No	No	No				
44208	Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy																
		Excision	No	No	No	No	No	No	No	No	No	No	No				
44210	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy, includes rectal mucosectomy, when performed																
		Excision	No	No	No	No	No	No	No	No	No	No	No				
44211	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy																
		Excision	No	No	No	No	No	No	No	No	No	No	No				
44212	Laparoscopy, surgical, mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)																
		Excision	No	No	No	No	No	No	No	No	No	No	No				
44213	Laparoscopy, surgical, closure of enterostomy, large or small intestine, with resection and anastomosis																
		Resection	No	No	No	No	No	No	No	No	No	No	No				
44238	Unlisted laparoscopy procedure, intestine (except rectum)		Unlisted Procedure	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
44300	Placement, enterostomy or cecostomy, tube open (eg, for feeding or decompression) (separate procedure)		Placement	No	No	No	No	No	No	No	No	No	No	No	No		
44310	Ileostomy or jejunostomy, non-tube		Ostomy	No	No	No	No	No	No	No	No	No	No	No	No		
44312	Revision of ileostomy; simple (release of superficial scar) (separate procedure)																
		Revision	No	No	No	No	No	No	No	No	No	No	No				
44314	Revision of ileostomy; complicated (reconstruction in-depth) (separate procedure)																
		Revision	No	No	No	No	No	No	No	No	No	No	No				
44316	Continent ileostomy (Kock procedure) (separate procedure)																
		Ostomy	No	No	No	No	No	No	No	No	No	No	No				
44320	Colostomy or skin level cecostomy																
		Ostomy	No	No	No	No	No	No	No	No	No	No	No				
44322	Colostomy or skin level cecostomy; with multiple biopsies (eg, for congenital megacolon) (separate procedure)																
		Ostomy	No	No	No	No	No	No	No	No	No	No	No				
44340	Revision of colostomy; simple (release of superficial scar) (separate procedure)																
		Revision	No	No	No	No	No	No	No	No	No	No	No				
44345	Revision of colostomy; complicated (reconstruction in-depth) (separate procedure)																
		Revision	No	No	No	No	No	No	No	No	No	No	No				
44346	Revision of colostomy; with repair of paracolostomy hernia (separate procedure)																
		Revision	No	No	No	No	No	No	No	No	No	No	No				
44360	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; Diagnostic/Screening, including collection of specimen(s) by brushing or washing, when performed (separate procedure)																
		Diagnostic/Screening	No	No	No	No	No	No	No	No	No	No	No				
44361	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple																
		Biopsy	No	No	No	No	No	No	No	No	No	No	No				
44363	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of foreign body(s)																
		Removal	No	No	No	No	No	No	No	No	No	No	No				
44364	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique																
		Removal	No	No	No	No	No	No	No	No	No	No	No				
44365	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery																
		Removal	No	No	No	No	No	No	No	No	No	No	No				
44366	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)																
		Endoscopy (EGD)	No	No	No	No	No	No	No	No	No	No	No				
44369	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique																
		Ablation	No	No	No	No	No	No	No	No	No	No	No				
44370	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with transendoscopic stent placement (includes predilation)																
		Placement	No	No	No	No	No	No	No	No	No	No	No				
44372	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with placement of percutaneous jejunostomy tube																
		Placement	No	No	No	No	No	No	No	No	No	No	No				
44373	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; Diagnostic/Screening, with or without collection of specimen(s) by brushing or washing (separate procedure)																
		Endoscopy (EGD)	No	No	No	No	No	No	No	No	No	No	No				
44376	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; Diagnostic/Screening, with or without collection of specimen(s) by brushing or washing (separate procedure)																
		Diagnostic/Screening	No	No	No	No	No	No	No	No	No	No	No				
44377	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with biopsy, single or multiple																
		Biopsy	No	No	No	No	No	No	No	No	No	No	No				
44378	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)																
		Endoscopy (EGD)	No	No	No	No	No	No	No	No	No	No	No				
44379	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with transendoscopic stent placement (includes predilation)																
		Placement	No	No	No	No	No	No	No	No	No	No	No				

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
44380	Ileoscopy, through stoma; Diagnostic/Screening, including collection of specimen(s) by brushing or washing, when performed (separate procedure)		Diagnostic/Screening	No	No	No	No	No	No	No	No
44381	Ileoscopy, through stoma; with transendoscopic balloon dilation		Dilation	No	No	No	No	No	No	No	No
44382	Ileoscopy, through stoma; with biopsy, single or multiple		Biopsy	No	No	No	No	No	No	No	No
44384	Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)		Placement	No	No	No	No	No	No	No	No
44385	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); Diagnostic/Screening, including collection of specimen(s) by brushing or washing, when performed (separate procedure)		Diagnostic/Screening	No	No	No	No	No	No	No	No
44386	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple		Biopsy	No	No	No	No	No	No	No	No
44388	Colonoscopy through stoma; Diagnostic/Screening, including collection of specimen(s) by brushing or washing, when performed (separate procedure)		Diagnostic/Screening	No	No	No	No	No	No	No	No
44389	Colonoscopy through stoma; with biopsy, single or multiple		Biopsy	No	No	No	No	No	No	No	No
44390	Colonoscopy through stoma; with removal of foreign body(s)		Removal	No	No	No	No	No	No	No	No
44391	Colonoscopy through stoma; with control of bleeding, any method		Endoscopy (EGD)	No	No	No	No	No	No	No	No
44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps		Removal	No	No	No	No	No	No	No	No
44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		Removal	No	No	No	No	No	No	No	No
44401	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)		Ablation	No	No	No	No	No	No	No	No
44402	Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed)		Placement	No	No	No	No	No	No	No	No
44403	Colonoscopy through stoma; with endoscopic mucosal resection		Resection	No	No	No	No	No	No	No	No
44404	Colonoscopy through stoma; with directed submucosal injection(s), any substance		Endoscopy (EGD)	No	No	No	No	No	No	No	No
44405	Colonoscopy through stoma; with transendoscopic balloon dilation		Dilation	No	No	No	No	No	No	No	No
44406	Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures		Ultrasound	No	No	No	No	No	No	No	No
44407	Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures		Biopsy	No	No	No	No	No	No	No	No
44408	Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed		Placement	No	No	No	No	No	No	No	No
44500	Introduction of long gastrointestinal tube (eg, Miller-Abbott) (separate procedure)		Introduction	No	No	No	No	No	No	No	No
44602	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; single perforation		Repair	No	No	No	No	No	No	No	No
44603	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; multiple perforations		Repair	No	No	No	No	No	No	No	No
44604	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); without colostomy		Repair	No	No	No	No	No	No	No	No
44605	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); with colostomy		Repair	No	No	No	No	No	No	No	No
44615	Intestinal stricturoplasty (enterotomy and enterorrhaphy) with or without dilation, for intestinal obstruction		Dilation	No	No	No	No	No	No	No	No
44620	Closure of enterostomy, large or small intestine;		Closure	No	No	No	No	No	No	No	No
44625	Closure of enterostomy, large or small intestine; with resection and anastomosis other than colorectal		Closure	No	No	No	No	No	No	No	No
44626	Closure of enterostomy, large or small intestine; with resection and colorectal anastomosis (eg, closure of Hartmann type procedure)		Closure	No	No	No	No	No	No	No	No
44640	Closure of intestinal cutaneous fistula		Closure	No	No	No	No	No	No	No	No
44650	Closure of enteroenteric or enterocolic fistula		Closure	No	No	No	No	No	No	No	No
44660	Closure of enterovesical fistula; without intestinal or bladder resection		Closure	No	No	No	No	No	No	No	No
44661	Closure of enterovesical fistula; with intestinal and/or bladder resection		Closure	No	No	No	No	No	No	No	No
44680	Intestinal plication (separate procedure)		Repair	No	No	No	No	No	No	No	No
44700	Exclusion of small intestine from pelvis by mesh or other prosthesis, or native tissue (eg, bladder or omentum)		Other Procedure	No	No	No	No	No	No	No	No
44701	Intraoperative colonic lavage (List separately in addition to code for primary procedure)		Other Procedure	No	No	No	No	No	No	No	No
44705	Preparation of fecal microbiota for instillation, including assessment of donor specimen		Other Procedure	No	No	No	No	No	No	No	No
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		Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
44720	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each		Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
44721	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each		Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
44799	Unlisted procedure, small intestine		Unlisted Procedure	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
44800	Excision of Meckel's diverticulum (diverticulectomy) or omphalomesenteric duct		Excision	No	No	No	No	No	No	No	No
44820	Excision of lesion of mesentery (separate procedure)		Excision	No	No	No	No	No	No	No	No
44850	Suture of mesentery (separate procedure)		Repair	No	No	No	No	No	No	No	No
44899	Unlisted procedure, Meckel's diverticulum and the mesentery		Unlisted Procedure	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
44900	Incision and drainage of appendiceal abscess, open		Incision/Drainage	No	No	No	No	No	No	No	No
44950	Appendectomy;		Excision	No	No	No	No	No	No	No	No
44955	Appendectomy, when done for indicated purpose at time of other major procedure (not as separate procedure) (List separately in addition to code for primary procedure)		Excision	No	No	No	No	No	No	No	No
44960	Appendectomy, for ruptured appendix with abscess or generalized peritonitis		Excision	No	No	No	No	No	No	No	No
44970	Laparoscopy, surgical, appendectomy		Laparoscopy	No	No	No	No	No	No	No	No
44979	Unlisted laparoscopy procedure, appendix		Unlisted Procedure	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
45000	Transrectal drainage of pelvic abscess		Incision/Drainage	No	No	No	No	No	No	No	No
45005	Incision and drainage of submucosal abscess, rectum		Incision/Drainage	No	No	No	No	No	No	No	No
45020	Incision and drainage of deep suprapubic, pelvic/rectal, or retrorectal abscess		Incision/Drainage	No	No	No	No	No	No	No	No
45100	Biopsy of anal canal wall, anal approach (eg, congenital megacolon)		Biopsy	No	No	No	No	No	No	No	No
45108	Anorectal myectomy		Excision	No	No	No	No	No	No	No	No
45110	Proctectomy, complete, combined abdominoperineal, with colostomy		Excision	No	No	No	No	No	No	No	No
45111	Proctectomy, partial resection of rectum, transabdominal approach		Excision	No	No	No	No	No	No	No	No
45112	Proctectomy, combined abdominoperineal, pull-through procedure (eg, colo-anal anastomosis)		Excision	No	No	No	No	No	No	No	No
45113	Proctectomy, partial, with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy		Excision	No	No	No	No	No	No	No	No
45114	Proctectomy, partial, with anastomosis; abdominal and transsacral approach		Excision	No	No	No	No	No	No	No	No
45116	Proctectomy, partial, with anastomosis; transsacral approach only (Kraske type)		Excision	No	No	No	No	No	No	No	No
45119	Proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy when performed		Excision	No	No	No	No	No	No	No	No
45120	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with pull-through procedure and anastomosis (eg, Swenson, Duhamel, or Soave type operation)		Excision	No	No	No	No	No	No	No	No
45121	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with subtotal or total colectomy, with multiple biopsies		Excision	No	No	No	No	No	No	No	No
45123	Proctectomy, partial, without anastomosis, perineal approach		Excision	No	No	No	No	No	No	No	No
45126	Pelvic exenteration for colorectal malignancy, with proctectomy (with or without colostomy), with removal of bladder and ureteral transplantations, and/or hysterectomy, or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), or any combination thereof		Removal	No	No	No	No	No	No	No	No
45130	Excision of rectal prolapse, with anastomosis; perineal approach		Excision	No	No	No	No	No	No	No	No
45135	Excision of rectal prolapse, with anastomosis; abdominal and perineal approach		Excision	No	No	No	No	No	No	No	No
45136	Excision of ileoanal reservoir with ileostomy		Excision	No	No	No	No	No	No	No	No
45150	Division of stricture of rectum		Division	No	No	No	No	No	No	No	No
45160	Excision of rectal tumor by proctectomy, transsacral or transcoccygeal approach		Excision	No	No	No	No	No	No	No	No
45171	Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)		Excision	No	No	No	No	No	No	No	No
45172	Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness)		Excision	No	No	No	No	No	No	No	No
45190	Destruction of rectal tumor (eg, electrodesiccation, electrosurgery, laser ablation, laser resection, cryosurgery) transanal approach		Destruction	No	No	No	No	No	No	No	No
45300	Proctosigmoidoscopy, rigid; Diagnostic/Screening, with or without collection of specimen(s) by brushing or washing (separate procedure)		Diagnostic/Screening	No	No	No	No	No	No	No	No
45303	Proctosigmoidoscopy, rigid; with dilation (eg, balloon, guide wire, bougie)		Dilation	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
45305	Proctosigmoidoscopy, rigid; with biopsy, single or multiple		Biopsy	No	No	No	No	No	No	No	No
45307	Proctosigmoidoscopy, rigid; with removal of foreign body		Removal	No	No	No	No	No	No	No	No
45308	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery		Removal	No	No	No	No	No	No	No	No
45309	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by snare technique		Removal	No	No	No	No	No	No	No	No
45315	Proctosigmoidoscopy, rigid; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique		Removal	No	No	No	No	No	No	No	No
45317	Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)		Endoscopy (EGD)	No	No	No	No	No	No	No	No
45320	Proctosigmoidoscopy, rigid; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique (eg, laser)		Ablation	No	No	No	No	No	No	No	No
45321	Proctosigmoidoscopy, rigid; with decompression of volvulus		Endoscopy (EGD)	No	No	No	No	No	No	No	No
45327	Proctosigmoidoscopy, rigid; with transendoscopic stent placement (includes predilation)		Placement	No	No	No	No	No	No	No	No
45330	Sigmoidoscopy, flexible; Diagnostic/Screening, including collection of specimen(s) by brushing or washing, when performed (separate procedure)		Diagnostic/Screening	No	No	No	No	No	No	No	No
45331	Sigmoidoscopy, flexible; with biopsy, single or multiple		Biopsy	No	No	No	No	No	No	No	No
45332	Sigmoidoscopy, flexible; with removal of foreign body(s)		Removal	No	No	No	No	No	No	No	No
45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps		Removal	No	No	No	No	No	No	No	No
45334	Sigmoidoscopy, flexible; with control of bleeding, any method		Endoscopy (EGD)	No	No	No	No	No	No	No	No
45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance		Endoscopy (EGD)	No	No	No	No	No	No	No	No
45341	Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed		Placement	No	No	No	No	No	No	No	No
45337	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		Removal	No	No	No	No	No	No	No	No
45340	Sigmoidoscopy, flexible; with transendoscopic balloon dilation		Dilation	No	No	No	No	No	No	No	No
45341	Sigmoidoscopy, flexible; with endoscopic ultrasound examination		Ultrasound	No	No	No	No	No	No	No	No
45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)		Biopsy	No	No	No	No	No	No	No	No
45346	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)		Ablation	No	No	No	No	No	No	No	No
45347	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)		Placement	No	No	No	No	No	No	No	No
45349	Sigmoidoscopy, flexible; with endoscopic mucosal resection		Resection	No	No	No	No	No	No	No	No
45350	Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)		Ligation	No	No	No	No	No	No	No	No
45378	Colonoscopy, flexible; Diagnostic/Screening, including collection of specimen(s) by brushing or washing, when performed (separate procedure)		Diagnostic/Screening	No	No	No	No	No	No	No	No
45379	Colonoscopy, flexible; with removal of foreign body(s)		Removal	No	No	No	No	No	No	No	No
45380	Colonoscopy, flexible; with biopsy, single or multiple		Biopsy	No	No	No	No	No	No	No	No
45381	Colonoscopy, flexible; with directed submucosal injection(s), any substance		Endoscopy (EGD)	No	No	No	No	No	No	No	No
45382	Colonoscopy, flexible; with control of bleeding, any method		Endoscopy (EGD)	No	No	No	No	No	No	No	No
45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps		Removal	No	No	No	No	No	No	No	No
45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		Removal	No	No	No	No	No	No	No	No
45386	Colonoscopy, flexible; with transendoscopic balloon dilation		Dilation	No	No	No	No	No	No	No	No
45388	Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)		Ablation	No	No	No	No	No	No	No	No
45389	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)		Placement	No	No	No	No	No	No	No	No
45390	Colonoscopy, flexible; with endoscopic mucosal resection		Endoscopy (EGD)	No	No	No	No	No	No	No	No
45391	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures		Endoscopy (EGD)	No	No	No	No	No	No	No	No
45392	Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures		Biopsy	No	No	No	No	No	No	No	No
45393	Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed		Placement	No	No	No	No	No	No	No	No
45395	Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy		Ostomy	No	No	No	No	No	No	No	No
45397	Laparoscopy, surgical; proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy, when performed		Laparoscopy	No	No	No	No	No	No	No	No
45398	Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids)		Ligation	No	No	No	No	No	No	No	No
45399	Unlisted procedure, colon		Unlisted Procedure	Yes	Yes	Yes	No	No	No	Yes	Yes
45400	Laparoscopy, surgical; proctopexy (for prolapse)		Laparoscopy	No	No	No	No	No	No	No	No
45402	Laparoscopy, surgical; proctopexy (for prolapse), with sigmoid resection		Resection	No	No	No	No	No	No	No	No
45409	Unlisted laparoscopy procedure, rectum		Unlisted Procedure	Yes	Yes	Yes	No	No	No	Yes	Yes
45500	Proctoplasty for stenosis		Repair	No	No	No	No	No	No	No	No
45505	Proctoplasty for prolapse of mucous membrane		Repair	No	No	No	No	No	No	No	No
45520	Perirectal injection of sclerosing solution for prolapse		Repair	No	No	No	No	No	No	No	No
45540	Proctopexy (eg, for prolapse); abdominal approach		Repair	No	No	No	No	No	No	No	No
45541	Proctopexy (eg, for prolapse); perineal approach		Repair	No	No	No	No	No	No	No	No
45550	Proctopexy (eg, for prolapse); with sigmoid resection, abdominal approach		Repair	No	No	No	No	No	No	No	No
45560	Repair of rectocele (separate procedure)		Repair	No	No	No	No	No	No	No	No
45562	Exploration, repair, and presacral drainage for rectal injury;		Repair	No	No	No	No	No	No	No	No
45563	Exploration, repair, and presacral drainage for rectal injury; with colostomy		Repair	No	No	No	No	No	No	No	No
45800	Closure of rectovesical fistula;		Closure	No	No	No	No	No	No	No	No
45805	Closure of rectovesical fistula, with colostomy		Closure	No	No	No	No	No	No	No	No
45820	Closure of rectourethral fistula;		Closure	No	No	No	No	No	No	No	No
45825	Closure of rectourethral fistula, with colostomy		Closure	No	No	No	No	No	No	No	No
45900	Reduction of procidentia (separate procedure) under anesthesia		Reduction	No	No	No	No	No	No	No	No
45905	Dilation of anal sphincter (separate procedure) under anesthesia other than local		Dilation	No	No	No	No	No	No	No	No
45910	Dilation of rectal stricture (separate procedure) under anesthesia other than local		Dilation	No	No	No	No	No	No	No	No
45915	Removal of fecal impaction or foreign body (separate procedure) under anesthesia		Removal	No	No	No	No	No	No	No	No
45990	Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural);		Diagnostic/Screening	No	No	No	No	No	No	No	No
45999	Unlisted procedure, rectum		Unlisted Procedure	Yes	Yes	Yes	No	Yes	No	Yes	Yes
46020	Placement of seton		Placement	No	No	No	No	No	No	No	No
46030	Removal of anal seton, other marker		Removal	No	No	No	No	No	No	No	No
46040	Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure)		Incision/Drainage	No	No	No	No	No	No	No	No
46045	Incision and drainage of intramural, intramuscular, or submucosal abscess, transanal, under anesthesia		Incision/Drainage	No	No	No	No	No	No	No	No
46050	Incision and drainage, perianal abscess, superficial		Incision/Drainage	No	No	No	No	No	No	No	No
46060	Incision and drainage of ischiorectal or intramural abscess, with fistulectomy or fistulotomy, submucular, with or without placement of seton		Incision/Drainage	No	No	No	No	No	No	No	No
46070	Incision, anal septum (infant)		Incision	No	No	No	No	No	No	No	No
46080	Sphincterotomy, anal, division of sphincter (separate procedure)		Incision	No	No	No	No	No	No	No	No
46083	Incision of thrombosed hemorrhoid, external		Incision	No	No	No	No	No	No	No	No
46200	Fissurectomy, including sphincterotomy, when performed		Excision	No	No	No	No	No	No	No	No
46220	Excision of single external papilla or tag, anus		Excision	No	No	No	No	No	No	No	No
46221	Hemorrhoidectomy, internal, by rubber band ligation(s)		Ligation	No	No	No	No	No	No	No	No
46230	Excision of multiple external papillae or tags, anus		Excision	No	No	No	No	No	No	No	No
46250	Hemorrhoidectomy, external, 2 or more columns/groups		Excision	No	No	No	No	No	No	No	No
46255	Hemorrhoidectomy, internal and external, single column/group;		Excision	No	No	No	No	No	No	No	No
46257	Hemorrhoidectomy, internal and external, single column/group; with fissurectomy		Excision	No	No	No	No	No	No	No	No
46258	Hemorrhoidectomy, internal and external, single column/group; with fissulectomy, including fissurectomy, when performed		Excision	No	No	No	No	No	No	No	No
46260	Hemorrhoidectomy, internal and external, 2 or more columns/groups;		Excision	No	No	No	No	No	No	No	No
46261	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fissurectomy		Excision	No	No	No	No	No	No	No	No
46262	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fissulectomy, including fissurectomy, when performed		Excision	No	No	No	No	No	No	No	No
46270	Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous		Excision	No	No	No	No	No	No	No	No
46275	Surgical treatment of anal fistula (fistulectomy/fistulotomy); intersphincteric		Excision	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
46280	Surgical treatment of anal fistula (fistulotomy/fistulotomy); transsphincteric, suprasphincteric, extrasphincteric or multiple, including placement of seton, when performed		Placement	No	No	No	No	No	No	No	No
46285	Surgical treatment of anal fistula (fistulotomy/fistulotomy); second stage		Excision	No	No	No	No	No	No	No	No
46288	Closure of anal fistula with rectal advancement flap		Closure	No	No	No	No	No	No	No	No
46320	Excision of thrombosed hemorrhoid, external		Excision	No	No	No	No	No	No	No	No
46500	Injection of sclerosing solution, hemorrhoids		Introduction	No	No	No	No	No	No	No	No
46505	Chemodenervation of internal anal sphincter		Introduction	No	No	No	No	No	No	No	No
46600	Anoscopy; Diagnostic/Screening, including collection of specimen(s) by brushing or washing, when performed (separate procedure)		Diagnostic/Screening	No	No	No	No	No	No	No	No
46601	Anoscopy; Diagnostic/Screening, with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed		Diagnostic/Screening	No	No	No	No	No	No	No	No
46604	Anoscopy; with dilation (eg, balloon, guide wire, bougie)		Dilation	No	No	No	No	No	No	No	No
46606	Anoscopy; with biopsy, single or multiple		Biopsy	No	No	No	No	No	No	No	No
46607	Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple		Biopsy	No	No	No	No	No	No	No	No
46608	Anoscopy; with removal of foreign body		Removal	No	No	No	No	No	No	No	No
46610	Anoscopy; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery		Removal	No	No	No	No	No	No	No	No
46611	Anoscopy; with removal of single tumor, polyp, or other lesion by snare technique		Removal	No	No	No	No	No	No	No	No
46612	Anoscopy; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique		Removal	No	No	No	No	No	No	No	No
46614	Anoscopy; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)		Endoscopy (EGD)	No	No	No	No	No	No	No	No
46615	Anoscopy; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique		Ablation	No	No	No	No	No	No	No	No
46700	Anoplasty, plastic operation for stricture; adult		Repair	No	No	No	No	No	No	No	No
46705	Anoplasty, plastic operation for stricture; infant		Repair	No	No	No	No	No	No	No	No
46706	Repair of anal fistula with fibrin glue		Repair	No	No	No	No	No	No	No	No
46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])		Repair	No	No	No	No	No	No	No	No
46710	Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; transperineal approach		Repair	No	No	No	No	No	No	No	No
46712	Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; combined transperineal and transabdominal approach		Repair	No	No	No	No	No	No	No	No
46715	Repair of low imperforate anus; with anoperineal fistula (cut-back procedure)		Repair	No	No	No	No	No	No	No	No
46716	Repair of low imperforate anus; with transposition of anoperineal or anovestibular fistula		Repair	No	No	No	No	No	No	No	No
46730	Repair of high imperforate anus without fistula; perineal or sacroperineal approach		Repair	No	No	No	No	No	No	No	No
46735	Repair of high imperforate anus without fistula; combined transabdominal and sacroperineal approaches		Repair	No	No	No	No	No	No	No	No
46740	Repair of high imperforate anus with rectourethral or rectovaginal fistula; perineal or sacroperineal approach		Repair	No	No	No	No	No	No	No	No
46742	Repair of high imperforate anus with rectourethral or rectovaginal fistula; combined transabdominal and sacroperineal approaches		Repair	No	No	No	No	No	No	No	No
46744	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, sacroperineal approach		Repair	No	No	No	No	No	No	No	No
46746	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach		Repair	No	No	No	No	No	No	No	No
46748	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach; with vaginal lengthening by intestinal graft or pedicle flaps		Repair	No	No	No	No	No	No	No	No
46750	Sphincteroplasty, anal, for incontinence or prolapse; adult		Repair	No	No	No	No	No	No	No	No
46751	Sphincteroplasty, anal, for incontinence or prolapse; child		Repair	No	No	No	No	No	No	No	No
46753	Graft (Thiersch operation) for rectal incontinence and/or prolapse		Grafts	No	No	No	No	No	No	No	No
46754	Removal of Thiersch wire or suture, anal canal		Removal	No	No	No	No	No	No	No	No
46760	Sphincteroplasty, anal, for incontinence, adult; muscle transplant		Transplantation	Yes	Yes	Yes	No	Yes	No	Yes	Yes
46761	Sphincteroplasty, anal, for incontinence, adult; levator muscle imbrication (Park posterior anal repair)		Repair	No	No	No	No	No	No	No	No
46900	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle); simple; chemical		Destruction	No	No	No	No	No	No	No	No
46910	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle); simple; electrodesiccation		Destruction	No	No	No	No	No	No	No	No
46916	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle); simple; cryosurgery		Destruction	No	No	No	No	No	No	No	No
46917	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle); simple; laser surgery		Destruction	No	No	No	No	No	No	No	No
46922	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle); simple; surgical excision		Destruction	No	No	No	No	No	No	No	No
46924	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle); extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)		Destruction	No	No	No	No	No	No	No	No
46930	Destruction of internal hemorrhoid(s) by thermal energy (eg, infrared coagulation, cautery, radiofrequency)		Destruction	No	No	No	No	No	No	No	No
46940	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); initial		Destruction	No	No	No	No	No	No	No	No
46942	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); subsequent		Destruction	No	No	No	No	No	No	No	No
46945	Hemorrhoidectomy, internal, by ligation other than rubber band; single		Destruction	No	No	No	No	No	No	No	No
46946	Hemorrhoidectomy, internal, by ligation other than rubber band; 2 or more hemorrhoid columns/groups		Destruction	No	No	No	No	No	No	No	No
46947	Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, including ultrasound guidance, with mucopexy, when performed		Destruction	No	No	No	No	No	No	No	No
46948	Unlisted procedure, anus	Cat III conversion 0249T	Removal Unlisted Procedure	Yes	No	Yes	No	Yes	No	Yes	Yes
47000	Biopsy of liver, needle; percutaneous		Biopsy	No	No	No	No	No	No	No	No
47001	Biopsy of liver, needle; when done for indicated purpose at time of other major procedure (list separately in addition to code for primary procedure)		Biopsy	No	No	No	No	No	No	No	No
47010	Hepatoscopy, for open drainage of abscess or cyst, 1 or 2 stages		Incision/Drainage	No	No	No	No	No	No	No	No
47015	Laparotomy, with aspiration and/or injection of hepatic parasitic (eg, amoebic or echinococcal) cyst(s) or abscess(es)		Aspiration	No	No	No	No	No	No	No	No
47100	Biopsy of liver, wedge		Biopsy	No	No	No	No	No	No	No	No
47120	Hepatectomy, resection of liver; partial lobectomy		Resection	No	No	No	No	No	No	No	No
47122	Hepatectomy, resection of liver; trisegmentectomy		Resection	No	No	No	No	No	No	No	No
47125	Hepatectomy, resection of liver; total left lobectomy		Resection	No	No	No	No	No	No	No	No
47130	Hepatectomy, resection of liver; total right lobectomy		Resection	No	No	No	No	No	No	No	No
47133	Donor hepatectomy (including cold preservation), from cadaver donor		Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
47135	Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age		Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
47140	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)		Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
47141	Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)		Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
47142	Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)		Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
47143	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; without trisegment or lobe split		Transplantation	No	No	No	No	No	No	No	No
47144	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with lobe split of whole liver graft into 2 partial liver grafts (ie, left lateral segment [segments II and III] and right trisegment [segments I and IV through VIII])		Transplantation	No	No	No	No	No	No	No	No
47145	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with lobe split of whole liver graft into 2 partial liver grafts (ie, left lateral segment [segments II, III, and IV] and right lobe [segments I and V through VIII])		Transplantation	No	No	No	No	No	No	No	No
47146	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each		Transplantation	No	No	No	No	No	No	No	No
47147	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each		Transplantation	No	No	No	No	No	No	No	No
47300	Marshallization of cyst or abscess of liver		Repair	No	No	No	No	No	No	No	No
47350	Management of liver hemorrhage; simple suture of liver wound or injury		Management	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
47360	Management of liver hemorrhage; complex suture of liver wound or injury, with or without hepatic artery ligation		Management	No	No	No	No	No	No	No	No
47361	Management of liver hemorrhage; exploration of hepatic wound, extensive debridement, coagulation and/or suture, with or without packing of liver		Management	No	No	No	No	No	No	No	No
47362	Management of liver hemorrhage; re-exploration of hepatic wound for removal of packing		Management	No	No	No	No	No	No	No	No
47370	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency		Ablation	Yes	Yes	No	No	No	No	Yes	Yes
47371	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); cryosurgical		Ablation	Yes	Yes	No	No	No	No	Yes	Yes
47379	Unlisted laparoscopic procedure, liver		Unlisted Procedure	Yes	Yes	Yes	No	No	No	Yes	Yes
47380	Ablation, open, of 1 or more liver tumor(s); radiofrequency		Ablation	Yes	Yes	No	No	No	No	Yes	Yes
47381	Ablation, open, of 1 or more liver tumor(s); cryosurgical		Ablation	Yes	Yes	No	No	No	No	Yes	Yes
47382	Ablation, 1 or more liver tumor(s); percutaneous, radiofrequency		Ablation	Yes	Yes	No	No	No	No	Yes	Yes
47383	Ablation, 1 or more liver tumor(s); percutaneous, cryoablation		Ablation	Yes	Yes	No	No	No	No	Yes	Yes
47389	Unlisted procedure, liver		Unlisted Procedure	Yes	Yes	Yes	No	Yes	No	Yes	Yes
47400	Hepaticotomy or hepaticostomy with exploration, drainage, or removal of calculus		Incision	No	No	No	No	No	No	No	No
47420	Cholecystotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; without transduodenal sphincterotomy or sphincteroplasty		Incision	No	No	No	No	No	No	No	No
47425	Cholecystotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; with transduodenal sphincterotomy or sphincteroplasty		Incision	No	No	No	No	No	No	No	No
47460	Transduodenal sphincterotomy or sphincteroplasty, with or without transduodenal extraction of calculus (separate procedure)		Incision	No	No	No	No	No	No	No	No
47480	Cholecystotomy or cholecystostomy, open, with exploration, drainage, or removal of calculus (separate procedure)		Incision	No	No	No	No	No	No	No	No
47490	Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation		Placement	No	No	No	No	No	No	No	No
47531	Injection procedure for cholangiography, percutaneous, complete Diagnostic/Screening procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; existing access		Diagnostic/Screening	No	No	No	No	No	No	No	No
47532	Injection procedure for cholangiography, percutaneous, complete Diagnostic/Screening procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (eg, percutaneous transhepatic cholangiogram)		Diagnostic/Screening	No	No	No	No	No	No	No	No
47533	Placement or biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; external		Placement	No	No	No	No	No	No	No	No
47534	Placement or biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; internal-external		Placement	No	No	No	No	No	No	No	No
47535	Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation		Catheter	No	No	No	No	No	No	No	No
47536	Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation		Catheter	No	No	No	No	No	No	No	No
47537	Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation		Removal	No	No	No	No	No	No	No	No
47538	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; existing access		Placement	No	No	No	No	No	No	No	No
47539	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, without placement of separate biliary drainage catheter		Placement	No	No	No	No	No	No	No	No
47540	Placement or stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, with placement of separate biliary drainage catheter (eg, external or internal-external)		Placement	No	No	No	No	No	No	No	No
47541	Placement or access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access		Placement	No	No	No	No	No	No	No	No
47542	Balloon dilation of biliary duct(s) or or ampulla (sphincteroplasty), percutaneous, including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, each duct (List separately in addition to code for primary procedure)		Dilation	No	No	No	No	No	No	No	No
47543	Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps, and/or needle), including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, single or multiple (List separately in addition to code for primary procedure)		Biopsy	No	No	No	No	No	No	No	No
47544	Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)		Removal	No	No	No	No	No	No	No	No
47550	Biliary endoscopy, intraoperative (choledochoscopy) (List separately in addition to code for primary procedure)		Endoscopy (EGD)	No	No	No	No	No	No	No	No
47552	Biliary endoscopy, percutaneous via T-tube or other tract; diagnostic, with collection of specimen(s) by brushing and/or washing, when performed (separate procedure)		Endoscopy (EGD)	No	No	No	No	No	No	No	No
47553	Biliary endoscopy, percutaneous via T-tube or other tract; with biopsy, single or multiple		Biopsy	No	No	No	No	No	No	No	No
47554	Biliary endoscopy, percutaneous via T-tube or other tract; with removal of calculus/calculi		Removal	No	No	No	No	No	No	No	No
47555	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) without stent		Dilation	No	No	No	No	No	No	No	No
47556	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) with stent		Dilation	No	No	No	No	No	No	No	No
47562	Laparoscopy, surgical, cholecystectomy		Laparoscopy	No	No	No	No	No	No	No	No
47563	Laparoscopy, surgical, cholecystectomy with cholangiography		Laparoscopy	No	No	No	No	No	No	No	No
47564	Laparoscopy, surgical, cholecystectomy with exploration of common duct		Laparoscopy	No	No	No	No	No	No	No	No
47570	Laparoscopy, surgical, cholecystoenterostomy		Laparoscopy	No	No	No	No	No	No	No	No
47579	Unlisted laparoscopy procedure, biliary tract		Unlisted Procedure	Yes	Yes	Yes	No	Yes	No	Yes	Yes
47600	Cholecystectomy		Excision	No	No	No	No	No	No	No	No
47605	Cholecystectomy with cholangiography		Excision	No	No	No	No	No	No	No	No
47610	Cholecystectomy with exploration of common duct		Exploratory	No	No	No	No	No	No	No	No
47612	Cholecystectomy with exploration of common duct; with choledochostomy		Exploratory	No	No	No	No	No	No	No	No
47620	Cholecystectomy with exploration of common duct; with transduodenal sphincterotomy or sphincteroplasty, with or without cholangiography		Exploratory	No	No	No	No	No	No	No	No
47700	Exploration for congenital atresia of bile ducts, without repair, with or without liver biopsy, with or without cholangiography		Exploratory	No	No	No	No	No	No	No	No
47701	Portoenterostomy (eg, Kasai procedure)		Excision	No	No	No	No	No	No	No	No
47711	Excision of bile duct tumor, with or without primary repair of bile duct; extrahepatic		Excision	No	No	No	No	No	No	No	No
47712	Excision of bile duct tumor, with or without primary repair of bile duct; intrahepatic		Excision	No	No	No	No	No	No	No	No
47715	Excision of choledochal cyst		Excision	No	No	No	No	No	No	No	No
47720	Cholecystoenterostomy, direct		Repair	No	No	No	No	No	No	No	No
47721	Cholecystoenterostomy, with gastroenterostomy		Repair	No	No	No	No	No	No	No	No
47740	Cholecystoenterostomy, Roux-en-Y		Repair	No	No	No	No	No	No	No	No
47741	Cholecystoenterostomy, Roux-en-Y with gastroenterostomy		Repair	No	No	No	No	No	No	No	No
47760	Anastomosis, of extrahepatic biliary ducts and gastrointestinal tract		Repair	No	No	No	No	No	No	No	No
47765	Anastomosis, of intrahepatic ducts and gastrointestinal tract		Repair	No	No	No	No	No	No	No	No
47780	Anastomosis, Roux-en-Y, of extrahepatic biliary ducts and gastrointestinal tract		Repair	No	No	No	No	No	No	No	No

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47785	Anastomosis, Roux-en-Y, of intrahepatic biliary ducts and gastrointestinal tract			Repair	No	No	No	No	No	No	No	No	No
47800	Reconstruction, plastic, of extrahepatic biliary ducts with end-to-end anastomosis			Reconstruction	No	No	No	No	No	No	No	No	No
47801	Placement of cholecystochal stent			Placement	No	No	No	No	No	No	No	No	No
47802	U-tube hepaticocenterostomy			Repair	No	No	No	No	No	No	No	No	No
47900	Suture of extrahepatic biliary duct for pre-existing injury (separate procedure)			Repair	No	No	No	No	No	No	No	No	No
47999	Unlisted procedure, biliary tract			Unlisted Procedure	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes
48000	Placement of drains, peripancreatic, for acute pancreatitis;			Placement	No	No	No	No	No	No	No	No	No
48001	Placement of drains, peripancreatic, for acute pancreatitis; with cholecystostomy, gastrostomy, and jejunostomy			Placement	No	No	No	No	No	No	No	No	No
48020	Removal of pancreatic calculus			Removal	No	No	No	No	No	No	No	No	No
48100	Biopsy of pancreas, open (eg, fine needle aspiration, needle core biopsy, wedge biopsy)			Biopsy	No	No	No	No	No	No	No	No	No
48102	Biopsy of pancreas, percutaneous needle			Biopsy	No	No	No	No	No	No	No	No	No
48105	Resection or debulking of pancreas and peripancreatic tissue for acute necrotizing pancreatitis			Resection	No	No	No	No	No	No	No	No	No
48120	Excision of lesion of pancreas (eg, cyst, adenoma)			Excision	No	No	No	No	No	No	No	No	No
48140	Pancrectomy, distal subtotal, with or without splenectomy; without pancreatojejunostomy			Excision	No	No	No	No	No	No	No	No	No
48145	Pancrectomy, distal subtotal, with or without splenectomy; with pancreatojejunostomy			Excision	No	No	No	No	No	No	No	No	No
48146	Pancrectomy, distal, near-total with preservation of duodenum (Child-type procedure)			Excision	No	No	No	No	No	No	No	No	No
48148	Excision of ampulla of Vater			Excision	No	No	No	No	No	No	No	No	No
48150	Pancrectomy, proximal subtotal with total duodenectomy, partial gastrectomy, cholecystochenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreatojejunostomy			Excision	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes
48152	Pancrectomy, proximal subtotal with total duodenectomy, partial gastrectomy, cholecystochenterostomy and gastrojejunostomy (Whipple-type procedure); without pancreatojejunostomy			Excision	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes
48153	Pancrectomy, proximal subtotal with near-total duodenectomy, cholecystochenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); with pancreatojejunostomy			Excision	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes
48154	Pancrectomy, proximal subtotal with near-total duodenectomy, cholecystochenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); without pancreatojejunostomy			Excision	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes
48155	Pancrectomy, total			Excision	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes
48160	Pancrectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells			Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
48400	Injection procedure for intraoperative pancreatography (List separately in addition to code for primary procedure)			Introduction	No	No	No	No	No	No	No	No	No
48500	Marsupialization of pancreatic cyst			Repair	No	No	No	No	No	No	No	No	No
48510	External drainage, pseudocyst of pancreas, open			Incision/Drainage	No	No	No	No	No	No	No	No	No
48520	Internal anastomosis of pancreatic cyst to gastrointestinal tract; direct			Repair	No	No	No	No	No	No	No	No	No
48540	Internal anastomosis of pancreatic cyst to gastrointestinal tract; Roux-en-Y			Repair	No	No	No	No	No	No	No	No	No
48545	Pancreatorrhaphy for injury			Repair	No	No	No	No	No	No	No	No	No
48547	Duodenal exclusion with gastrojejunostomy for pancreatic injury			Repair	No	No	No	No	No	No	No	No	No
48548	Pancreatojejunostomy, side-to-side anastomosis (Puestow-type operation)			Repair	No	No	No	No	No	No	No	No	No
48550	Donor pancreatotomy (including cold preservation), with or without duodenal segment for transplantation			Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
48551	Excision of pancreas, preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft from surrounding soft tissues, splenectomy, duodenotomy, ligation of bile duct, ligation of mesenteric vessels, and Y-graft arterial anastomoses from iliac artery to superior mesenteric artery and to splenic artery			Transplantation	No	No	No	No	No	No	No	No	No
48552	Skeleton reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each			Transplantation	No	No	No	No	No	No	No	No	No
48554	Transplantation of pancreatic allograft			Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
48556	Removal of transplanted pancreatic allograft			Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
48999	Unlisted procedure, pancreas			Unlisted Procedure	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
49000	Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)			Exploratory	No	No	No	No	No	No	No	No	No
49002	Reopening of recent laparotomy			Incision	No	No	No	No	No	No	No	No	No
49010	Exploration, retroperitoneal area with or without biopsy(s) (separate procedure)			Excision	No	No	No	No	No	No	No	No	No
49013	Preperitoneal pelvic packing for hemorrhage associated with pelvic trauma, including local exploration			Insertion	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes
49014	Re-exploration of pelvic wound with removal of preperitoneal pelvic packing, including repacking, when performed			Removal	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes
49020	Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess, open			Incision/Drainage	No	No	No	No	No	No	No	No	No
49040	Drainage of subdiaphragmatic or subphrenic abscess, open			Incision/Drainage	No	No	No	No	No	No	No	No	No
49060	Drainage of retroperitoneal abscess, open			Incision/Drainage	No	No	No	No	No	No	No	No	No
49062	Drainage of extraperitoneal lymphocele to peritoneal cavity, open			Incision/Drainage	No	No	No	No	No	No	No	No	No
49082	Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance			Excision	No	No	No	No	No	No	No	No	No
49083	Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance			Excision	No	No	No	No	No	No	No	No	No
49084	Peritoneal lavage, including imaging guidance, when performed			Incision	No	No	No	No	No	No	No	No	No
49180	Biopsy, abdominal or retroperitoneal mass, percutaneous needle			Biopsy	No	No	No	No	No	No	No	No	No
49185	supervision and interpretation when performed			Excision	No	No	No	No	No	No	No	No	No
49203	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5 cm diameter or less			Excision	No	No	No	No	No	No	No	No	No
49204	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5.1-10.0 cm diameter			Excision	No	No	No	No	No	No	No	No	No
49205	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor greater than 10.0 cm diameter			Excision	No	No	No	No	No	No	No	No	No
49215	Excision of presacral or sacrococcygeal tumor			Excision	No	No	No	No	No	No	No	No	No
49220	Staging laparotomy for Hodgkins disease or lymphoma (includes splenectomy, needle or open biopsies of both liver lobes, possibly also removal of abdominal nodes, abdominal node and/or bone marrow biopsies, ovarian repositioning)			Staging	No	No	No	No	No	No	No	No	No
49250	Umbilectomy, omphalectomy, excision of umbilicus (separate procedure)			Excision	No	No	No	No	No	No	No	No	No
49255	Omentectomy, epiploectomy, resection of omentum (separate procedure)			Resection	No	No	No	No	No	No	No	No	No
49320	Laparoscopy, abdomen, peritoneum, and omentum, Diagnostic/Screening, with or without collection of specimen(s) by brushing or washing (separate procedure)			Diagnostic/Screening Biopsy	No	No	No	No	No	No	No	No	No
49321	Laparoscopy, surgical; with biopsy (single or multiple)			Biopsy	No	No	No	No	No	No	No	No	No
49322	Laparoscopy, surgical; with aspiration of cavity or cyst (eg, ovarian cyst) (single or multiple)			Aspiration	No	No	No	No	No	No	No	No	No
49323	Laparoscopy, surgical; with drainage of lymphocele to peritoneal cavity			Incision/Drainage	No	No	No	No	No	No	No	No	No
49324	Laparoscopy, surgical; with insertion of tunneled intraperitoneal catheter			Insertion	No	No	No	No	No	No	No	No	No
49325	Laparoscopy, surgical; with revision of previously placed intraperitoneal cannula or catheter, with removal of intraluminal obstructive material if performed			Revision	No	No	No	No	No	No	No	No	No
49326	Laparoscopy, surgical; with omentopexy (omental tacking procedure) (List separately in addition to code for primary procedure)			Excision	No	No	No	No	No	No	No	No	No
49327	Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), intra-abdominal, intracranial, and/or retroperitoneum, including imaging guidance, if performed, single or multiple (List separately in addition to code for primary procedure)			Placement	No	No	No	No	No	No	No	No	No
49329	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum			Unlisted Procedure	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes
49400	Injection of air or contrast into peritoneal cavity (separate procedure)			Introduction	No	No	No	No	No	No	No	No	No
49402	Removal of peritoneal foreign body from peritoneal cavity			Removal	No	No	No	No	No	No	No	No	No
49405	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous			Removal	No	No	No	No	No	No	No	No	No
49406	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous			Removal	No	No	No	No	No	No	No	No	No
49407	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal			Excision	No	No	No	No	No	No	No	No	No
49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple			Placement	No	No	No	No	No	No	No	No	No

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49412	Placement of intra-aortic device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intraperic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)		Placement	No	No	No	No	No	No	No	No
49418	Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous		Insertion	No	No	No	No	No	No	No	No
49419	Insertion of tunneled intraperitoneal catheter, with subcutaneous port (ie, totally implantable)		Insertion	No	No	No	No	No	No	No	No
49421	Insertion of tunneled intraperitoneal catheter for dialysis, open		Insertion	No	No	No	No	No	No	No	No
49422	Removal of tunneled intraperitoneal catheter		Removal	No	No	No	No	No	No	No	No
49423	Exchange of previously placed abscess or cyst drainage catheter under radiological guidance (separate procedure)		Excision	No	No	No	No	No	No	No	No
49424	Contrast injection for assessment of abscess or cyst via previously placed drainage catheter or tube (separate procedure)		Excision	No	No	No	No	No	No	No	No
49425	Insertion of peritoneal-venous shunt		Insertion	No	No	No	No	No	No	No	No
49426	Revision of peritoneal-venous shunt		Revision	No	No	No	No	No	No	No	No
49427	Injection procedure (eg, contrast media) for evaluation of previously placed peritoneal-venous shunt		Excision	No	No	No	No	No	No	No	No
49428	Ligation of peritoneal-venous shunt		Ligation	No	No	No	No	No	No	No	No
49429	Removal of peritoneal-venous shunt		Removal	No	No	No	No	No	No	No	No
49435	Insertion of subcutaneous extension to intraperitoneal cannula or catheter with remote chest exit site (List separately in addition to code for primary procedure)		Insertion	No	No	No	No	No	No	No	No
49436	Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catheter		Revision	No	No	No	No	No	No	No	No
49440	Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report		Insertion	No	No	No	No	No	No	No	No
49441	Insertion of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report		Insertion	No	No	No	No	No	No	No	No
49442	Insertion of cecostomy or other colonic tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report		Insertion	No	No	No	No	No	No	No	No
49446	Conversion of gastrostomy tube to gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report		Revision	No	No	No	No	No	No	No	No
49450	Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report		Replacement	No	No	No	No	No	No	No	No
49451	Replacement of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report		Replacement	No	No	No	No	No	No	No	No
49452	Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report		Replacement	No	No	No	No	No	No	No	No
49460	Mechanical removal of obstructive material from gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, any method, under fluoroscopic guidance including contrast injection(s), if performed, image documentation and report		Removal	No	No	No	No	No	No	No	No
49465	Contrast injection(s) for radiological evaluation of existing gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, from a percutaneous approach including image documentation and report		Imaging	No	No	No	No	No	No	No	No
49491	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; reducible		Hernia	No	No	No	No	No	No	No	No
49492	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; incarcerated or strangulated		Hernia	No	No	No	No	No	No	No	No
49495	Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; reducible		Hernia	No	No	No	No	No	No	No	No
49496	Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; incarcerated or strangulated		Hernia	No	No	No	No	No	No	No	No
49500	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; reducible		Hernia	No	No	No	No	No	No	No	No
49501	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; incarcerated or strangulated		Hernia	No	No	No	No	No	No	No	No
49505	Repair initial inguinal hernia, age 5 years or older; reducible		Hernia	No	No	No	No	No	No	No	No
49507	Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated		Hernia	No	No	No	No	No	No	No	No
49520	Repair recurrent inguinal hernia, any age; reducible		Hernia	No	No	No	No	No	No	No	No
49521	Repair recurrent inguinal hernia, any age; incarcerated or strangulated		Hernia	No	No	No	No	No	No	No	No
49525	Repair inguinal hernia, sliding, any age		Hernia	No	No	No	No	No	No	No	No
49540	Repair lumbar hernia		Hernia	No	No	No	No	No	No	No	No
49550	Repair initial femoral hernia, any age; reducible		Hernia	No	No	No	No	No	No	No	No
49553	Repair initial femoral hernia, any age; incarcerated or strangulated		Hernia	No	No	No	No	No	No	No	No
49555	Repair recurrent femoral hernia; reducible		Hernia	No	No	No	No	No	No	No	No
49557	Repair recurrent femoral hernia; incarcerated or strangulated		Hernia	No	No	No	No	No	No	No	No
49560	Repair initial incisional or ventral hernia; reducible	termed 1/1/23	Hernia	No	No	No	No	No	No	No	No
49561	Repair initial incisional or ventral hernia; incarcerated or strangulated	termed 1/1/23	Hernia	No	No	No	No	No	No	No	No
49565	Repair recurrent incisional or ventral hernia; reducible	termed 1/1/23	Hernia	No	No	No	No	No	No	No	No
49566	Repair recurrent incisional or ventral hernia; incarcerated or strangulated	termed 1/1/23	Hernia	No	No	No	No	No	No	No	No
49568	Implantation of mesh or other prosthesis for open incisional or ventral hernia repair or mesh for closure of dehiscence for necrotizing soft tissue infection (List separately in addition to code for the incisional or ventral hernia repair)	termed 1/1/23	Hernia	No	No	No	No	No	No	No	No
49570	Repair epigastric hernia (eg, preperitoneal fat); reducible (separate procedure)	termed 1/1/23	Hernia	No	No	No	No	No	No	No	No
49572	Repair epigastric hernia (eg, preperitoneal fat); incarcerated or strangulated	termed 1/1/23	Hernia	No	No	No	No	No	No	No	No
49580	Repair umbilical hernia, younger than age 5 years; reducible	termed 1/1/23	Hernia	No	No	No	No	No	No	No	No
49582	Repair umbilical hernia, younger than age 5 years; incarcerated or strangulated	termed 1/1/23	Hernia	No	No	No	No	No	No	No	No
49585	Repair umbilical hernia, age 5 years or older; reducible	termed 1/1/23	Hernia	No	No	No	No	No	No	No	No
49587	Repair umbilical hernia, age 5 years or older; incarcerated or strangulated	termed 1/1/23	Hernia	No	No	No	No	No	No	No	No
49590	Repair spigelian hernia	termed 1/1/23	Hernia	No	No	No	No	No	No	No	No
49591	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian) any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible		Hernia	No	No	No	No	No	No	No	No
49592	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian) any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated		Hernia	No	No	No	No	No	No	No	No
49593	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian) any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible		Hernia	No	No	No	No	No	No	No	No
49594	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian) any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated		Hernia	No	No	No	No	No	No	No	No
49595	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian) any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible		Hernia	No	No	No	No	No	No	No	No
49596	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian) any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated		Hernia	No	No	No	No	No	No	No	No
49600	Repair of small omphalocele, with primary closure		Hernia	No	No	No	No	No	No	No	No
49605	Repair of large omphalocele or gastroschisis; with or without prosthesis		Hernia	No	No	No	No	No	No	No	No
49606	Repair of large omphalocele or gastroschisis; with removal of prosthesis, final reduction and closure, in operating room		Hernia	No	No	No	No	No	No	No	No
49610	Repair of omphalocele (Gross type operation); first stage		Hernia	No	No	No	No	No	No	No	No
49611	Repair of omphalocele (Gross type operation); second stage		Hernia	No	No	No	No	No	No	No	No

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CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
50010	Renal exploration, not necessitating other specific procedures		Exploratory	No	No	No	No	No	No	No	No
50020	Drainage of perineal or renal abscess, open		Incision/Drainage	No	No	No	No	No	No	No	No
50040	Nephrostomy, nephrostomy with drainage		Incision/Drainage	No	No	No	No	No	No	No	No
50045	Nephrostomy, with exploration		Incision	No	No	No	No	No	No	No	No
50060	Nephrolithotomy, removal of calculus		Removal	No	No	No	No	No	No	No	No
50065	Nephrolithotomy, secondary surgical operation for calculus		Incision	No	No	No	No	No	No	No	No
50070	Nephrolithotomy, complicated by congenital kidney abnormality		Incision	No	No	No	No	No	No	No	No
50075	Nephrolithotomy; removal of large staghorn calculus filling renal pelvis and calyces (including anastrophic pyelolithotomy)		Removal	No	No	No	No	No	No	No	No
50080	Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone extraction, antegrade ureteroscopy, antegrade stent placement and nephrostomy tube placement, when performed including imaging guidance, simple (eg, stone) up to 2 cm in single location of kidney or renal pelvis, nonbranching stones		Incision	No	No	No	No	No	No	No	No
50081	Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone extraction, antegrade ureteroscopy, antegrade stent placement and nephrostomy tube placement, when performed including imaging guidance, complex (eg, stone(s) > 2 cm, branching stones, stones in multiple locations, ureter stones, complicated anatomy)		Incision	No	No	No	No	No	No	No	No
50100	Transsection or repositioning of aberrant renal vessels (separate procedure)		Reposition	No	No	No	No	No	No	No	No
50120	Pyelotomy, with exploration		Exploratory	No	No	No	No	No	No	No	No
50125	Pyelotomy, with drainage, pyelostomy		Incision/Drainage	No	No	No	No	No	No	No	No
50130	Pyelotomy, with removal of calculus (pyelolithotomy, pelvolithotomy, including coagulum pyelolithotomy)		Removal	No	No	No	No	No	No	No	No
50135	Pyelotomy, complicated (eg, secondary operation, congenital kidney abnormality)		Incision	No	No	No	No	No	No	No	No
50200	Renal biopsy, percutaneous, by trocar or needle		Biopsy	No	No	No	No	No	No	No	No
50205	Renal biopsy, by surgical exposure of kidney		Biopsy	No	No	No	No	No	No	No	No
50220	Nephrectomy, including partial ureterectomy, any open approach including rib resection		Excision	No	No	No	No	No	No	No	No
50225	Nephrectomy, including partial ureterectomy, any open approach including rib resection; complicated because of previous surgery on same kidney		Excision	No	No	No	No	No	No	No	No
50230	Nephrectomy, including partial ureterectomy, any open approach including rib resection; radical, with regional lymphadenectomy and/or vena caval thrombectomy		Excision	No	No	No	No	No	No	No	No
50234	Nephrectomy with total ureterectomy and bladder cuff, through same incision		Excision	No	No	No	No	No	No	No	No
50236	Nephrectomy with total ureterectomy and bladder cuff, through separate incision		Excision	No	No	No	No	No	No	No	No
50240	Nephrectomy, partial		Excision	No	No	No	No	No	No	No	No
50250	Ablation, open, 1 or more renal mass lesion(s), cryosurgical, including intraoperative ultrasonic guidance and monitoring, if performed		Ablation	Yes	Yes	No	No	No	No	Yes	Yes
50280	Excision or unroofing of cyst(s) of kidney		Excision	No	No	No	No	No	No	No	No
50290	Excision of perinephric cyst		Excision	No	No	No	No	No	No	No	No
50300	Donor nephrectomy (including cold preservation); from cadaver donor, unilateral or bilateral		Transplantation	No	No	No	No	No	No	No	No
50320	Donor nephrectomy (including cold preservation); open, from living donor		Transplantation	No	No	No	No	No	No	No	No
50323	Back-bench standard preparation of cadaver donor renal allograft prior to transplantation, including dissection and removal of perinephric fat, diaphragmatic and retroperitoneal attachments, excision of adrenal gland, and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary		Transplantation	No	No	No	No	No	No	No	No
50325	Back-bench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, including dissection and removal of perinephric fat and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary		Transplantation	No	No	No	No	No	No	No	No
50327	Back-bench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each		Transplantation	No	No	No	No	No	No	No	No
50328	Back-bench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each		Transplantation	No	No	No	No	No	No	No	No
50329	Back-bench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each		Transplantation	No	No	No	No	No	No	No	No
50340	Recipient nephrectomy (separate procedure)		Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
50360	Renal allotransplantation, implantation of graft, without recipient nephrectomy		Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
50365	Renal allotransplantation, implantation of graft, with recipient nephrectomy		Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
50370	Removal of transplanted renal allograft		Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
50380	Renal autotransplantation, reimplantation of kidney		Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
50382	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation		Replacement	No	No	No	No	No	No	No	No
50384	Removal (via snare/capture) of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation		Removal	No	No	No	No	No	No	No	No
50385	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation		Replacement	No	No	No	No	No	No	No	No
50386	Removal (via snare/capture) of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation		Removal	No	No	No	No	No	No	No	No
50387	Removal and replacement of externally accessible nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation		Replacement	No	No	No	No	No	No	No	No
50389	Removal of nephrostomy tube, requiring fluoroscopic guidance (eg, with concurrent indwelling ureteral stent)		Removal	No	No	No	No	No	No	No	No
50390	Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous		Aspiration	No	No	No	No	No	No	No	No
50391	Institution(s) of therapeutic agent into renal pelvis and/or ureter through established nephrostomy, pyelostomy or ureterostomy tube (eg, antineoplastic or antifungal agent)		Introduction	No	No	No	No	No	No	No	No
50396	Manometric studies through nephrostomy or pyelostomy tube, or indwelling ureteral catheter		Study	No	No	No	No	No	No	No	No
50400	Pyeloplasty (ifoley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; simple		Repair	No	No	No	No	No	No	No	No
50405	Pyeloplasty (ifoley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; complicated (congenital kidney abnormality, secondary pyeloplasty, solitary kidney, calycolasty)		Repair	No	No	No	No	No	No	No	No
50430	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access		Imaging	No	No	No	No	No	No	No	No
50431	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access		Imaging	No	No	No	No	No	No	No	No
50432	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation		Placement	No	No	No	No	No	No	No	No
50433	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access		Placement	No	No	No	No	No	No	No	No
50434	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation		Revision	No	No	No	No	No	No	No	No
50435	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation		Replacement	No	No	No	No	No	No	No	No
50436	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed;	*Do not report on conjunction with 50080-50081, 50382, 50384, 50430-52334, 74485.	Dilation	No	No	No	No	No	No	No	No
50437	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed; including new access into the renal collecting system	*Do not report on conjunction with 50080-50081, 50382, 50384, 50430-52334, 74485. **For nephrostolithotomy, see 50080, 50081. ****For retrograde percutaneous nephrostomy, see 52334. ****For endoscopic surgery, see 50551-50561.	Dilation	No	No	No	No	No	No	No	No
50500	Nephrothoraphy, suture of kidney wound or injury		Fixation	No	No	No	No	No	No	No	No
50520	Closure of nephrocavitous or pyelocavitous fistula		Closure	No	No	No	No	No	No	No	No
50525	Closure of nephrovisceral fistula (eg, renocolic), including visceral repair, abdominal approach		Closure	No	No	No	No	No	No	No	No
50526	Closure of nephrovisceral fistula (eg, renocolic), including visceral repair, thoracic approach		Closure	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TBCC Auth	BMS Auth
50540	Symphysisotomy for horseshoe kidney with or without pyeloplasty and/or other plastic procedure, unilateral or bilateral (1 operation)		Revision	No	No	No	No	No	No	No	No
50541	Laparoscopy, surgical: ablation of renal cysts		Ablation	No	No	No	No	No	No	No	No
50542	Laparoscopy, surgical: ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed		Ablation	No	No	No	No	No	No	No	No
50543	Laparoscopy, surgical: partial nephrectomy		Laparoscopy	No	No	No	No	No	No	No	No
50544	Laparoscopy, surgical: pyeloplasty		Laparoscopy	No	No	No	No	No	No	No	No
50545	Laparoscopy, surgical: radical nephrectomy (includes removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes, and adrenalectomy)		Laparoscopy	No	No	No	No	No	No	No	No
50546	Laparoscopy, surgical: nephrectomy, including partial ureterectomy		Laparoscopy	No	No	No	No	No	No	No	No
50547	Laparoscopy, surgical: donor nephrectomy (including cold preservation), from living donor		Laparoscopy	No	No	No	No	No	No	No	No
50548	Laparoscopy, surgical: nephrectomy with total ureterectomy		Laparoscopy	No	No	No	No	No	No	No	No
50549	Unlisted Procedure laparoscopy procedure, renal		Unlisted Procedure	No	No	No	No	No	No	No	No
50551	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service		Endoscopy (EGD)	No	No	No	No	No	No	No	No
50553	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter		Endoscopy (EGD)	No	No	No	No	No	No	No	No
50555	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy		Biopsy	No	No	No	No	No	No	No	No
50557	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy		Fulguration	No	No	No	No	No	No	No	No
50561	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus		Removal	No	No	No	No	No	No	No	No
50562	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with resection of tumor		Resection	No	No	No	No	No	No	No	No
50570	Renal endoscopy through nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service		Endoscopy (EGD)	No	No	No	No	No	No	No	No
50572	Renal endoscopy through nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter		Catherization	No	No	No	No	No	No	No	No
50574	Renal endoscopy through nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy		Biopsy	No	No	No	No	No	No	No	No
50575	Renal endoscopy through nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with endopyelotomy (includes cystoscopy, ureteroscopy, dilation of ureter and ureteral pelvic junction, incision of ureteral pelvic junction and insertion of endopyelotomy stent)		Stent	No	No	No	No	No	No	No	No
50576	Renal endoscopy through nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy		Fulguration	No	No	No	No	No	No	No	No
50580	Renal endoscopy through nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus		Removal	No	No	No	No	No	No	No	No
50590	Lithotripsy, extracorporeal shock wave		Destruction	No	No	No	No	No	No	No	No
50592	Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency		Ablation	No	No	No	No	No	No	No	No
50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy		Ablation	No	No	No	No	No	No	No	No
50600	Ureterotomy with exploration or drainage (separate procedure)		Exploratory	No	No	No	No	No	No	No	No
50605	Ureterotomy for insertion of indwelling stent, all types		Insertion	No	No	No	No	No	No	No	No
50606	Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)		Biopsy	No	No	No	No	No	No	No	No
50610	Ureterolithotomy; upper one-third of ureter		Removal	No	No	No	No	No	No	No	No
50620	Ureterolithotomy; middle one-third of ureter		Removal	No	No	No	No	No	No	No	No
50630	Ureterolithotomy; lower one-third of ureter		Removal	No	No	No	No	No	No	No	No
50650	Ureterectomy, with bladder cuff (separate procedure)		Removal	No	No	No	No	No	No	No	No
50660	Ureterectomy, total, ectopic ureter, combination abdominal, vaginal and/or perineal approach		Removal	No	No	No	No	No	No	No	No
50684	Injection procedure for ureterography or ureteropyelography through ureterostomy or indwelling ureteral catheter		Imaging Study	No	No	No	No	No	No	No	No
50686	Manometric studies through ureterostomy or indwelling ureteral catheter		Imaging Study	No	No	No	No	No	No	No	No
50688	Change of ureterostomy tube or externally accessible ureteral stent via ileal conduit		Revision	No	No	No	No	No	No	No	No
50690	Injection procedure for visualization of ileal conduit and/or ureteropyelography, exclusive of radiologic service		Imaging	No	No	No	No	No	No	No	No
50693	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract		Placement	No	No	No	No	No	No	No	No
50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter		Placement	No	No	No	No	No	No	No	No
50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter		Placement	No	No	No	No	No	No	No	No
50700	Ureteroplasty, plastic operation on ureter (eg, stricture)		Revision	No	No	No	No	No	No	No	No
50705	Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)		Occlusion	No	No	No	No	No	No	No	No
50706	Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)		Balloon Catheter	No	No	No	No	No	No	No	No
50725	Ureterolysis, with or without repositioning of ureter for retroperitoneal fibrosis		Repair	No	No	No	No	No	No	No	No
50722	Ureterolysis for ovarian vein syndrome		Repair	No	No	No	No	No	No	No	No
50725	Ureterolysis for retrocaval ureter, with reanastomosis of upper urinary tract or vena cava		Repair	No	No	No	No	No	No	No	No
50727	Revision of urinary-cutaneous anastomosis (any type urostomy)		Revision	No	No	No	No	No	No	No	No
50728	Revision of urinary-cutaneous anastomosis (any type urostomy), with repair of fascial defect and hernia		Revision	No	No	No	No	No	No	No	No
50740	Ureteropyelostomy, anastomosis of ureter and renal pelvis		Repair	No	No	No	No	No	No	No	No
50750	Ureterocyclostomy, anastomosis of ureter to renal calyx		Repair	No	No	No	No	No	No	No	No
50760	Ureteroureterostomy		Repair	No	No	No	No	No	No	No	No
50770	Transureteroureterostomy, anastomosis of ureter to contralateral ureter		Repair	No	No	No	No	No	No	No	No
50780	Ureteroneocystostomy, anastomosis of single ureter to bladder		Repair	No	No	No	No	No	No	No	No
50782	Ureteroneocystostomy, anastomosis of duplicated ureter to bladder		Repair	No	No	No	No	No	No	No	No
50783	Ureteroneocystostomy, with extensive ureteral tailoring		Repair	No	No	No	No	No	No	No	No
50785	Ureteroneocystostomy, with vesico-psoas hitch or bladder flap		Flap	No	No	No	No	No	No	No	No
50800	Ureteroenterostomy, direct anastomosis of ureter to intestine		Repair	No	No	No	No	No	No	No	No
50810	Ureterosigmoidostomy, with creation of sigmoid bladder and establishment of abdominal or perineal colostomy, including intestine anastomosis		Repair	No	No	No	No	No	No	No	No
50815	Ureterocolon conduit, including intestine anastomosis		Repair	No	No	No	No	No	No	No	No
50820	Ureteroleileal conduit (ileal bladder), including intestine anastomosis (Bricker operation)		Repair	No	No	No	No	No	No	No	No
50825	Continent diversion, including intestine anastomosis using any segment of small and/or large intestine (Kock pouch or Caneley enterocystoplasty)		Repair	No	No	No	No	No	No	No	No
50830	Urinary diversion (eg, taking down of ureteroleileal conduit, ureterosigmoidostomy or ureteroenterostomy with ureteroenterostomy or ureteroenterocystostomy)		Repair	No	No	No	No	No	No	No	No
50840	Replacement of all or part of ureter by intestine segment, including intestine anastomosis		Replacement	No	No	No	No	No	No	No	No
50845	Cutaneous appendicovesicostomy		Repair	No	No	No	No	No	No	No	No
50860	Ureterostomy, transplantation of ureter to skin		Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
50900	Ureterorraphy, suture of ureter (separate procedure)		Repair	No	No	No	No	No	No	No	No
50920	Closure of ureterocutaneous fistula		Closure	No	No	No	No	No	No	No	No
50930	Closure of ureterovisceral fistula (including visceral repair)		Closure	No	No	No	No	No	No	No	No
50940	Ligation of ureter		Repair	No	No	No	No	No	No	No	No
50945	Laparoscopy, surgical: ureterolithotomy		Laparoscopy	No	No	No	No	No	No	No	No
50947	Laparoscopy, surgical: ureteroneocystostomy with cystoscopy and ureteral stent placement		Placement	No	No	No	No	No	No	No	No
50948	Laparoscopy, surgical: ureteroneocystostomy without cystoscopy and ureteral stent placement		Laparoscopy	No	No	No	No	No	No	No	No
50949	Unlisted Procedure laparoscopy procedure, ureter		Unlisted Procedure	Yes	Yes	Yes	No	Yes	No	Yes	Yes

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
50951	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service		Endoscopy (EGD)	No	No	No	No	No	No	No	No
50953	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter		Endoscopy (EGD)	No	No	No	No	No	No	No	No
50955	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy		Biopsy	No	No	No	No	No	No	No	No
50957	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy		Fulguration	No	No	No	No	No	No	No	No
50961	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus		Removal	No	No	No	No	No	No	No	No
50970	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service		Endoscopy (EGD)	No	No	No	No	No	No	No	No
50972	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter		Endoscopy (EGD)	No	No	No	No	No	No	No	No
50974	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy		Biopsy	No	No	No	No	No	No	No	No
50976	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy		Fulguration	No	No	No	No	No	No	No	No
50980	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus		Removal	No	No	No	No	No	No	No	No
51020	Cystostomy or cystostomy; with fulguration and/or insertion of radioactive material		Fulguration	No	No	No	No	No	No	No	No
51030	Cystostomy or cystostomy; with cryosurgical destruction of intravesical lesion		Incision	No	No	No	No	No	No	No	No
51040	Cystostomy, cystostomy with drainage		Incision/Drainage	No	No	No	No	No	No	No	No
51045	Cystostomy, with insertion of ureteral catheter or stent (separate procedure)		Insertion	No	No	No	No	No	No	No	No
51050	Cystolithotomy, cystostomy with removal of calculus, without vesical neck resection		Removal	No	No	No	No	No	No	No	No
51060	Transvesical ureterolithotomy		Incision	No	No	No	No	No	No	No	No
51065	Cystostomy, with calculus basket extraction and/or ultrasonic or electrohydraulic fragmentation of ureteral calculus		Incision	No	No	No	No	No	No	No	No
51080	Drainage of perivesical or prevesical space abscess		Incision/Drainage	No	No	No	No	No	No	No	No
51100	Aspiration of bladder; by needle		Aspiration	No	No	No	No	No	No	No	No
51101	Aspiration of bladder; by trocar or intracatheter		Aspiration	No	No	No	No	No	No	No	No
51102	Aspiration of bladder; with insertion of suprapubic catheter		Aspiration	No	No	No	No	No	No	No	No
51500	Excision of urachal cyst or sinus, with or without umbilical hernia repair		Excision	No	No	No	No	No	No	No	No
51520	Cystostomy, for simple excision of vesical neck (separate procedure)		Excision	No	No	No	No	No	No	No	No
51525	Cystostomy, for excision of bladder diverticulum, single or multiple (separate procedure)		Excision	No	No	No	No	No	No	No	No
51530	Cystostomy, for excision of bladder tumor		Excision	No	No	No	No	No	No	No	No
51535	Cystostomy, for excision, incision, or repair of ureteroscope		Excision	No	No	No	No	No	No	No	No
51550	Cystectomy, partial; simple		Excision	No	No	No	No	No	No	No	No
51555	Cystectomy, partial; complicated (eg, post-radiation, previous surgery, difficult location)		Excision	No	No	No	No	No	No	No	No
51565	Cystectomy, partial, with reimplantation of ureter(s) into bladder (ureteroneocystostomy)		Reimplantation	No	No	No	No	No	No	No	No
51570	Cystectomy, complete (separate procedure)		Excision	No	No	No	No	No	No	No	No
51575	Cystectomy, complete, with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes		Excision	No	No	No	No	No	No	No	No
51580	Cystectomy, complete, with ureteroneocystostomy or ureterocutaneous transplantations		Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
51585	Cystectomy, complete, with ureteroneocystostomy or ureterocutaneous transplantations; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes		Excision	No	No	No	No	No	No	No	No
51585	Cystectomy, complete, with ureteroneocystostomy or sigmoid bladder, including intestinal anastomosis		Excision	No	No	No	No	No	No	No	No
51590	Cystectomy, complete, with ureteroneocystostomy or sigmoid bladder, including intestinal anastomosis, with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes		Excision	No	No	No	No	No	No	No	No
51595	Cystectomy, complete, with continent diversion, any open technique, using any segment of small and/or large intestine to construct neobladder		Excision	No	No	No	No	No	No	No	No
51597	Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, with removal of bladder and ureteral transplantations, with or without hysterectomy and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof		Excision	No	No	No	No	No	No	No	No
51600	Injection procedure for cystoscopy or voiding urethrocytography		Imaging	No	No	No	No	No	No	No	No
51605	Injection procedure and placement of chain for contrast and/or chain urethrocytography		Imaging	No	No	No	No	No	No	No	No
51610	Injection procedure for retrograde urethrocytography		Imaging	No	No	No	No	No	No	No	No
51700	Bladder irrigation, simple, lavage and/or instillation		Introduction	No	No	No	No	No	No	No	No
51701	Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)		Introduction	No	No	No	No	No	No	No	No
51702	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)		Introduction	No	No	No	No	No	No	No	No
51703	Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)		Introduction	No	No	No	No	No	No	No	No
51705	Change of cystostomy tube; simple		Replacement	No	No	No	No	No	No	No	No
51710	Change of cystostomy tube; complicated		Replacement	No	No	No	No	No	No	No	No
51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck		Imaging	No	No	No	No	No	No	No	No
51720	Bladder instillation of antineoplastic agent (including retention time)		Introduction	No	No	No	No	No	No	No	No
51725	Simple cystometrogram (CMG) (ie, spinal manometer)		Study	No	No	No	No	No	No	No	No
51726	Complex cystometrogram (ie, calibrated electronic equipment)		Study	No	No	No	No	No	No	No	No
51727	Complex cystometrogram (ie, calibrated electronic equipment); with urethral pressure profile studies (ie, urethral closure pressure profile), any technique		Study	No	No	No	No	No	No	No	No
51728	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique		Study	No	No	No	No	No	No	No	No
51729	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure) and urethral pressure profile studies (ie, urethral closure pressure profile), any technique		Study	No	No	No	No	No	No	No	No
51736	Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)		Study	No	No	No	No	No	No	No	No
51741	Complex uroflowmetry (eg, calibrated electronic equipment)		Study	No	No	No	No	No	No	No	No
51784	Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique		Study	No	No	No	No	No	No	No	No
51785	Needle electromyography studies (EMG) of anal or urethral sphincter, any technique		Study	No	No	No	No	No	No	No	No
51792	Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)		Study	No	No	No	No	No	No	No	No
51797	Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (list separately in addition to code for primary procedure)		Study	No	No	No	No	No	No	No	No
51798	Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging		Monitoring	No	No	No	No	No	No	No	No
51800	Cystoplasty or cystourethroplasty, plastic operation on bladder and/or vesical neck (anterior Y-plasty, vesical fundus resection), any procedure, with or without wedge resection of posterior vesical neck		Repair	No	No	No	No	No	No	No	No
51820	Cystourethroplasty with unilateral or bilateral ureteroneocystostomy		Repair	No	No	No	No	No	No	No	No
51840	Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); simple		Repair	No	No	No	No	No	No	No	No
51841	Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); complicated (eg, secondary repair)		Repair	No	No	No	No	No	No	No	No
51845	Abdomino-vaginal vesical neck suspension, with or without endoscopic control (eg, Stamey, Raz, modified Pereyra)		Repair	No	No	No	No	No	No	No	No
51860	Cystorrhaphy, suture of bladder wound, injury or rupture; simple		Repair	No	No	No	No	No	No	No	No
51865	Cystorrhaphy, suture of bladder wound, injury or rupture; complicated		Repair	No	No	No	No	No	No	No	No
51880	Closure of cystostomy (separate procedure)		Closure	No	No	No	No	No	No	No	No
51900	Closure of vesicovaginal fistula, abdominal approach		Closure	No	No	No	No	No	No	No	No
51920	Closure of vesicouterine fistula		Closure	No	No	No	No	No	No	No	No
51925	Closure of vesicouterine fistula, with hysterectomy		Closure	No	No	No	No	No	No	No	No
51940	Closure, extrorophy of bladder		Closure	No	No	No	No	No	No	No	No
51960	Enterocystostomy, including intestinal anastomosis		Repair	No	No	No	No	No	No	No	No
51980	Cutaneous vesicostomy		Repair	No	No	No	No	No	No	No	No
51990	Laparoscopy, surgical; urethral suspension for stress incontinence		Laparoscopy	No	No	No	No	No	No	No	No
51992	Laparoscopy, surgical; sling operation for stress incontinence (eg, fascia or synthetic)		Laparoscopy	No	No	No	No	No	No	No	No
51999	Unlisted Procedure: laparoscopy procedure, bladder		Unlisted Procedure	Yes	Yes	Yes	No	No	No	Yes	Yes
52000	Cystourethroscopy (separate procedure)		Endoscopy (EGD)	No	No	No	No	No	No	No	No
52001	Cystourethroscopy with irrigation and evacuation of multiple obstructing clots		Endoscopy (EGD)	No	No	No	No	No	No	No	No
52005	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service		Endoscopy (EGD)	No	No	No	No	No	No	No	No
52007	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with brush biopsy of ureter and/or renal pelvis		Biopsy	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
52010	Cystourethroscopy, with ejaculatory duct catheterization, with or without irrigation, instillation, or duct radiography, exclusive of radiologic service		Endoscopy (EGD)	No	No	No	No	No	No	No	No
52024	Cystourethroscopy, with biopsy(s)		Biopsy	No	No	No	No	No	No	No	No
52214	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periaurethral glands		Fulguration	No	No	No	No	No	No	No	No
52224	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy		Fulguration	No	No	No	No	No	No	No	No
52234	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of SMALL bladder tumor(s) (0.5 up to 2.0 cm)		Fulguration	No	No	No	No	No	No	No	No
52235	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of MEDIUM bladder tumor(s) (2.0 to 5.0 cm)		Fulguration	No	No	No	No	No	No	No	No
52240	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of LARGE bladder tumor(s)		Fulguration	No	No	No	No	No	No	No	No
52250	Cystourethroscopy with insertion of radioactive substance, with or without biopsy or fulguration		Insertion	No	No	No	No	No	No	No	No
52260	Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia		Dilation	No	No	No	No	No	No	No	No
52265	Cystourethroscopy, with dilation of bladder for interstitial cystitis; local anesthesia		Dilation	No	No	No	No	No	No	No	No
52270	Cystourethroscopy, with internal urethrotomy, female		Endoscopy (EGD), female	No	No	No	No	No	No	No	No
52275	Cystourethroscopy, with internal urethrotomy, male		Endoscopy (EGD), male	No	No	No	No	No	No	No	No
52276	Cystourethroscopy, with direct vision internal urethrotomy		Endoscopy (EGD)	No	No	No	No	No	No	No	No
52277	Cystourethroscopy, with resection of external sphincter (sphincterotomy)		Resection	No	No	No	No	No	No	No	No
52281	Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female		Endoscopy (EGD)	No	No	No	No	No	No	No	No
52282	Cystourethroscopy, with insertion of permanent urethral stent		Insertion	No	No	No	No	No	No	No	No
52283	Cystourethroscopy, with steroid injection into stricture		Endoscopy (EGD)	No	No	No	No	No	No	No	No
52284	Cystourethroscopy, with mechanical urethral dilation and urethral therapeutic drug delivery by drug-coated balloon catheter for urethral stricture or stenosis, male, including fluoroscopy, when performed			No	No	No	No	No	No	No	No
52285	Cystourethroscopy for treatment of the female urethral syndrome with any or all of the following: urethral meatotomy, urethral dilation, internal urethrotomy, lysis of urethrovaginal septal fibrosis, lateral incisions of the bladder neck, and fulguration of polyp(s) of urethra, bladder neck, and/or trigone		Endoscopy (EGD)	No	No	No	No	No	No	No	No
52287	Cystourethroscopy, with injection(s) for chemodenervation of the bladder		Introduction	No	No	No	No	No	No	No	No
52290	Cystourethroscopy, with ureteral meatotomy, unilateral or bilateral		Endoscopy (EGD)	No	No	No	No	No	No	No	No
52300	Cystourethroscopy, with resection or fulguration of orthotopic ureteroce(s), unilateral or bilateral		Resection	No	No	No	No	No	No	No	No
52301	Cystourethroscopy, with resection or fulguration of ectopic ureteroce(s), unilateral or bilateral		Resection	No	No	No	No	No	No	No	No
52305	Cystourethroscopy, with incision or resection of orifice of bladder diverticulum, single or multiple		Resection	No	No	No	No	No	No	No	No
52310	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple		Removal	No	No	No	No	No	No	No	No
52315	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated		Removal	No	No	No	No	No	No	No	No
52317	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)		Removal	No	No	No	No	No	No	No	No
52318	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm)		Removal	No	No	No	No	No	No	No	No
52320	Cystourethroscopy (including ureteral catheterization), with removal of ureteral calculus		Removal	No	No	No	No	No	No	No	No
52325	Cystourethroscopy (including ureteral catheterization), with fragmentation of ureteral calculus (eg, ultrasonic or electro-hydraulic technique)		Endoscopy (EGD)	No	No	No	No	No	No	No	No
52327	Cystourethroscopy (including ureteral catheterization), with subureteric injection of implant material		Introduction	No	No	No	No	No	No	No	No
52330	Cystourethroscopy (including ureteral catheterization), with manipulation, without removal of ureteral calculus		Manipulation	No	No	No	No	No	No	No	No
52332	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)		Insertion	No	No	No	No	No	No	No	No
52334	Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy; retrograde		Insertion	No	No	No	No	No	No	No	No
52341	Cystourethroscopy, with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)		Balloon Catheter	No	No	No	No	No	No	No	No
52342	Cystourethroscopy, with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)		Balloon Catheter	No	No	No	No	No	No	No	No
52343	Cystourethroscopy, with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)		Balloon Catheter	No	No	No	No	No	No	No	No
52344	Cystourethroscopy with ureteroscopy, with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)		Balloon Catheter	No	No	No	No	No	No	No	No
52345	Cystourethroscopy with ureteroscopy, with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)		Balloon Catheter	No	No	No	No	No	No	No	No
52346	Cystourethroscopy with ureteroscopy, with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)		Balloon Catheter	No	No	No	No	No	No	No	No
52351	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; Diagnostic/Screening		Diagnostic/Screening	No	No	No	No	No	No	No	No
52352	Cystourethroscopy, with ureteroscopy and/or pyeloscopy, with removal or manipulation of calculus (ureteral catheterization is included)		Removal	No	No	No	No	No	No	No	No
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy, with lithotripsy (ureteral catheterization is included)		Endoscopy (EGD)	No	No	No	No	No	No	No	No
52354	Cystourethroscopy, with ureteroscopy and/or pyeloscopy, with biopsy and/or fulguration of ureteral or renal pelvic lesion		Biopsy	No	No	No	No	No	No	No	No
52355	Cystourethroscopy, with ureteroscopy and/or pyeloscopy, with resection of ureteral or renal pelvic tumor		Resection	No	No	No	No	No	No	No	No
52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy, with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)		Insertion	No	No	No	No	No	No	No	No
52400	Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds		Resection	No	No	No	No	No	No	No	No
52402	Cystourethroscopy with transurethral resection or incision of ejaculatory ducts		Resection	No	No	No	No	No	No	No	No
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant		Insertion	No	No	No	No	No	No	No	No
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)		Insertion	No	No	No	No	No	No	No	No
52450	Transurethral incision of prostate		Incision	No	No	No	No	No	No	No	No
52500	Transurethral resection of bladder neck (separate procedure)		Resection	No	No	No	No	No	No	No	No
52601	Transurethral electrocautery resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included) Yes		Resection	Yes	Yes	No	No	No	No	Yes	Yes
52630	Transurethral resection; of postoperative bladder neck contracture		Resection	Yes	Yes	No	No	No	No	Yes	Yes
52640	Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included if performed)		Resection	Yes	Yes	No	No	No	No	Yes	Yes
52647	Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)		Resection	Yes	Yes	No	No	No	No	Yes	Yes
52648	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)		Resection	Yes	Yes	No	No	No	No	Yes	Yes
52649	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)		Resection	Yes	Yes	No	No	No	No	Yes	Yes
52700	Transurethral drainage of prostatic abscess		Incision/Drainage	No	No	No	No	No	No	No	No
53000	Urethrotomy or urethrostomy, external (separate procedure); pendulous urethra		Incision	No	No	No	No	No	No	No	No
53010	Urethrotomy or urethrostomy, external (separate procedure); perineal urethra, external		Incision	No	No	No	No	No	No	No	No
53020	Meatotomy, cutting of meatus (separate procedure); except infant		Incision	No	No	No	No	No	No	No	No
53025	Meatotomy, cutting of meatus (separate procedure); infant		Incision	No	No	No	No	No	No	No	No
53040	Drainage of deep perineal abscess		Incision/Drainage	No	No	No	No	No	No	No	No
53060	Drainage of Skene's gland abscess or cyst		Incision/Drainage	No	No	No	No	No	No	No	No
53080	Drainage of perineal urinary extravasation; uncomplicated (separate procedure)		Incision/Drainage	No	No	No	No	No	No	No	No
53085	Drainage of perineal urinary extravasation; complicated		Incision/Drainage	No	No	No	No	No	No	No	No
53100	Biopsy of urethra		Biopsy	No	No	No	No	No	No	No	No
53110	Urethrectomy, total, including cystostomy, female		Excision	No	No	No	No	No	No	No	No
53115	Urethrectomy, total, including cystostomy, male		Excision	No	No	No	No	No	No	No	No
53200	Excision or fulguration of carcinoma of urethra		Excision	No	No	No	No	No	No	No	No
53230	Excision of urethral diverticulum (separate procedure); female		Excision	No	No	No	No	No	No	No	No
53235	Excision of urethral diverticulum (separate procedure); male		Excision	No	No	No	No	No	No	No	No
53240	Marsupialization of urethral diverticulum, male or female		Excision	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
53250	Excision of bulbourethral gland (Cowper's gland)		Excision	No	No	No	No	No	No	No	No
53260	Excision or fulguration; urethral polyp(s), distal urethra		Fulguration	No	No	No	No	No	No	No	No
53265	Excision or fulguration; urethral caruncle		Fulguration	No	No	No	No	No	No	No	No
53270	Excision or fulguration; Skene's glands		Fulguration	No	No	No	No	No	No	No	No
53275	Excision or fulguration; urethral prolapse		Fulguration	No	No	No	No	No	No	No	No
53400	Urethroplasty, first stage, for fistula, diverticulum, or stricture (eg, Johanssen type)		Repair	No	No	No	No	No	No	No	No
53405	Urethroplasty, second stage (formation of urethra), including urinary diversion		Repair	No	No	No	No	No	No	No	No
53410	Urethroplasty, 1-stage reconstruction of male urethra		Repair	No	No	No	No	No	No	No	No
53415	Urethroplasty, transpubic or perineal, 1-stage, for reconstruction or repair of prostatic or membranous urethra		Reconstruction	No	No	No	No	No	No	No	No
53420	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage	Auth required for Commercial HMO/PPO if diagnosis code is any of the following: F64.0, F64.1, F64.2, F64.8, F64.9, Z87.890	Reconstruction	Yes	Yes	No	No	No	No	No	No
53425	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage	Auth required for Commercial HMO/PPO if diagnosis code is any of the following: F64.0, F64.1, F64.2, F64.8, F64.9, Z87.890	Reconstruction	Yes	Yes	No	No	No	No	No	No
53430	Urethroplasty, reconstruction of female urethra	Auth required for Commercial HMO/PPO if diagnosis code is any of the following: F64.0, F64.1, F64.2, F64.8, F64.9, Z87.890	Reconstruction	Yes	Yes	Yes	Yes	Yes	Yes	No	No
53431	Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence (eg, Tenaglo, Leadbetter procedure)		Repair	No	No	Yes	No	Yes	No	No	No
53440	Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)		Repair	No	No	No	No	No	No	No	No
53442	Removal or revision of sling for male urinary incontinence (eg, fascia or synthetic)		Removal	No	No	No	No	No	No	No	No
53444	Insertion of tandem cuff (dual cuff)		Insertion	No	No	No	No	No	No	No	No
53445	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff		Insertion	No	No	No	No	No	No	No	No
53446	Removal of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff		Removal	No	No	No	No	No	No	No	No
53447	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff at the same operative session		Replacement	No	No	No	No	No	No	No	No
53448	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff through an infected field at the same operative session including irrigation and debridement of infected tissue		Replacement	No	No	No	No	No	No	No	No
53449	Repair of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff		Repair	No	No	No	No	No	No	No	No
53450	Urethromyoplasty, with mutual advancement		Repair	No	No	No	No	No	No	No	No
53451	Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance		Balloon Catheter	No	No	No	No	No	No	No	No
53452	Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance		Balloon Catheter	No	No	No	No	No	No	No	No
53453	Periurethral transperineal adjustable balloon continence device; removal, each balloon		Balloon Catheter	No	No	No	No	No	No	No	No
53454	Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume		Balloon Catheter	Yes	Yes	Yes	No	Yes	No	Yes	Yes
53460	Urethromyoplasty, with partial excision of distal urethral segment (Richardson type procedure)		Repair	No	No	No	No	No	No	No	No
53500	Urethrolysis, transvaginal, secondary, open, including cystourethroscopy (eg, posturgical obstruction, scarring)		Repair	No	No	No	No	No	No	No	No
53501	Urethrorrhaphy, suture of urethral wound or injury, female		Repair	No	No	No	No	No	No	No	No
53505	Urethrorrhaphy, suture of urethral wound or injury, penile		Repair	No	No	No	No	No	No	No	No
53510	Urethrorrhaphy, suture of urethral wound or injury, perineal		Repair	No	No	No	No	No	No	No	No
53515	Urethrorrhaphy, suture of urethral wound or injury; prostaticomembranous		Repair	No	No	No	No	No	No	No	No
53520	Closure of urethrostomy or urethrocutaneous fistula, male (separate procedure)		Repair	No	No	No	No	No	No	No	No
53600	Dilation of urethral stricture by passage of sound or urethral dilator, male; initial		Dilation	No	No	No	No	No	No	No	No
53601	Dilation of urethral stricture by passage of sound or urethral dilator, male; subsequent		Dilation	No	No	No	No	No	No	No	No
53605	Dilation of urethral stricture or vesical neck by passage of sound or urethral dilator, male, general or conduction (spinal) anesthesia		Dilation	No	No	No	No	No	No	No	No
53620	Dilation of urethral stricture by passage of filiform and follower, male; initial		Dilation	No	No	No	No	No	No	No	No
53621	Dilation of urethral stricture by passage of filiform and follower, male; subsequent		Dilation	No	No	No	No	No	No	No	No
53660	Dilation of female urethra including suppository and/or instillation; initial		Dilation	No	No	No	No	No	No	No	No
53661	Dilation of female urethra including suppository and/or instillation; subsequent		Dilation	No	No	No	No	No	No	No	No
53665	Dilation of female urethra, general or conduction (spinal) anesthesia		Dilation	No	No	No	No	No	No	No	No
53850	Transurethral destruction of prostate tissue, by microwave thermotherapy		Destruction	No	No	No	No	No	No	No	No
53852	Transurethral destruction of prostate tissue, by radiofrequency thermotherapy		Destruction	No	No	No	No	No	No	No	No
53854	Transurethral destruction of prostate tissue, by radiofrequency generated water vapor thermotherapy		Destruction	No	No	No	No	No	No	No	No
53855	Insertion of a temporary or ostatic urethral stent, including urethral measurement		Insertion	No	No	No	No	No	No	No	No
53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence		Other Procedure	No	No	No	No	No	No	No	No
53899	Unlisted Procedure procedure, urinary system		Unlisted Procedure	Yes	Yes	No	No	No	No	Yes	Yes
54000	Sitting of prepuce, dorsal or lateral (separate procedure); newborn		Incision	No	No	No	No	No	No	No	No
54001	Sitting of prepuce, dorsal or lateral (separate procedure); except newborn		Incision	No	No	No	No	No	No	No	No
54015	Incision and drainage of penis, deep		Incision	No	No	No	No	No	No	No	No
54050	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical		Destruction	No	No	No	No	No	No	No	No
54055	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation		Destruction	No	No	No	No	No	No	No	No
54056	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery		Destruction	No	No	No	No	No	No	No	No
54057	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery		Destruction	No	No	No	No	No	No	No	No
54060	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision		Destruction	No	No	No	No	No	No	No	No
54065	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)		Destruction	No	No	No	No	No	No	No	No
54100	Biopsy of penis; (separate procedure)		Biopsy	No	No	No	No	No	No	No	No
54105	Biopsy of penis; deep structures		Biopsy	No	No	No	No	No	No	No	No
54110	Excision of penile plaque (Peyronie disease)		Excision	No	No	No	No	No	No	No	No
54111	Excision of penile plaque (Peyronie disease); with graft to 5 cm in length		Excision	No	No	No	No	No	No	No	No
54112	Excision of penile plaque (Peyronie disease); with graft greater than 5 cm in length		Excision	No	No	No	No	No	No	No	No
54115	Removal foreign body from deep penile tissue (eg, plastic implant)		Removal	No	No	No	No	No	No	No	No
54120	Amputation of penis, partial		Amputation	Yes	Yes	No	No	No	No	Yes	Yes
54125	Amputation of penis, complete		Amputation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
54130	Amputation of penis, radical; with bilateral inguofemoral lymphadenectomy		Amputation	Yes	Yes	No	No	No	No	Yes	Yes
54135	Amputation of penis, radical; in continuity with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes		Amputation	Yes	Yes	No	No	No	No	Yes	Yes
54150	Circumcision, using clamp or other device with regional dorsal penile or ring block		Excision	No	No	No	No	No	No	No	No
54160	Circumcision, surgical excision other than clamp, device, or dorsal slit; neonate (28 days of age or less)		Excision	No	No	No	No	No	No	No	No
54161	Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age		Excision	No	No	No	No	No	No	No	No
54162	Lysis or excision of penile post-circumcision adhesions		Excision	No	No	No	No	No	No	No	No
54163	Repair incomplete circumcision		Repair	No	No	No	No	No	No	No	No
54164	Frenulotomy of penis		Revision	No	No	No	No	No	No	No	No
54200	Injection procedure for Peyronie disease;		Introduction	No	No	No	No	No	No	No	No
54205	Injection procedure for Peyronie disease; with surgical exposure of plaque1		Introduction	No	No	No	No	No	No	No	No
54220	Irrigation of corpora cavernosa for priapism		Introduction	No	No	No	No	No	No	No	No
54230	Injection procedure for corpora cavernosa atrophy		Introduction	No	No	No	No	No	No	No	No
54231	Dynamic cavernosometry, including intracavernosal injection of vasoactive drugs (eg, papaverine, phentolamine)		Introduction	No	No	No	No	No	No	No	No
54235	Injection of corpora cavernosa with pharmacologic agent(s) (eg, papaverine, phentolamine)		Introduction	No	No	No	No	No	No	No	No
54240	Penile plethysmography		Introduction	No	No	No	No	No	No	No	No
54250	Nocturnal penile tumescence and/or rigidity test		Introduction	No	No	No	No	No	No	No	No
54300	Plastic operation of penis for straightening of chordae (eg, hypospadias), with or without mobilization of urethra		Repair	No	No	No	No	No	No	No	No
54304	Plastic operation on penis for correction of chordae or for first stage hypospadias repair with or without transplantation of prepuce and/or skin flaps		Repair	No	No	No	No	No	No	No	No
54308	Urethroplasty for second stage hypospadias repair (including urinary diversion); less than 3 cm		Repair	No	No	No	No	No	No	No	No
54312	Urethroplasty for second stage hypospadias repair (including urinary diversion); greater than 3 cm		Repair	No	No	No	No	No	No	No	No
54316	Urethroplasty for second stage hypospadias repair (including urinary diversion) with free skin graft obtained from site other than genital		Repair	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
54318	Urethroplasty for third stage hypospadias repair to release penis from scrotum (eg, third stage Cecil repair)		Repair	No	No	No	No	No	No	No	No
54322	1-stage distal hypospadias repair (with or without chordee or circumcision); with simple meatal advancement (eg, Magpi, V-flap)		Repair	No	No	No	No	No	No	No	No
54324	1-stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps (eg, flip-flap, prepuce flap)		Repair	No	No	No	No	No	No	No	No
54326	1-stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps and mobilization of urethra		Repair	No	No	No	No	No	No	No	No
54328	1-stage distal hypospadias repair (with or without chordee or circumcision); with extensive dissection to correct chordee and urethroplasty with local skin flaps, skin graft patch, and/or island flap		Repair	No	No	No	No	No	No	No	No
54332	1-stage proximal penile or penoscrotal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap		Repair	No	No	No	No	No	No	No	No
54336	1-stage perineal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap		Repair	No	No	No	No	No	No	No	No
54340	Repair of hypospadias complication(s) (ie, fistula, stricture, diverticula); by closure, incision, or excision, simple		Repair	No	No	No	No	No	No	No	No
54344	Repair of hypospadias complication(s) (ie, fistula, stricture, diverticula); requiring mobilization of skin flaps and urethroplasty with flap or patch graft		Repair	No	No	No	No	No	No	No	No
54348	Repair of hypospadias complication(s) (ie, fistula, stricture, diverticula); requiring extensive dissection, and urethroplasty with flap, patch or tubed graft (including urinary diversion, when performed)		Repair	No	No	No	No	No	No	No	No
54352	Revision of prior hypospadias repair requiring extensive dissection and excision of previously constructed structures including re-release of chordee and reconstruction of urethra and penis by use of local skin as grafts and island flaps and skin brought in as flaps or grafts		Repair	No	No	No	No	No	No	No	No
54360	Plastic operation on penis to correct angulation		Revision	Yes	Yes	No	No	No	No	Yes	Yes
54380	Plastic operation on penis for epispadias distal to external sphincter		Repair	No	No	No	No	No	No	No	No
54385	Plastic operation on penis for epispadias distal to external sphincter; with incontinence		Repair	No	No	No	No	No	No	No	No
54390	Plastic operation on penis for epispadias distal to external sphincter; with extrophy of bladder		Repair	No	No	No	No	No	No	No	No
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)		Insertion	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
54401	Insertion of penile prosthesis; inflatable (self-contained)		Insertion	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
54405	Insertion of multi-component, inflatable penile prosthesis; including placement of pump, cylinders, and reservoir		Insertion	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
54406	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis		Removal	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis		Repair	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session		Replacement	No	No	No	Yes	No	Yes	No	No
54411	Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue		Replacement	No	No	No	Yes	No	Yes	No	No
54415	Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis		Removal	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session		Replacement	No	No	No	Yes	No	Yes	No	No
54417	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue		Replacement	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
54420	Corpora cavernosa-saphenous vein shunt (priapism operation); unilateral or bilateral		Shunt	No	No	No	No	No	No	No	No
54430	Corpora cavernosa-corpus spongiosum shunt (priapism operation); unilateral or bilateral		Shunt	No	No	No	No	No	No	No	No
54435	Corpora cavernosa-glands penis fistulization (eg, biopsy needle, Winter procedure, rongeur, or punch) for grasping		Repair	No	No	No	No	No	No	No	No
54437	Repair of traumatic corporal tear(s)		Repair	No	No	No	No	No	No	No	No
54438	Replantation, penis, complete amputation including urethral repair		Replantation	No	No	No	No	No	No	No	No
54440	Plastic operation of penis for injury		Repair	No	No	No	No	No	No	No	No
54440	For skin manipulation including lysis of preputial adhesions and stretching		Manipulation	No	No	No	No	No	No	No	No
54500	Biopsy of testis, needle (separate procedure)		Biopsy	No	No	No	No	No	No	No	No
54505	Biopsy of testis, incisional (separate procedure)		Biopsy	No	No	No	No	No	No	No	No
54512	Excision of extraparenchymal lesion of testis		Excision	No	No	No	No	No	No	No	No
54520	Orchiectomy, simple (including subcapsular); with or without testicular prosthesis, scrotal or inguinal approach		Excision	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
54522	Orchiectomy, partner		Excision	No	No	Yes	No	Yes	No	No	No
54530	Orchiectomy, radical, for tumor; inguinal approach		Excision	No	No	Yes	No	Yes	No	No	No
54535	Orchiectomy, radical, for tumor; with abdominal exploration		Excision	No	No	Yes	No	Yes	No	No	No
54550	Exploration for undescended testis (inguinal or scrotal area)		Exploratory	No	No	No	No	No	No	No	No
54560	Exploration for undescended testis with abdominal exploration		Exploratory	No	No	No	No	No	No	No	No
54600	Reduction of torsion of testis, surgical, with or without fixation of contralateral testis		Reduction	No	No	No	No	No	No	No	No
54620	Fixation of contralateral testis (separate procedure)		Fixation	No	No	No	No	No	No	No	No
54640	Orchiopexy, inguinal approach, with or without hernia repair		Repair	No	No	No	Yes	No	Yes	No	No
54650	Orchiopexy, abdominal approach, for intra-abdominal testis (eg, Fowler-Stephens)		Repair	No	No	No	No	No	No	No	No
54660	Insertion of testicular prosthesis (separate procedure)		Insertion	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
54670	Suture or repair of testicular injury		Repair	No	No	No	No	No	No	No	No
54680	Transplantation of testis(es) to thigh (because of scrotal destruction)		Transplantation	No	No	No	No	No	No	No	No
54690	Laparoscopy, surgical; orchiectomy	Auth required for Commercial HMO/PPO. If diagnosis code is any of the following: F64.0, F64.1, F64.2, F64.8, F64.9, Z87.890	Laparoscopy	Yes	Yes	Yes	Yes	Yes	Yes	No	No
54692	Laparoscopy, surgical; orchiopexy for intra-abdominal testis		Laparoscopy	No	No	Yes	No	Yes	No	No	No
54699	Unlisted Procedure laparoscopy procedure, testis		Unlisted Procedure	No	No	Yes	No	Yes	No	No	No
54700	Incision and drainage of epididymis, testis and/or scrotal space (eg, abscess or hematoma)		Incision/Drainage	No	No	No	No	No	No	No	No
54800	Biopsy of epididymis, needle		Biopsy	No	No	No	No	No	No	No	No
54830	Excision of focal lesion of epididymis		Excision	No	No	No	No	No	No	No	No
54840	Excision of spermatocele, with or without epididymectomy		Excision	No	No	No	No	No	No	No	No
54860	Epididymectomy; unilateral		Excision	No	No	No	No	No	No	No	No
54861	Epididymectomy; bilateral		Excision	No	No	No	No	No	No	No	No
54865	Exploration of epididymis, with or without biopsy		Exploratory	No	No	No	No	No	No	No	No
54900	Epididymovasostomy, anastomosis of epididymis to vas deferens; unilateral		Repair	No	No	No	No	No	No	No	No
54901	Epididymovasostomy, anastomosis of epididymis to vas deferens; bilateral		Repair	No	No	No	No	No	No	No	No
55000	Puncture aspiration of hydrocele, tunica vaginalis, with or without injection of medication		Incision	No	No	No	No	No	No	No	No
55040	Excision of hydrocele; unilateral		Excision	No	No	No	No	No	No	No	No
55041	Excision of hydrocele; bilateral		Excision	No	No	No	No	No	No	No	No
55060	Repair of tunica vaginalis hydrocele (bottle type)		Repair	No	No	No	No	No	No	No	No
55100	Drainage of scrotal wall abscess		Incision/Drainage	No	No	No	No	No	No	No	No
55110	Scrotal exploration		Exploratory	No	No	No	No	No	No	No	No
55120	Removal of foreign body in scrotum		Removal	No	No	No	No	No	No	No	No
55150	Resection of scrotum		Resection	Yes	Yes	No	No	No	No	Yes	Yes
55175	Scrotoplasty, simple		Repair	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
55180	Scrotoplasty, complicated		Repair	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
55200	Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure)		Incision	No	No	No	No	No	No	No	No
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)		Excision	No	No	No	No	No	No	No	No
55300	Vasotomy for vasograms, seminal vesiculograms, or epididymograms, unilateral or bilateral		Introduction	No	No	No	No	No	No	No	No
55400	Vasovasostomy, vasovasostomy		Repair	No	No	No	No	No	No	No	No
55500	Excision of hydrocele of spermatic cord, unilateral (separate procedure)		Excision	No	No	No	No	No	No	No	No
55520	Excision of lesion of spermatic cord (separate procedure)		Excision	No	No	No	No	No	No	No	No
55530	Excision of varicocele or ligation of spermatic veins for varicocele; (separate procedure)		Excision	No	No	No	No	No	No	No	No
55535	Excision of varicocele or ligation of spermatic veins for varicocele; abdominal approach		Excision	No	No	No	No	No	No	No	No
55540	Excision of varicocele or ligation of spermatic veins for varicocele; with hernia repair		Excision	No	No	No	No	No	No	No	No
55550	Laparoscopy, surgical; with ligation of spermatic veins for varicocele		Laparoscopy	No	No	No	No	No	No	No	No
55559	Unlisted Procedure laparoscopy procedure, spermatic cord		Unlisted Procedure	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
55600	Vesiculotomy		Incision	No	No	No	No	No	No	No	No
55605	Vesiculotomy; complicated		Incision	No	No	No	No	No	No	No	No
55650	Vesiculotomy, any approach		Excision	No	No	No	No	No	No	No	No
55680	Excision of Mullerian duct cyst		Excision	No	No	No	No	No	No	No	No
55700	Biopsy, prostate; needle or punch, single or multiple, any approach		Biopsy	No	No	No	No	No	No	No	No
55705	Biopsy, prostate; incisional, any approach		Biopsy	No	No	No	No	No	No	No	No
55706	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance		Biopsy	No	No	No	No	No	No	No	No
55720	Prostatotomy, external drainage of prostatic abscess, any approach, simple		Incision	No	No	No	No	No	No	No	No
55725	Prostatotomy, external drainage of prostatic abscess, any approach, complicated		Incision	No	No	No	No	No	No	No	No
55801	Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy)		Excision	No	No	No	No	No	No	No	No
55810	Prostatectomy, perineal radical		Excision	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
55812	Prostatectomy, perineal radical; with lymph node biopsy(s) (limited pelvic lymphadenectomy)		Excision	No	No	No	No	No	No	No	No
55815	Prostatectomy, perineal radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes		Excision	No	No	No	No	No	No	No	No
55821	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, 1 or 2 stages		Excision	No	No	No	No	No	No	No	No
55831	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); retropubic, subtotal		Excision	No	No	No	No	No	No	No	No
55840	Prostatectomy, retropubic radical, with or without nerve sparing		Excision	No	No	No	No	No	No	No	No
55842	Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)		Excision	No	No	No	No	No	No	No	No
55845	Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes		Excision	No	No	No	No	No	No	No	No
55860	Exposure of prostate, any approach, for insertion of radioactive substance		Excision	No	No	No	No	No	No	No	No
55862	Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node biopsy(s) (limited pelvic lymphadenectomy)		Excision	No	No	No	No	No	No	No	No
55865	Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes		Excision	No	No	No	No	No	No	No	No
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	Auth required for Commercial HMO/PPO if diagnosis code is any of the following: F64.0, F64.1, F64.2, F64.8, F64.9, Z87.890	Laparoscopy	Yes	Yes	No	No	No	No	No	No
55870	Laparoscopy, surgical prostatectomy, simple subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy), includes robotic assistance, when performed		Laparoscopy	No	No	No	No	No	No	No	No
55870	Electroejaculation		Other Procedure	No	No	No	Yes	No	Yes	No	No
55873	Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)		Ablation	No	No	No	No	No	No	No	No
55874	Transperineal placement of biodegradable material, periprostatic, single or multiple injection(s), including image guidance, when performed		Placement	No	No	No	No	No	No	No	No
55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy		Placement	No	No	No	No	No	No	No	No
55876	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple		Placement	No	No	No	No	No	No	No	No
55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance		Ablation	No	No	No	No	No	No	No	No
55899	Unlisted Procedure procedure, male genital system		Unlisted Procedure	Yes	Yes	Yes	No	Yes	No	Yes	Yes
55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application		Placement	No	No	No	No	No	No	No	No
55970	Intersex surgery, male to female		Other Procedure	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
55980	Intersex surgery, female to male		Other Procedure	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
56405	Incision and drainage of vulva or perineal abscess		Incision/Drainage	No	No	No	No	No	No	No	No
56420	Incision and drainage of Bartholin's gland abscess		Incision/Drainage	No	No	No	No	No	No	No	No
56440	Marshallization of Bartholin's gland cyst		Incision	No	No	No	No	No	No	No	No
56441	Lysis of labial adhesions		Incision	No	No	No	No	No	No	No	No
56442	Hymenotomy, simple incision		Incision	No	No	No	No	No	No	No	No
56501	Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)		Destruction	No	No	No	No	No	No	No	No
56515	Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)		Destruction	No	No	No	No	No	No	No	No
56605	Biopsy of vulva or perineum (separate procedure); 1 lesion		Biopsy	No	No	No	No	No	No	No	No
56606	Biopsy of vulva or perineum (separate procedure); each separate additional lesion (list separately in addition to code for primary procedure)		Biopsy	No	No	No	No	No	No	No	No
56620	Vulvectomy simple, complete		Excision	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
56625	Vulvectomy simple, complete		Excision	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
56630	Vulvectomy, radical, partial		Excision	No	No	Yes	No	Yes	No	No	No
56631	Vulvectomy, radical, partial; with unilateral inguofemoral lymphadenectomy		Excision	No	No	No	No	No	No	No	No
56632	Vulvectomy, radical, partial; with bilateral inguofemoral lymphadenectomy		Excision	No	No	No	No	No	No	No	No
56633	Vulvectomy, radical, complete		Excision	No	No	No	No	No	No	No	No
56634	Vulvectomy, radical, complete; with unilateral inguofemoral lymphadenectomy		Excision	No	No	No	No	No	No	No	No
56637	Vulvectomy, radical, complete; with bilateral inguofemoral lymphadenectomy		Excision	No	No	No	No	No	No	No	No
56640	Vulvectomy, radical, complete, with inguofemoral, iliac, and pelvic lymphadenectomy		Excision	No	No	No	No	No	No	No	No
56700	Partial hymenectomy or revision of hymenal ring		Revision	No	No	No	No	No	No	No	No
56740	Excision of Bartholin's gland or cyst		Excision	No	No	No	No	No	No	No	No
56800	Plastic repair of introitus	Auth required for Commercial HMO/PPO if diagnosis code is any of the following: F64.0, F64.1, F64.2, F64.8, F64.9, Z87.890	Repair	Yes	Yes	Yes	Yes	Yes	Yes	No	No
56805	Clitoroplasty for intersex state		Repair	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)		Repair	No	No	No	Yes	No	Yes	No	No
56820	Colposcopy of the vulva;		Endoscopy (EGD)	No	No	No	Yes	No	Yes	No	No
56821	Colposcopy of the vulva; with biopsy(s)		Endoscopy (EGD)	No	No	No	No	No	No	No	No
57000	Colposcopy, with excisional		Endoscopy (EGD)	No	No	No	No	No	No	No	No
57010	Colposcopy, with drainage of pelvic abscess		Excisional	No	No	No	No	No	No	No	No
57020	Colposcopy, with drainage of pelvic abscess		Excisional	No	No	No	No	No	No	No	No
57020	Colposcopy (separate procedure)		Excisional	No	No	No	No	No	No	No	No
57022	Incision and drainage of vaginal hematoma; obstetrical/postpartum		Excisional	No	No	No	No	No	No	No	No
57023	Incision and drainage of vaginal hematoma, non-obstetrical (eg, post-trauma, spontaneous bleeding)		Excisional	No	No	No	No	No	No	No	No
57023	Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)		Excisional	No	No	No	No	No	No	No	No
57061	Destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)		Excisional	No	No	No	No	No	No	No	No
57065	Destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)		Excisional	No	No	No	No	No	No	No	No
57100	Biopsy of vaginal mucosa; simple (separate procedure)		Biopsy	No	No	No	No	No	No	No	No
57105	Biopsy of vaginal mucosa; extensive, requiring suture (including cysts)		Biopsy	No	No	No	No	No	No	No	No
57106	Vaginectomy, partial removal of vaginal wall	Auth required for Commercial HMO/PPO if diagnosis code is any of the following: F64.0, F64.1, F64.2, F64.8, F64.9, Z87.890	Removal	Yes	Yes	Yes	Yes	Yes	Yes	No	No
57107	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)		Removal	No	No	Yes	Yes	Yes	Yes	No	No
57109	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)		Removal	No	No	No	No	No	No	No	No
57110	Vaginectomy, complete removal of vaginal wall		Removal	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
57111	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)		Removal	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
57120	Colpodesis (Le Fort type)		Excision	No	No	No	No	No	No	No	No
57130	Excision of vaginal septum		Excision	No	No	No	No	No	No	No	No
57135	Excision of vaginal cyst or tumor		Excision	No	No	No	No	No	No	No	No
57150	Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungal disease		Introduction	No	No	No	No	No	No	No	No
57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy		Insertion	No	No	No	No	No	No	No	No
57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy		Insertion	No	No	No	No	No	No	No	No
57160	Fitting and insertion of pessary or other intra-vaginal support device		Insertion	No	No	No	No	No	No	No	No
57170	Diaphragm or cervical cap fitting with instructions		Introduction	No	No	No	No	No	No	No	No
57180	Introduction of any hemostatic agent or pack for spontaneous or traumatic nonobstetrical vaginal hemorrhage (separate procedure)		Introduction	No	No	No	No	No	No	No	No
57200	Colporrhaphy, suture of injury of vagina (nonobstetrical)		Repair	No	No	No	No	No	No	No	No
57210	Colpoproctorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical)		Repair	No	No	No	No	No	No	No	No
57220	Plastic operation on urethral sphincter, vaginal approach (eg, Kelly urethral plication)		Repair	No	No	No	No	No	No	No	No
57230	Plastic repair of urethrocele		Repair	No	No	No	No	No	No	No	No
57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele		Repair	No	No	No	No	No	No	No	No
57250	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy		Repair	No	No	No	No	No	No	No	No
57260	Combined anterior-posterior colporrhaphy		Repair	No	No	No	No	No	No	No	No
57265	Combined anterior-posterior colporrhaphy; with enterocele repair		Repair	No	No	No	No	No	No	No	No
57267	Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (list separately in addition to code for primary procedure)		Repair	No	No	No	No	No	No	No	No
57268	Repair of enterocele, vaginal approach (separate procedure)		Repair	No	No	No	No	No	No	No	No
57270	Repair of enterocele, abdominal approach (separate procedure)		Repair	No	No	No	No	No	No	No	No
57280	Colpopexy, abdominal approach		Repair	No	No	No	No	No	No	No	No
57282	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, ilioococcygeus)		Repair	No	No	No	No	No	No	No	No
57283	Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)		Repair	No	No	No	No	No	No	No	No
57284	Paravaginal defect repair (including repair of cystocele, if performed); open abdominal approach		Repair	No	No	No	No	No	No	No	No
57285	Paravaginal defect repair (including repair of cystocele, if performed); vaginal approach		Repair	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
57287	Removal or revision of sling for stress incontinence (eg, fascia or synthetic)		Revision	No	No	No	No	No	No	No	No
57288	Sling operation for stress incontinence (eg, fascia or synthetic)		Repair	No	No	No	No	No	No	No	No
57289	Pereyra procedure, including anterior colporrhaphy		Repair	No	No	No	No	No	No	No	No
57291	Construction of artificial vagina, without graft		Reconstruction	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
57292	Construction of artificial vagina, with graft		Reconstruction	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach		Revision	Yes	Yes	No	No	No	No	Yes	Yes
57296	Revision (including removal) of prosthetic vaginal graft; open abdominal approach		Revision	Yes	Yes	No	No	No	No	Yes	Yes
57300	Closure of rectovaginal fistula: vaginal or transanal approach		Closure	No	No	No	No	No	No	No	No
57305	Closure of rectovaginal fistula, abdominal approach		Closure	No	No	No	No	No	No	No	No
57307	Closure of rectovaginal fistula; abdominal approach, with concomitant colostomy		Closure	No	No	No	No	No	No	No	No
57308	Closure of rectovaginal fistula; transperineal approach, with perineal body reconstruction, with or without levator plication		Closure	No	No	No	No	No	No	No	No
57310	Closure of urethrovaginal fistula		Closure	No	No	No	No	No	No	No	No
57311	Closure of urethrovaginal fistula; with bulbocavernosus transplant		Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
57320	Closure of vesicovaginal fistula; vaginal approach		Closure	No	No	No	No	No	No	No	No
57330	Closure of vesicovaginal fistula; transvesical and vaginal approach		Closure	No	No	No	No	No	No	No	No
57335	Vaginoplasty for intersex state		Repair	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
57400	Dilation of vagina under anesthesia (other than local)		Manipulation	No	No	No	No	No	No	No	No
57410	Pelvic examination under anesthesia (other than local)		Examination	No	No	No	No	No	No	No	No
57415	Removal of impacted vaginal foreign body (separate procedure) under anesthesia (other than local)		Removal	No	No	No	No	No	No	No	No
57420	Colposcopy of the entire vagina, with cervix if present;		Endoscopy (EGD)	No	No	No	No	No	No	No	No
57421	Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix		Endoscopy (EGD)	No	No	No	No	No	No	No	No
57423	Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach		Endoscopy (EGD)	No	No	No	No	No	No	No	No
57425	Laparoscopy, surgical, colopexy (suspension of vaginal apex)		Laparoscopy	No	No	No	No	No	No	No	No
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach	Auth required for Commercial HMO/PPD if diagnosis code is any of the following: F64.0, F64.1, F64.2, F64.8, F64.9, Z87.890	Revision	Yes	Yes	No	No	No	No	No	No
57452	Colposcopy of the cervix including upper/adjacent vagina		Endoscopy (EGD)	No	No	No	No	No	No	No	No
57454	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage		Endoscopy (EGD)	No	No	No	No	No	No	No	No
57455	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix		Endoscopy (EGD)	No	No	No	No	No	No	No	No
57456	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage		Endoscopy (EGD)	No	No	No	No	No	No	No	No
57460	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix		Endoscopy (EGD)	No	No	No	No	No	No	No	No
57461	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix		Endoscopy (EGD)	No	No	No	No	No	No	No	No
57465	Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the acetowhitening effect (List separately in addition to code for primary procedure)	ADD ON CODE - Use in conjunction with 57420-57452, 57454-57456, 57460-57461	Endoscopy	No	No	No	No	No	No	No	No
57500	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)		Biopsy	No	No	No	No	No	No	No	No
57501	Endocervical curettage (not done as part of a dilation and curettage)		Excision	No	No	No	No	No	No	No	No
57510	Cautery of cervix; electro or thermal		Excision	No	No	No	No	No	No	No	No
57511	Cautery of cervix; cryocautery, initial or repeat		Excision	No	No	No	No	No	No	No	No
57513	Cautery of cervix; laser ablation		Excision	No	No	No	No	No	No	No	No
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser		Excision	No	No	No	No	No	No	No	No
57522	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision		Excision	No	No	No	No	No	No	No	No
57530	Trachelectomy (cervicectomy), amputation of cervix (separate procedure)		Amputation	No	No	No	No	No	No	No	No
57531	Radical trachelectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling biopsy, with or without removal of tube(s), with or without removal of ovary(s)		Biopsy	No	No	No	No	No	No	No	No
57540	Excision of cervical stump, abdominal approach		Excision	No	No	No	No	No	No	No	No
57545	Excision of cervical stump, abdominal approach, with pelvic floor repair		Excision	No	No	No	No	No	No	No	No
57550	Excision of cervical stump, vaginal approach		Excision	No	No	No	No	No	No	No	No
57555	Excision of cervical stump, vaginal approach; with anterior and/or posterior repair		Excision	No	No	No	No	No	No	No	No
57556	Excision of cervical stump, vaginal approach; with repair of enterocele		Excision	No	No	No	No	No	No	No	No
57558	Dilation and curettage of cervical stump		Dilation	No	No	No	No	No	No	No	No
57700	Cerclage of uterine cervix, nonobstetrical		Repair	No	No	No	No	No	No	No	No
57720	Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach		Repair	No	No	No	No	No	No	No	No
57800	Dilation of cervical canal, instrumental (separate procedure)		Dilation	No	No	No	No	No	No	No	No
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)		Biopsy	No	No	No	No	No	No	No	No
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)		Biopsy	No	No	No	No	No	No	No	No
58120	Dilation and curettage, Diagnostic/Screening and/or therapeutic (nonobstetric)		Dilation	No	No	No	No	No	No	No	No
58140	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; abdominal approach		Excision	Yes	Yes	No	No	No	No	Yes	Yes
58145	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; vaginal approach		Excision	Yes	Yes	No	No	No	No	Yes	Yes
58146	Myomectomy, excision of fibroid tumor(s) of uterus, 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g, abdominal approach		Excision	Yes	Yes	No	No	No	No	Yes	Yes
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)		Hysterectomy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
58152	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s), with colpo-urethrovagioscopy (eg, Marshall-Marchetti-Krantz, Burch)		Hysterectomy	Yes	Yes	No	No	No	No	Yes	Yes
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)		Hysterectomy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
58200	Total abdominal hysterectomy, including partial vaginectomy, with para-aortic and pelvic lymph node sampling, with or without removal of tube(s), with or without removal of ovary(s)		Hysterectomy	Yes	Yes	No	No	No	No	Yes	Yes
58210	Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s)		Hysterectomy	Yes	Yes	No	No	No	No	Yes	Yes
58240	Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), with removal of bladder and ureteral transplantation, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof		Hysterectomy	Yes	Yes	No	No	No	No	Yes	Yes
58260	Vaginal hysterectomy, for uterus 250 g or less		Hysterectomy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)		Hysterectomy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele		Hysterectomy	Yes	Yes	No	No	No	No	Yes	Yes
58267	Vaginal hysterectomy, for uterus 250 g or less, with colpo-urethrovagioscopy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control		Hysterectomy	No	No	No	No	No	No	No	No
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele		Hysterectomy	Yes	Yes	No	No	No	No	Yes	Yes
58275	Vaginal hysterectomy, with total or partial vaginectomy		Hysterectomy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele		Hysterectomy	No	No	No	Yes	No	Yes	No	No
58285	Vaginal hysterectomy, radical (Schauta type operation)		Hysterectomy	No	No	No	Yes	No	Yes	No	No
58290	Vaginal hysterectomy, for uterus greater than 250 g		Hysterectomy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)		Hysterectomy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele		Hysterectomy	Yes	Yes	No	No	No	No	Yes	Yes
58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele		Hysterectomy	Yes	Yes	No	No	No	No	Yes	Yes
58300	Insertion of intrauterine device (IUD)		Insertion	No	No	No	No	No	No	No	No
58301	Removal of intrauterine device (IUD)		Removal	No	No	No	No	No	No	No	No
58321	Artificial insemination; intra-cervical		Introduction	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
58322	Artificial insemination; intra-uterine		Introduction	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
58323	Sperm washing for artificial insemination		Introduction	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography		Catheterization	No	No	No	No	No	No	No	No
58341	Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography		Introduction	No	No	No	No	No	No	No	No
58346	Insertion of Heyman capsules for clinical brachytherapy		Insertion	No	No	No	No	No	No	No	No
58350	Chromotubation of oviduct, including materials		Introduction	No	No	No	No	No	No	No	No
58353	Endometrial ablation, thermal, without hysteroscopic guidance		Ablation	No	No	No	No	No	No	No	No
58356	Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed		Ablation	No	No	No	No	No	No	No	No
58400	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; (separate procedure)		Repair	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
58410	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; with presacral sympathectomy		Repair	No	No	No	No	No	No	No	No
58520	Hysteroraphy, repair of ruptured uterus (nondistestic)		Repair	No	No	No	No	No	No	No	No
58540	Hysterorectomy, repair of uterine anomaly (intramural type)		Repair	No	No	No	No	No	No	No	No
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less		Hysterectomy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)		Hysterectomy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g		Hysterectomy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)		Hysterectomy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
58545	Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 g or less and/or removal of surface myomas		Excision	No	No	No	No	No	No	No	No
58546	Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g		Excision	No	No	No	No	No	No	No	No
58548	Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed		Hysterectomy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less		Hysterectomy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)		Hysterectomy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g		Hysterectomy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)		Hysterectomy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
58555	Hysteroscopy, Diagnostic/Screening (separate procedure)		Diagnostic/Screening	No	No	No	No	No	No	No	No
58558	Hysteroscopy, surgical, with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C		Biopsy	No	No	No	No	No	No	No	No
58559	Hysteroscopy, surgical, with lysis of intrauterine adhesions (any method)		Laparoscopy	No	No	No	No	No	No	No	No
58560	Hysteroscopy, surgical, with division or resection of intrauterine septum (any method)		Resection	No	No	No	No	No	No	No	No
58561	Hysteroscopy, surgical, with removal of leiomyomata		Removal	No	No	No	No	No	No	No	No
58562	Hysteroscopy, surgical, with removal of impacted foreign body		Removal	No	No	No	No	No	No	No	No
58563	Hysteroscopy, surgical, with endometrial ablation (eg, endometrial resection, electrocautery ablation, thermolablation)		Ablation	No	No	No	No	No	No	No	No
58565	Hysteroscopy, surgical, with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants		Placement	No	No	No	No	No	No	No	No
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less		Hysterectomy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)		Hysterectomy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g		Hysterectomy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)		Hysterectomy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
58575	Laparoscopy, surgical, total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or bilateral, when performed		Hysterectomy	No	No	No	No	No	No	No	No
58578	Unlisted Procedure laparoscopy procedure, uterus		Unlisted Procedure	Yes	Yes	No	No	No	No	Yes	Yes
58579	Unlisted Procedure hysterectomy procedure, uterus		Unlisted Procedure	Yes	Yes	No	No	No	No	Yes	Yes
58580	Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency			No	No	No	No	No	No	No	No
58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral		Ligation	Yes	Yes	No	No	No	No	Yes	Yes
58605	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure)		Ligation	Yes	Yes	No	No	No	No	Yes	Yes
58611	Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) [List separately in addition to code for primary procedure]		Ligation	No	No	No	No	No	No	No	No
58615	Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach		Occlusion	No	No	No	No	No	No	No	No
58660	Laparoscopy, surgical, with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)		Laparoscopy	No	No	No	No	No	No	No	No
58661	Laparoscopy, surgical, with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)		Removal	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
58662	Laparoscopy, surgical, with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method		Fulguration	No	No	No	No	No	No	No	No
58670	Laparoscopy, surgical, with fulguration of oviducts (with or without transection)		Fulguration	No	No	No	No	No	No	No	No
58671	Laparoscopy, surgical, with occlusion of oviducts by device (eg, band, clip, or Falope ring)		Occlusion	Yes	Yes	No	No	No	No	Yes	Yes
58672	Laparoscopy, surgical, with fimbriectomy		Laparoscopy	No	No	No	No	No	No	No	No
58673	Laparoscopy, surgical, with salpingostomy (salpingoneostomy)		Laparoscopy	No	No	No	No	No	No	No	No
58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency		Ablation	No	No	No	No	No	No	No	No
58679	Unlisted Procedure laparoscopy procedure, oviduct, ovary		Unlisted Procedure	Yes	Yes	No	No	No	No	Yes	Yes
58700	Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)		Excision	No	No	No	No	No	No	No	No
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)	Auth required for Commercial HMO/PPO if diagnosis code is any of the following: F64.0, F64.1, F64.2, F64.8, F64.9, Z87.890	Excision	Yes	Yes	Yes	Yes	Yes	Yes	No	No
58740	Lysis of adhesions (salpingolysis, ovariolysis)		Repair	Yes	Yes	No	No	No	No	Yes	Yes
58750	Tubotubal anastomosis		Repair	Yes	Yes	No	No	No	No	Yes	Yes
58752	Tubouterine implantation		Repair	Yes	Yes	No	No	No	No	Yes	Yes
58760	Fimbrioplasty		Repair	Yes	Yes	No	No	No	No	Yes	Yes
58770	Salpingostomy (salpingoneostomy)		Repair	Yes	Yes	No	No	No	No	Yes	Yes
58800	Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); vaginal approach		Incision/Drainage	No	No	No	No	No	No	No	No
58805	Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); abdominal approach		Incision/Drainage	No	No	No	No	No	No	No	No
58820	Drainage of ovarian abscess; vaginal approach, open		Incision/Drainage	No	No	No	No	No	No	No	No
58822	Drainage of ovarian abscess; abdominal approach		Incision/Drainage	No	No	No	No	No	No	No	No
58825	Transposition, ovary(s)		Incision	Yes	Yes	No	No	No	No	Yes	Yes
58900	Biopsy of ovary, unilateral or bilateral (separate procedure)		Biopsy	No	No	No	No	No	No	No	No
58920	Wedge resection or transection of ovary, unilateral or bilateral		Resection	No	No	No	No	No	No	No	No
58925	Ovarian cystectomy, unilateral or bilateral		Excision	No	No	No	No	No	No	No	No
58940	Oophorectomy, partial or total, unilateral or bilateral		Excision	No	No	No	No	No	No	No	No
58943	Oophorectomy, partial or total, unilateral or bilateral; for ovarian, tubal or primary peritoneal malignancy, with para-aortic and pelvic lymph node biopsies, peritoneal washings, peritoneal biopsies, diaphragmatic assessments, with or without salpingectomy(s), with or without omentectomy		Excision	No	No	No	No	No	No	No	No
58950	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy		Resection	No	No	No	No	No	No	No	No
58951	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy		Resection	No	No	No	No	No	No	No	No
58952	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with radical dissection for debulking (ie, radical excision or destruction, intra-abdominal or retroperitoneal tumors)		Resection	No	No	No	No	No	No	No	No
58953	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking		Hysterectomy	Yes	Yes	No	No	No	No	Yes	Yes
58954	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy		Hysterectomy	Yes	Yes	No	No	No	No	Yes	Yes
58956	Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy		Hysterectomy	Yes	Yes	No	No	No	No	Yes	Yes
58957	Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed		Resection	No	No	No	No	No	No	No	No
58958	Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy		Resection	No	No	No	No	No	No	No	No
58959	Laparotomy, for staging or restaging of ovarian, tubal, or primary peritoneal malignancy (second look), with or without omentectomy, peritoneal washing, biopsy of abdominal and pelvic peritoneum, diaphragmatic assessment with pelvic and limited para-aortic lymphadenectomy		Staging	No	No	No	No	No	No	No	No
58970	Follicle puncture for oocyte retrieval, any method		Unlisted Procedure	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
58974	Embryo transfer, intracervical		Unlisted Procedure	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
58976	Gamete, zygote, or embryo intrafallopian transfer, any method		Unlisted Procedure	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
58999	Unlisted Procedure procedure, female genital system (nondistestic)		Unlisted Procedure	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
59000	Amniocentesis, Diagnostic/Screening		Diagnostic/Screening	No	No	No	Yes	No	Yes	No	No
59001	Amniocentesis; therapeutic amniotic fluid reduction (includes ultrasound guidance)		Reduction	No	No	No	Yes	No	Yes	No	No
59012	Cordocentesis (intrauterine), any method		OB/GYN	No	No	No	No	No	No	No	No
59015	Chorionic villus sampling, any method		OB/GYN	No	No	No	No	No	No	No	No
59020	Fetal contraction stress test		OB/GYN	No	No	No	No	No	No	No	No
59025	Fetal non-stress test		OB/GYN	No	No	No	No	No	No	No	No
59030	Fetal scalp blood sampling		OB/GYN	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
59050	Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; supervision and interpretation		OB/GYN	No	No	No	No	No	No	No	No
59051	Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; interpretation only		OB/GYN	No	No	No	No	No	No	No	No
59070	Transabdominal amniocentesis, including ultrasound guidance		OB/GYN	No	No	No	No	No	No	No	No
59072	Fetal umbilical cord occlusion, including ultrasound guidance		OB/GYN	No	No	No	No	No	No	No	No
59074	Fetal fluid drainage (eg, vesicoamniotic, thoracoamniotic, paracentesis), including ultrasound guidance		OB/GYN	No	No	No	No	No	No	No	No
59076	Fetal throat placement, including ultrasound guidance		OB/GYN	No	No	No	No	No	No	No	No
59100	Hysterotomy, abdominal (eg, for hydatidiform mole, abortion)		OB/GYN	Yes	Yes	No	No	No	No	Yes	Yes
59120	Surgical treatment of ectopic pregnancy, tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach		OB/GYN	No	No	No	No	No	No	No	No
59121	Surgical treatment of ectopic pregnancy, tubal or ovarian, without salpingectomy and/or oophorectomy		OB/GYN	No	No	No	No	No	No	No	No
59130	Surgical treatment of ectopic pregnancy, abdominal pregnancy		OB/GYN	No	No	No	No	No	No	No	No
59136	Surgical treatment of ectopic pregnancy, interstitial, uterine pregnancy with partial resection of uterus		OB/GYN	No	No	No	No	No	No	No	No
59140	Surgical treatment of ectopic pregnancy, cervical, with evacuation		OB/GYN	No	No	No	No	No	No	No	No
59150	Laparoscopic treatment of ectopic pregnancy, without salpingectomy and/or oophorectomy		OB/GYN	No	No	No	No	No	No	No	No
59151	Laparoscopic treatment of ectopic pregnancy, with salpingectomy and/or oophorectomy		OB/GYN	No	No	No	No	No	No	No	No
59160	Curettage, postpartum		OB/GYN	No	No	No	No	No	No	No	No
59200	Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure)		OB/GYN	No	No	No	No	No	No	No	No
59300	Episiotomy or vaginal repair, by other than attending		OB/GYN	No	No	No	No	No	No	No	No
59320	Cerclage of cervix, during pregnancy, vaginal		OB/GYN	No	No	No	No	No	No	No	No
59325	Cerclage of cervix, during pregnancy, abdominal		OB/GYN	No	No	No	No	No	No	No	No
59350	Hysterorrhaphy of ruptured uterus		OB/GYN	No	No	No	No	No	No	No	No
59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care		OB/GYN	No	No	No	No	No	No	No	No
59405	Vaginal delivery only (with or without episiotomy and/or forceps)		OB/GYN	No	No	No	No	No	No	No	No
59410	Vaginal delivery only (with or without episiotomy and/or forceps), including postpartum care		OB/GYN	No	No	No	No	No	No	No	No
59412	External cephalic version, with or without tocolysis		OB/GYN	No	No	No	No	No	No	No	No
59414	Delivery of placenta (separate procedure)		OB/GYN	No	No	No	No	No	No	No	No
59425	Antepartum care only, 4-6 visits		OB/GYN	No	No	No	No	No	No	No	No
59426	Antepartum care only, 7 or more visits		OB/GYN	No	No	No	No	No	No	No	No
59430	Postpartum care only (separate procedure)		OB/GYN	No	No	No	No	No	No	No	No
59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care		OB/GYN	No	No	No	No	No	No	No	No
59514	Cesarean delivery only		OB/GYN	No	No	No	No	No	No	No	No
59515	Cesarean delivery only, including postpartum care		OB/GYN	No	No	No	No	No	No	No	No
59525	Subtotal or total hysterectomy after cesarean delivery (List separately in addition to code for primary procedure)		OB/GYN	Yes	Yes	Yes	No	Yes	No	Yes	Yes
59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery		OB/GYN	No	No	No	No	No	No	No	No
59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps)		OB/GYN	No	No	No	No	No	No	No	No
59614	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps), including postpartum care		OB/GYN	No	No	No	No	No	No	No	No
59618	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery		OB/GYN	No	No	No	No	No	No	No	No
59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery		OB/GYN	No	No	No	No	No	No	No	No
59622	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care		OB/GYN	No	No	No	No	No	No	No	No
59812	Treatment of incomplete abortion, any trimester, completed surgically		OB/GYN	No	No	No	No	No	No	No	No
59820	Treatment of missed abortion, completed surgically; first trimester		OB/GYN	No	No	No	No	No	No	No	No
59821	Treatment of missed abortion, completed surgically; second trimester		OB/GYN	No	No	No	No	No	No	No	No
59830	Treatment of septic abortion, completed surgically		OB/GYN	No	No	No	No	No	No	No	No
59840	Induced abortion, by dilation and curettage		OB/GYN	Yes	Yes	Yes	No	Yes	No	Yes	Yes
59841	Induced abortion, by dilation and evacuation		OB/GYN	Yes	Yes	Yes	No	Yes	No	Yes	Yes
59850	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secondaries		OB/GYN	Yes	Yes	Yes	No	Yes	No	Yes	Yes
59851	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secondaries; with dilation and curettage and/or evacuation		OB/GYN	Yes	Yes	Yes	No	Yes	No	Yes	Yes
59852	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secondaries; with hysterotomy (failed intra-amniotic injection)		OB/GYN	Yes	Yes	Yes	No	Yes	No	Yes	Yes
59855	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secondaries		OB/GYN	Yes	Yes	No	No	Yes	No	Yes	Yes
59856	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secondaries; with dilation and curettage and/or evacuation		OB/GYN	Yes	Yes	Yes	No	Yes	No	Yes	Yes
59857	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secondaries; with hysterotomy (failed medical evacuation)		OB/GYN	Yes	Yes	No	No	No	No	Yes	Yes
59866	Multifetal pregnancy reduction(s) (MPR)		OB/GYN	Yes	Yes	No	No	No	No	Yes	Yes
59870	Uterine evacuation and curettage for hydatidiform mole		OB/GYN	No	No	No	No	No	No	No	No
59871	Removal of cerclage suture under anesthesia (other than local)		OB/GYN	No	No	No	No	No	No	No	No
59897	Unlisted Procedure fetal invasive procedure, including ultrasound guidance, when performed		Unlisted Procedure	Yes	Yes	Yes	No	Yes	No	Yes	Yes
59898	Unlisted Procedure laparoscopy procedure, maternity care and delivery		Unlisted Procedure	Yes	Yes	Yes	No	Yes	No	Yes	Yes
59899	Unlisted Procedure procedure, maternity care and delivery		Unlisted Procedure	Yes	Yes	Yes	No	Yes	No	Yes	Yes

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Contra-Auth Non-ASA Provider	Contra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TREC Auth	BMS Auth
60000	Incision and drainage of thyrogllossal duct cyst, infected		Incision/Drainage	No	No	No	No	No	No	No	No
60100	Biopsy thyroid, percutaneous core needle		Biopsy	No	No	No	No	No	No	No	No
60200	Excision of cyst or adenoma of thyroid, or transsection of isthmus		Excision	No	No	No	No	No	No	No	No
60210	Partial thyroid lobectomy, unilateral; with or without isthmusectomy		Excision	No	No	No	No	No	No	No	No
60212	Partial thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy		Excision	No	No	No	No	No	No	No	No
60220	Total thyroid lobectomy, unilateral; with or without isthmusectomy		Excision	No	No	No	No	No	No	No	No
60225	Total thyroidectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy		Excision	No	No	No	No	No	No	No	No
60240	Thyroidectomy, total or complete		Excision	No	No	No	No	No	No	No	No
60252	Thyroidectomy, total or subtotal for malignancy, with limited neck dissection		Excision	No	No	No	No	No	No	No	No
60254	Thyroidectomy, total or subtotal for malignancy, with radical neck dissection		Excision	No	No	No	No	No	No	No	No
60260	Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid		Removal	No	No	No	No	No	No	No	No
60270	Thyroidectomy, including substernal thyroid, sternal split or transthoracic approach		Excision	No	No	No	No	No	No	No	No
60275	Thyroidectomy, including substernal thyroid, cervical approach		Excision	No	No	No	No	No	No	No	No
60280	Excision of thyrogllossal duct cyst or sinus		Excision	No	No	No	No	No	No	No	No
60285	Excision of thyrogllossal duct cyst or sinus, recurrent		Excision	No	No	No	No	No	No	No	No
60300	Aspiration and/or injection, thyroid cyst		Removal	No	No	No	No	No	No	No	No
60500	Parathyroidectomy or exploration of parathyroid(s)		Exploratory	No	No	No	No	No	No	No	No
60502	Parathyroidectomy or exploration of parathyroid(s), re-exploration		Exploratory	No	No	No	No	No	No	No	No
60505	Parathyroidectomy or exploration of parathyroid(s); with mediastinal exploration, sternal split or transthoracic approach		Exploratory	No	No	No	No	No	No	No	No
60512	Parathyroid autotransplantation (List separately in addition to code for primary procedure)		Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
60520	Thymectomy, partial or total; transcervical approach (separate procedure)		Removal	No	No	No	No	No	No	No	No
60521	Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure)		Removal	No	No	No	No	No	No	No	No
60522	Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure)		Removal	No	No	No	No	No	No	No	No
60540	Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure)		Removal	No	No	No	No	No	No	No	No
60545	Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure); with excision of adjacent retroperitoneal tumor		Removal	No	No	No	No	No	No	No	No
60545	Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure); with excision of adjacent retroperitoneal tumor		Removal	No	No	No	No	No	No	No	No
60600	Excision of carotid body tumor, without excision of carotid artery		Excision	No	No	No	No	No	No	No	No
60605	Excision of carotid body tumor, with excision of carotid artery		Excision	No	No	No	No	No	No	No	No
60620	Laparoscopy, surgical, with adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal		Laparoscopy	No	No	No	No	No	No	No	No
60659	Unlisted laparoscopic procedure, endocrine system		Unlisted Procedure	Yes	Yes	Yes	No	Yes	No	Yes	Yes
60699	Unlisted procedure, endocrine system		Unlisted Procedure	Yes	Yes	No	No	No	No	Yes	Yes
61000	Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; initial		Aspiration	No	No	No	No	No	No	No	No
61001	Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; subsequent taps		Aspiration	No	No	No	No	No	No	No	No
61020	Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; without injection		Puncture	No	No	No	No	No	No	No	No
61026	Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; with injection of medication or other substance for diagnosis or treatment		Puncture	No	No	No	No	No	No	No	No
61050	Cisternal or lateral cervical (C1-C2) puncture; without injection (separate procedure)		Puncture	No	No	No	No	No	No	No	No
61055	Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment		Puncture	No	No	No	No	No	No	No	No
61070	Puncture of shunt tubing or reservoir for aspiration or injection procedure		Puncture	No	No	No	No	No	No	No	No
61105	Twist drill hole for subdural or ventricular puncture		Puncture	No	No	No	No	No	No	No	No
61107	Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for implanting ventricular catheter, pressure recording device, or other intracerebral monitoring device		Puncture	No	No	No	No	No	No	No	No
61108	Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for evacuation and/or drainage of subdural hematoma		Puncture	No	No	No	No	No	No	No	No
61120	Burr hole(s) for ventricular puncture (including injection of gas, contrast media, dye, or radioactive material)		Puncture	No	No	No	No	No	No	No	No
61140	Burr hole(s) or trephine, with biopsy of brain or intracranial lesion		Biopsy	No	No	No	No	No	No	No	No
61150	Burr hole(s) or trephine, with drainage of brain abscess or cyst		Incision/Drainage	No	No	No	No	No	No	No	No
61151	Burr hole(s) or trephine, with subsequent tapping (aspiration) of intracranial abscess or cyst		Puncture	No	No	No	No	No	No	No	No
61154	Burr hole(s) with evacuation and/or drainage of hematoma, extradural or subdural		Incision/Drainage	No	No	No	No	No	No	No	No
61156	Burr hole(s); with aspiration of hematoma or cyst, intracerebral		Aspiration	No	No	No	No	No	No	No	No
61156	Burr hole(s); for implanting ventricular catheter, reservoir, EEG electrode(s), pressure recording device, or other cerebral monitoring device (separate procedure)		Implant	No	No	No	No	No	No	No	No
61220	Insertion of subcutaneous reservoir, pump or continuous infusion system for connection to ventricular catheter		Insertion	Yes	Yes	No	No	No	No	Yes	Yes
61250	Burr hole(s) or trephine, supratentorial, exploratory, not followed by other surgery		Puncture	No	No	No	No	No	No	No	No
61253	Burr hole(s) or trephine, infratentorial, unilateral or bilateral		Puncture	No	No	No	No	No	No	No	No
61304	Craniectomy or craniotomy, exploratory, supratentorial		Exploratory	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61305	Craniectomy or craniotomy, exploratory, infratentorial (posterior fossa)		Exploratory	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61312	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural		Removal	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61313	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; intracerebral		Removal	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61314	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; extradural or subdural		Removal	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61315	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; intracerebellar		Removal	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61316	Incision and subcutaneous placement of cranial bone graft (List separately in addition to code for primary procedure)		Placement	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61320	Craniectomy or craniotomy, drainage of intracranial abscess; supratentorial		Incision/Drainage	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61321	Craniectomy or craniotomy, drainage of intracranial abscess; infratentorial		Incision/Drainage	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61322	Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; without lobectomy		Decompression	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61322	Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; without lobectomy		Decompression	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61323	Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; with lobectomy		Decompression	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61330	Decompression of orbit only, transcranial approach		Decompression	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61333	Exploration of orbit (transcranial approach); with removal of lesion		Exploratory	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61340	Subtemporal craniotomy for decompression (pseudotumor cerebri, slit ventricle syndrome)		Decompression	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61343	Craniectomy, suboccipital with cervical laminectomy for decompression of medulla and spinal cord, with or without dural graft (eg, Arnold's Chiari malformation)		Decompression	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
61345	Other cranial decompression, posterior fossa		Decompression	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61450	Craniectomy, subtemporal, for section, compression, or decompression of sensory root of gasserian ganglion		Decompression	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61458	Craniectomy, suboccipital; for exploration or decompression of cranial nerves		Decompression	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61460	Craniectomy, suboccipital; for section of 1 or more cranial nerves		Resection	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61500	Craniectomy, with excision of tumor or other bone lesion of skull		Excision	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61501	Craniectomy; for osteomyelitis		Removal	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61510	Craniectomy, trephination, bone flap or craniotomy, for excision of brain tumor, supratentorial, except meningioma		Excision	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61512	Craniectomy, trephination, bone flap or craniotomy, for excision of meningioma, supratentorial		Excision	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61514	Craniectomy, trephination, bone flap or craniotomy, for excision of brain abscess, supratentorial		Excision	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61516	Craniectomy, trephination, bone flap or craniotomy, for excision or fenestration of cyst, supratentorial		Excision	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61517	Implantation of brain intracavitary chemotherapy agent (List separately in addition to code for primary procedure)		Implant	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61518	Craniectomy for excision of brain tumor, infratentorial or posterior fossa, except meningioma, cerebellopontine angle tumor, or midline tumor at base of skull		Excision	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61519	Craniectomy for excision of brain tumor, infratentorial or posterior fossa, meningioma		Excision	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61520	Craniectomy for excision of brain tumor, infratentorial or posterior fossa, cerebellopontine angle tumor		Excision	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61521	Craniectomy for excision of brain tumor, infratentorial or posterior fossa, midline tumor at base of skull		Excision	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61522	Craniectomy, infratentorial or posterior fossa, for excision of brain abscess		Excision	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61524	Craniectomy, infratentorial or posterior fossa, for excision or fenestration of cyst		Excision	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61526	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor		Excision	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61530	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor; combined with middle/posterior fossa craniotomy/craniectomy		Excision	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61531	Subdural implantation of strip electrodes through 1 or more burr or trephine hole(s) for long-term seizure monitoring		Puncture	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61533	Craniotomy with elevation of bone flap, for subdural implantation of an electrode array, for long-term seizure monitoring		Implant	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61534	Craniotomy with elevation of bone flap, for excision of epileptogenic focus without electrocorticography during surgery		Excision	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61535	Craniotomy with elevation of bone flap, for removal of epidural or subdural electrode array, without excision of cerebral tissue (separate procedure)		Removal	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61536	Craniotomy with elevation of bone flap, for excision of cerebral epileptogenic focus, with electrocorticography during surgery (includes removal of electrode array)		Excision	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61537	Craniotomy with elevation of bone flap, for lobectomy, temporal lobe, without electrocorticography during surgery		Open Treatment	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61538	Craniotomy with elevation of bone flap, for lobectomy, temporal lobe, with electrocorticography during surgery		Electrocorticography (EEG)	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61539	Craniotomy with elevation of bone flap, for lobectomy, other than temporal lobe, partial or total, with electrocorticography during surgery		Electrocorticography (EEG)	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61540	Craniotomy with elevation of bone flap, for lobectomy, other than temporal lobe, partial or total, without electrocorticography during surgery		Open Treatment	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61541	Craniotomy with elevation of bone flap, for transection of corpus callosum		Removal	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61543	Craniotomy with elevation of bone flap, for partial or subtotal (functional) hemispherectomy		Removal	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61544	Craniotomy with elevation of bone flap, for excision or coagulation of choroid plexus		Excision	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61545	Craniotomy with elevation of bone flap, for excision of craniopharyngioma		Excision	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61546	Craniotomy for hypophysectomy or excision of pituitary tumor, intracranial approach		Excision	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61548	Hypophysectomy or excision of pituitary tumor, transnasal or transseptal approach, nonsteriodic		Excision	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61550	Craniectomy for craniostenosis, single cranial suture		Closure	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61552	Craniectomy for craniostenosis, multiple cranial sutures		Closure	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61556	Craniectomy for craniostenosis, frontal or parietal bone flap		Closure	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61557	Craniectomy for craniostenosis, bifrontal bone flap		Closure	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61558	Extensive craniectomy for multiple cranial suture craniostenosis (eg, cloverleaf skull); not requiring bone grafts		Closure	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61559	Extensive craniectomy for multiple cranial suture craniostenosis (eg, cloverleaf skull); recontouring with multiple osteotomies and bone autografts (eg, barrel-stave procedure) (includes obtaining grafts)		Closure	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61563	Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); without optic nerve decompression		Excision	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61564	Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); with optic nerve decompression		Excision	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61566	Craniotomy with elevation of bone flap, for selective amygdalohippocampectomy		Removal	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61567	Craniotomy with elevation of bone flap, for multiple subpial transections, with electrocorticography during surgery		Exploratory	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61570	Craniectomy or craniotomy, with excision of foreign body from brain		Excision	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61571	Craniectomy or craniotomy, with treatment of penetrating wound of brain		Exploratory	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61575	Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion		Biopsy	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61576	Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion; requiring splitting of tongue and/or mandible (including tracheostomy)		Biopsy	Yes	Yes	Yes	No	Yes	No	Yes	Yes

CPT	Description	Notes	Code Group	Commercial HMO-Auto	Commercial PPO-Auto	Contra-Auth Non-ASA Provider	Contra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TREC Auth	BMS Auth
61580	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital exenteration		Removal	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61581	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, orbital exenteration, ethmoidectomy, sphenoidectomy and/or maxillectomy		Removal	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61582	Craniofacial approach to anterior cranial fossa; extradural, including unilateral or bilateral craniotomy, elevation of frontal lobe(s), osteotomy of base of anterior cranial fossa		Removal	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61583	Craniofacial approach to anterior cranial fossa; intradural, including unilateral or bilateral craniotomy, elevation or resection of frontal lobe, osteotomy of base of anterior cranial fossa		Resection	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61584	Orbital cranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s), without or with exenteration		Reconstruction	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61585	Orbital cranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); with orbital exenteration		Reconstruction	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61586	Biconal, transzygomatic and/or LeFort I osteotomy approach to anterior cranial fossa with or without internal fixation, without bone graft		Reconstruction	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61590	Infratemporal pre-auricular approach to middle cranial fossa (parapharyngeal space, infratemporal and middle skull base, nasopharynx), with or without disarticulation of the mandible, including parotidectomy, craniotomy, decompression and/or mobilization of the facial nerve and/or petrous carotid artery		Reconstruction	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61591	Infratemporal post-auricular approach to middle cranial fossa (internal auditory meatus, petrous apex, tentorium, cavernous sinus, parasellar area, infratemporal fossa) including mastoidectomy, resection of sigmoid sinus, with or without decompression and/or mobilization of contents of auditory canal or petrous carotid artery		Reconstruction	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61592	Orbital cranial approach to middle cranial fossa (cavernous sinus and carotid artery, clivus, basilar artery or petrous apex) including osteotomy of zygoma, craniotomy, extra- or intradural elevation of temporal lobe		Decompression	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61595	Transfemoral approach to posterior cranial fossa, jugular foramen or midline skull base, including mastoidectomy, decompression of sigmoid sinus and/or facial nerve, with or without mobilization		Decompression	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61596	Transcochlear approach to posterior cranial fossa, jugular foramen or midline skull base, including labyrinthectomy, decompression, with or without mobilization of facial nerve and/or petrous carotid artery		Decompression	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61597	Transcondylar (far lateral) approach to posterior cranial fossa, jugular foramen or midline skull base, including occipital condylectomy, mastoidectomy, resection of C1-C3 vertebral body(s), decompression of vertebral artery, with or without mobilization		Removal	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61598	Transpetrosal approach to posterior cranial fossa, clivus or foramen magnum, including ligation of superior petrosal sinus and/or sigmoid sinus		Ligation	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61600	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa, extradural		Resection	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61601	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; intradural, including dural repair, with or without graft		Resection	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61605	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; extradural		Resection	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61606	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; intradural, including dural repair, with or without graft		Resection	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61607	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; extradural		Resection	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61608	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; intradural, including dural repair, with or without graft		Resection	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61611	Transection or ligation, carotid artery in petrous canal, without repair (List separately in addition to code for primary procedure)		Ligation	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61613	Obstruction of carotid aneurysm, arteriovenous malformation, or carotid-cavernous fistula by dissection within cavernous sinus		Destruction	No	No	No	No	No	No	No	No
61615	Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; extradural		Resection	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61616	Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; intradural, including dural repair, with or without graft		Resection	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61618	Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by free tissue graft (eg, pericranium, fascia, tensor fasciae latae, adipose tissue, homologous or synthetic grafts)		Repair	No	No	No	No	No	No	No	No
61619	Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by local or regionalized vascularized pedicle flap or myocutaneous flap (including galea, temporalis, frontalis or occipitalis muscle)		repair	No	No	No	No	No	No	No	No
61623	Endovascular temporary balloon arterial occlusion, head or neck (extracranial/intracranial) including selective catheterization of vessel to be occluded, positioning and inflation of occlusion balloon, concomitant neurological monitoring, and radiologic supervision and interpretation of all angiography required for balloon occlusion and to exclude vascular injury post occlusion		Occlusion	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61624	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, central nervous system (intracranial, spinal cord)		Occlusion	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61626	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, head or neck (extracranial, brachiocephalic trunk and arch)		Occlusion	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61630	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous		Balloon Catheter	Yes	Yes	No	No	No	No	Yes	Yes
61635	Transcatheter placement of intracranial stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed		Placement	Yes	Yes	No	No	No	No	Yes	Yes
61640	Balloon dilatation of intracranial vasospasm, percutaneous, initial vessel		Balloon Catheter	Yes	Yes	No	No	No	No	Yes	Yes
61641	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular territory (List separately in addition to code for primary procedure)		Balloon Catheter	Yes	Yes	No	No	No	No	Yes	Yes
61642	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular territory (List separately in addition to code for primary procedure)		Balloon Catheter	Yes	Yes	No	No	No	No	Yes	Yes
61645	Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)		Occlusion	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61650	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; initial vascular territory		Introduction	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61651	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; each additional vascular territory (List separately in addition to code for primary procedure)		Introduction	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61680	Surgery of intracranial arteriovenous malformation, supratentorial, simple		Reconstruction	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61682	Surgery of intracranial arteriovenous malformation, supratentorial, complex		Reconstruction	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61684	Surgery of intracranial arteriovenous malformation, infratentorial, simple		Reconstruction	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61686	Surgery of intracranial arteriovenous malformation, infratentorial, complex		Reconstruction	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61690	Surgery of intracranial arteriovenous malformation, dural, simple		Reconstruction	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61692	Surgery of intracranial arteriovenous malformation, dural, complex		Reconstruction	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61697	Surgery of complex intracranial aneurysm, intracranial approach; carotid circulation		Resection	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61698	Surgery of complex intracranial aneurysm, intracranial approach; vertebralbasilar circulation		Resection	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61700	Surgery of simple intracranial aneurysm, intracranial approach; carotid circulation		Resection	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61702	Surgery of simple intracranial aneurysm, intracranial approach; vertebralbasilar circulation		Resection	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61703	Surgery of intracranial aneurysm, cervical approach by application of occluding clamp to cervical carotid artery (Selverstone-Cruickfield type)		Resection	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61705	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula, by intracranial and cervical occlusion of carotid artery		Resection	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61708	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula, by intracranial electrothrombosis		Resection	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61710	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula, by intra-arterial embolization, injection procedure, or balloon catheter		Resection	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61711	Anastomosis, arterial, extracranial-intracranial (eg, middle cerebral/cortical arteries)		Resection	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61720	Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages, globus pallidus or thalamus		Creation	No	No	No	No	No	No	No	No
61735	Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; subcortical (structure(s) other than globus pallidus or thalamus)		Creation	No	No	No	No	No	No	No	No
61736	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion		Laser Therapy	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61737	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)		Laser Therapy	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61750	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion		Biopsy	No	No	No	No	No	No	No	No
61751	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion; with computed tomography and/or magnetic resonance guidance		Biopsy	No	No	No	No	No	No	No	No
61760	Stereotactic implantation of depth electrodes into the cerebrum for long-term seizure monitoring		Implant	No	No	No	No	No	No	No	No
61770	Stereotactic localization, including burr hole(s), with insertion of catheter(s) or probe(s) for placement of radiation source		Placement	No	No	No	No	No	No	No	No
61781	Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)		Stereotactic	No	No	No	No	No	No	No	No
61782	Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)		Stereotactic	No	No	No	No	No	No	No	No
61783	Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)		Stereotactic	No	No	No	No	No	No	No	No
61790	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); trigeminal ganglion		Creation	No	No	No	No	No	No	No	No
61791	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); trigeminal medullary tract		Creation	No	No	No	No	No	No	No	No
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion		Stereotactic	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)		Stereotactic	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion		Stereotactic	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)		Stereotactic	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61800	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)		Application	No	No	No	No	No	No	No	No
61850	Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical		Implant	Yes	Yes	No	No	No	No	Yes	Yes
61860	Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical		Implant	Yes	Yes	No	No	No	No	Yes	Yes
61863	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array		Implant	Yes	Yes	No	No	No	No	Yes	Yes
61864	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)		Implant	Yes	Yes	No	No	No	No	Yes	Yes
61867	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array		Implant	Yes	Yes	No	No	No	No	Yes	Yes

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Senary-Auth Non-ASA Provider	Senary-Auth ASA Provider	TRBC Auth	BMS Auth
	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative micro electrode recording; each additional array (List separately in addition to primary procedure)		Implant	Yes	Yes	No	No	No	No	Yes	Yes
61880	Revision or replacement of intracranial neurostimulator electrode array		Revision	Yes	Yes	No	No	No	No	Yes	Yes
61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling, with connection to a single electrode array		Insertion	Yes	Yes	No	No	No	No	Yes	Yes
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling, with connection to 2 or more electrode arrays		Insertion	Yes	Yes	No	No	No	No	Yes	Yes
61888	Revision or removal of cranial neurostimulator pulse generator or receiver		Revision	Yes	Yes	No	No	No	No	Yes	Yes
61889	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s)		Insertion	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61891	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)		Revision	Yes	Yes	Yes	No	Yes	No	Yes	Yes
61892	Removal of skull-mounted cranial neurostimulator pulse generator or receiver with cranioplasty, when performed		Removal	Yes	Yes	Yes	No	Yes	No	Yes	Yes
62000	Elevation of depressed skull fracture; simple, extradural		Repair	No	No	No	No	No	No	No	No
62005	Elevation of depressed skull fracture; compound or comminuted, extradural		Repair	No	No	No	No	No	No	No	No
62010	Elevation of depressed skull fracture, with repair of dura and/or for debulking of brain		Repair	No	No	No	No	No	No	No	No
62100	Craniotomy for repair of dural/cerebrospinal fluid leak, including surgery for rhinorrhea/otorrhea		Repair	No	No	No	No	No	No	No	No
62115	Reduction of craniomegaly skull (eg, treated hydrocephalus); not requiring bone grafts or cranioplasty		Reduction	No	No	No	No	No	No	No	No
62117	Reduction of craniomegaly skull (eg, treated hydrocephalus); requiring craniotomy and reconstruction with or without bone graft (includes obtaining grafts)		Reduction	No	No	No	No	No	No	No	No
62120	Repair of encephalocele, skull vault, including cranioplasty		Repair	No	No	No	No	No	No	No	No
62121	Craniotomy for repair of encephalocele, skull base		Repair	No	No	No	No	No	No	No	No
62140	Cranioplasty for skull defect; up to 5 cm diameter		Repair	No	No	No	No	No	No	No	No
62141	Cranioplasty for skull defect; larger than 5 cm diameter		Repair	No	No	No	No	No	No	No	No
62142	Removal of bone flap or prosthetic plate of skull		Removal	No	No	No	No	No	No	No	No
62143	Replacement of bone flap or prosthetic plate of skull		Replacement	No	No	No	No	No	No	No	No
62145	Cranioplasty for skull defect with reparative brain surgery		Repair	No	No	No	No	No	No	No	No
62146	Cranioplasty with autograft (includes obtaining bone grafts); up to 5 cm diameter		Repair	No	No	No	No	No	No	No	No
62147	Cranioplasty with autograft (includes obtaining bone grafts); larger than 5 cm diameter		Repair	No	No	No	No	No	No	No	No
62148	Incision and retrieval of subcutaneous cranial bone graft for cranioplasty (List separately in addition to code for primary procedure)		Reconstruction	No	No	No	No	No	No	No	No
62160	Neuroendoscopy, intracranial, for placement or replacement of ventricular catheter and attachment to shunt system or external drainage (List separately in addition to code for primary procedure)		Placement	No	No	No	No	No	No	No	No
62161	Neuroendoscopy, intracranial, with dissection, fenestration of septum pellucidum or intraventricular cysts (including placement, replacement, or removal of ventricular catheter)		Removal	No	No	No	No	No	No	No	No
62162	Neuroendoscopy, intracranial, with fenestration or excision of colloid cyst, including placement of external ventricular catheter for drainage		Excision	No	No	No	No	No	No	No	No
62164	Neuroendoscopy, intracranial, with excision of brain tumor, including placement of external ventricular catheter for drainage		Excision	No	No	No	No	No	No	No	No
62165	Neuroendoscopy, intracranial, with excision of pituitary tumor, transnasal or trans-sphenoidal approach		Excision	No	No	No	No	No	No	No	No
62180	Ventriculocisternostomy (Torkelson type operation)		Shunt	No	No	No	No	No	No	No	No
62190	Creation of shunt; subarachnoid/subdural-atrial, -jugular, -auricular		Creation	No	No	No	No	No	No	No	No
62192	Creation of shunt; subarachnoid/subdural-peritoneal, -pleural, other terminus		Creation	No	No	No	No	No	No	No	No
62194	Replacement or irrigation, subarachnoid/subdural catheter		Replacement	No	No	No	No	No	No	No	No
62200	Ventriculocisternostomy, third ventricle		Shunt	No	No	No	No	No	No	No	No
62201	Ventriculocisternostomy, third ventricle, stereotactic, neuroendoscopic method		Shunt	No	No	No	No	No	No	No	No
62220	Creation of shunt; ventriculo-atrial, -jugular, -auricular		Creation	No	No	No	No	No	No	No	No
62223	Creation of shunt; ventriculo-peritoneal, -pleural, other terminus		Creation	No	No	No	No	No	No	No	No
62225	Replacement or irrigation, ventricular catheter		Replacement	No	No	No	No	No	No	No	No
62230	Replacement or revision of cerebrospinal fluid shunt, obstructed valve, or distal catheter in shunt system		Replacement	No	No	No	No	No	No	No	No
62252	Reprogramming of programmable cerebrospinal shunt		Shunt	No	No	No	No	No	No	No	No
62256	Removal of complete cerebrospinal fluid shunt system; without replacement		Removal	No	No	No	No	No	No	No	No
62258	Removal of complete cerebrospinal fluid shunt system; with replacement by similar or other shunt at same operation		Removal	No	No	No	No	No	No	No	No
62263	Percutaneous lysis of epidural adhesions using solution injection (eg, hyper tonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days		Ligation	Yes	Yes	No	No	No	No	Yes	Yes
62264	Percutaneous lysis of epidural adhesions using solution injection (eg, hyper tonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day		Ligation	Yes	Yes	No	No	No	No	Yes	Yes
62267	Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for Diagnostic/Screening purposes		Aspiration	No	No	No	No	No	No	No	No
62268	Percutaneous aspiration, spinal cord cyst or syrinx		Aspiration	No	No	No	No	No	No	No	No
62269	Biospy of spinal cord, percutaneous needle		Biospy	No	No	No	No	No	No	No	No
62270	Spinal puncture, lumbar, Diagnostic/Screening		Diagnostic/Screening	No	No	No	No	No	No	No	No
62272	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter)		Puncture	No	No	No	No	No	No	No	No
62273	Injection, epidural, of blood or clot patch		Insertion	No	No	No	No	No	No	No	No
62280	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid		Infusion	No	No	No	No	No	No	No	No
62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic		Infusion	No	No	No	No	No	No	No	No
62282	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)		Infusion	No	No	No	No	No	No	No	No
62284	Injection procedure for myelography and/or computed tomography, lumbar		Radiological/Drug	No	No	No	No	No	No	No	No
62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar		Decompression	Yes	Yes	No	No	No	No	Yes	Yes
62290	Injection procedure for discography, each level, lumbar		Measurement	No	No	No	No	No	No	No	No
62291	Injection procedure for discography, each level, cervical or thoracic		Measurement	No	No	No	No	No	No	No	No
62292	Injection procedure for chemoneurolysis, including discography, intervertebral disc, single or multiple levels, lumbar		Introduction	No	No	No	No	No	No	No	No
62294	Injection procedure, arterial, for occlusion of arteriovenous malformation, spinal		Occlusion	No	No	No	No	No	No	No	No
62302	Myelography via lumbar injection, including radiological supervision and interpretation; cervical		Imaging	No	No	No	No	No	No	No	No
62303	Myelogram via lumbar injection, including radiological supervision and interpretation; thoracic		Imaging	No	No	No	No	No	No	No	No
62304	Myelogram via lumbar injection, including radiological supervision and interpretation; lumbar		Imaging	No	No	No	No	No	No	No	No
62305	Myelogram via lumbar injection, including radiological supervision and interpretation; 2 or more regions (eg, lumbar/thoracic, cervical, lumbar/sacral, lumbar/thoracic/cervical)		Imaging	Yes	Yes	No	No	No	No	Yes	Yes
62320	Injection(s), of Diagnostic/Screening or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance		Diagnostic/Screening	No	No	No	Yes	No	Yes	No	No
62321	Injection(s), of Diagnostic/Screening or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)		Diagnostic/Screening	No	No	No	Yes	No	Yes	No	No
62322	Injection(s), of Diagnostic/Screening or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance		Diagnostic/Screening	No	No	No	Yes	No	Yes	No	No
62323	Injection(s), of Diagnostic/Screening or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)		Diagnostic/Screening	No	No	No	Yes	No	Yes	No	No
62324	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance		Placement	No	No	No	Yes	No	Yes	No	No
62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)		Placement	No	No	No	Yes	No	Yes	No	No
62326	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance		Placement	No	No	No	Yes	No	Yes	No	No
62327	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)		Placement	No	No	No	Yes	No	Yes	No	No
62328	Spinal puncture, lumbar, Diagnostic, with fluoroscopy or CT guidance		Aspiration	No	No	No	No	No	No	No	No
62329	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopy or CT guidance		Aspiration	No	No	No	No	No	No	No	No
62350	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy		Revision	Yes	Yes	No	No	No	No	Yes	Yes
62351	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy		Revision	Yes	Yes	No	No	No	No	Yes	Yes
62355	Removal of previously implanted intrathecal or epidural catheter		Removal	No	No	No	No	No	No	No	No
62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir		Implant	Yes	Yes	No	No	No	No	Yes	Yes
62361	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump		Implant	Yes	Yes	No	No	No	No	Yes	Yes
62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming		Implant	Yes	Yes	No	No	No	No	Yes	Yes
62365	Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion		Removal	No	No	No	No	No	No	No	No
62367	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming or refill		Analysis	No	No	No	No	No	No	No	No
62368	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill		Analysis	No	No	No	No	No	No	No	No
62369	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified health care professional)		Analysis	No	No	No	No	No	No	No	No
62370	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar		Decompression	Yes	Yes	No	No	No	No	No	No
63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical		Exploratory	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Contra-Auth Non-ASA Provider	Contra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TREC Auth	BMS Auth
63003	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; thoracic		Exploratory	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis		Exploratory	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
63011	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; sacral		Exploratory	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
63012	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (G II type procedure)		Removal	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical		Exploratory	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
63016	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; thoracic		Exploratory	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar		Exploratory	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical		Decompression	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar		Decompression	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)		Decompression	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, 1 exploration, single interspace; cervical		Decompression	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, 1 exploration, single interspace; lumbar		Decompression	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, 1 exploration, single interspace, each additional cervical interspace (List separately in addition to code for primary procedure)		Decompression	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, 1 exploration, single interspace, each additional lumbar interspace (List separately in addition to code for primary procedure)		Decompression	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical		Removal	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
63046	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic		Removal	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar		Removal	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), [eg, spinal or lateral recess stenosis]), single vertebral segment, each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)	ADD ON CODE	Removal	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
63050	Laminotomy, cervical, with decompression of the spinal cord, 2 or more vertebral segments, with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices [eg, wire, suture, mini-plates, when performed])		Decompression	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
63051	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure)		Decompression	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
63052	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional segment (List separately in addition to code for primary procedure)		Decompression	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
63053	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) [eg, herniated intervertebral disc], single segment; thoracic		Decompression	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
63055	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) [eg, herniated intervertebral disc], single segment; lumbar (including transfacet, or lateral extraforaminal approach) [eg, far lateral herniated intervertebral disc]		Decompression	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) [eg, herniated intervertebral disc], single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)		Decompression	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
63064	Costovertebral approach with decompression of spinal cord or nerve root(s) [eg, herniated intervertebral disc], thoracic; single segment		Decompression	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
63066	Costovertebral approach with decompression of spinal cord or nerve root(s) [eg, herniated intervertebral disc], thoracic; each additional segment (List separately in addition to code for primary procedure)		Decompression	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace		Decompression	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
63076	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)		Decompression	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
63077	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, single interspace		Decompression	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
63078	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, each additional interspace (List separately in addition to code for primary procedure)		Decompression	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment		Resection	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
63082	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure)		Resection	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
63085	Vertebral corpectomy (vertebral body resection), partial or complete, trans thoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment		Resection	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
63086	Vertebral corpectomy (vertebral body resection), partial or complete, trans thoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, each additional segment (List separately in addition to code for primary procedure)		Resection	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
63087	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s); lower thoracic or lumbar; single segment		Resection	Yes	Yes	No	No	No	No	Yes	Yes
63088	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s); lower thoracic or lumbar; each additional segment (List separately in addition to code for primary procedure)		Resection	Yes	Yes	No	No	No	No	Yes	Yes
63090	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s); lower thoracic, lumbar, or sacral; single segment		Resection	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
63091	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s); lower thoracic, lumbar, or sacral; each additional segment (List separately in addition to code for primary procedure)		Resection	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
63101	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) [eg, for tumor or retropulsed bone fragments]; thoracic, single segment		Resection	Yes	Yes	No	No	No	No	Yes	Yes
63102	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) [eg, for tumor or retropulsed bone fragments]; lumbar, single segment		Resection	Yes	Yes	No	No	No	No	Yes	Yes
63103	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) [eg, for tumor or retropulsed bone fragments]; thoracic or lumbar, each additional segment (List separately in addition to code for primary procedure)		Resection	Yes	Yes	No	No	No	No	Yes	Yes
63170	Laminectomy with myelotomy [eg, Bäckström or DREZ type], cervical, thoracic, or thoracolumbar		Removal	No	No	No	No	No	No	No	No
63172	Laminectomy with drainage of intramedullary cyst/syrinx, to subarachnoid space		Removal	No	No	No	No	No	No	No	No
63173	Laminectomy with drainage of intramedullary cyst/syrinx, to peritoneal or pleural space		Removal	No	No	No	No	No	No	No	No
63185	Laminectomy with rhizotomy; 1 or 2 segments		Removal	No	No	Yes	Yes	Yes	Yes	Yes	Yes
63190	Laminectomy with rhizotomy; more than 2 segments		Removal	No	No	Yes	Yes	Yes	Yes	Yes	Yes
63191	Laminectomy with section of spinal accessory nerve		Removal	No	No	No	No	No	No	No	No
63197	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage, thoracic		Removal	No	No	No	No	No	No	No	No
63200	Laminectomy, with release of tethered spinal cord, lumbar		Release	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
63250	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical		Excision	No	No	No	No	No	No	No	No
63251	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracic		Excision	No	No	No	No	No	No	No	No
63252	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar		Excision	No	No	No	No	No	No	No	No
63265	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical		Excision	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
63266	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic		Excision	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar		Excision	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
63268	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; sacral		Excision	Yes	Yes	No	No	No	No	Yes	Yes
63270	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical		Excision	Yes	Yes	No	No	No	No	Yes	Yes
63271	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; thoracic		Excision	Yes	Yes	No	No	No	No	Yes	Yes
63272	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar		Excision	Yes	Yes	No	No	No	No	Yes	Yes
63273	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; sacral		Excision	Yes	Yes	No	No	No	No	Yes	Yes
63275	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural; cervical		Biopsy	No	No	No	No	No	No	No	No
63276	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural; thoracic		Biopsy	No	No	No	No	No	No	No	No
63277	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural; lumbar		Biopsy	No	No	No	No	No	No	No	No
63278	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural; sacral		Biopsy	No	No	No	No	No	No	No	No
63280	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural; extramedullary; cervical		Biopsy	No	No	No	No	No	No	No	No
63281	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural; extramedullary; thoracic		Biopsy	No	No	No	No	No	No	No	No
63282	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural; extramedullary; lumbar		Biopsy	No	No	No	No	No	No	No	No
63283	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural; sacral		Biopsy	No	No	No	No	No	No	No	No
63285	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural; intramedullary; cervical		Biopsy	No	No	No	No	No	No	No	No
63286	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural; intramedullary; thoracic		Biopsy	No	No	No	No	No	No	No	No
63287	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural; intramedullary; thoracolumbar		Biopsy	No	No	No	No	No	No	No	No
63290	Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level		Biopsy	No	No	No	No	No	No	No	No
63295	Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure (List separately in addition to code for primary procedure)		Reconstruction	No	No	No	No	No	No	No	No
63300	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical		Excision	No	No	No	No	No	No	No	No
63301	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by trans thoracic approach		Excision	No	No	No	No	No	No	No	No
63302	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach		Excision	No	No	No	No	No	No	No	No
63303	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, lumbar or sacral by transperitoneal or retroperitoneal approach		Excision	No	No	No	No	No	No	No	No
63304	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical		Excision	No	No	No	No	No	No	No	No
63305	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by trans thoracic approach		Excision	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Contra-Auth Non-ASA Provider	Contra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TREC Auth	BMS Auth
63306	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach		Excision	No	No	No	No	No	No	No	No
63307	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, lumbar or sacral by transperitoneal or retroperitoneal approach		Excision	No	No	No	No	No	No	No	No
63308	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; each additional segment (List separately in addition to codes for single segment)		Excision	No	No	No	No	No	No	No	No
63600	Creation of lesion of spinal cord by stereotactic method, percutaneous, any modality (including stimulation and/or recording)		Creation	No	No	No	No	No	No	No	No
63610	Stereotactic stimulation of spinal cord, percutaneous, separate procedure not followed by other surgery		Stereotactic	No	No	No	No	No	No	No	No
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion		Stereotactic	Yes	Yes	No	No	No	No	No	Yes
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)		Stereotactic	Yes	Yes	No	No	No	No	Yes	Yes
63650	Percutaneous implantation of neurostimulator electrode array, epidural		Implant	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural		Implant	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed		Removal	No	No	No	No	No	No	No	No
63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed		Removal	No	No	No	No	No	No	No	No
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed		Revision	No	No	No	Yes	No	Yes	No	No
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed		Revision	No	No	No	Yes	No	Yes	No	No
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling		Replacement	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver		Revision	No	No	No	Yes	No	Yes	No	No
63700	Repair of meningocele; less than 5 cm diameter		Repair	No	No	No	No	No	No	No	No
63702	Repair of meningocele; larger than 5 cm diameter		Repair	No	No	No	No	No	No	No	No
63704	Repair of myelomeningocele; less than 5 cm diameter		Repair	No	No	No	No	No	No	No	No
63706	Repair of myelomeningocele; larger than 5 cm diameter		Repair	No	No	No	No	No	No	No	No
63707	Repair of dural/cerebrospinal fluid leak, not requiring laminectomy		Repair	No	No	No	No	No	No	No	No
63709	Repair of dural/cerebrospinal fluid leak or pseudomeningocele, with laminectomy		Repair	No	No	No	No	No	No	No	No
63710	Dural graft, spinal		Grafts	No	No	No	No	No	No	No	No
63740	Creation of shunt, lumbar, subarachnoid-peritoneal, pleural, or other, including laminectomy		Creation	No	No	No	No	No	No	No	No
63741	Creation of shunt, lumbar, subarachnoid-peritoneal, pleural, or other, percutaneous, not requiring laminectomy		Creation	No	No	No	No	No	No	No	No
63744	Replacement of lumbosubarachnoid shunt		Replacement	No	No	No	No	No	No	No	No
63746	Removal of entire lumbosubarachnoid shunt system without replacement		Removal	No	No	No	No	No	No	No	No
64400	Injection, anesthetic agent; trigeminal nerve, any division or branch		Introduction	No	No	No	No	No	No	No	No
64405	Injection, anesthetic agent; greater occipital nerve		Introduction	No	No	No	No	No	No	No	No
64408	Injection, anesthetic agent; vagus nerve		Introduction	No	No	No	No	No	No	No	No
64415	Injection(s), anesthetic agent(s) and/or steroid, brachial plexus, including imaging guidance, when performed		Introduction	No	No	No	No	No	No	No	No
64416	Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed		Introduction	No	No	No	No	No	No	No	No
64417	Injection, anesthetic agent; axillary nerve, including imaging guidance, when performed		Introduction	No	No	No	No	No	No	No	No
64418	Injection, anesthetic agent; suprascapular nerve		Introduction	No	No	No	No	No	No	No	No
64420	Injection, anesthetic agent; intercostal nerve, single		Introduction	No	No	No	No	No	No	No	No
64421	Injection, anesthetic agent; intercostal nerves, multiple, regional block		Introduction	No	No	No	No	No	No	No	No
64425	Injection, anesthetic agent; iliohypogastric nerves		Introduction	No	No	No	No	No	No	No	No
64430	Injection, anesthetic agent; pudendal nerve		Introduction	No	No	No	No	No	No	No	No
64435	Injection, anesthetic agent; paracervical (uterine) nerve		Introduction	No	No	No	No	No	No	No	No
64445	Injection(s), anesthetic agent(s) and/or steroid, sciatic nerve, including imaging guidance, when performed		Introduction	No	No	No	No	No	No	No	No
64446	Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed		Introduction	No	No	No	No	No	No	No	No
64447	Injection, anesthetic agent(s) and/or steroid femoral nerve, including imaging guidance, when performed		Introduction	No	No	No	No	No	No	No	No
64448	Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed		Introduction	No	No	No	No	No	No	No	No
64449	Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)		Introduction	No	No	No	No	No	No	No	No
64450	Injection, anesthetic agent; other peripheral nerve or branch		Introduction	No	No	No	No	No	No	No	No
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)		Injection	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed		Injection	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
64455	Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)		Introduction	No	No	No	No	No	No	Yes	No
64461	Paravertebral block (PVB) (paraspinal block), thoracic, single injection site (includes imaging guidance, when performed)		Introduction	No	No	No	No	No	No	No	No
64462	Paravertebral block (PVB) (paraspinal block), thoracic, second and any additional injection site(s) (includes imaging guidance, when performed) (List separately in addition to code for primary procedure)		Introduction	No	No	No	No	No	No	No	No
64463	Paravertebral block (PVB) (paraspinal block), thoracic, continuous infusion by catheter (includes imaging guidance, when performed)		Introduction	No	No	No	No	No	No	No	No
64479	Injection(s), anesthetic agent and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, single level		Introduction	No	No	No	Yes	No	Yes	No	No
64480	Injection(s), anesthetic agent and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	ADD ON CODE	Introduction	No	No	No	Yes	No	Yes	No	No
64483	Injection(s), anesthetic agent and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level		Introduction	No	No	No	Yes	No	Yes	No	No
64484	Injection(s), anesthetic agent and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	ADD ON CODE	Introduction	No	No	No	Yes	No	Yes	No	No
64486	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance, when performed)		Introduction	No	No	No	No	No	No	No	No
64487	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by continuous infusion(s) (includes imaging guidance, when performed)		Introduction	No	No	No	No	No	No	No	No
64488	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by injections (includes imaging guidance, when performed)		Introduction	No	No	No	No	No	No	No	No
64489	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by continuous infusions (includes imaging guidance, when performed)		Introduction	No	No	No	No	No	No	No	No
64490	Injection(s), Diagnostic/Screening or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic, single level		Diagnostic/Screening	No	No	No	Yes	No	Yes	No	No
64491	Injection(s), Diagnostic/Screening or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic, second level (List separately in addition to code for primary procedure)		Diagnostic/Screening	No	No	No	Yes	No	Yes	No	No
64492	Injection(s), Diagnostic/Screening or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic, third and any additional level(s) (List separately in addition to code for primary procedure)		Diagnostic/Screening	No	No	No	Yes	No	Yes	No	No
64493	Injection(s), Diagnostic/Screening or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral, single level		Diagnostic/Screening	No	No	No	Yes	No	Yes	No	No
64494	Injection(s), Diagnostic/Screening or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral, second level (List separately in addition to code for primary procedure)		Diagnostic/Screening	No	No	No	Yes	No	Yes	No	No
64495	Injection(s), Diagnostic/Screening or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral, third and any additional level(s) (List separately in addition to code for primary procedure)		Diagnostic/Screening	No	No	No	Yes	No	Yes	No	No
64505	Injection, anesthetic agent; sphenopalatine ganglion		Introduction	No	No	No	No	No	No	No	No
64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)		Introduction	No	No	No	Yes	No	Yes	No	No
64517	Injection, anesthetic agent; superior hypogastric plexus		Introduction	No	No	No	No	No	Yes	No	No
64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)		Introduction	No	No	No	Yes	No	No	No	No
64530	Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring		Introduction	No	No	No	No	No	No	No	No
64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve		Implant	Yes	Yes	No	No	No	No	Yes	Yes
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)		Implant	Yes	Yes	No	No	No	No	Yes	Yes
64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed		Implant	Yes	Yes	No	No	No	No	Yes	Yes
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming		Stimulation Device	Yes	Yes	No	No	No	No	Yes	Yes
64568	Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator		Insertion	Yes	Yes	No	No	No	No	Yes	Yes
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator		Revision	Yes	Yes	No	No	No	No	Yes	Yes
64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator		Removal	Yes	Yes	No	No	No	No	Yes	No
64576	Open implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)		Incision	No	No	No	No	No	No	No	No
64580	Open implantation of neurostimulator electrode array; neuromuscular		Incision	No	No	No	No	No	No	No	No
64581	Open implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)		Incision	Yes	Yes	No	No	No	No	Yes	Yes
64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array		Implant	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
64583	Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode array, including connection to existing pulse generator		Revision	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
64584	Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array		Removal	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
64585	Revision or removal of peripheral neurostimulator electrode array		Revision	Yes	Yes	No	No	No	No	Yes	Yes
64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling		Insertion	Yes	Yes	No	No	No	No	Yes	Yes
64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver		Revision	No	No	No	No	No	No	No	No
64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array			Yes	Yes	Yes	No	Yes	No	Yes	Yes
64597	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electrode array (List separately in addition to code for primary procedure)			Yes	Yes	Yes	No	Yes	No	Yes	Yes
64598	Revision or removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator			Yes	Yes	Yes	No	Yes	No	Yes	Yes
64600	Destruction by neurolytic agent, trigeminal nerve, supraorbital, infraorbital, mental, or inferior alveolar branch		Destruction	No	No	No	No	No	No	No	No
64605	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale		Destruction	No	No	No	No	No	No	No	No
64610	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale under radiologic monitoring		Destruction	No	No	No	No	No	No	No	No
64611	Chemodenervation of parotid and submandibular salivary glands, bilateral		Denervation	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Contra-Auth Non-ASA Provider	Contra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TREC Auth	BMS Auth
64612	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm)		Denervation	No	No	No	No	No	No	No	No
64615	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)		Denervation	No	No	No	No	No	No	No	No
64616	Chemodenervation of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (eg, for cervical dystonia, spasmodic torticollis)		Denervation	No	No	No	No	No	No	No	No
64617	Chemodenervation of muscle(s); larynx, unilateral, percutaneous (eg, for spasmodic dysphonia), includes guidance by needle electromyography, when performed		Denervation	No	No	No	No	No	No	No	No
64620	Destruction by neurolytic agent, intercostal nerve		Destruction	No	No	No	No	No	No	No	No
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed		Destruction	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint with image guidance (ie, fluoroscopy or computed tomography)		Ablation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral		Destruction	No	No	No	No	No	No	No	No
64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure)		Destruction	No	No	No	Yes	Yes	No	No	No
64630	Destruction by neurolytic agent, pudendal nerve		Destruction	No	No	No	No	No	No	No	No
64632	Destruction by neurolytic agent, plantar common digital nerve		Destruction	No	No	No	No	No	No	No	No
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint		Destruction	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint		Destruction	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)		Destruction	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
64636	Destruction by neurolytic agent, other peripheral nerve or branch		Destruction	Yes	Yes	Yes	No	No	No	Yes	Yes
64642	Chemodenervation of one extremity; 1-4 muscle(s)		Denervation	No	No	No	No	No	No	No	No
64643	Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure)		Denervation	No	No	No	No	No	No	No	No
64644	Chemodenervation of one extremity; 5 or more muscles		Denervation	No	No	No	No	No	No	No	No
64645	Chemodenervation of one extremity; each additional extremity, 5 or more muscles (List separately in addition to code for primary procedure)		Denervation	No	No	No	No	No	No	No	No
64646	Chemodenervation of trunk muscle(s); 1-5 muscle(s)		Denervation	No	No	No	No	No	No	No	No
64647	Chemodenervation of trunk muscle(s); 6 or more muscles		Denervation	No	No	No	No	No	No	No	No
64650	Chemodenervation of eccrine glands, both axillae		Denervation	No	No	No	No	No	No	No	No
64651	Chemodenervation of eccrine glands, other area(s) (eg, scalp, face, neck), per day		Denervation	No	No	No	No	No	No	No	No
64680	Destruction by neurolytic agent, with or without radiologic monitoring, celiac plexus		Destruction	No	No	No	No	No	No	No	No
64681	Destruction by neurolytic agent, with or without radiologic monitoring, superior hypogastric plexus		Destruction	No	No	No	No	No	No	No	No
64702	Neuroplasty, digital, 1 or both, same digit		Repair	No	No	No	No	No	No	No	No
64704	Neuroplasty, nerve of hand or foot		Repair	No	No	No	No	No	No	No	No
64708	Neuroplasty, major peripheral nerve, arm or leg, open; other than specified		Repair	No	No	No	No	No	No	No	No
64712	Neuroplasty, major peripheral nerve, arm or leg, open; sciatic nerve		Repair	No	No	No	No	No	No	No	No
64713	Neuroplasty, major peripheral nerve, arm or leg, open; brachial plexus		Repair	No	No	No	No	No	No	No	No
64714	Neuroplasty, major peripheral nerve, arm or leg, open; lumbar plexus		Repair	No	No	No	No	No	No	No	No
64716	Neuroplasty and/or transposition, cranial nerve (specify)		Repair	Yes	Yes	No	No	No	No	Yes	Yes
64718	Neuroplasty and/or transposition, ulnar nerve at elbow		Repair	No	No	No	No	No	No	No	No
64719	Neuroplasty and/or transposition, ulnar nerve at wrist		Repair	No	No	No	No	No	No	No	No
64721	Neuroplasty and/or transposition, median nerve at carpal tunnel		Repair	No	No	No	No	No	No	No	No
64722	Decompression, unspecified nerve(s) (specify)		Decompression	Yes	Yes	No	No	No	No	Yes	Yes
64726	Decompression, plantar digital nerve		Decompression	Yes	Yes	No	No	No	No	Yes	Yes
64727	Internal neurolysis, requiring use of operating microscope (List separately in addition to code for neuroplasty) (Neuroplasty includes external neurolysis)		Resection	Yes	Yes	No	No	No	No	Yes	Yes
64732	Transaction or avulsion of: supraorbital nerve		Removal	Yes	Yes	No	No	No	No	Yes	Yes
64734	Transaction or avulsion of: infraorbital nerve		Removal	Yes	Yes	No	No	No	No	Yes	Yes
64736	Transaction or avulsion of: mental nerve		Removal	Yes	Yes	No	No	No	No	Yes	Yes
64738	Transaction or avulsion of: inferior alveolar nerve by osteotomy		Removal	Yes	Yes	No	No	No	No	Yes	Yes
64740	Transaction or avulsion of: lingual nerve		Removal	Yes	Yes	No	No	No	No	Yes	Yes
64742	Transaction or avulsion of: facial nerve, differential or complete		Removal	Yes	Yes	No	No	No	No	Yes	Yes
64744	Transaction or avulsion of: greater occipital nerve		Removal	Yes	Yes	No	No	No	No	Yes	Yes
64746	Transaction or avulsion of: phrenic nerve		Removal	Yes	Yes	No	No	No	No	Yes	Yes
64755	Transaction or avulsion of: vagus nerves limited to proximal stomach (selective proximal vagotomy, proximal gastric vagotomy, partial cell vagotomy, supra- or highly selective vagotomy)		Removal	Yes	Yes	No	No	No	No	Yes	Yes
64760	Transaction or avulsion of: vagus nerve (vagotomy) abdominal		Removal	Yes	Yes	No	No	No	No	Yes	Yes
64763	Transaction or avulsion of obturator nerve, extrapelvic, with or without adductor tenotomy		Removal	Yes	Yes	No	No	No	No	Yes	Yes
64766	Transaction or avulsion of obturator nerve, intrapelvic, with or without adductor tenotomy		Removal	Yes	Yes	No	No	No	No	Yes	Yes
64771	Transaction or avulsion of other cranial nerve, extra-aural		Removal	Yes	Yes	No	No	No	No	Yes	Yes
64772	Transaction or avulsion of other spinal nerve, extra-aural		Removal	Yes	Yes	No	No	No	No	Yes	Yes
64774	Excision of neuroma; cutaneous nerve, surgically identifiable		Excision	Yes	Yes	No	No	No	No	Yes	Yes
64776	Excision of neuroma; digital nerve, 1 or both, same digit		Excision	Yes	Yes	No	No	No	No	Yes	Yes
64778	Excision of neuroma; digital nerve, each additional digit (List separately in addition to code for primary procedure)		Excision	Yes	Yes	No	No	No	No	Yes	Yes
64782	Excision of neuroma; hand or foot, except digital nerve		Excision	Yes	Yes	No	No	No	No	Yes	Yes
64783	Excision of neuroma; hand or foot, each additional nerve, except same digit (List separately in addition to code for primary procedure)		Excision	Yes	Yes	No	No	No	No	Yes	Yes
64784	Excision of neuroma; major peripheral nerve, except sciatic		Excision	Yes	Yes	No	No	No	No	Yes	Yes
64786	Excision of neuroma; sciatic nerve		Excision	Yes	Yes	No	No	No	No	Yes	Yes
64787	Implantation of nerve end into bone or muscle (List separately in addition to neuroma excision)		Implant	Yes	Yes	No	No	No	No	Yes	Yes
64788	Excision of neurofibroma or neurodermatoma, cutaneous nerve		Excision	Yes	Yes	No	No	No	No	Yes	Yes
64790	Excision of neurofibroma or neurodermatoma; major peripheral nerve		Excision	Yes	Yes	No	No	No	No	Yes	Yes
64792	Excision of neurofibroma or neurodermatoma; extensive (including malignant type)		Excision	Yes	Yes	No	No	No	No	Yes	Yes
64795	Bioopsy of nerve		Biopsy	No	No	No	No	No	No	No	No
64801	Sympathectomy, cervical		Removal	Yes	Yes	No	No	No	No	Yes	Yes
64804	Sympathectomy, cervicothoracic		Removal	Yes	Yes	No	No	No	No	Yes	Yes
64809	Sympathectomy, thoracolumbar		Removal	Yes	Yes	No	No	No	No	Yes	Yes
64816	Sympathectomy, lumbar		Removal	No	No	No	No	No	No	No	No
64820	Sympathectomy, digital arteries, each digit		Removal	No	No	No	No	No	No	No	No
64821	Sympathectomy; radial artery		Removal	No	No	No	No	No	No	No	No
64822	Sympathectomy; ulnar artery		Removal	No	No	No	No	No	No	No	No
64823	Sympathectomy; superficial palmar arch		Removal	No	No	No	No	No	No	No	No
64831	Suture of digital nerve, hand or foot, 1 nerve		Fixation	No	No	No	No	No	No	No	No
64832	Suture of digital nerve, hand or foot, each additional digital nerve (List separately in addition to code for primary procedure)		Fixation	No	No	No	No	No	No	No	No
64834	Suture of 1 nerve; hand or foot, common sensory nerve		Fixation	No	No	No	No	No	No	No	No
64835	Suture of 1 nerve; median motor flexor		Fixation	No	No	No	No	No	No	No	No
64836	Suture of 1 nerve; ulnar motor		Fixation	No	No	No	No	No	No	No	No
64837	Suture of each additional nerve, hand or foot (List separately in addition to code for primary procedure)		Fixation	No	No	No	No	No	No	No	No
64840	Suture of posterior tibial nerve		Fixation	No	No	No	No	No	No	No	No
64856	Suture of major peripheral nerve, arm or leg, except sciatic, including transposition		Fixation	No	No	No	No	No	No	No	No
64857	Suture of major peripheral nerve, arm or leg, except sciatic, without transposition		Fixation	No	No	No	No	No	No	No	No
64858	Suture of sciatic nerve		Fixation	No	No	No	No	No	No	No	No
64859	Suture of each additional major peripheral nerve (List separately in addition to code for primary procedure)		Fixation	No	No	No	No	No	No	No	No
64861	Suture of: brachial plexus		Fixation	No	No	No	No	No	No	No	No
64862	Suture of: lumbar plexus		Fixation	No	No	No	No	No	No	No	No
64864	Suture of facial nerve; extracranial		Fixation	No	No	No	No	No	No	No	No
64865	Suture of facial nerve; infratemporal, with or without grafting		Fixation	No	No	No	No	No	No	No	No
64866	Anastomosis; facial-spinal accessory		Reconstruction	No	No	No	No	No	No	No	No
64868	Anastomosis; facial-hypoglossal		Reconstruction	No	No	No	No	No	No	No	No
64872	Suture of nerve; requiring secondary or delayed suture (List separately in addition to code for primary neuro(rhaphy))		Fixation	No	No	No	No	No	No	No	No
64874	Suture of nerve; requiring extensive mobilization, or transposition of nerve (List separately in addition to code for nerve suture)		Fixation	No	No	No	No	No	No	No	No
64876	Suture of nerve; requiring shortening of bone of extremity (List separately in addition to code for nerve suture)		Fixation	No	No	No	No	No	No	No	No
64885	Nerve graft (includes obtaining graft), head or neck, up to 4 cm in length		Grafts	No	No	No	No	No	No	No	No
64886	Nerve graft (includes obtaining graft), head or neck, more than 4 cm length		Grafts	No	No	No	No	No	No	No	No
64890	Nerve graft (includes obtaining graft), single strand, hand or foot, up to 4 cm length		Grafts	No	No	No	No	No	No	No	No
64891	Nerve graft (includes obtaining graft), single strand, hand or foot, more than 4 cm length		Grafts	No	No	No	No	No	No	No	No
64892	Nerve graft (includes obtaining graft), single strand, arm or leg, up to 4 cm length		Grafts	No	No	No	No	No	No	No	No
64893	Nerve graft (includes obtaining graft), single strand, arm or leg, more than 4 cm length		Grafts	No	No	No	No	No	No	No	No
64895	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot, up to 4 cm length		Grafts	No	No	No	No	No	No	No	No
64896	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot, more than 4 cm length		Grafts	No	No	No	No	No	No	No	No
64897	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg, up to 4 cm length		Grafts	No	No	No	No	No	No	No	No
64898	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg, more than 4 cm length		Grafts	No	No	No	No	No	No	No	No
64901	Nerve graft, each additional nerve; single strand (List separately in addition to code for primary procedure)		Grafts	No	No	No	No	No	No	No	No
64902	Nerve graft, each additional nerve; multiple strands (cable) (List separately in addition to code for primary procedure)		Grafts	Yes	Yes	No	No	No	No	Yes	Yes
64905	Nerve pedicle transfer; first stage		Transfer	No	No	No	No	No	No	No	No
64907	Nerve pedicle transfer; second stage		Transfer	No	No	No	No	No	No	No	No
64910	Nerve repair, with synthetic conduit or vein allograft (eg, nerve tube), each nerve		Repair	No	No	No	No	No	No	No	No
64911	Nerve repair, with autogenous vein graft (includes harvest of vein graft), each nerve		Repair	No	No	No	No	No	No	No	No
64912	Nerve repair, with nerve allograft, each nerve, first strand (cable)		Repair	No	No	No	No	No	No	No	No
64913	Nerve repair, with nerve allograft, each additional strand (List separately in addition to code for primary procedure)		Repair	No	No	No	No	No	No	No	No
64999	Unlisted procedure, nervous system		Unlisted Procedure	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
65091	Enucleation of ocular contents, without implant		Destruction	Yes	Yes	No	No	No	No	Yes	Yes
65093	Enucleation of ocular contents, with implant		Destruction	No	No	No	No	No	No	No	No
65101	Enucleation of eye, without implant		Destruction	No	No	No	No	No	No	No	No
65103	Enucleation of eye, with implant, muscles not attached to implant		Destruction	No	No	No	No	No	No	No	No
65105	Enucleation of eye, with implant, muscles attached to implant		Destruction	No	No	No	No	No	No	No	No
65110	Exenteration of orbit (does not include skin graft), removal of orbital contents, only		Removal	No	No	No	No	No	No	No	No
65112	Exenteration of orbit (does not include skin graft), removal of orbital contents, with therapeutic removal of bone		Removal	No	No	No	No	No	No	No	No
65114	Exenteration of orbit (does not include skin graft), removal of orbital contents, with muscle or myocutaneous flap		Removal	Yes	Yes	No	No	No	No	Yes	Yes

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TBEC Auth	BMS Auth
65125	Modification of ocular implant with placement or replacement of pegs (eg, drilling receptacle for prosthesis appendage) (separate procedure)		Replacement	No	No	No	No	No	No	No	No
65130	Insertion of ocular implant secondary; after enucleation, in scleral shell		Insertion	Yes	Yes	No	No	No	No	Yes	Yes
65135	Insertion of ocular implant secondary; after enucleation, muscles not attached to implant		Insertion	Yes	Yes	No	No	No	No	Yes	Yes
65140	Insertion of ocular implant secondary; after enucleation, muscles attached to implant		Insertion	Yes	Yes	No	No	No	No	Yes	Yes
65150	Reinsertion of ocular implant; with or without conjunctival graft		Reinsertion	No	No	No	No	No	No	No	No
65155	Reinsertion of ocular implant; with use of foreign material for reinforcement and/or attachment of muscles to implant		Reinsertion	No	No	No	No	No	No	No	No
65175	Removal of ocular implant		Removal	No	No	No	No	No	No	No	No
65205	Removal of foreign body, external eye; conjunctival superficial		Removal	No	No	No	No	No	No	No	No
65210	Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating		Removal	No	No	No	No	No	No	No	No
65220	Removal of foreign body, external eye; corneal; without silt lamp		Removal	No	No	No	No	No	No	No	No
65222	Removal of foreign body, external eye; corneal; with silt lamp		Removal	No	No	No	No	No	No	No	No
65235	Removal of foreign body, intraocular; from anterior chamber of eye or lens		Removal	Yes	Yes	No	No	No	No	Yes	Yes
65260	Removal of foreign body, intraocular; from posterior segment, magnetic extraction, anterior or posterior route		Removal	No	No	No	No	No	No	No	No
65265	Removal of foreign body, intraocular; from posterior segment, nonmagnetic extraction		Removal	No	No	No	No	No	No	No	No
65270	Repair of laceration; conjunctiva, with or without nonperforating laceration sclera, direct closure		Repair	No	No	No	No	No	No	No	No
65272	Repair of laceration; conjunctiva, by mobilization and rearrangement, without hospitalization		Repair	No	No	No	No	No	No	No	No
65273	Repair of laceration; conjunctiva, by mobilization and rearrangement, with hospitalization		Repair	No	No	No	No	No	No	No	No
65275	Repair of laceration; cornea, nonperforating, with or without removal of foreign body		Repair	No	No	No	No	No	No	No	No
65280	Repair of laceration; cornea and/or sclera, perforating, not involving uveal tissue		Repair	No	No	No	No	No	No	No	No
65285	Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue		Repair	No	No	No	No	No	No	No	No
65286	Repair of laceration; application of tissue glue, wounds of cornea and/or sclera		Repair	No	No	No	No	No	No	No	No
65290	Repair of wound, extracocular muscle, tendon and/or Tenon's capsule		Repair	No	No	No	No	No	No	No	No
65400	Excision of lesion, cornea (keratectomy, lamellar, partial), except pterygium		Excision	No	No	No	No	No	No	No	No
65410	Biopsy of cornea		Biopsy	No	No	No	No	No	No	No	No
65420	Excision or transposition of pterygium; without graft		Excision	No	No	No	No	No	No	No	No
65426	Excision or transposition of pterygium; with graft		Excision	No	No	No	No	No	No	No	No
65430	Scraping of cornea; Diagnostic/Screening, for smear and/or culture		Diagnostic/Screening	No	No	No	No	No	No	No	No
65435	Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage)		Removal	No	No	No	No	No	No	No	No
65436	Removal of corneal epithelium; with application of chelating agent (eg, EDTA)		Removal	No	No	No	No	No	No	No	No
65450	Destruction of lesion of cornea by cryotherapy, photocoagulation or thermocauterization		Destruction	No	No	No	No	No	No	No	No
65600	Multiple punctures of anterior cornea (eg, for corneal erosion, tattoo)		Puncture	No	No	No	No	No	No	No	No
65710	Keratoplasty (corneal transplant); anterior lamellar		Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
65730	Keratoplasty (corneal transplant); penetrating (except in aphakia or pseudophakia)		Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
65750	Keratoplasty (corneal transplant); penetrating (in aphakia)		Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
65755	Keratoplasty (corneal transplant); penetrating (in pseudophakia)		Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
65756	Keratoplasty (corneal transplant); endothelial		Transplantation	No	Yes	Yes	Yes	Yes	Yes	No	No
65757	Backbench preparation of corneal endothelial allograft prior to transplantation (List separately in addition to code for primary procedure)		Transplantation	No	No	No	No	No	No	No	No
65760	Keratomeleus		Revision	No	No	No	No	No	No	No	No
65765	Keratophakia		Revision	No	No	No	No	No	No	No	No
65767	Epikeratoplasty		Revision	No	No	No	No	No	No	No	No
65770	Keratoprosthesis		Replacement	No	No	No	No	No	No	No	No
65771	Radial keratotomy		Revision	Yes	Yes	No	No	No	No	Yes	Yes
65772	Corneal relaxing incision for correction of surgically induced astigmatism		Corneal	No	No	No	No	No	No	No	No
65775	Corneal wedge resection for correction of surgically induced astigmatism		Incision	No	No	No	No	No	No	No	No
65778	Placement of amniotic membrane on the ocular surface, without sutures		Resection	Yes	Yes	No	No	No	No	Yes	Yes
65779	Placement of amniotic membrane on the ocular surface, single layer, sutured		Placement	Yes	Yes	No	No	No	No	Yes	Yes
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers		Transplantation	Yes	Yes	No	No	No	No	Yes	Yes
65781	Ocular surface reconstruction; limbal stem cell allograft (eg, cadaveric or living donor)		Transplantation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
65782	Ocular surface reconstruction; limbal conjunctival allograft (includes obtaining graft)		Reconstruction	No	No	No	No	No	No	No	No
65785	Implantation of intrastromal corneal ring segments		Implant	Yes	Yes	No	No	No	No	Yes	Yes
65800	Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous		Removal	No	No	No	No	No	No	No	No
65810	Paracentesis of anterior chamber of eye (separate procedure); with removal of vitreous and/or dissection of anterior hyaloid membrane, with or without air injection		Removal	No	No	No	No	No	No	No	No
65815	Paracentesis of anterior chamber of eye (separate procedure); with removal of blood, with or without irrigation and/or air injection		Removal	No	No	No	No	No	No	No	No
65820	Tonometry		Incision	No	No	No	No	No	No	No	No
65850	Trabeculectomy ab externo		Revision	No	No	No	No	No	No	No	No
65855	Trabeculectomy by laser surgery		Revision	No	No	No	No	No	No	No	No
65860	Severing adhesions of anterior segment; laser technique (separate procedure)		Incision	Yes	Yes	No	No	No	No	Yes	Yes
65865	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); goniosynechiae		Incision	No	No	No	No	No	No	No	No
65870	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); anterior synchiae, except goniosynechiae		Incision	No	No	No	No	No	No	No	No
65875	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); posterior synchiae		Incision	No	No	No	No	No	No	No	No
65880	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); corneovitreal adhesions		Incision	No	No	No	No	No	No	No	No
65900	Removal of epithelial downgrowth, anterior chamber of eye		Removal	No	No	No	No	No	No	No	No
65920	Removal of implanted material, anterior segment of eye		Removal	No	No	No	No	No	No	No	No
65930	Removal of blood clot, anterior segment of eye		Removal	No	No	No	No	No	No	No	No
66000	Injection, anterior chamber of eye (separate procedure); air or liquid		Introduction	No	No	No	No	No	No	No	No
66030	Injection, anterior chamber of eye (separate procedure); medication		Introduction	No	No	No	No	No	No	No	No
66130	Excision of lesion, sclera		Excision	No	No	No	No	No	No	No	No
66150	Fistulization of sclera for glaucoma; trephination with iridectomy		Revision	No	No	No	No	No	No	No	No
66155	Fistulization of sclera for glaucoma; thermocauterization with iridectomy		Revision	No	No	No	No	No	No	No	No
66160	Fistulization of sclera for glaucoma; sclerectomy with punch or scissors, with iridectomy		Revision	No	No	No	No	No	No	No	No
66170	Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery		Revision	No	No	No	No	No	No	No	No
66172	Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antimetabolic agents)		Revision	No	No	No	No	No	No	No	No
66174	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); without retention of device or stent		Dilation	No	No	No	No	No	No	No	No
66175	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); with retention of device or stent		Dilation	No	No	No	No	No	No	No	No
66178	Aqueous shunt to extracocular equatorial plate reservoir; external approach; without graft		Shunt	No	No	No	No	No	No	No	No
66180	Aqueous shunt to extracocular equatorial plate reservoir; external approach; with graft		Shunt	No	No	No	No	No	No	No	No
66183	Insertion of anterior segment aqueous drainage device, without extracocular reservoir; external approach		Insertion	No	No	No	No	No	No	No	No
66184	Revision of aqueous shunt to extracocular equatorial plate reservoir; without graft		Revision	No	No	No	No	No	No	No	No
66185	Revision of aqueous shunt to extracocular equatorial plate reservoir; with graft		Revision	No	No	No	No	No	No	No	No
66225	Repair of scleral staphyloma, with graft		Repair	No	No	No	No	No	No	No	No
66250	Revision or repair of operative wound of anterior segment, any type, early or late, major or minor procedure 2		Revision	No	No	No	No	No	No	No	No
66500	Iridotomy by stab incision (separate procedure); except transfixion		Incision	No	No	No	No	No	No	No	No
66505	Iridotomy by stab incision (separate procedure); with transfixion as for iris bombe		Incision	No	No	No	No	No	No	No	No
66600	Iridectomy, with corneoscleral or corneal section; for removal of lesion		Removal	No	No	No	No	No	No	No	No
66605	Iridectomy, with corneoscleral or corneal section; with cyclotomy		Excision	No	No	No	No	No	No	No	No
66625	Iridectomy, with corneoscleral or corneal section; peripheral for glaucoma (separate procedure)		Excision	No	No	No	No	No	No	No	No
66630	Iridectomy, with corneoscleral or corneal section; sector for glaucoma (separate procedure)		Excision	No	No	No	No	No	No	No	No
66635	Iridectomy, with corneoscleral or corneal section; optical (separate procedure)		Excision	No	No	No	No	No	No	No	No
66680	Repair of iris, ciliary body (as for iridodiolysis)		Repair	No	No	No	No	No	No	No	No
66682	Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision (eg, McCannell suture)		Fixation	No	No	No	No	No	No	No	No
66700	Ciliary body destruction; diathermy		Destruction	No	No	No	No	No	No	No	No
66710	Ciliary body destruction; cyclophotocoagulation, transscleral		Destruction	No	No	No	No	No	No	No	No
66713	Ciliary body destruction; cyclophotocoagulation, endoscopic		Destruction	No	No	No	No	No	No	No	No
66720	Ciliary body destruction; cryotherapy		Destruction	No	No	No	No	No	No	No	No
66740	Ciliary body destruction; cycloablation		Destruction	No	No	No	No	No	No	No	No
66761	Iridotomy/iridectomy by laser surgery (eg, for glaucoma) [per session]		Destruction	No	No	No	No	No	No	No	No
66762	Iridoplasty by photocoagulation (1 or more sessions) (eg, for improvement of vision, for widening of anterior chamber angle)		Destruction	No	No	No	No	No	No	No	No
66770	Destruction of cyst or lesion of iris or ciliary body (nonexcisional procedure)		Destruction	No	No	No	No	No	No	No	No
66820	Discussion of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)		Incision	No	No	No	No	No	No	No	No
66825	Repositioning of intraocular lens prosthesis, requiring an incision (separate procedure)		Reposition	No	No	No	No	No	No	No	No
66830	Removal of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid) with corneo-scleral section, with or without iridectomy (iridocapsulotomy, iridocapsulectomy)		Removal	No	No	No	No	No	No	No	No
66840	Removal of lens material; aspiration technique, 1 or more stages		Removal	No	No	No	No	No	No	No	No
66850	Removal of lens material; phaco fragmentation technique (mechanical or ultrasonic) (eg, phacoemulsification), with aspiration		Aspiration	No	No	No	No	No	No	No	No
66852	Removal of lens material; pars plana approach, with or without vitrectomy		Removal	No	No	No	No	No	No	No	No
66920	Removal of lens material; intracapsular		Removal	No	No	No	No	No	No	No	No
66930	Removal of lens material; intracapsular; for dislocated lens		Removal	No	No	No	No	No	No	No	No
66940	Removal of lens material; extracapsular (other than 66840, 66850, 66852)		Removal	No	No	No	No	No	No	No	No
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorhexis) or performed on patients in the amblyogenic developmental stage		Revision	No	No	No	No	No	No	No	No
66983	Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure)		Revision	No	No	No	No	No	No	No	No
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)		Removal	No	No	No	No	No	No	No	No
66985	Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal		Insertion	Yes	Yes	Yes	No	Yes	No	Yes	Yes
66986	Exchange of intraocular lens		Replacement	No	No	No	No	No	No	No	No
66987	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorhexis) or performed on patients in the amblyogenic developmental stage, with endoscopic cyclophotocoagulation		Removal	No	No	No	No	No	No	No	No
66988	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), with endoscopic cyclophotocoagulation		Removal	No	No	No	No	No	No	No	No

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	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex; requiring device or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsular rhexi) or performed on patients in the amblyogenic developmental stage, with insertion of intraocular (eg, trabecular meshwork, suprachoid, suprachoid) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more										
66989	Use of ophthalmic endoscopy (list separately in addition to code for primary procedure)		Endoscopy (EG-D)	No	No	No	No	No	No	No	No
66990	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), with insertion of intraocular (eg, trabecular meshwork, suprachoid, suprachoid) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more										
66991	Unlisted procedure, anterior segment of eye		Unlisted Procedure	No	No	No	No	No	No	No	No
66999	Removal of vitreous, anterior approach (open sky technique or limbal incision), partial removal		Removal	No	No	No	No	No	No	No	No
67005	Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal with mechanical vitrectomy		Removal	No	No	No	No	No	No	No	No
67010	Aspiration or release of vitreous, subretinal or choroidal fluid, pars plana approach (posterior sclerotomy)		Aspiration	No	No	No	No	No	No	No	No
67025	Injection of vitreous substitute, pars plana or limbal approach (fluid-gas exchange), with or without aspiration (separate procedure)		Introduction	No	No	No	No	No	No	No	No
67027	Implantation of intravitreal drug delivery system (eg, ganciclovir implant), includes concomitant removal of vitreous		Implant	No	No	No	No	No	No	No	No
67028	Intravitreal injection of a pharmacologic agent (separate procedure)		Introduction	No	No	No	No	No	No	No	No
67030	Dissection of vitreous strands (without removal), pars plana approach		Revision	No	No	No	No	No	No	No	No
67031	Severing of vitreous strands, vitreous face adhesions, sheets, membranes or opacities, laser surgery (1 or more stages)		Removal	No	No	No	No	No	No	No	No
67036	Vitrectomy, mechanical, pars plana approach		Removal	No	No	No	No	No	No	No	No
67039	Vitrectomy, mechanical, pars plana approach, with focal endolaser photocoagulation		Removal	No	No	No	No	No	No	No	No
67040	Vitrectomy, mechanical, pars plana approach, with endolaser paraventricular photocoagulation		Removal	No	No	No	No	No	No	No	No
67041	Vitrectomy, mechanical, pars plana approach, with removal of preretinal cellular membrane (eg, macular pucker)		Removal	No	No	No	No	No	No	No	No
67042	Vitrectomy, mechanical, pars plana approach, with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil)		Removal	No	No	No	No	No	No	No	No
67043	Vitrectomy, mechanical, pars plana approach, with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation		Removal	No	No	No	No	No	No	No	No
67101	Repair of retinal detachment, including drainage of subretinal fluid when performed; cryotherapy		Repair	No	No	No	No	No	No	No	No
67105	Repair of retinal detachment, including drainage of subretinal fluid when performed; photocoagulation		Repair	No	No	No	No	No	No	No	No
67107	Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), including, when performed, implant, cryotherapy, photocoagulation, and drainage of subretinal fluid		Repair	No	No	No	No	No	No	No	No
67108	Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique		Repair	No	No	No	No	No	No	No	No
67110	Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)		Repair	No	No	No	No	No	No	No	No
67111	Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, including, when performed, air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens		Repair	No	No	No	No	No	No	No	No
67113	Release of encircling material (posterior segment)		Release	No	No	No	No	No	No	No	No
67120	Removal of implanted material, posterior segment; extraocular		Removal	No	No	No	No	No	No	No	No
67121	Removal of implanted material, posterior segment; intraocular		Removal	No	No	No	No	No	No	No	No
67141	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; cryotherapy, diathermy		Repair	No	No	No	No	No	No	No	No
67145	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; photocoagulation		Repair	No	No	No	No	No	No	No	No
67208	Destruction of localized lesion of retina (eg, macular edema, tumor), 1 or more sessions; cryotherapy, diathermy		Destruction	No	No	No	No	No	No	No	No
67210	Destruction of localized lesion of retina (eg, macular edema, tumor), 1 or more sessions; photocoagulation		Destruction	No	No	No	No	No	No	No	No
67218	Destruction of localized lesion of retina (eg, macular edema, tumor), 1 or more sessions; radiation by implantation of source (includes removal of source)		Destruction	No	No	No	No	No	No	No	No
67220	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions		Destruction	No	No	No	No	No	No	No	No
67221	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy (includes intravenous infusion)		Destruction	No	No	No	No	No	No	No	No
67225	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye, at single session (list separately in addition to code for primary eye treatment)		Destruction	No	No	No	No	No	No	No	No
67227	Destruction of extensive or progressive retinopathy (eg, diabetic retinopathy), cryotherapy, diathermy		Destruction	No	No	No	No	No	No	No	No
67228	Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation		Diabetes	No	No	No	No	No	No	No	No
67229	Treatment of extensive or progressive retinopathy, 1 or more sessions, preterm infant (less than 37 weeks gestation at birth), performed from birth up to 1 year of age (eg, retinopathy of prematurity); photocoagulation or cryotherapy		Ablation	No	No	No	No	No	No	No	No
67250	Scleral reinforcement (separate procedure); without graft		Repair	No	No	No	No	No	No	No	No
67251	Scleral reinforcement (separate procedure); with graft		Repair	No	No	No	No	No	No	No	No
67299	Unlisted procedure, posterior segment		Unlisted Procedure	Yes	Yes	Yes	No	No	No	Yes	Yes
67311	Strabismus surgery, recession or resection procedure; 1 horizontal muscle		Resection	No	No	No	No	No	No	No	No
67312	Strabismus surgery, recession or resection procedure; 2 horizontal muscles		Resection	No	No	No	No	No	No	No	No
67314	Strabismus surgery, recession or resection procedure; 1 vertical muscle (excluding superior oblique)		Resection	No	No	No	No	No	No	No	No
67316	Strabismus surgery, recession or resection procedure; 2 or more vertical muscles (excluding superior oblique)		Resection	No	No	No	No	No	No	No	No
67318	Strabismus surgery, any procedure, superior oblique muscle		Revision	No	No	No	No	No	No	No	No
67320	Transposition procedure (eg, for paralytic extraocular muscle), any extraocular muscle (specify) (list separately in addition to code for primary procedure)		Revision	No	No	No	No	No	No	No	No
67331	Strabismus surgery on patient with previous eye surgery or injury that did not involve the extraocular muscles (list separately in addition to code for primary procedure)		Resection	No	No	No	No	No	No	No	No
67332	Strabismus surgery on patient with scarring of extraocular muscles (eg, prior ocular injury, strabismus or retinal detachment surgery) or restrictive myopathy (eg, dysthyroid ophthalmopathy) (list separately in addition to code for primary procedure)		Resection	No	No	No	No	No	No	No	No
67334	Strabismus surgery by posterior fixation suture technique, with or without muscle recession (list separately in addition to code for primary procedure)		Fixation	No	No	No	No	No	No	No	No
67335	Placement of adjustable suture(s) during strabismus surgery, including postoperative adjustment(s) of suture(s) (list separately in addition to code for specific strabismus surgery)		Placement	No	No	No	No	No	No	No	No
67340	Strabismus surgery involving exploration and/or repair of detached extraocular muscle(s) (list separately in addition to code for primary procedure)		Exploratory	No	No	No	No	No	No	No	No
67343	Release of extensive scar tissue without detaching extraocular muscle (separate procedure)		Release	No	No	No	No	No	No	No	No
67345	Chemodenervation of extraocular muscle		Denervation	No	No	No	No	No	No	No	No
67346	Bleph of extraocular muscle		Bleph	No	No	No	No	No	No	No	No
67399	Unlisted procedure, extraocular muscle		Unlisted Procedure	Yes	Yes	Yes	No	No	No	Yes	Yes
67400	Oribotomy without bone flap (frontal or transconjunctival approach); for exploration, with or without biopsy		Exploratory	No	No	No	No	No	No	No	No
67405	Oribotomy without bone flap (frontal or transconjunctival approach); with drainage only		Incision/Drainage	No	No	No	No	No	No	No	No
67412	Oribotomy without bone flap (frontal or transconjunctival approach); with removal of lesion		Removal	No	No	No	No	No	No	No	No
67413	Oribotomy without bone flap (frontal or transconjunctival approach); with removal of foreign body		Removal	No	No	No	No	No	No	No	No
67414	Oribotomy without bone flap (frontal or transconjunctival approach); with removal of bone for decompression		Removal	No	No	No	No	No	No	No	No
67415	Fine needle aspiration of orbital contents		Aspiration	No	No	No	No	No	No	No	No
67420	Oribotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of lesion		Removal	No	No	No	No	No	No	No	No
67430	Oribotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of foreign body		Removal	No	No	No	No	No	No	No	No
67440	Oribotomy with bone flap or window, lateral approach (eg, Kroenlein); with drainage		Incision/Drainage	No	No	No	No	No	No	No	No
67445	Oribotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of bone for decompression		Decompression	No	No	No	No	No	No	No	No
67450	Oribotomy with bone flap or window, lateral approach (eg, Kroenlein); for exploration, with or without biopsy		Exploratory	No	No	No	No	No	No	No	No
67500	Retrolbulbar injection; medication (separate procedure, does not include supply of medication)		Introduction	No	No	No	No	No	No	No	No
67505	Retrolbulbar injection; alcohol		Introduction	No	No	No	No	No	No	No	No
67515	Injection of medication or other substance into Tenon's capsule		Introduction	No	No	No	No	No	No	No	No
67516	Suprachoid space injection of pharmacologic agent (separate procedure)		Injection	No	No	No	No	No	No	No	No
67550	Oribital implant (implant outside muscle cone); insertion		Insertion	No	No	No	No	No	No	No	No
67560	Oribital implant (implant outside muscle cone); removal or revision		Removal	No	No	No	No	No	No	No	No
67570	Optic nerve decompression (eg, incision or fenestration of optic nerve sheath)		Decompression	No	No	No	No	No	No	No	No
67599	Unlisted procedure, orbit		Unlisted Procedure	Yes	Yes	Yes	No	Yes	No	Yes	Yes
67700	Blepharotomy, drainage of abscess, eyelid		Incision/Drainage	No	No	No	No	No	No	No	No
67710	Severing of tarsorrhaphy		Revision	No	No	No	No	No	No	No	No
67715	Canthotomy (separate procedure)		Release	No	No	No	No	No	No	No	No
67800	Excision of chalazion; single		Excision	No	No	No	No	No	No	No	No
67801	Excision of chalazion; multiple, same lid		Excision	No	No	No	No	No	No	No	No
67805	Excision of chalazion; multiple, different lids		Excision	No	No	No	No	No	No	No	No
67806	Excision of chalazion; under general anesthesia and/or requiring hospitalization, single or multiple		Excision	No	No	No	No	No	No	No	No
67810	Excisional biopsy of eyelid skin including lid margin		Biopsy	No	No	No	No	No	No	No	No
67820	Correction of trichiasis; epilation, by forceps only		Revision	No	No	No	No	No	No	No	No
67825	Correction of trichiasis; epilation by other than forceps (eg, by electrocautery, cryotherapy, laser surgery)		Revision	No	No	No	No	No	No	No	No
67830	Correction of trichiasis; incision of lid margin		Incision	No	No	No	No	No	No	No	No
67835	Correction of trichiasis; incision of lid margin, with free mucous membrane graft		Incision	No	No	No	No	No	No	No	No
67840	Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure		Excision	No	No	No	No	No	No	No	No
67850	Destruction of lesion of lid margin (up to 1 cm)		Destruction	No	No	No	No	No	No	No	No
67871	Temporary closure of eyelids by suture (eg, Frost suture)		Closure	No	No	No	No	No	No	No	No
67880	Construction of intermarginal adhesions, median tarsorrhaphy, or canthorhaphy		Reconstruction	No	No	No	No	No	No	No	No
67882	Construction of intermarginal adhesions, median tarsorrhaphy, or canthorhaphy, with transposition of tarsal plate		Reconstruction	No	No	No	No	No	No	No	No
67900	Repair of brow ptosis (supracyclic, mid forehead or frontal approach)		Repair	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)		Repair	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)		Repair	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
67903	Repair of blepharoptosis; tarsal levator resection or advancement, internal approach		Repair	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
67904	Repair of blepharoptosis; tarsal levator resection or advancement, external approach		Repair	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)		Repair	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
67908	Repair of blepharoptosis; conjunctivo-tarsal-Müller's muscle-levator resection (eg, Fasanella-Servat type)		Repair	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
67909	Reduction of overcorrection of ptosis		Reduction	Yes	Yes	No	No	No	No	Yes	Yes
67911	Correction of lid retraction		Revision	No	No	No	No	No	No	No	No
67912	Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)		Revision	No	No	No	No	No	No	No	No
67914	Repair of ectropion; suture		Repair	No	No	No	No	No	No	No	No
67915	Repair of ectropion; thermocoagulation		Repair	No	No	No	No	No	No	No	No
67916	Repair of ectropion; excision tarsal wedge		Repair	No	No	No	No	No	No	No	No
67917	Repair of ectropion; extensive (eg, tarsal strip operations)		Repair	No	No	No	No	No	No	No	No
67921	Repair of entropion; suture		Repair	No	No	No	No	No	No	No	No

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67922	Repair of entropion; thermocauterization		Repair	No	No	No	No	No	No	No	No
67923	Repair of entropion; excision tarsal wedge		Repair	No	No	No	No	No	No	No	No
67924	Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)		Repair	No	No	No	No	No	No	No	No
67930	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; partial thickness		Fixation	No	No	No	No	No	No	No	No
67935	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; full thickness		Fixation	No	No	No	No	No	No	No	No
67938	Removal of embedded foreign body, eyelid		Removal	No	No	No	No	No	No	No	No
67950	Canthoplasty (reconstruction of canthus)		Reconstruction	No	No	No	No	No	No	No	No
67961	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin		Excision	No	No	No	No	No	No	No	No
67966	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; over one-fourth of lid margin		Excision	No	No	No	No	No	No	No	No
67971	Reconstruction of eyelid, full thickness by transfer of tarsconjunctival flap from opposing eyelid; up to two-thirds of eyelid, 1 stage or first stage		Reconstruction	Yes	Yes	Yes	No	Yes	No	Yes	Yes
67973	Reconstruction of eyelid, full thickness by transfer of tarsconjunctival flap from opposing eyelid; total eyelid, lower, 1 stage or first stage		Reconstruction	Yes	Yes	Yes	No	Yes	No	Yes	Yes
67974	Reconstruction of eyelid, full thickness by transfer of tarsconjunctival flap from opposing eyelid; total eyelid, upper, 1 stage or first stage		Reconstruction	Yes	Yes	Yes	No	Yes	No	Yes	Yes
67975	Reconstruction of eyelid, full thickness by transfer of tarsconjunctival flap from opposing eyelid; second stage		Reconstruction	Yes	Yes	Yes	No	Yes	No	Yes	Yes
67999	Unlisted procedure, eyelids		Unlisted Procedure	Yes	Yes	Yes	No	Yes	No	Yes	Yes
68020	Incision of conjunctiva, drainage of cyst		Incision	No	No	No	No	No	No	No	No
68040	Expression of conjunctival follicles (eg, for trachoma)		Removal	No	No	No	No	No	No	No	No
68100	Biopsy of conjunctiva		Biopsy	No	No	No	No	No	No	No	No
68110	Excision of lesion, conjunctiva; up to 1 cm		Excision	No	No	No	No	No	No	No	No
68115	Excision of lesion, conjunctiva; over 1 cm		Excision	No	No	No	No	No	No	No	No
68130	Excision of lesion, conjunctiva; with adjacent sclera		Excision	No	No	No	No	No	No	No	No
68135	Destruction of lesion, conjunctiva		Destruction	No	No	No	No	No	No	No	No
68200	Subconjunctival injection		Introduction	No	No	No	No	No	No	No	No
68320	Conjunctivoplasty; with conjunctival graft or extensive rearrangement		Grafts	Yes	Yes	yes	No	yes	No	Yes	Yes
68325	Conjunctivoplasty; with buccal mucous membrane graft (includes obtaining graft)		Grafts	Yes	Yes	yes	No	yes	No	Yes	Yes
68326	Conjunctivoplasty; reconstruction cul-de-sac; with conjunctival graft or extensive rearrangement		Reconstruction	Yes	Yes	yes	No	yes	No	Yes	Yes
68328	Conjunctivoplasty; reconstruction cul-de-sac; with buccal mucous membrane graft (includes obtaining graft)		Reconstruction	Yes	Yes	yes	No	yes	No	Yes	Yes
68330	Repair of symblepharon; conjunctivoplasty, without graft		Repair	No	No	No	No	No	No	No	No
68335	Repair of symblepharon; with free graft conjunctiva or buccal mucous membrane (includes obtaining graft)		Repair	No	No	No	No	No	No	No	No
68340	Repair of symblepharon; division of symblepharon, with or without insertion of conformer or contact lens		Repair	No	No	No	No	No	No	No	No
68360	Conjunctival flap, bridge or partial (separate procedure)		Flap	Yes	Yes	yes	No	yes	No	Yes	Yes
68362	Conjunctival flap, total (such as Gundersen thin flap or purse string flap)		Flap	Yes	Yes	yes	No	yes	No	Yes	Yes
68371	Harvesting conjunctival allograft, living donor		Transplantation	Yes	Yes	yes	Yes	Yes	Yes	Yes	Yes
68399	Unlisted procedure, conjunctiva		Unlisted Procedure	Yes	Yes	yes	No	yes	No	Yes	Yes
68400	Incision, drainage of lacrimal gland (dacryocystotomy or dacryocystostomy)		Incision	No	No	No	No	No	No	No	No
68420	Incision, drainage of lacrimal gland (dacryocystotomy or dacryocystostomy)		Incision	No	No	No	No	No	No	No	No
68440	Strip incision of lacrimal punctum		Incision	No	No	No	No	No	No	No	No
68500	Excision of lacrimal gland (dacryoadenectomy), except for tumor; total		Excision	No	No	No	No	No	No	No	No
68505	Excision of lacrimal gland (dacryoadenectomy), except for tumor; partial		Excision	No	No	No	No	No	No	No	No
68510	Biopsy of lacrimal gland		Biopsy	No	No	No	No	No	No	No	No
68520	Excision of lacrimal sac (dacryocystectomy)		Excision	No	No	No	No	No	No	No	No
68525	Biopsy of lacrimal sac		Biopsy	No	No	No	No	No	No	No	No
68530	Removal of foreign body or dacryolith, lacrimal passages		Removal	No	No	No	No	No	No	No	No
68540	Excision of lacrimal gland tumor; frontal approach		Excision	No	No	No	No	No	No	No	No
68550	Excision of lacrimal gland tumor; involving osteotomy		Excision	No	No	No	No	No	No	No	No
68700	Plastic repair of canaliculi		Repair	No	No	No	No	No	No	No	No
68705	Correction of everted punctum, cautery		Repair	No	No	No	No	No	No	No	No
68720	Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity)		Revision	No	No	No	No	No	No	No	No
68745	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); without tube		Reconstruction	No	No	No	No	No	No	No	No
68750	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); with insertion of tube or stent		Reconstruction	No	No	No	No	No	No	No	No
68760	Closure of the lacrimal punctum; by plug, each		Closure	No	No	No	No	No	No	No	No
68765	Closure of lacrimal fistula (separate procedure)		Closure	No	No	No	No	No	No	No	No
68801	Dilation of lacrimal punctum, with or without irrigation		Dilation	No	No	No	No	No	No	No	No
68810	Probing of nasolacrimal duct, with or without irrigation		Dilation	No	No	No	No	No	No	No	No
68815	Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia		Dilation	No	No	No	No	No	No	No	No
68815	Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent		Insertion	No	No	No	No	No	No	No	No
68816	Probing of nasolacrimal duct, with or without irrigation; with transillumination balloon catheter dilation		Ballon Catheter	No	No	No	No	No	No	No	No
68840	Probing of lacrimal canaliculi, with or without irrigation		Dilation	No	No	No	No	No	No	No	No
68841	Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal canaliculus, each		Insertion	Yes	Yes	Yes	No	Yes	No	Yes	Yes
68850	Injection of contrast medium for dacryocystography		Introduction	No	No	No	No	No	No	No	No
68899	Unlisted procedure, lacrimal system		Unlisted Procedure	Yes	Yes	No	No	No	No	Yes	Yes
69000	Drainage external ear, abscess or hematoma; simple		Incision/Drainage	No	No	No	No	No	No	No	No
69005	Drainage external ear, abscess or hematoma; complicated		Incision/Drainage	No	No	No	No	No	No	No	No
69020	Drainage external auditory canal, abscess		Incision/Drainage	No	No	No	No	No	No	No	No
69090	Ear piercing		Other Procedure	Yes	Yes	No	No	No	No	Yes	Yes
69100	Biopsy external ear		Biopsy	No	No	No	No	No	No	No	No
69105	Biopsy external auditory canal		Biopsy	No	No	No	No	No	No	No	No
69110	Excision external ear; partial, simple repair 1		Excision	No	No	No	No	No	No	No	No
69120	Excision external ear; complete amputation		Amputation	Yes	Yes	yes	No	yes	No	Yes	Yes
69140	Excision exostosis(es), external auditory canal		Excision	No	No	No	No	No	No	No	No
69145	Excision soft tissue lesion, external auditory canal		Excision	No	No	No	No	No	No	No	No
69150	Radical excision external auditory canal lesion; without neck dissection		Excision	No	No	No	No	No	No	No	No
69155	Radical excision external auditory canal lesion; with neck dissection		Excision	No	No	No	No	No	No	No	No
69200	Removal foreign body from external auditory canal; without general anesthesia		Removal	No	No	No	No	No	No	No	No
69205	Removal foreign body from external auditory canal; with general anesthesia		Removal	No	No	No	No	No	No	No	No
69209	Removal impacted cerumen using irrigation/lavage, unilateral		Removal	No	No	No	No	No	No	No	No
69210	Removal impacted cerumen requiring instrumentation, unilateral		Removal	No	No	No	No	No	No	No	No
69220	Debridement, mastoidectomy cavity, simple (eg, routine cleaning)		Debridement	No	No	No	No	No	No	No	No
69222	Debridement, mastoidectomy cavity, complex (eg, with anesthesia or more than routine cleaning)		Debridement	Yes	Yes	yes	No	yes	No	Yes	Yes
69300	Otoplasty, protruding ear, with or without size reduction		Revision	Yes	Yes	yes	No	yes	No	Yes	Yes
69310	Reconstruction of external auditory canal (meatoplasty) (eg, for stenosis due to injury, infection) (separate procedure)		Reconstruction	Yes	Yes	No	No	No	No	Yes	Yes
69320	Reconstruction external auditory canal for congenital atresia, single stage		Reconstruction	Yes	Yes	No	No	No	No	Yes	Yes
69399	Unlisted procedure, external ear		Unlisted Procedure	Yes	Yes	yes	No	yes	No	Yes	Yes
69420	Myringotomy including aspiration and/or eustachian tube inflation		Aspiration	No	No	No	No	No	No	No	No
69421	Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia		Aspiration	No	Yes	No	No	No	No	No	No
69424	Ventilating tube removal requiring general anesthesia		Removal	No	No	No	No	No	No	No	No
69433	Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia		Insertion	No	No	No	No	No	No	No	No
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia		Insertion	No	No	No	No	No	No	No	No
69440	Middle ear exploration through postauricular or ear canal incision		Exploratory	No	No	No	No	No	No	No	No
69450	Tympanotomy, transcanal		Incision	No	No	No	No	No	No	No	No
69501	Transmastoid antrotomy (simple mastoidectomy)		Excision	No	No	No	No	No	No	No	No
69502	Mastoidectomy, complete		Excision	No	No	No	No	No	No	No	No
69505	Mastoidectomy, modified radical		Excision	No	No	No	No	No	No	No	No
69511	Mastoidectomy, radical		Excision	No	No	No	No	No	No	No	No
69530	Petrus apicectomy including radical mastoidectomy		Excision	No	No	No	No	No	No	No	No
69535	Resection temporal bone, external approach		Resection	Yes	Yes	Yes	No	Yes	No	Yes	Yes
69540	Excision aural polyp		Excision	No	No	No	No	No	No	No	No
69550	Excision aural glioma tumor; transcanal		Excision	No	No	No	No	No	No	No	No
69552	Excision aural glioma tumor; transmastoid		Excision	No	No	No	No	No	No	No	No
69554	Excision aural glioma tumor; extended (extratemporal)		Excision	No	No	No	No	No	No	No	No
69601	Revision mastoidectomy; resulting in complete mastoidectomy		Revision	No	No	No	No	No	No	No	No
69602	Revision mastoidectomy; resulting in modified radical mastoidectomy		Revision	No	No	No	No	No	No	No	No
69603	Revision mastoidectomy; resulting in radical mastoidectomy		Revision	No	No	No	No	No	No	No	No
69604	Revision mastoidectomy; resulting in tympanoplasty		Revision	No	No	No	No	No	No	No	No
69610	Tympanic membrane repair, with or without site preparation of perforation for closure, with or without patch		Repair	No	No	No	No	No	No	No	No
69620	Myringoplasty (surgery confined to drumhead and donor area)		Repair	No	No	No	No	No	No	No	No
69631	Tympanoplasty without mastoidectomy (including canalplasty, attotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction		Repair	No	No	No	No	No	No	No	No
69632	Tympanoplasty without mastoidectomy (including canalplasty, attotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction (eg, postinsertion)		Reconstruction	No	No	No	No	No	No	No	No
69633	Tympanoplasty without mastoidectomy (including canalplasty, attotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis [PORP], total ossicular replacement prosthesis [TORP])		Reconstruction	No	No	No	No	No	No	No	No
69635	Tympanoplasty with antrotomy or mastoidectomy (including canalplasty, attotomy, middle ear surgery, and/or tympanic membrane repair); without ossicular chain reconstruction		Repair	Yes	No	No	No	No	No	No	No
69636	Tympanoplasty with antrotomy or mastoidectomy (including canalplasty, attotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction		Reconstruction	Yes	Yes	Yes	No	Yes	No	Yes	Yes
69637	Tympanoplasty with antrotomy or mastoidectomy (including canalplasty, attotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis [PORP], total ossicular replacement prosthesis [TORP])		Reconstruction	Yes	Yes	Yes	No	Yes	No	Yes	Yes
69641	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction		Repair	No	No	No	No	No	No	No	No
69642	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with ossicular chain reconstruction		Reconstruction	No	No	No	No	No	No	No	No
69643	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed wall, without ossicular chain reconstruction		Repair	No	No	No	No	No	No	No	No
69644	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed canal wall, with ossicular chain reconstruction		Reconstruction	No	No	No	No	No	No	No	No
69645	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, without ossicular chain reconstruction		Repair	No	No	No	No	No	No	No	No
69645	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, with ossicular chain reconstruction		Reconstruction	No	No	No	No	No	No	No	No
69650	Stapes mobilization		Revision	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TREC Auth	BMS Auth
69660	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material.		Revision	No	No	No	No	No	No	No	No
69661	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material; with footplate drill out		Revision	No	No	No	No	No	No	No	No
69662	Revision of stapedectomy or stapedotomy		Revision	No	No	No	No	No	No	No	No
69666	Repair oval window fistula		Repair	No	No	No	No	No	No	No	No
69667	Repair round window fistula		Repair	No	No	No	No	No	No	No	No
69670	Mastoid obliteration (separate procedure)		Removal	No	No	No	No	No	No	No	No
69676	Tympanic neurectomy		Hearing	No	No	No	No	No	No	No	No
69700	Closure postauricular fistula, mastoid (separate procedure)		Closure	No	No	No	No	No	No	No	No
69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral		Dilation	Yes	Yes	Yes	No	Yes	No	Yes	Yes
69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral		Dilation	Yes	Yes	Yes	No	Yes	No	Yes	Yes
69710	Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone		revision	No	No	No	No	No	No	No	No
69711	Removal or repair of electromagnetic bone conduction hearing device in temporal bone		Removal	No	No	No	No	No	No	No	No
69714	Implantation, osseointegrated implant, skull, with percutaneous attachment to external speech processor		Implant	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
69716	Implantation, osseointegrated implant, skull, with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or resulting in removal of less than 100 sq mm surface area of bone deep to the outer cranial cortex		Implant	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
69717	Replacement (including removal of existing device), osseointegrated implant, skull, with percutaneous attachment to external speech processor		Replacement	No	No	No	No	No	No	No	No
69719	Replacement (including removal of existing device), osseointegrated implant, skull, with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or involving a bony defect less than 100 sq mm surface area of bone deep to the outer cranial cortex		Revision	No	No	No	No	No	No	No	No
69720	Decompression facial nerve, intratemporal, lateral to geniculate ganglion		Decompression	No	No	No	No	No	No	No	No
69725	Decompression facial nerve, intratemporal, including medial to geniculate ganglion		Decompression	No	No	No	No	No	No	No	No
69726	Removal, entire osseointegrated implant, skull, with percutaneous attachment to external speech processor		Removal	Yes	Yes	Yes	No	Yes	No	Yes	Yes
69727	Removal, entire osseointegrated implant, skull, with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or involving a bony defect less than 100 sq mm surface area of bone deep to the outer cranial cortex		Removal	Yes	Yes	Yes	No	Yes	No	Yes	Yes
69728	Removal, entire osseointegrated implant, skull, with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex		Removal	Yes	Yes	Yes	No	Yes	No	Yes	Yes
69729	Implantation, osseointegrated implant, skull, with magnetic transcutaneous attachment to external speech processor, outside of the mastoid and resulting in removal of greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex		Implant	Yes	Yes	Yes	No	Yes	No	Yes	Yes
69730	Replacement (including removal of existing device), osseointegrated implant, skull, with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex		Implant	Yes	Yes	Yes	No	Yes	No	Yes	Yes
69740	Suture facial nerve, intratemporal, with or without graft or decompression; lateral to geniculate ganglion		Fixation	No	No	No	No	No	No	No	No
69745	Suture facial nerve, intratemporal, with or without graft or decompression; including medial to geniculate ganglion		Fixation	No	No	No	No	No	No	No	No
69799	Unlisted procedure, middle ear		Unlisted Procedure	No	No	No	No	No	No	No	No
69801	Labyrinthotomy, with perfusion of vestibuloactive drug(s), transcanal		Introduction	No	No	No	No	No	No	No	No
69805	Endolymphatic sac operation; without shunt		removal	No	No	No	No	No	No	No	No
69806	Endolymphatic sac operation; with shunt		Removal	No	No	No	No	No	No	No	No
69905	Labyrinthectomy, transcanal		Removal	No	No	No	No	No	No	No	No
69910	Labyrinthectomy, with mastoidectomy		Removal	No	No	No	No	No	No	No	No
69915	Vestibular nerve section, translabrynthine approach		Removal	No	No	No	No	No	No	No	No
69930	Cochlear device implantation, with or without mastoidectomy		implant	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
69949	Unlisted procedure, inner ear		Unlisted Procedure	Yes	Yes	No	No	No	No	Yes	Yes
69950	Vestibular nerve section, transcranial approach		Reconstruction	No	No	No	No	No	No	No	No
69955	Total facial nerve decompression and/or repair (may include graft)		Decompression	Yes	Yes	No	No	No	No	Yes	Yes
69960	Decompression internal auditory canal		Decompression	Yes	Yes	No	No	No	No	Yes	Yes
69970	Removal of tumor, temporal bone		Removal	No	No	No	No	No	No	No	No
69979	Unlisted procedure, temporal bone, middle fossa approach		Unlisted Procedure	Yes	Yes	Yes	No	Yes	No	Yes	Yes
69990	Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)		Computer Assisted Surgery	Yes	Yes	No	No	No	No	Yes	Yes

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
70010	Myelography, posterior fossa, radiological supervision and interpretation		Study	No	No	No	No	No	No	No	No
70015	Cisternography, positive contrast, radiological supervision and interpretation		Study	No	No	No	No	No	No	No	No
70030	Radiologic examination, eye, for detection of foreign body		X-Ray	No	No	No	No	No	No	No	No
70100	Radiologic examination, mandible; partial, less than 4 views		X-Ray	No	No	No	No	No	No	No	No
70110	Radiologic examination, mandible; complete, minimum of 4 views		X-Ray	No	No	No	No	No	No	No	No
70120	Radiologic examination, mastoids; less than 3 views per side		X-Ray	No	No	No	No	No	No	No	No
70130	Radiologic examination, mastoids; complete, minimum of 3 views per side		X-Ray	No	No	No	No	No	No	No	No
70134	Radiologic examination, internal auditory meati; complete		X-Ray	No	No	No	No	No	No	No	No
70140	Radiologic examination, facial bones; less than 3 views		X-Ray	No	No	No	No	No	No	No	No
70150	Radiologic examination, facial bones; complete, minimum of 3 views		X-Ray	No	No	No	No	No	No	No	No
70160	Radiologic examination, nasal bones, complete, minimum of 3 views		X-Ray	No	No	No	No	No	No	No	No
70170	Dacryocystography, nasolacrimal duct, radiological supervision and interpretation		X-Ray	No	No	No	No	No	No	No	No
70190	Radiologic examination; optic foramina		X-Ray	No	No	No	No	No	No	No	No
70200	Radiologic examination; orbits, complete, minimum of 4 views		X-Ray	No	No	No	No	No	No	No	No
70210	Radiologic examination, sinuses, paranasal, less than 3 views		X-Ray	No	No	No	No	No	No	No	No
70220	Radiologic examination, sinuses, paranasal, complete, minimum of 3 views		X-Ray	No	No	No	No	No	No	No	No
70240	Radiologic examination, sella turcica		X-Ray	No	No	No	No	No	No	No	No
70250	Radiologic examination, skull; less than 4 views		X-Ray	No	No	No	No	No	No	No	No
70260	Radiologic examination, skull; complete, minimum of 4 views		X-Ray	No	No	No	No	No	No	No	No
70300	Radiologic examination, teeth; single view		X-Ray	No	No	No	No	No	No	No	No
70310	Radiologic examination, teeth; partial examination, less than full mouth		X-Ray	No	No	No	No	No	No	No	No
70320	Radiologic examination, teeth; complete, full mouth		X-Ray	No	No	No	No	No	No	No	No
70328	Radiologic examination, temporomandibular joint, open and closed mouth; unilateral		X-Ray	No	No	No	No	No	No	No	No
70330	Radiologic examination, temporomandibular joint, open and closed mouth; bilateral		X-Ray	No	No	No	No	No	No	No	No
70332	Temporomandibular joint arthrography, radiological supervision and interpretation		Study	No	No	No	No	No	No	No	No
70336	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)		MRI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
70350	Cephalogram, orthodontic		X-Ray	No	No	No	Yes	No	Yes	No	No
70355	Orthopantomogram (eg, panoramic x-ray)		X-Ray	No	No	No	No	No	No	No	No
70360	Radiologic examination; neck, soft tissue		X-Ray	No	No	No	No	No	No	No	No
70370	Radiologic examination; pharynx or larynx, including fluoroscopy and/or magnification technique		Fluoroscopy	No	No	No	No	No	No	No	No
70371	Complex dynamic pharyngeal and speech evaluation by cine or video recording		Study	No	No	No	No	No	No	No	No
70380	Radiologic examination, salivary gland for calculus		X-Ray	No	No	No	No	No	No	No	No
70390	Sialography, radiological supervision and interpretation		Study	No	No	No	No	No	No	No	No
70450	Computed tomography, head or brain; without contrast material		CT	No	No	No	Yes	No	Yes	Yes	Yes
70460	Computed tomography, head or brain; with contrast material(s)		CT	No	No	No	Yes	No	Yes	Yes	Yes
70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections		CT	No	No	No	Yes	No	Yes	Yes	Yes
70480	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		CT	No	No	No	Yes	No	Yes	Yes	Yes
70481	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)		CT	No	No	No	Yes	No	Yes	Yes	Yes
70482	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections		CT	No	No	No	Yes	No	Yes	Yes	Yes
70486	Computed tomography, maxillofacial area; without contrast material		CT	No	No	No	Yes	No	Yes	Yes	Yes
70487	Computed tomography, maxillofacial area; with contrast material(s)		CT	No	No	No	Yes	No	Yes	Yes	Yes
70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections		CT	No	No	No	Yes	No	Yes	Yes	Yes
70490	Computed tomography, soft tissue neck; without contrast material		CT	No	No	No	Yes	No	Yes	Yes	Yes
70491	Computed tomography, soft tissue neck; with contrast material(s)		CT	No	No	No	Yes	No	Yes	Yes	Yes
70492	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections		CT	No	No	No	Yes	No	Yes	Yes	Yes
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		CT	No	No	No	Yes	No	Yes	Yes	Yes
70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		CT	No	No	No	Yes	No	Yes	Yes	Yes
70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		MRI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)		MRI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences		MRI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
70544	Magnetic resonance angiography, head; without contrast material(s)		MRA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
70545	Magnetic resonance angiography, head; with contrast material(s)		MRA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences		MRA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
70547	Magnetic resonance angiography, neck; without contrast material(s)		MRA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
70548	Magnetic resonance angiography, neck; with contrast material(s)		MRA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences		MRA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		MRI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)		MRI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences		MRI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration		MRI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing		MRI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
70557	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material		MRI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
70558	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); with contrast material(s)		MRI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
70559	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material(s), followed by contrast material(s) and further sequences		MRI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
71045	Radiologic examination, chest; single view		X-Ray	No	No	No	No	No	No	No	No
71046	Radiologic examination, chest; 2 views		X-Ray	No	No	No	No	No	No	No	No
71047	Radiologic examination, chest; 3 views		X-Ray	No	No	No	No	No	No	No	No
71048	Radiologic examination, chest; 4 or more views		X-Ray	No	No	No	No	No	No	No	No
71100	Radiologic examination, ribs, unilateral; 2 views		X-Ray	No	No	No	No	No	No	No	No
71101	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views		X-Ray	No	No	No	No	No	No	No	No
71110	Radiologic examination, ribs, bilateral; 3 views		X-Ray	No	No	No	No	No	No	No	No
71111	Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views		X-Ray	No	No	No	No	No	No	No	No
71120	Radiologic examination; sternum, minimum of 2 views		X-Ray	No	No	No	No	No	No	No	No
71130	Radiologic examination; sternoclavicular joint or joints, minimum of 3 views		X-Ray	No	No	No	No	No	No	No	No
71250	Computed tomography, thorax; without contrast material		CT	No	No	No	Yes	No	Yes	Yes	Yes
71260	Computed tomography, thorax; with contrast material(s)		CT	No	No	No	Yes	No	Yes	Yes	Yes
71270	Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections		CT	No	No	No	Yes	No	Yes	Yes	Yes

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material		CT	No	No	No	Yes	No	Yes	Yes	Yes
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		CTA	No	No	No	Yes	No	Yes	Yes	Yes
71550	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		MRI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
71551	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)		MRI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
71552	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences		MRI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
71555	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)		MRA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
72020	Radiologic examination, spine, single view, specify level		X-Ray	No	No	No	No	No	No	No	No
72040	Radiologic examination, spine, cervical; 2 or 3 views		X-Ray	No	No	No	No	No	No	No	No
72050	Radiologic examination, spine, cervical; 4 or 5 views		X-Ray	No	No	No	No	No	No	No	No
72052	Radiologic examination, spine, cervical; 6 or more views		X-Ray	No	No	No	No	No	No	No	No
72070	Radiologic examination, spine; thoracic, 2 views		X-Ray	No	No	No	No	No	No	No	No
72072	Radiologic examination, spine; thoracic, 3 views		X-Ray	No	No	No	No	No	No	No	No
72074	Radiologic examination, spine; thoracic, minimum of 4 views		X-Ray	No	No	No	No	No	No	No	No
72080	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views		X-Ray	No	No	No	No	No	No	No	No
72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view		X-Ray	No	No	No	No	No	No	No	No
72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views		X-Ray	No	No	No	No	No	No	No	No
72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views		X-Ray	No	No	No	No	No	No	No	No
72084	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views		X-Ray	No	No	No	No	No	No	No	No
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views		X-Ray	No	No	No	No	No	No	No	No
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views		X-Ray	No	No	No	No	No	No	No	No
72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views		X-Ray	No	No	No	No	No	No	No	No
72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views		X-Ray	No	No	No	No	No	No	No	No
72125	Computed tomography, cervical spine; without contrast material		CT	No	No	No	Yes	No	Yes	Yes	Yes
72126	Computed tomography, cervical spine; with contrast material		CT	No	No	No	Yes	No	Yes	Yes	Yes
72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections		CT	No	No	No	Yes	No	Yes	Yes	Yes
72128	Computed tomography, thoracic spine; without contrast material		CT	No	No	No	Yes	No	Yes	Yes	Yes
72129	Computed tomography, thoracic spine; with contrast material		CT	No	No	No	Yes	No	Yes	Yes	Yes
72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections		CT	No	No	No	Yes	No	Yes	Yes	Yes
72131	Computed tomography, lumbar spine; without contrast material		CT	No	No	No	Yes	No	Yes	Yes	Yes
72132	Computed tomography, lumbar spine; with contrast material		CT	No	No	No	Yes	No	Yes	Yes	Yes
72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections		CT	No	No	No	Yes	No	Yes	Yes	Yes
72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		MRI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
72142	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)		MRI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		MRI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
72147	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)		MRI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		MRI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
72149	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)		MRI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical		MRI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
72157	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic		MRI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar		MRI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
72159	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)		MRA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
72170	Radiologic examination, pelvis; 1 or 2 views		X-Ray	No	No	No	No	No	No	No	No
72190	Radiologic examination, pelvis; complete, minimum of 3 views		X-Ray	No	No	No	No	No	No	No	No
72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		CTA	No	No	No	Yes	No	Yes	Yes	Yes
72192	Computed tomography, pelvis; without contrast material		CT	No	No	No	Yes	No	Yes	Yes	Yes
72193	Computed tomography, pelvis; with contrast material(s)		CT	No	No	No	Yes	No	Yes	Yes	Yes
72194	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections		CT	No	No	No	Yes	No	Yes	Yes	Yes
72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)		MRI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		MRI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences		MRI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
72198	Magnetic resonance angiography, pelvis, with or without contrast material(s)		MRA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
72200	Radiologic examination, sacroiliac joints; less than 3 views		X-Ray	No	No	No	No	No	No	No	No
72202	Radiologic examination, sacroiliac joints; 3 or more views		X-Ray	No	No	No	No	No	No	No	No
72220	Radiologic examination, sacrum and coccyx, minimum of 2 views		X-Ray	No	No	No	No	No	No	No	No
72240	Myelography, cervical, radiological supervision and interpretation		X-Ray	Yes	Yes	No	No	No	No	Yes	Yes
72255	Myelography, thoracic, radiological supervision and interpretation		X-Ray	Yes	Yes	No	No	No	No	Yes	Yes
72265	Myelography, lumbosacral, radiological supervision and interpretation		X-Ray	Yes	Yes	No	No	No	No	Yes	Yes
72270	Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation		X-Ray	Yes	Yes	No	No	No	No	Yes	Yes
72285	Discography, cervical or thoracic, radiological supervision and interpretation		Imaging	No	No	No	No	No	No	No	No
72295	Discography, lumbar, radiological supervision and interpretation		Imaging	No	No	No	No	No	No	No	No
73000	Radiologic examination; clavicle, complete		X-Ray	No	No	No	No	No	No	No	No
73010	Radiologic examination; scapula, complete		X-Ray	No	No	No	No	No	No	No	No
73020	Radiologic examination, shoulder; 1 view		X-Ray	No	No	No	No	No	No	No	No
73030	Radiologic examination, shoulder; complete, minimum of 2 views		X-Ray	No	No	No	No	No	No	No	No
73040	Radiologic examination, shoulder, arthrography, radiological supervision and interpretation		X-Ray	No	No	No	No	No	No	No	No
73050	Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction		X-Ray	No	No	No	No	No	No	No	No
73060	Radiologic examination; humerus, minimum of 2 views		X-Ray	No	No	No	No	No	No	No	No
73070	Radiologic examination, elbow; 2 views		X-Ray	No	No	No	No	No	No	No	No
73080	Radiologic examination, elbow; complete, minimum of 3 views		X-Ray	No	No	No	No	No	No	No	No
73085	Radiologic examination, elbow, arthrography, radiological supervision and interpretation		X-Ray	No	No	No	No	No	No	No	No
73090	Radiologic examination; forearm, 2 views		X-Ray	No	No	No	No	No	No	No	No
73092	Radiologic examination; upper extremity, infant, minimum of 2 views		X-Ray	No	No	No	No	No	No	No	No
73100	Radiologic examination, wrist; 2 views		X-Ray	No	No	No	No	No	No	No	No
73110	Radiologic examination, wrist; complete, minimum of 3 views		X-Ray	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
73115	Radiologic examination, wrist, arthrography, radiological supervision and interpretation		X-Ray	No	No	No	No	No	No	No	No
73120	Radiologic examination, hand; 2 views		X-Ray	No	No	No	No	No	No	No	No
73130	Radiologic examination, hand; minimum of 3 views		X-Ray	No	No	No	No	No	No	No	No
73140	Radiologic examination, finger(s), minimum of 2 views		X-Ray	No	No	No	No	No	No	No	No
73200	Computed tomography, upper extremity; without contrast material		CT	No	No	No	Yes	No	Yes	Yes	Yes
73201	Computed tomography, upper extremity; with contrast material(s)		CT	No	No	No	Yes	No	Yes	Yes	Yes
73202	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections		CT	No	No	No	Yes	No	Yes	Yes	Yes
73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing		CTA	No	No	No	Yes	No	Yes	Yes	Yes
73218	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)		MRI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
73219	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)		MRI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
73219	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		MRI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
73220	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		MRI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)		MRI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
73222	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences		MRI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
73223	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences		MRI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
73225	Magnetic resonance angiography, upper extremity, with or without contrast material(s)		MRA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
73501	Radiologic examination, hip, unilateral, with pelvis when performed; 1 view		X-Ray	No	No	No	No	No	No	No	No
73502	Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views		X-Ray	No	No	No	No	No	No	No	No
73503	Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views		X-Ray	No	No	No	No	No	No	No	No
73521	Radiologic examination, hips, bilateral, with pelvis when performed; 2 views		X-Ray	No	No	No	No	No	No	No	No
73522	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views		X-Ray	No	No	No	No	No	No	No	No
73523	Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views		X-Ray	No	No	No	No	No	No	No	No
73525	Radiologic examination, hip, arthrography, radiological supervision and interpretation		X-Ray	No	No	No	No	No	No	No	No
73551	Radiologic examination, femur; 1 view		X-Ray	No	No	No	No	No	No	No	No
73552	Radiologic examination, femur; minimum 2 views		X-Ray	No	No	No	No	No	No	No	No
73560	Radiologic examination, knee; 1 or 2 views		X-Ray	No	No	No	No	No	No	No	No
73562	Radiologic examination, knee; 3 views		X-Ray	No	No	No	No	No	No	No	No
73564	Radiologic examination, knee; complete, 4 or more views		X-Ray	No	No	No	No	No	No	No	No
73565	Radiologic examination, knee; both knees, standing, anteroposterior		X-Ray	No	No	No	No	No	No	No	No
73580	Radiologic examination, knee, arthrography, radiological supervision and interpretation		X-Ray	No	No	No	No	No	No	No	No
73590	Radiologic examination; tibia and fibula, 2 views		X-Ray	No	No	No	No	No	No	No	No
73592	Radiologic examination; lower extremity, infant, minimum of 2 views		X-Ray	No	No	No	No	No	No	No	No
73600	Radiologic examination, ankle; 2 views		X-Ray	No	No	No	No	No	No	No	No
73610	Radiologic examination, ankle; complete, minimum of 3 views		X-Ray	No	No	No	No	No	No	No	No
73615	Radiologic examination, ankle, arthrography, radiological supervision and interpretation		X-Ray	No	No	No	No	No	No	No	No
73620	Radiologic examination, foot; 2 views		X-Ray	No	No	No	No	No	No	No	No
73630	Radiologic examination, foot; complete, minimum of 3 views		X-Ray	No	No	No	No	No	No	No	No
73650	Radiologic examination; calcaneus, minimum of 2 views		X-Ray	No	No	No	No	No	No	No	No
73660	Radiologic examination; toes(s), minimum of 2 views		X-Ray	No	No	No	No	No	No	No	No
73700	Computed tomography, lower extremity; without contrast material		CT	No	No	No	Yes	No	Yes	Yes	Yes
73701	Computed tomography, lower extremity; with contrast material(s)		CT	No	No	No	Yes	No	Yes	Yes	Yes
73702	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections		CT	No	No	No	Yes	No	Yes	Yes	Yes
73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing		CTA	No	No	No	Yes	No	Yes	Yes	Yes
73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)		MRI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
73719	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)		MRI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		MRI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		MRI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
73722	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)		MRI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
73723	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences		MRI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
73725	Magnetic resonance angiography, lower extremity, with or without contrast material(s)		MRA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
74018	Radiologic examination, abdomen; single view		X-Ray	No	No	No	No	No	No	No	No
74019	Radiologic examination, abdomen; 2 views		X-Ray	No	No	No	No	No	No	No	No
74021	Radiologic examination, abdomen; complete, 3+ Views		X-Ray	No	No	No	No	No	No	No	No
74022	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest		X-Ray	No	No	No	No	No	No	No	No
74150	Computed tomography, abdomen; without contrast material		CT	No	No	No	Yes	No	Yes	Yes	Yes
74160	Computed tomography, abdomen; with contrast material(s)		CT	No	No	No	Yes	No	Yes	Yes	Yes
74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections		CT	No	No	No	Yes	No	Yes	Yes	Yes
74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		CTA	No	No	No	Yes	No	Yes	Yes	Yes
74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing		CTA	No	No	No	Yes	No	Yes	Yes	Yes
74176	Computed tomography, abdomen and pelvis; without contrast material		CT	No	No	No	Yes	No	Yes	Yes	Yes
74177	Computed tomography, abdomen and pelvis; with contrast material(s)		CT	No	No	No	Yes	No	Yes	Yes	Yes
74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions		CT	No	No	No	Yes	No	Yes	Yes	Yes
74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		MRI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
74182	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)		MRI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences		MRI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
74185	Magnetic resonance angiography, abdomen, with or without contrast material(s)		MRA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
74190	Peritoneogram (eg, after injection of air or contrast), radiological supervision and interpretation		X-Ray	No	No	No	No	No	No	No	No
74210	Radiologic examination; pharynx and/or cervical esophagus		X-Ray	No	No	No	No	No	No	No	No
74220	Radiologic examination, esophagus		X-Ray	No	No	No	No	No	No	No	No
74221	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; double contrast (eg, high-density barium and effervescent agent) study		Imaging	No	No	No	No	No	No	No	No
74230	Swallowing function, with cineradiography/video-radiography		Fluoroscopy	No	No	No	No	No	No	No	No
74235	Removal of foreign body(s), esophageal, with use of balloon catheter, radiological supervision and interpretation		Balloon Catheter	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
74240	Radiologic examination, gastrointestinal tract, upper; with or without delayed images, without KUB		X-Ray	No	No	No	No	No	No	No	No
74246	Radiologic examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, without KUB		X-Ray	No	No	No	No	No	No	No	No
74248	Radiologic small intestine follow-through study, including multiple serial images [List separately in addition to code for primary procedure for upper GI radiologic examination]		Imaging	No	No	No	No	No	No	No	No
74250	Radiologic examination, small intestine, includes multiple serial images;		X-Ray	No	No	No	No	No	No	No	No
74251	Radiologic examination, small intestine, includes multiple serial images; via enteroclysis tube		X-Ray	No	No	No	No	No	No	No	No
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material		CT	No	No	No	Yes	No	Yes	Yes	Yes
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed		CT	No	No	No	Yes	No	Yes	Yes	Yes
74263	Computed tomographic (CT) colonography, screening, including image postprocessing		CT	No	No	No	Yes	No	Yes	Yes	Yes
74270	Radiologic examination, colon; contrast (eg, barium) enema, with or without KUB		X-Ray	No	No	No	No	No	No	No	No
74280	Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon		X-Ray	No	No	No	No	No	No	No	No
74283	Therapeutic enema, contrast or air, for reduction of intussusception or other intraluminal obstruction (eg, meconium ileus)		Fluoroscopy	No	No	No	No	No	No	No	No
74290	Cholecystography, oral contrast		X-Ray	No	No	No	No	No	No	No	No
74300	Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation		X-Ray	No	No	No	No	No	No	No	No
74301	Cholangiography and/or pancreatography; additional set intraoperative, radiological supervision and interpretation (List separately in addition to code for primary procedure)		X-Ray	No	No	No	No	No	No	No	No
74328	Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation		Catherization	Yes	Yes	No	No	No	No	Yes	Yes
74329	Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation		Catherization	Yes	Yes	No	No	No	No	Yes	Yes
74330	Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation		Catherization	Yes	Yes	No	No	No	No	Yes	Yes
74340	Introduction of long gastrointestinal tube (eg, Miller-Abbott), including multiple fluoroscopies and images, radiological supervision and interpretation		Introduction	No	No	No	No	No	No	No	No
74355	Percutaneous placement of enteroclysis tube, radiological supervision and interpretation		Placement	No	No	No	No	No	No	No	No
74360	Intraluminal dilation of strictures and/or obstructions (eg, esophagus), radiological supervision and interpretation		Dilation	No	No	No	No	No	No	No	No
74363	Percutaneous transhepatic dilation of biliary duct stricture with or without placement of stent, radiological supervision and interpretation		Dilation	No	No	No	No	No	No	No	No
74400	Urography (pyelography), intravenous, with or without KUB, with or without tomography		Study	No	No	No	No	No	No	No	No
74410	Urography, infusion, drip technique and/or bolus technique;		Infusion	No	No	No	No	No	No	No	No
74415	Urography, infusion, drip technique and/or bolus technique; with nephrotomography		Infusion	No	No	No	No	No	No	No	No
74420	Urography, retrograde, with or without KUB		Study	No	No	No	No	No	No	No	No
74425	Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation		Study	No	No	No	No	No	No	No	No
74425	Urography, antegrade, radiological supervision and interpretation		Study	No	No	No	No	No	No	No	No
74430	Cystography, minimum of 3 views, radiological supervision and interpretation		X-Ray	No	No	No	No	No	No	No	No
74440	Vasography, vesiculography, or epididymography, radiological supervision and interpretation		Study	No	No	No	No	No	No	No	No
74450	Urethrocystography, retrograde, radiological supervision and interpretation		X-Ray	No	No	No	No	No	No	No	No
74455	Urethrocystography, voiding, radiological supervision and interpretation		X-Ray	No	No	No	No	No	No	No	No
74470	Radiologic examination, renal cyst study, translumbar, contrast visualization, radiological supervision and interpretation		X-Ray	No	No	No	No	No	No	No	No
74485	Dilation of ureter(s) or urethra, radiological supervision and interpretation		Dilation	No	No	No	No	No	No	No	No
74710	Pelvimetry, with or without placental localization	code discontinued 1/1/24	X-Ray	No	No	No	No	No	No	No	No
74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation		MRI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
74713	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure)		MRI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
74740	Hysterosalpingography, radiological supervision and interpretation		X-Ray	No	No	No	No	No	No	No	No
74742	Transcervical catheterization of fallopian tube, radiological supervision and interpretation		Catherization	No	No	No	No	No	No	No	No
74775	Perineogram (eg, vaginogram, for sex determination or extent of anomalies)		Imaging	No	No	No	No	No	No	No	No
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;		MRI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging		MRI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;		MRI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging		MRI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
75565	Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)		MRI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium		CT	No	No	No	Yes	No	Yes	Yes	Yes
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)		CT	No	No	No	Yes	No	Yes	Yes	Yes
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed)		CT	No	No	No	Yes	No	Yes	Yes	Yes
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		CTA	No	No	No	Yes	No	Yes	Yes	Yes
75580	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional			No	No	No	No	No	No	No	No
75600	Aortography, thoracic, without serialography, radiological supervision and interpretation		X-Ray	No	No	No	No	No	No	No	No
75605	Aortography, thoracic, by serialography, radiological supervision and interpretation		X-Ray	No	No	No	No	No	No	No	No
75625	Aortography, abdominal, by serialography, radiological supervision and interpretation		X-Ray	No	No	No	No	No	No	No	No
75630	Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation		X-Ray	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		CTA	No	No	No	Yes	No	yes	Yes	Yes
75705	Angiography, spinal, selective, radiological supervision and interpretation		Fluoroscopy	No	No	No	No	No	No	No	No
75710	Angiography, extremity, unilateral, radiological supervision and interpretation		Fluoroscopy	No	No	No	No	No	No	No	No
75716	Angiography, extremity, bilateral, radiological supervision and interpretation		Fluoroscopy	No	No	No	No	No	No	No	No
75726	Angiography, visceral, selective or supraseductive (with or without flush aortogram), radiological supervision and interpretation		Fluoroscopy	No	No	No	No	No	No	No	No
75731	Angiography, adrenal, unilateral, selective, radiological supervision and interpretation		Fluoroscopy	No	No	No	No	No	No	No	No
75733	Angiography, adrenal, bilateral, selective, radiological supervision and interpretation		Fluoroscopy	No	No	No	No	No	No	No	No
75736	Angiography, pelvic, selective or supraseductive, radiological supervision and interpretation		Fluoroscopy	No	No	No	No	No	No	No	No
75741	Angiography, pulmonary, unilateral, selective, radiological supervision and interpretation		Fluoroscopy	No	No	No	No	No	No	No	No
75743	Angiography, pulmonary, bilateral, selective, radiological supervision and interpretation		Fluoroscopy	No	No	No	No	No	No	No	No
75746	Angiography, pulmonary, by nonselective catheter or venous injection, radiological supervision and interpretation		Fluoroscopy	No	No	No	No	No	No	No	No
75756	Angiography, internal mammary, radiological supervision and interpretation		Fluoroscopy	No	No	No	No	No	No	No	No
75774	Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)		Fluoroscopy	No	No	No	No	No	No	No	No
75801	Lymphangiography, extremity only, unilateral, radiological supervision and interpretation		X-Ray	No	No	No	No	No	No	No	No
75803	Lymphangiography, extremity only, bilateral, radiological supervision and interpretation		X-Ray	No	No	No	No	No	No	No	No
75805	Lymphangiography, pelvic/abdominal, unilateral, radiological supervision and interpretation		X-Ray	No	No	No	No	No	No	No	No
75807	Lymphangiography, pelvic/abdominal, bilateral, radiological supervision and interpretation		X-Ray	No	No	No	No	No	No	No	No
75809	Shuntogram for investigation of previously placed indwelling nonvascular shunt (eg, LeVeen shunt, ventriculoperitoneal shunt, indwelling infusion pump), radiological supervision and interpretation		Shunt	No	No	No	No	No	No	No	No
75810	Splenoportography, radiological supervision and interpretation		X-Ray	No	No	No	No	No	No	No	No
75820	Venography, extremity, unilateral, radiological supervision and interpretation		X-Ray	No	No	No	No	No	No	No	No
75822	Venography, extremity, bilateral, radiological supervision and interpretation		X-Ray	No	No	No	No	No	No	No	No
75825	Venography, caval, inferior, with serialography, radiological supervision and interpretation		X-Ray	No	No	No	No	No	No	No	No
75827	Venography, caval, superior, with serialography, radiological supervision and interpretation		X-Ray	No	No	No	No	No	No	No	No
75831	Venography, renal, unilateral, selective, radiological supervision and interpretation		X-Ray	No	No	No	No	No	No	No	No
75833	Venography, renal, bilateral, selective, radiological supervision and interpretation		X-Ray	No	No	No	No	No	No	No	No
75840	Venography, adrenal, unilateral, selective, radiological supervision and interpretation		X-Ray	No	No	No	No	No	No	No	No
75842	Venography, adrenal, bilateral, selective, radiological supervision and interpretation		X-Ray	No	No	No	No	No	No	No	No
75860	Venography, venous sinus (eg, petrosal and inferior sagittal) or jugular, catheter, radiological supervision and interpretation		X-Ray	No	No	No	No	No	No	No	No
75870	Venography, superior sagittal sinus, radiological supervision and interpretation		X-Ray	No	No	No	No	No	No	No	No
75872	Venography, epidural, radiological supervision and interpretation		X-Ray	No	No	No	No	No	No	No	No
75880	Venography, orbital, radiological supervision and interpretation		X-Ray	No	No	No	No	No	No	No	No
75885	Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation		Fluoroscopy	No	No	No	No	No	No	No	No
75887	Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation		Fluoroscopy	No	No	No	No	No	No	No	No
75889	Hepatic venography, wedged or free, with hemodynamic evaluation, radiological supervision and interpretation		X-Ray	No	No	No	No	No	No	No	No
75891	Hepatic venography, wedged or free, without hemodynamic evaluation, radiological supervision and interpretation		X-Ray	No	No	No	No	No	No	No	No
75893	Venous sampling through catheter, with or without angiography (eg, for parathyroid hormone, renin), radiological supervision and interpretation		Catherization	No	No	No	No	No	No	No	No
75894	Transcatheter therapy, embolization, any method, radiological supervision and interpretation		Transcatheter	No	No	No	No	No	No	No	No
75898	Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis		Fluoroscopy	No	No	No	No	No	No	No	No
75901	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access, radiologic supervision and interpretation		Removal	No	No	No	No	No	No	No	No
75902	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen, radiologic supervision and interpretation		Removal	No	No	No	No	No	No	No	No
75956	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to lev		Repair	No	No	No	No	No	No	No	No
75957	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to		Repair	No	No	No	No	No	No	No	No
75958	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption), radiological supervision and interpretation		Placement	No	No	No	No	No	No	No	No
75959	Placement of distal extension prosthesis(s) (delayed) after endovascular repair of descending thoracic aorta, as needed, to level of celiac origin, radiological supervision and interpretation		Placement	No	No	No	No	No	No	No	No
75970	Transcatheter biopsy, radiological supervision and interpretation		Biopsy	No	No	No	No	No	No	No	No
75984	Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation		Replacement	No	No	No	No	No	No	No	No
75989	Radiological guidance (ie, fluoroscopy, ultrasound, or computed tomography), for percutaneous drainage (eg, abscess, specimen collection), with placement of catheter, radiological supervision and interpretation		Placement	No	No	No	No	No	No	No	No
76000	Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time, other than 71023 or 71034 (eg, cardiac fluoroscopy)		Fluoroscopy	No	No	No	No	No	No	No	No
76010	Radiologic examination from nose to rectum for foreign body, single view, child		X-Ray	No	No	No	No	No	No	No	No
76080	Radiologic examination, abscess, fistula or sinus tract study, radiological supervision and interpretation		X-Ray	No	No	No	No	No	No	No	No
76098	Radiologic examination, surgical specimen		X-Ray	No	No	No	No	No	No	No	No
76100	Radiologic examination, single plane body section (eg, tomography), other than with urography		X-Ray	No	No	No	No	No	No	No	No
76120	Cineradiography/videoangiography, except where specifically included		X-Ray	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
	Cineradiography/videoradiography to complement routine examination (List separately in addition to code for primary procedure)		X-Ray	No	No	No	No	No	No	No	No
76125	Consultation on X-ray examination made elsewhere, written report		X-Ray	No	No	No	No	No	No	No	No
76145	Medical physics dose evaluation for radiation exposure that exceeds institutional review threshold, including report 3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation		Testing	No	No	No	No	No	No	No	No
76376	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation		Imaging	No	No	No	No	No	No	No	No
76377	Computed tomography, limited or localized follow-up study		Imaging	No	No	No	No	No	No	No	No
76380	Magnetic resonance spectroscopy		CT	No	No	No	Yes	No	Yes	Yes	Yes
76391	Magnetic resonance (eg, vibration) elastography		SPECT	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
76496	Unlisted fluoroscopic procedure (eg, diagnostic, interventional)		MRI	Yes	Yes	Yes	No	Yes	No	Yes	Yes
76497	Unlisted computed tomography procedure (eg, diagnostic, interventional)		Fluoroscopy	No	No	No	No	No	No	No	No
76498	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)		CT	No	No	No	No	No	No	No	Yes
			Diagnostic/Screening	Yes	Yes	No	No	No	No	Yes	Yes
76499	Unlisted diagnostic radiographic procedure	no auth needed when billed with 77067 on same day with same supplier	Diagnostic/Screening	Yes	Yes	No	No	No	No	Yes	Yes
76506	Echoencephalography, real time with image documentation (gray scale) (for determination of ventricular size, delineation of cerebral contents, and detection of fluid masses or other intracranial abnormalities), including A-mode encephalography as secondary component where indicated		Ultrasound	No	No	No	No	No	No	No	No
76510	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter		Ultrasound	No	No	No	No	No	No	No	No
76511	Ophthalmic ultrasound, diagnostic; quantitative A-scan only		Ultrasound	No	No	No	No	No	No	No	No
76512	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)		Ultrasound	No	No	No	No	No	No	No	No
76513	Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy, unilateral or bilateral		Ultrasound	No	No	No	No	No	No	No	No
76514	Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)		Ultrasound	No	No	No	No	No	No	No	No
76516	Ophthalmic biometry by ultrasound echography, A-scan;		Ultrasound	No	No	No	No	No	No	No	No
76519	Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation		Ultrasound	No	No	No	No	No	No	No	No
76529	Ophthalmic ultrasonic foreign body localization		Ultrasound	No	No	No	No	No	No	No	No
76536	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation		Ultrasound	No	No	No	No	No	No	No	No
76604	Ultrasound, chest (includes mediastinum), real time with image documentation		Ultrasound	No	No	No	No	No	No	No	No
76641	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete		Ultrasound	No	No	No	No	No	No	No	No
76642	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited		Ultrasound	No	No	No	No	No	No	No	No
76700	Ultrasound, abdominal, real time with image documentation; complete		Ultrasound	No	No	No	No	No	No	No	No
76705	Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)		Ultrasound	No	No	No	No	No	No	No	No
76706	Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)		Ultrasound	No	No	No	No	No	No	No	No
76770	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete		Ultrasound	No	No	No	No	No	No	No	No
76775	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited		Ultrasound	No	No	No	No	No	No	No	No
76776	Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation		Ultrasound	No	No	No	No	No	No	No	No
76800	Ultrasound, spinal canal and contents		Ultrasound	No	No	No	No	No	No	No	No
76801	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; single or first gestation		Ultrasound	No	No	No	No	No	No	No	No
76802	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)		Ultrasound	No	No	No	No	No	No	No	No
76805	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation		Ultrasound	No	No	No	No	No	No	No	No
76810	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)		Ultrasound	No	No	No	No	No	No	No	No
76811	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation		Ultrasound	No	No	No	No	No	No	No	No
76812	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)		Ultrasound	No	No	No	No	No	No	No	No
76813	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation		Ultrasound	No	No	No	No	No	No	No	No
76814	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; each additional gestation (List separately in addition to code for primary procedure)		Ultrasound	No	No	No	No	No	No	No	No
76815	Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses		Ultrasound	No	No	No	No	No	No	No	No
76816	Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fet		Ultrasound	No	No	No	No	No	No	No	No
76817	Ultrasound, pregnant uterus, real time with image documentation, transvaginal		Ultrasound	No	No	No	No	No	No	No	No
76818	Fetal biophysical profile; with non-stress testing		Ultrasound	No	No	No	No	No	No	No	No
76819	Fetal biophysical profile; without non-stress testing		Ultrasound	No	No	No	No	No	No	No	No
76820	Doppler velocimetry, fetal; umbilical artery		Ultrasound	No	No	No	No	No	No	No	No
76821	Doppler velocimetry, fetal; middle cerebral artery		Ultrasound	No	No	No	No	No	No	No	No
76825	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;		ECHO	No	No	No	No	No	No	No	No
76826	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; follow-up or repeat study		ECHO	No	No	No	No	No	No	No	No
76827	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete		ECHO	No	No	No	No	No	No	No	No
76828	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study		ECHO	No	No	No	No	No	No	No	No
76830	Ultrasound, transvaginal		Ultrasound	No	No	No	No	No	No	No	No
76831	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed		Ultrasound	No	No	No	No	No	No	No	No
76856	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete		Ultrasound	No	No	No	No	No	No	No	No
76857	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)		Ultrasound	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
76870	Ultrasound, scrotum and contents		Ultrasound	No	No	No	No	No	No	No	No
76872	Ultrasound, transrectal;		Ultrasound	No	No	No	No	No	No	No	No
76873	Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)		Ultrasound	No	No	No	No	No	No	No	No
76881	Ultrasound, extremity, nonvascular, real-time with image documentation; complete		Ultrasound	No	No	No	No	No	No	No	No
76882	Ultrasound, limited, joint or focal evaluation of other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft tissue structure[s], or soft tissue mass[es]), real-time with image documentation		Ultrasound	No	No	No	No	No	No	No	No
76883	Ultrasound, nerve(s) and accompanying structures throughout their entire anatomic course in one extremity, comprehensive, including real-time cine imaging with image documentation, per extremity		Ultrasound	No	No	No	No	No	No	No	No
76885	Ultrasound, infant hips, real time with imaging documentation; dynamic (requiring physician or other qualified health care professional manipulation)		Ultrasound	No	No	No	No	No	No	No	No
76886	Ultrasound, infant hips, real time with imaging documentation; limited, static (not requiring physician or other qualified health care professional manipulation)		Ultrasound	No	No	No	No	No	No	No	No
76932	Ultrasound guidance for endomyocardial biopsy, imaging supervision and interpretation		Biopsy	No	No	No	No	No	No	No	No
76936	Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)		Ultrasound	No	No	No	No	No	No	No	No
76937	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary		Ultrasound	No	No	No	No	No	No	No	No
76940	Ultrasound guidance for, and monitoring of, parenchymal tissue ablation		Ultrasound	No	No	No	No	No	No	No	No
76941	Ultrasound guidance for intrauterine fetal transfusion or cordocentesis, imaging supervision and interpretation		Ultrasound	No	No	No	No	No	No	No	No
76942	Ultrasound guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation		Biopsy	No	No	No	No	No	No	No	No
76945	Ultrasound guidance for chorionic villus sampling, imaging supervision and interpretation		Ultrasound	No	No	No	No	No	No	No	No
76946	Ultrasound guidance for amniocentesis, imaging supervision and interpretation		Ultrasound	No	No	No	No	No	No	No	No
76948	Ultrasound guidance for aspiration of ova, imaging supervision and interpretation		Ultrasound	No	No	Yes	Yes	Yes	Yes	No	No
76965	Ultrasound guidance for interstitial radioelement application		Ultrasound	No	No	No	No	No	No	No	No
76970	Ultrasound study follow-up (specify)		Ultrasound	No	No	No	No	No	No	No	No
76975	Gastrointestinal endoscopic ultrasound, supervision and interpretation		Ultrasound	No	No	No	No	No	No	No	No
76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method		Ultrasound	No	No	No	No	No	No	No	No
76978	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion	Crossover from C9744 *	Ultrasound	No	No	No	No	No	No	No	No
76979	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (list separately in addition to code for primary procedure)	Crossover from C9744 * *Use in conjunction with 76978. **Do not report in conjunction with 96374.	Ultrasound	No	No	No	No	No	No	No	No
76981	Ultrasound, elastography; parenchyma (eg, organ)		Ultrasound	No	No	No	No	No	No	No	No
76982	Ultrasound, elastography; first target lesion		Ultrasound	No	No	No	No	No	No	No	No
76983	Ultrasound, elastography; each additional target lesion (list separately in addition to code for primary procedure)	See CPT for all parenthetical data.	Ultrasound	No	No	No	No	No	No	No	No
76984	Ultrasound, intraoperative thoracic aorta (eg, epiaortic), diagnostic			No	No	No	No	No	NO	No	No
76987	Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; including placement and manipulation of transducer, image acquisition, interpretation and report			No	No	No	No	No	NO	No	No
76988	Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; placement, manipulation of transducer, and image acquisition only			No	No	No	No	No	NO	No	No
76989	Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; interpretation and report only			No	No	No	No	No	NO	No	No
76998	Ultrasound guidance, intraoperative		Ultrasound	No	No	No	No	No	No	No	No
76999	Unlisted ultrasound procedure (eg, diagnostic, interventional)		Ultrasound	No	No	No	No	No	No	No	No
77001	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic s		Fluoroscopy	No	No	No	No	No	No	No	No
77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)		Fluoroscopy	No	No	No	No	No	No	No	No
77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)		Fluoroscopy	No	No	No	No	No	No	No	No
77011	Computed tomography guidance for stereotactic localization		CT	No	No	No	Yes	No	Yes	No	No
77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation		CT	No	No	No	Yes	No	Yes	No	No
77013	Computed tomography guidance for, and monitoring of, parenchymal tissue ablation		CT	No	No	No	Yes	No	Yes	No	No
77014	Computed tomography guidance for placement of radiation therapy fields		CT	No	No	No	Yes	No	Yes	No	No
77021	Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation		MRI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
77022	Magnetic resonance imaging guidance for, and monitoring of, parenchymal tissue ablation		MRI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	Crossover from C8904	MRI	No	No	Yes	Yes	Yes	Yes	No	No
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	Crossover from C8907	MRI	No	No	Yes	Yes	Yes	yes	No	No
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral		MRI	No	No	Yes	Yes	Yes	yes	No	No
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral		MRI	No	No	Yes	Yes	Yes	Yes	No	No
77053	Mammary ductogram or galactogram, single duct, radiological supervision and interpretation		MRI	No	No	No	No	No	No	No	No
77054	Mammary ductogram or galactogram, multiple ducts, radiological supervision and interpretation		MRI	No	No	No	No	No	No	No	No
77061	Digital breast tomosynthesis; unilateral		X-Ray	No	No	No	No	No	No	No	No
77062	Digital breast tomosynthesis; bilateral		X-Ray	No	No	No	No	No	No	No	No
77063	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)		X-Ray	No	No	No	No	No	No	No	No
77065	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral		X-Ray	No	No	No	No	No	No	No	No
77066	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral		X-Ray	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
77469	Intraoperative radiation treatment management		Radiation Therapy	No	No	No	No	No	No	Yes	Yes
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)		Radiation Therapy	No	No	No	No	No	No	Yes	Yes
77489	Unlisted procedure, therapeutic radiology treatment management		Radiation Therapy	Yes	Yes	Yes	No	Yes	No	Yes	Yes
77520	Proton treatment delivery; simple, without compensation		Radiation Therapy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
77522	Proton treatment delivery; simple, with compensation		Radiation Therapy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
77523	Proton treatment delivery; intermediate		Radiation Therapy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
77525	Proton treatment delivery; complex		Radiation Therapy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
77600	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)		Radiation Therapy	No	No	No	Yes	No	Yes	No	No
77605	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)		Radiation Therapy	No	No	No	Yes	No	Yes	No	No
77610	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators		Radiation Therapy	No	No	No	Yes	No	Yes	No	No
77615	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators		Radiation Therapy	No	No	No	Yes	No	Yes	No	No
77620	Hyperthermia generated by intracavitary probe(s)		Radiation Therapy	No	No	No	Yes	No	Yes	No	No
77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care)		Radiation Therapy	No	No	No	Yes	No	Yes	No	No
77761	Intracavitary radiation source application; simple		Radiation Therapy	No	No	No	Yes	No	Yes	No	No
77762	Intracavitary radiation source application; intermediate		Radiation Therapy	No	No	No	Yes	No	Yes	No	No
77763	Intracavitary radiation source application; complex		Radiation Therapy	No	No	No	Yes	No	Yes	No	No
77767	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel		Radiation Therapy	No	No	No	Yes	No	Yes	No	No
77768	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions		Radiation Therapy	No	No	No	Yes	No	Yes	No	No
77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel		Radiation Therapy	No	No	No	Yes	No	Yes	No	No
77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels		Radiation Therapy	No	No	No	Yes	No	Yes	No	No
77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels		Radiation Therapy	No	No	No	Yes	No	Yes	No	No
77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed		Radiation Therapy	No	No	No	Yes	No	Yes	No	No
77789	Surface application of low dose rate radionuclide source		Radiation Therapy	No	No	No	No	No	No	No	No
77790	Supervision, handling, loading of radiation source		Radiation Therapy	No	No	No	No	No	No	No	No
77799	Unlisted procedure, clinical brachytherapy		Radiation Therapy	No	No	No	No	No	No	No	No
78012	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)		Measurement	Yes	Yes	Yes	No	Yes	No	Yes	Yes
78013	Thyroid imaging (including vascular flow, when performed);		Imaging	Yes	Yes	Yes	No	Yes	No	Yes	Yes
78014	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)		Imaging	Yes	Yes	Yes	No	Yes	No	Yes	Yes
78015	Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)		Imaging	Yes	Yes	Yes	No	Yes	No	Yes	Yes
78016	Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)		Imaging	Yes	Yes	Yes	No	Yes	No	Yes	Yes
78018	Thyroid carcinoma metastases imaging; whole body		Imaging	Yes	Yes	Yes	No	Yes	No	Yes	Yes
78020	Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)		Measurement	No	No	No	No	No	No	No	No
78070	Parathyroid planar imaging (including subtraction, when performed);		Imaging	No	No	No	No	No	No	No	No
78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)		SPECT	No	No	No	No	No	No	No	No
78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired CT for anatomical localization		SPECT	No	No	No	No	No	No	No	No
78075	Adrenal imaging, cortex and/or medulla		Imaging	No	No	No	No	No	No	No	No
78099	Unlisted endocrine procedure, diagnostic nuclear medicine		Unlisted Procedure	Yes	Yes	Yes	No	Yes	No	Yes	Yes
78102	Bone marrow imaging; limited area		Imaging	Yes	Yes	Yes	No	Yes	No	Yes	Yes
78103	Bone marrow imaging; multiple areas		Imaging	Yes	Yes	Yes	No	Yes	No	Yes	Yes
78104	Bone marrow imaging; whole body		Imaging	Yes	Yes	Yes	No	Yes	No	Yes	Yes
78110	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); single sampling		Measurement	No	No	No	No	No	No	No	No
78111	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); multiple samplings		Measurement	No	No	No	No	No	No	No	No
78120	Red cell volume determination (separate procedure); single sampling		Measurement	No	No	No	No	No	No	No	No
78121	Red cell volume determination (separate procedure); multiple samplings		Measurement	No	No	No	No	No	No	No	No
78122	Whole blood volume determination, including separate measurement of plasma volume and red cell volume (radiopharmaceutical volume-dilution technique)		Measurement	No	No	No	No	No	No	No	No
78130	Red cell survival study		Study	No	No	No	No	No	No	No	No
78140	Labeled red cell sequestration, differential organ/tissue (eg, splenic and/or hepatic)		Measurement	No	No	No	No	No	No	No	No
78185	Spleen imaging only, with or without vascular flow		Imaging	No	No	No	No	No	No	No	No
78191	Platelet survival study		Study	No	No	No	No	No	No	No	No
78195	Lymphatics and lymph nodes imaging		Imaging	No	No	No	No	No	No	No	No
78199	Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine		Unlisted Procedure	Yes	Yes	Yes	No	Yes	No	Yes	Yes
78201	Liver imaging; static only		Imaging	No	No	No	No	No	No	No	No
78202	Liver imaging; with vascular flow		Imaging	No	No	No	No	No	No	No	No
78215	Liver and spleen imaging; static only		Imaging	No	No	No	No	No	No	No	No
78216	Liver and spleen imaging; with vascular flow		Imaging	No	No	No	No	No	No	No	No
78226	Hepatobiliary system imaging, including gallbladder when present; Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed		Imaging	No	No	No	No	No	No	No	No
78227	Salivary gland imaging;		Imaging	No	No	No	No	No	No	No	No
78231	Salivary gland imaging; with serial images		Imaging	No	No	No	No	No	No	No	No
78232	Salivary gland function study		Study	No	No	No	No	No	No	No	No
78258	Esophageal motility		Diagnostic/Screening	No	No	No	No	No	No	No	No
78261	Gastric mucosa imaging		Imaging	No	No	No	No	No	No	No	No
78262	Gastroesophageal reflux study		Study	No	No	No	No	No	No	No	No
78264	Gastric emptying imaging study (eg, solid, liquid, or both);		Study	No	No	No	No	No	No	No	No
78265	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit		Study	No	No	No	No	No	No	No	No
78266	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days		Study	No	No	No	No	No	No	No	No
78267	Urea breath test, C-14 (isotopic); acquisition for analysis		Diagnostic/Screening	No	No	No	No	No	No	No	No
78268	Urea breath test, C-14 (isotopic); analysis		Diagnostic/Screening	No	No	No	No	No	No	No	No
78278	Acute gastrointestinal blood loss imaging		Imaging	No	No	No	No	No	No	No	No
78282	Gastrointestinal protein loss		Diagnostic/Screening	No	No	No	No	No	No	No	No
78290	Intestine imaging (eg, ectopic gastric mucosa, Meckel's localization, volvulus)		Imaging	No	No	No	No	No	No	No	No
78291	Peritoneal-venous shunt patency test (eg, for LeVeen, Denver shunt)		shunt	No	No	No	No	No	No	No	No
78299	Unlisted gastrointestinal procedure, diagnostic nuclear medicine		Unlisted Procedure	Yes	Yes	Yes	No	Yes	No	Yes	Yes
78300	Bone and/or joint imaging; limited area		Imaging	Yes	Yes	Yes	No	Yes	No	Yes	Yes
78305	Bone and/or joint imaging; multiple areas		Imaging	Yes	Yes	Yes	No	Yes	No	Yes	Yes
78306	Bone and/or joint imaging; whole body		Imaging	Yes	Yes	Yes	No	Yes	No	Yes	Yes
78315	Bone and/or joint imaging; 3 phase study		Imaging	Yes	Yes	Yes	No	Yes	No	Yes	Yes
78350	Bone density (bone mineral content) study, 1 or more sites; single photon absorptiometry		Study	No	No	No	No	No	No	No	No
78351	Bone density (bone mineral content) study, 1 or more sites; dual photon absorptiometry, 1 or more sites		Study	No	No	No	No	No	No	No	No
78399	Unlisted musculoskeletal procedure, diagnostic nuclear medicine		Unlisted Procedure	Yes	Yes	Yes	No	Yes	No	Yes	Yes

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
	Determination of central c-v hemodynamics (non-imaging) (eg, ejection fraction with probe technique) with or without pharmacologic intervention or exercise, single or multiple determinations		Diagnostic/Screening	No	No	No	No	No	No	No	No
78414	Cardiac shunt detection		shunt	No	No	No	No	No	No	No	No
78428											
78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion(s) and/or ejection fraction(s), when performed), with concurrently acquired computed tomography transmission scan	part of 78459	PET Scan	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion(s) and/or ejection fraction(s), when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	part of 78491	PET Scan	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion(s) and/or ejection fraction(s), when performed); multiple studies, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	part of 78492	PET Scan	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion(s) and/or ejection fraction(s), when performed); dual radiotracer (eg, myocardial viability);		PET Scan	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion(s) and/or ejection fraction(s), when performed); dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan		PET Scan	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
78434	Absolute quantitation of myocardial blood flow (AQMFB), positron emission tomography (PET), rest and pharmacologic stress [List separately in addition to code for primary procedure]		PET Scan	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
78445	Non-cardiac vascular flow imaging (ie, angiography, venography)		Imaging	No	No	No	No	No	No	No	No
78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		SPECT	No	No	No	Yes	No	Yes	No	No
78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or re		SPECT	No	No	No	Yes	No	Yes	No	No
78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Imaging	No	No	No	Yes	No	Yes	No	No
78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection		Imaging	No	No	No	Yes	No	Yes	No	No
78456	Acute venous thrombosis imaging, peptide		Imaging	No	No	No	No	No	No	No	No
78457	Venous thrombosis imaging, venogram; unilateral		Imaging	No	No	No	No	No	No	No	No
78458	Venous thrombosis imaging, venogram; bilateral		Imaging	No	No	No	No	No	No	No	No
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation		PET Scan	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative		Imaging	No	No	No	Yes	No	Yes	No	No
78468	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique		Imaging	No	No	No	Yes	No	Yes	No	No
78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification		SPECT	No	No	No	Yes	No	Yes	No	No
78472	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing		Imaging	No	No	No	Yes	No	Yes	No	No
78473	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification		Imaging	No	No	No	Yes	No	Yes	No	No
78481	Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification		Imaging	No	No	No	Yes	No	Yes	No	No
78483	Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification		Imaging	No	No	No	Yes	No	Yes	No	No
78491	Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress		PET Scan	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
78492	Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress		PET Scan	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing		SPECT	No	No	No	Yes	No	Yes	No	No
78496	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)		Imaging	No	No	No	Yes	No	Yes	No	No
78499	Unlisted cardiovascular procedure, diagnostic nuclear medicine		Unlisted Procedure	Yes	Yes	Yes	No	Yes	No	Yes	Yes
78579	Pulmonary ventilation imaging (eg, aerosol or gas)		Imaging	No	No	No	No	No	No	No	No
78580	Pulmonary perfusion imaging (eg, particulate)		Imaging	No	No	No	No	No	No	No	No
78582	Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging		Imaging	No	No	No	No	No	No	No	No
78597	Quantitative differential pulmonary perfusion, including imaging when performed		Diagnostic/Screening	No	No	No	No	No	No	No	No
78598	Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed		Diagnostic/Screening	No	No	No	No	No	No	No	No
78599	Unlisted respiratory procedure, diagnostic nuclear medicine		Unlisted Procedure	Yes	Yes	Yes	No	Yes	No	Yes	Yes
78600	Brain imaging, less than 4 static views;		Imaging	No	No	No	No	No	No	No	No
78601	Brain imaging, less than 4 static views; with vascular flow		Imaging	No	No	No	No	No	No	No	No
78605	Brain imaging, minimum 4 static views;		Imaging	No	No	No	No	No	No	No	No
78606	Brain imaging, minimum 4 static views; with vascular flow		Imaging	No	No	No	No	No	No	No	No
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation		PET Scan	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
78609	Brain imaging, positron emission tomography (PET); perfusion evaluation		PET Scan	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
78610	Brain imaging, vascular flow only		Imaging	No	No	No	No	No	Yes	No	No
78630	Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography		Imaging	No	No	No	No	No	No	No	No
78635	Cerebrospinal fluid flow, imaging (not including introduction of material); ventriculography		Imaging	No	No	No	No	No	No	No	No
78645	Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation		Imaging	No	No	No	No	No	No	No	No
78650	Cerebrospinal fluid leakage detection and localization		Diagnostic/Screening	No	No	No	No	No	No	No	No
78660	Radiopharmaceutical dacrycystography		Diagnostic/Screening	No	No	No	No	No	No	No	No
78699	Unlisted nervous system procedure, diagnostic nuclear medicine		Unlisted Procedure	No	No	No	No	No	No	No	No
78700	Kidney imaging morphology;		Imaging	No	No	No	No	No	No	No	No
78701	Kidney imaging morphology; with vascular flow		Imaging	No	No	No	No	No	No	No	No
78707	Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention		Imaging	No	No	No	No	No	No	No	No
78708	Kidney imaging morphology; with vascular flow and function, single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)		Imaging	No	No	No	No	No	No	No	No
78709	Kidney imaging morphology; with vascular flow and function, multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)		Imaging	No	No	No	No	No	No	No	No
78725	Kidney function study, non-imaging radioisotopic study		Study	No	No	No	No	No	No	No	No
78730	Urinary bladder residual study (List separately in addition to code for primary procedure)		Study	No	No	No	No	No	No	No	No
78740	Ureteral reflux study (radiopharmaceutical voiding cystogram)		Study	No	No	No	No	No	No	No	No
78761	Testicular imaging with vascular flow		Imaging	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
78799	Unlisted genitourinary procedure, diagnostic nuclear medicine		Unlisted Procedure	Yes	Yes	Yes	No	Yes	No	Yes	Yes
78800	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); limited area		Diagnostic/Screening	Yes	Yes	No	No	No	No	Yes	Yes
78801	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); multiple areas		Diagnostic/Screening	Yes	Yes	No	No	No	No	Yes	Yes
78802	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, single day imaging		Imaging	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging		SPECT	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
78804	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, requiring 2 or more days imaging		Imaging	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
78808	Injection procedure for radiopharmaceutical localization by non-imaging probe study, intravenous (eg, parathyroid adenoma)		Study	No	No	No	No	No	No	No	No
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)		PET Scan	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh		PET Scan	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
78813	Positron emission tomography (PET) imaging; whole body		PET Scan	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
78814	Positron emission tomography (PET) with concurrently acquired CT for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)		PET Scan	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
78815	Positron emission tomography (PET) with concurrently acquired CT for attenuation correction and anatomical localization imaging; skull base to mid-thigh		PET Scan	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
78816	Positron emission tomography (PET) with concurrently acquired CT for attenuation correction and anatomical localization imaging; whole body		PET Scan	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging		SPECT	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days		SPECT	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days		SPECT	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
78835	Radiopharmaceutical quantification measurement(s) single area [List separately in addition to code for primary procedure]		Measurement	No	No	No	No	No	No	No	No
78999	Unlisted miscellaneous procedure, diagnostic nuclear medicine		Diagnostic/Screening	No	No	No	No	No	No	No	No
79005	Radiopharmaceutical therapy, by oral administration		Radiation Therapy	No	No	No	Yes	No	Yes	No	No
79101	Radiopharmaceutical therapy, by intravenous administration		Radiation Therapy	No	No	No	Yes	No	Yes	No	No
79200	Radiopharmaceutical therapy, by intracavitary administration		Radiation Therapy	No	No	No	No	No	No	No	No
79300	Radiopharmaceutical therapy, by interstitial radioactive colloid administration		Radiation Therapy	No	No	No	No	No	No	No	No
79403	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion		Radiation Therapy	No	No	No	Yes	No	Yes	No	No
79440	Radiopharmaceutical therapy, by intra-articular administration		Radiation Therapy	No	No	No	No	No	No	No	No
79445	Radiopharmaceutical therapy, by intra-arterial particulate administration		Radiation Therapy	No	No	No	No	No	No	No	No
79999	Radiopharmaceutical therapy, unlisted procedure		Radiation Therapy	No	No	No	No	No	No	No	No

CD	Description	Notes	Code	Grav	Commercial IMD-Auth	Commercial PPD-Auth	Centre-Auth Non-ASA Product	Centre-Auth ASA Product	Safety-Auth Non-ASA Product	Safety-Auth ASA Product	TRAC Auth	IMI Auth
00047	Basic metabolic panel (Calcium, ionized) This panel must include the following: Calcium, ionized (B2330) Carbon dioxide (bicarbonate) (B2374) Chloride (B2453) Creatinine (B2565) Glucose (B2672) Potassium (B4333) Sodium (B4293) Urea nitrogen (B436) (B4325)		Organ/Disorder Panels		No	No	No	No	No	No	No	No
00048	Basic metabolic panel (Calcium, total) This panel must include the following: Calcium, total (B2330) Carbon dioxide (bicarbonate) (B2374) Chloride (B2453) Creatinine (B2565) Glucose (B2672) Potassium (B4333) Sodium (B4293) Urea nitrogen (B436) (B4325)		Organ/Disorder Panels		No	No	No	No	No	No	No	No
00049	General health panel This panel must include the following: Comprehensive metabolic panel (B6033) Blood count, complete (B62), automated and automated differential WBC count (B5021) or B5027 and B5004 OR blood count, complete (B62), automated (B5027) and appropriate manual differential WBC count (B5007) or B5009 Thyroid stimulating hormone (TSH) (B4443)		Organ/Disorder Panels		No	No	No	No	No	No	No	No
00051	Organic panel This panel must include the following: Carbon dioxide (bicarbonate) (B2374) Chloride (B2453) Potassium (B4333) Sodium (B4293) Bilirubin, total (B2477) Calcium, total (B2330) Carbon dioxide (bicarbonate) (B2374) Glucose (B2672) Creatinine (B2565) Glucose (B2374) Phosphate, alkaline (B4375) Potassium (B4333) Protein, total (B4355) Sodium (B4293) Transferrin, alkaline amino (ACT) (B4507) (B4465) Transferrin, aspartate amino (AST) (B507) (B4505) Urea nitrogen (BUN) (B4325)		Organ/Disorder Panels		No	No	No	No	No	No	No	No
00052	Organic panel This panel must include the following: Bilirubin total, complete (B2477) Creatinine, automated and automated differential WBC count (B5021 or B5027 and B5004 OR blood count, complete (B62) and appropriate manual differential WBC count (B5007 or B5009) Inorganic B surface antigen (B7340) Antibody, rubella (B7362) Hepatitis test, non-specific antibody, qualitative (eg, VON, RPR, ART) (B6392) Antibody, toxoplasma, RBC, with serum technique (B6392) Blood typing, ABO (B6060) and Blood typing, Rh (D) (B6061)		Organ/Disorder Panels		No	No	No	No	No	No	No	No
00053	Organic panel This panel must include the following: Electrolytes, serum, total (B4365) Phosphorus (B4375) (B4376) direct measurement, high density cholesterol (HDL, cholesterol) (B3738) (B4379) (B4380)		Organ/Disorder Panels		No	No	No	No	No	No	No	No
00054	Basic metabolic panel This panel must include the following: Alkaline (B2340) Calcium, total (B2330) Carbon dioxide (bicarbonate) (B2374) Chloride (B2453) Creatinine (B2565) Glucose (B2374) Phosphate, alkaline (B4375) Potassium (B4333) Sodium (B4293) Urea nitrogen (B436) (B4325)		Organ/Disorder Panels		No	No	No	No	No	No	No	No
00055	Organic panel This panel must include the following: Hepatitis A antibody (HAA), eg antibody (B700) Hepatitis B surface antigen (HBsAg) (B7340) Antibody, rubella (B7362) Surface antigen (HBsAg) (B7340) Hepatitis C antibody (B6033)		Organ/Disorder Panels		No	No	No	No	No	No	No	No
00056	Organic panel This panel must include the following: Alkaline (B2340) Calcium, total (B2330) Carbon dioxide (bicarbonate) (B2374) Chloride (B2453) Creatinine (B2565) Glucose (B2374) Phosphate, alkaline (B4375) Potassium (B4333) Protein, total (B4355) Sodium (B4293) Transferrin, alkaline amino (ACT) (B4507) (B4465) Transferrin, aspartate amino (AST) (B507) (B4505) Urea nitrogen (BUN) (B4325)		Organ/Disorder Panels		No	No	No	No	No	No	No	No
00057	Organic panel This panel must include the following: Bilirubin total, complete (B2477) Creatinine, automated and automated differential WBC count (B5021 or B5027 and B5004 OR blood count, complete (B62) and appropriate manual differential WBC count (B5007 or B5009) Inorganic B surface antigen (B7340) Antibody, rubella (B7362) Hepatitis test, non-specific antibody, qualitative (eg, VON, RPR, ART) (B6392) Antibody, toxoplasma, RBC, with serum technique (B6392) Blood typing, ABO (B6060) and Blood typing, Rh (D) (B6061)		Organ/Disorder Panels		No	No	No	No	No	No	No	No
00058	Organic panel This panel must include the following: Bilirubin total, complete (B2477) Creatinine, automated and automated differential WBC count (B5021 or B5027 and B5004 OR blood count, complete (B62) and appropriate manual differential WBC count (B5007 or B5009) Inorganic B surface antigen (B7340) Antibody, rubella (B7362) Hepatitis test, non-specific antibody, qualitative (eg, VON, RPR, ART) (B6392) Antibody, toxoplasma, RBC, with serum technique (B6392) Blood typing, ABO (B6060) and Blood typing, Rh (D) (B6061)		Organ/Disorder Panels		No	No	No	No	No	No	No	No
00059	Organic panel This panel must include the following: Bilirubin total, complete (B2477) Creatinine, automated and automated differential WBC count (B5021 or B5027 and B5004 OR blood count, complete (B62) and appropriate manual differential WBC count (B5007 or B5009) Inorganic B surface antigen (B7340) Antibody, rubella (B7362) Hepatitis test, non-specific antibody, qualitative (eg, VON, RPR, ART) (B6392) Antibody, toxoplasma, RBC, with serum technique (B6392) Blood typing, ABO (B6060) and Blood typing, Rh (D) (B6061)		Organ/Disorder Panels		No	No	No	No	No	No	No	No
00060	Organic panel This panel must include the following: Bilirubin total, complete (B2477) Creatinine, automated and automated differential WBC count (B5021 or B5027 and B5004 OR blood count, complete (B62) and appropriate manual differential WBC count (B5007 or B5009) Inorganic B surface antigen (B7340) Antibody, rubella (B7362) Hepatitis test, non-specific antibody, qualitative (eg, VON, RPR, ART) (B6392) Antibody, toxoplasma, RBC, with serum technique (B6392) Blood typing, ABO (B6060) and Blood typing, Rh (D) (B6061)		Organ/Disorder Panels		No	No	No	No	No	No	No	No
00061	Organic panel This panel must include the following: Bilirubin total, complete (B2477) Creatinine, automated and automated differential WBC count (B5021 or B5027 and B5004 OR blood count, complete (B62) and appropriate manual differential WBC count (B5007 or B5009) Inorganic B surface antigen (B7340) Antibody, rubella (B7362) Hepatitis test, non-specific antibody, qualitative (eg, VON, RPR, ART) (B6392) Antibody, toxoplasma, RBC, with serum technique (B6392) Blood typing, ABO (B6060) and Blood typing, Rh (D) (B6061)		Organ/Disorder Panels		No	No	No	No	No	No	No	No
00062	Organic panel This panel must include the following: Bilirubin total, complete (B2477) Creatinine, automated and automated differential WBC count (B5021 or B5027 and B5004 OR blood count, complete (B62) and appropriate manual differential WBC count (B5007 or B5009) Inorganic B surface antigen (B7340) Antibody, rubella (B7362) Hepatitis test, non-specific antibody, qualitative (eg, VON, RPR, ART) (B6392) Antibody, toxoplasma, RBC, with serum technique (B6392) Blood typing, ABO (B6060) and Blood typing, Rh (D) (B6061)		Organ/Disorder Panels		No	No	No	No	No	No	No	No
00063	Organic panel This panel must include the following: Bilirubin total, complete (B2477) Creatinine, automated and automated differential WBC count (B5021 or B5027 and B5004 OR blood count, complete (B62) and appropriate manual differential WBC count (B5007 or B5009) Inorganic B surface antigen (B7340) Antibody, rubella (B7362) Hepatitis test, non-specific antibody, qualitative (eg, VON, RPR, ART) (B6392) Antibody, toxoplasma, RBC, with serum technique (B6392) Blood typing, ABO (B6060) and Blood typing, Rh (D) (B6061)		Organ/Disorder Panels		No	No	No	No	No	No	No	No
00064	Organic panel This panel must include the following: Bilirubin total, complete (B2477) Creatinine, automated and automated differential WBC count (B5021 or B5027 and B5004 OR blood count, complete (B62) and appropriate manual differential WBC count (B5007 or B5009) Inorganic B surface antigen (B7340) Antibody, rubella (B7362) Hepatitis test, non-specific antibody, qualitative (eg, VON, RPR, ART) (B6392) Antibody, toxoplasma, RBC, with serum technique (B6392) Blood typing, ABO (B6060) and Blood typing, Rh (D) (B6061)		Organ/Disorder Panels		No	No	No	No	No	No	No	No
00065	Organic panel This panel must include the following: Bilirubin total, complete (B2477) Creatinine, automated and automated differential WBC count (B5021 or B5027 and B5004 OR blood count, complete (B62) and appropriate manual differential WBC count (B5007 or B5009) Inorganic B surface antigen (B7340) Antibody, rubella (B7362) Hepatitis test, non-specific antibody, qualitative (eg, VON, RPR, ART) (B6392) Antibody, toxoplasma, RBC, with serum technique (B6392) Blood typing, ABO (B6060) and Blood typing, Rh (D) (B6061)		Organ/Disorder Panels		No	No	No	No	No	No	No	No
00066	Organic panel This panel must include the following: Bilirubin total, complete (B2477) Creatinine, automated and automated differential WBC count (B5021 or B5027 and B5004 OR blood count, complete (B62) and appropriate manual differential WBC count (B5007 or B5009) Inorganic B surface antigen (B7340) Antibody, rubella (B7362) Hepatitis test, non-specific antibody, qualitative (eg, VON, RPR, ART) (B6392) Antibody, toxoplasma, RBC, with serum technique (B6392) Blood typing, ABO (B6060) and Blood typing, Rh (D) (B6061)		Organ/Disorder Panels		No	No	No	No	No	No	No	No
00067	Organic panel This panel must include the following: Bilirubin total, complete (B2477) Creatinine, automated and automated differential WBC count (B5021 or B5027 and B5004 OR blood count, complete (B62) and appropriate manual differential WBC count (B5007 or B5009) Inorganic B surface antigen (B7340) Antibody, rubella (B7362) Hepatitis test, non-specific antibody, qualitative (eg, VON, RPR, ART) (B6392) Antibody, toxoplasma, RBC, with serum technique (B6392) Blood typing, ABO (B6060) and Blood typing, Rh (D) (B6061)		Organ/Disorder Panels		No	No	No	No	No	No	No	No
00068	Organic panel This panel must include the following: Bilirubin total, complete (B2477) Creatinine, automated and automated differential WBC count (B5021 or B5027 and B5004 OR blood count, complete (B62) and appropriate manual differential WBC count (B5007 or B5009) Inorganic B surface antigen (B7340) Antibody, rubella (B7362) Hepatitis test, non-specific antibody, qualitative (eg, VON, RPR, ART) (B6392) Antibody, toxoplasma, RBC, with serum technique (B6392) Blood typing, ABO (B6060) and Blood typing, Rh (D) (B6061)		Organ/Disorder Panels		No	No	No	No	No	No	No	No
00069	Organic panel This panel must include the following: Bilirubin total, complete (B2477) Creatinine, automated and automated differential WBC count (B5021 or B5027 and B5004 OR blood count, complete (B62) and appropriate manual differential WBC count (B5007 or B5009) Inorganic B surface antigen (B7340) Antibody, rubella (B7362) Hepatitis test, non-specific antibody, qualitative (eg, VON, RPR, ART) (B6392) Antibody, toxoplasma, RBC, with serum technique (B6392) Blood typing, ABO (B6060) and Blood typing, Rh (D) (B6061)		Organ/Disorder Panels		No	No	No	No	No	No	No	No
00070	Organic panel This panel must include the following: Bilirubin total, complete (B2477) Creatinine, automated and automated differential WBC count (B5021 or B5027 and B5004 OR blood count, complete (B62) and appropriate manual differential WBC count (B5007 or B5009) Inorganic B surface antigen (B7340) Antibody, rubella (B7362) Hepatitis test, non-specific antibody, qualitative (eg, VON, RPR, ART) (B6392) Antibody, toxoplasma, RBC, with serum technique (B6392) Blood typing, ABO (B6060) and Blood typing, Rh (D) (B6061)		Organ/Disorder Panels		No	No	No	No	No	No	No	No
00071	Organic panel This panel must include the following: Bilirubin total, complete (B2477) Creatinine, automated and automated differential WBC count (B5021 or B5027 and B5004 OR blood count, complete (B62) and appropriate manual differential WBC count (B5007 or B5009) Inorganic B surface antigen (B7340) Antibody, rubella (B7362) Hepatitis test, non-specific antibody, qualitative (eg, VON, RPR, ART) (B6392) Antibody, toxoplasma, RBC, with serum technique (B6392) Blood typing, ABO (B6060) and Blood typing, Rh (D) (B6061)		Organ/Disorder Panels		No	No	No	No	No	No	No	No
00072	Organic panel This panel must include the following: Bilirubin total, complete (B2477) Creatinine, automated and automated differential WBC count (B5021 or B5027 and B5004 OR blood count, complete (B62) and appropriate manual differential WBC count (B5007 or B5009) Inorganic B surface antigen (B7340) Antibody, rubella (B7362) Hepatitis test, non-specific antibody, qualitative (eg, VON, RPR, ART) (B6392) Antibody, toxoplasma, RBC, with serum technique (B6392) Blood typing, ABO (B6060) and Blood typing, Rh (D) (B6061)		Organ/Disorder Panels		No	No	No	No	No	No	No	No
00073	Organic panel This panel must include the following: Bilirubin total, complete (B2477) Creatinine, automated and automated differential WBC count (B5021 or B5027 and B5004 OR blood count, complete (B62) and appropriate manual differential WBC count (B5007 or B5009) Inorganic B surface antigen (B7340) Antibody, rubella (B7362) Hepatitis test, non-specific antibody, qualitative (eg, VON, RPR, ART) (B6392) Antibody, toxoplasma, RBC, with serum technique (B6392) Blood typing, ABO (B6060) and Blood typing, Rh (D) (B6061)		Organ/Disorder Panels		No	No	No	No	No	No	No	No
00074	Organic panel This panel must include the following: Bilirubin total, complete (B2477) Creatinine, automated and automated differential WBC count (B5021 or B5027 and B5004 OR blood count, complete (B62) and appropriate manual differential WBC count (B5007 or B5009) Inorganic B surface antigen (B7340) Antibody, rubella (B7362) Hepatitis test, non-specific antibody, qualitative (eg, VON, RPR, ART) (B6392) Antibody, toxoplasma, RBC, with serum technique (B6392) Blood typing, ABO (B6060) and Blood typing, Rh (D) (B6061)		Organ/Disorder Panels		No	No	No	No	No	No	No	No
00075	Organic panel This panel must include the following: Bilirubin total, complete (B2477) Creatinine, automated and automated differential WBC count (B5021 or B5027 and B5004 OR blood count, complete (B62) and appropriate manual differential WBC count (B5007 or B5009) Inorganic B surface antigen (B7340) Antibody, rubella (B7362) Hepatitis test, non-specific antibody, qualitative (eg, VON, RPR, ART) (B6392) Antibody, toxoplasma, RBC, with serum technique (B6392) Blood typing, ABO (B6060) and Blood typing, Rh (D) (B6061)		Organ/Disorder Panels		No	No	No	No	No	No	No	No
00076	Organic panel This panel must include the following: Bilirubin total, complete (B2477) Creatinine, automated and automated differential WBC count (B5021 or B5027 and B5004 OR blood count, complete (B62) and appropriate manual differential WBC count (B5007 or B5009) Inorganic B surface antigen (B7340) Antibody, rubella (B7362) Hepatitis test, non-specific antibody, qualitative (eg, VON, RPR, ART) (B6392) Antibody, toxoplasma, RBC, with serum technique (B6392) Blood typing, ABO (B6060) and Blood typing, Rh (D) (B6061)		Organ/Disorder Panels		No	No	No	No	No	No	No	No
00077	Organic panel This panel must include the following: Bilirubin total, complete (B2477) Creatinine, automated and automated differential WBC count (B5021 or B5027 and B5004 OR blood count, complete (B62) and appropriate manual differential WBC count (B5007 or B5009) Inorganic B surface antigen (B7340) Antibody, rubella (B7362) Hepatitis test, non-specific antibody, qualitative (eg, VON, RPR, ART) (B6392) Antibody, toxoplasma, RBC, with serum technique (B6392) Blood typing, ABO (B6060) and Blood typing, Rh (D) (B6061)		Organ/Disorder Panels		No	No	No	No	No	No	No	No
00078	Organic panel This panel must include the following: Bilirubin total, complete (B2477) Creatinine, automated and automated differential WBC count (B5021 or B5027 and B5004 OR blood count, complete (B62) and appropriate manual differential WBC count (B5007 or B5009) Inorganic B surface antigen (B7340) Antibody, rubella (B7362) Hepatitis test, non-specific antibody, qualitative (eg, VON, RPR, ART) (B6392) Antibody, toxoplasma, RBC, with serum technique (B6392) Blood typing, ABO (B6060) and Blood typing, Rh (D) (B6061)		Organ/Disorder Panels		No	No	No	No	No	No	No	No
00079	Organic panel This panel must include the following: Bilirubin total, complete (B2477) Creatinine, automated and automated differential WBC count (B5021 or B5027 and B5004 OR blood count, complete (B62) and appropriate manual differential WBC count (B5007 or B5009) Inorganic B surface antigen (B7340) Antibody, rubella (B7362) Hepatitis test, non-specific antibody, qualitative (eg, VON, RPR, ART) (B6392) Antibody, toxoplasma, RBC, with serum technique (B6392) Blood typing, ABO (B6060) and Blood typing, Rh (D) (B6061)		Organ/Disorder Panels		No	No	No	No	No	No	No	No
00080	Organic panel This panel must include the following: Bilirubin total, complete (B2477) Creatinine, automated and automated differential WBC count (B5021 or B5027 and B5004 OR blood count, complete (B62) and appropriate manual differential WBC count (B5007 or B5009) Inorganic B surface antigen (B7340) Antibody, rubella (B7362) Hepatitis test, non-specific antibody, qualitative (eg, VON, RPR, ART) (B6392) Antibody, toxoplasma, RBC, with serum technique (B6392) Blood typing, ABO (B6060) and Blood typing, Rh (D) (B6061)		Organ/Disorder Panels		No	No	No	No	No	No	No	No
00081	Organic panel This panel must include the following: Bilirubin total, complete (B2477) Creatinine, automated and automated differential WBC count (B5021 or B5027 and B5004 OR blood count, complete (B62) and appropriate manual differential WBC count (B5007 or B5009) Inorganic B surface antigen (B7340) Antibody, rubella (B7362) Hepatitis test, non-specific antibody, qualitative (eg, VON, RPR, ART) (B6392) Antibody, toxoplasma, RBC, with serum technique (B6392) Blood typing, ABO (B6060) and Blood typing, Rh (D) (B6061)		Organ/Disorder Panels		No	No	No	No	No	No	No	No
00082	Organic panel This panel must include the following: Bilirubin total, complete (B2477) Creatinine, automated and automated differential WBC count (B5021 or B5027 and B5004 OR blood count, complete (B62) and appropriate manual differential WBC count (B5007 or B5009) Inorganic B surface antigen (B7340) Antibody, rubella (B7362) Hepatitis test, non-specific antibody, qualitative (eg, VON, RPR, ART) (B6392) Antibody, toxoplasma, RBC, with serum technique (B6392) Blood typing, ABO (B6060) and Blood typing, Rh (D) (B6061)		Organ/Disorder Panels		No	No	No	No	No	No	No	No
00083	Organic panel This panel must include the following: Bilirubin total, complete (B2477) Creatinine, automated and automated differential WBC count (B5021 or B5027 and B5004 OR blood count, complete (B62) and appropriate manual differential WBC count (B5007 or B5009) Inorganic B surface antigen (B7340) Antibody, rubella (B7362) Hepatitis test, non-specific antibody, qualitative (eg, VON, RPR, ART) (B6392) Antibody, toxoplasma, RBC, with serum technique (B6392) Blood typing, ABO (B6060) and Blood typing, Rh (D) (B6061)		Organ/Disorder Panels		No	No	No	No	No	No	No	No
00084	Organic panel This panel must include the following: Bilirubin total, complete (B2477) Creatinine, automated and automated differential WBC count (B5021 or B5027 and B5004 OR blood count, complete (B62) and appropriate manual differential WBC count (B5007 or B5009) Inorganic B surface antigen (B7340) Antibody, rubella (B7362) Hepatitis test, non-specific antibody, qualitative (eg, VON, RPR, ART) (B6392) Antibody, toxoplasma, RBC, with serum technique (B6392) Blood typing, ABO (B6060) and Blood typing, Rh (D) (B6061)		Organ/Disorder Panels		No	No	No	No	No	No	No	No
00085	Organic panel This panel must include the following: Bilirubin total, complete (B2477) Creatinine, automated and automated differential WBC count (B5021 or B5027 and B5004 OR blood count, complete (B62) and appropriate manual differential WBC count (B5007 or B5009) Inorganic B surface antigen (B7340) Antibody, rubella (B7362) Hepatitis test, non-specific antibody, qualitative (eg, VON, RPR, ART) (B6392) Antibody, toxoplasma, RBC, with serum technique (B6392) Blood typing, ABO (B6060) and Blood typing, Rh (D) (B6061)		Organ/Disorder Panels		No	No	No	No	No	No	No	No
00086	Organic panel This panel must include the following: Bilirubin total, complete (B2477) Creatinine, automated and automated differential WBC count (B5021 or B5027 and B5004 OR blood count, complete (B62) and appropriate manual differential WBC count (B5007 or B5009) Inorganic B surface antigen (B7340) Antibody, rubella (B7362) Hepatitis test, non-specific antibody, qualitative (eg, VON, RPR, ART) (B6392) Antibody, toxoplasma, RBC, with serum technique (B6392) Blood typing, ABO (B6060) and Blood typing, Rh (D) (B6061)		Organ/Disorder Panels		No	No	No	No	No	No	No	No
00087	Organic panel This panel must include the following: Bilirubin total, complete (B2477) Creatinine, automated and automated differential WBC count (B5021 or B5027 and B5004 OR blood count, complete (B62) and appropriate manual differential WBC count (B5007 or B5009) Inorganic B surface antigen (B7340) Antibody, rubella (B7362) Hepatitis test, non-specific antibody, qualitative (eg, VON, RPR, ART) (B6392) Antibody, toxoplasma, RBC, with serum technique (B6392) Blood typing, ABO (B6060) and Blood typing, Rh (D) (B6061)		Organ/Disorder Panels		No	No	No	No	No	No	No	No
00088	Organic panel This panel must include the following: Bilirubin total, complete (B2477) Creatinine, automated and automated differential WBC count (B5021 or B5027 and B5004 OR blood count, complete (B62) and appropriate manual differential WBC count (B5007 or B5009) Inorganic B surface antigen (B7340) Antibody, rubella (B7362) Hepatitis test, non-specific antibody, qualitative (eg, VON, RPR, ART) (B6392) Antibody, toxoplasma, RBC, with serum technique (B6392) Blood typing, ABO (B6060) and Blood typing, Rh (D) (B6061)		Organ/Disorder Panels		No	No	No	No	No	No	No	No
00089	Organic panel This panel must include the following: Bilirubin total, complete (B2477) Creatinine, automated and automated differential WBC count (B5021 or B5027 and B5004 OR blood count, complete (B62) and appropriate manual differential WBC count (B5007 or B5009) Inorganic B surface antigen (B7340) Antibody, rubella (B7362) Hepatitis test, non-specific antibody, qualitative (eg, VON, RPR, ART) (B6392) Antibody, toxoplasma, RBC, with serum technique (B6392) Blood typing, ABO (B6060) and Blood typing, Rh (D) (B6061)		Organ/Disorder Panels		No	No	No	No	No	No	No	No
00090	Organic panel This panel must include the following: Bilirubin total, complete (B2477) Creatinine, automated and automated differential WBC count (B5021 or B5027 and B5004 OR blood count, complete (B62) and appropriate manual differential WBC count (B5007 or B5009) Inorganic B surface antigen (B7340) Antibody, rubella (B7362) Hepatitis test, non-specific antibody, qualitative (eg, VON, RPR, ART) (B6392) Antibody, toxoplasma, RBC, with serum technique (B6392) Blood typing, ABO (B6060) and Blood typing, Rh (D) (B6061)		Organ/Disorder Panels		No	No	No	No	No	No	No	No
00091	Organic panel This panel must include the following: Bilirubin total, complete (B2477) Creatinine, automated and automated differential WBC count (B5021 or B5027 and B5004 OR blood count, complete (B62) and appropriate manual differential WBC count (B5007 or B5009) Inorganic B surface antigen (B7340) Antibody, rubella (B7362) Hepatitis test, non-specific antibody, qualitative (eg, VON, RPR, ART) (B6392) Antibody, toxoplasma, RBC, with serum technique (B6392) Blood typing, ABO (B6060) and Blood typing, Rh (D) (B6061)		Organ/Disorder Panels		No	No	No	No	No	No	No	No
00092	Organic panel This panel must include the following: Bilirubin total, complete (B2477) Creatinine, automated and automated differential WBC count (B5021 or B5027 and B5004 OR blood count, complete (B62) and appropriate manual differential WBC count (B5007 or B5009) Inorganic B surface antigen (B7340) Antibody, rubella (B7362) Hepatitis test, non-specific antibody, qualitative (eg, VON, RPR, ART) (B6392) Antibody, toxoplasma, RBC, with serum technique (B6392) Blood typing, ABO (B6060) and Blood typing, Rh (D) (B6061)		Organ/Disorder Panels		No	No	No	No	No	No	No	No
00093	Organic panel This panel must include the following: Bilirubin total, complete (B2477) Creatinine, automated and automated differential WBC count (B5021 or B5027 and B5004 OR blood count, complete (B62) and appropriate manual differential WBC count (B5007 or B5009) Inorganic B surface antigen (B7340) Antibody, rubella (B7362) Hepatitis test, non-specific antibody, qualitative (eg, VON, RPR, ART) (B6392) Antibody, toxoplasma, RBC, with serum technique (B6392) Blood typing, ABO (B6060) and Blood typing, Rh (D) (B6061)		Organ/Disorder Panels		No	No	No	No	No	No	No	No
00094	Organic panel This panel must include the following: Bilirubin total, complete (B2477) Creatinine, automated and automated differential WBC count (B5021 or B5027 and B5004 OR blood count, complete (B62) and appropriate manual differential WBC count (B5007 or B5009) Inorganic B surface antigen (B7340) Antibody, rubella (B7362) Hepatitis test, non-specific antibody, qualitative (eg, VON, RPR, ART) (B6392) Antibody, toxoplasma, RBC, with serum technique (B6392) Blood typing, ABO (B6060) and Blood typing, Rh (D) (B6061)		Organ/Disorder Panels		No	No	No	No	No	No	No	No
00095	Organic panel This panel must include the following: Bilirubin total, complete (B2477) Creatinine, automated and automated differential WBC count (B5021 or B5027 and B5004 OR blood count, complete (B62) and appropriate manual differential WBC count (B5007 or B5009) Inorganic B surface antigen (B7340) Antibody, rubella (B7362) Hepatitis test, non-specific antibody, qualitative (eg, VON, RPR, ART) (B6392) Antibody, toxoplasma, RBC, with serum technique (B6392) Blood typing, ABO (B6060) and Blood typing, Rh (D) (B6061)		Organ/Disorder Panels		No	No	No	No	No	No	No	No
00096	Organic panel This panel must include the following: Bilirubin total, complete (B2477) Creatinine, automated and automated differential WBC count (B5021 or B5027 and B5004 OR blood count, complete (B62) and appropriate manual differential WBC count (B5007 or B5009) Inorganic B surface antigen (B7340) Antibody, rubella (B7362) Hepatitis test, non-specific antibody, qualitative (eg, VON, RPR, ART) (B6392) Antibody, toxoplasma, RBC, with serum technique (B6392) Blood typing, ABO (B6060) and Blood typing, Rh (D) (B6061)		Organ/Disorder Panels		No	No	No	No	No	No	No	No
00097	Organic panel This panel must include the following: Bilirubin total, complete (B2477) Creatinine, automated and automated differential WBC count (B5021 or B5027 and B5004 OR blood count, complete (B62) and appropriate manual differential WBC count (B5007 or B5009) Inorganic B surface antigen (B7340) Antibody, rubella (B7362) Hepatitis test, non-specific antibody, qualitative (eg, VON, RPR, ART) (B6392) Antibody, toxoplasma, RBC, with serum technique (B6392) Blood typing, ABO (B606											

PAT	Description	Notes	Code Group	Commercial IMM-AUTH	Commercial PRO-AUTH	Centr-AUTH Non-SA- Prescriber	Centr-AUTH SA- Prescriber	Sentri-AUTH Non-SA- Prescriber	Sentri-AUTH SA- Prescriber	TIBC AUTH	HMS AUTH
\$2049	Adiponectin, not otherwise specified, 4-6	Nil-one per month except with ER, OHS or IP which had no limit	Definitive Quc Testine	Yes-usr NDRS	Yes-usr NDRS	Yes-usr NDRS	No	Yes-usr NDRS	No	Yes-usr NDRS	Yes-usr NDRS
\$2041	Adiponectin, not otherwise specified, 7 or more	Nil-one per month except with ER, OHS or IP which had no limit	Definitive Quc Testine	Yes-usr NDRS	Yes-usr NDRS	Yes-usr NDRS	No	Yes-usr NDRS	No	Yes-usr NDRS	Yes-usr NDRS
\$2042	Adiponectin, not otherwise specified, 1-3	Nil-one per month except with ER, OHS or IP which had no limit	Definitive Quc Testine	Yes-usr NDRS	Yes-usr NDRS	Yes-usr NDRS	No	Yes-usr NDRS	No	Yes-usr NDRS	Yes-usr NDRS
\$2043	Adiponectin, not otherwise specified, 4-6	Nil-one per month except with ER, OHS or IP which had no limit	Definitive Quc Testine	Yes-usr NDRS	Yes-usr NDRS	Yes-usr NDRS	No	Yes-usr NDRS	No	Yes-usr NDRS	Yes-usr NDRS
\$2044	Adiponectin, not otherwise specified, 7 or more	Nil-one per month except with ER, OHS or IP which had no limit	Definitive Quc Testine	Yes-usr NDRS	Yes-usr NDRS	Yes-usr NDRS	No	Yes-usr NDRS	No	Yes-usr NDRS	Yes-usr NDRS
\$2045	Bilirubin	Nil-one per month except with ER, OHS or IP which had no limit	Definitive Quc Testine	Yes-usr NDRS	Yes-usr NDRS	Yes-usr NDRS	No	Yes-usr NDRS	No	Yes-usr NDRS	Yes-usr NDRS
\$2046	BoneMineralization 1-12	Nil-one per month except with ER, OHS or IP which had no limit	Definitive Quc Testine	Yes-usr NDRS	Yes-usr NDRS	Yes-usr NDRS	No	Yes-usr NDRS	No	Yes-usr NDRS	Yes-usr NDRS
\$2047	BoneMineralization 13 or more	Nil-one per month except with ER, OHS or IP which had no limit	Definitive Quc Testine	Yes-usr NDRS	Yes-usr NDRS	Yes-usr NDRS	No	Yes-usr NDRS	No	Yes-usr NDRS	Yes-usr NDRS
\$2048	BovineSerumAlbumin	Nil-one per month except with ER, OHS or IP which had no limit	Definitive Quc Testine	Yes-usr NDRS	Yes-usr NDRS	Yes-usr NDRS	No	Yes-usr NDRS	No	Yes-usr NDRS	Yes-usr NDRS
\$2049	Carcinoembryonic antigen	Nil-one per month except with ER, OHS or IP which had no limit	Definitive Quc Testine	Yes-usr NDRS	Yes-usr NDRS	Yes-usr NDRS	No	Yes-usr NDRS	No	Yes-usr NDRS	Yes-usr NDRS
\$2050	Carcinoembryonic antigen: 1-3	Nil-one per month except with ER, OHS or IP which had no limit	Definitive Quc Testine	Yes-usr NDRS	Yes-usr NDRS	Yes-usr NDRS	No	Yes-usr NDRS	No	Yes-usr NDRS	Yes-usr NDRS
\$2051	Carcinoembryonic antigen: 4-6	Nil-one per month except with ER, OHS or IP which had no limit	Definitive Quc Testine	Yes-usr NDRS	Yes-usr NDRS	Yes-usr NDRS	No	Yes-usr NDRS	No	Yes-usr NDRS	Yes-usr NDRS
\$2052	Carcinoembryonic antigen: 7 or more	Nil-one per month except with ER, OHS or IP which had no limit	Definitive Quc Testine	Yes-usr NDRS	Yes-usr NDRS	Yes-usr NDRS	No	Yes-usr NDRS	No	Yes-usr NDRS	Yes-usr NDRS
\$2053	Celastrol	Nil-one per month except with ER, OHS or IP which had no limit	Definitive Quc Testine	Yes-usr NDRS	Yes-usr NDRS	Yes-usr NDRS	No	Yes-usr NDRS	No	Yes-usr NDRS	Yes-usr NDRS
\$2054	Chemist	Nil-one per month except with ER, OHS or IP which had no limit	Definitive Quc Testine	Yes-usr NDRS	Yes-usr NDRS	Yes-usr NDRS	No	Yes-usr NDRS	No	Yes-usr NDRS	Yes-usr NDRS
\$2055	Cholesterol, non-blood	Nil-one per month except with ER, OHS or IP which had no limit	Definitive Quc Testine	Yes-usr NDRS	Yes-usr NDRS	Yes-usr NDRS	No	Yes-usr NDRS	No	Yes-usr NDRS	Yes-usr NDRS
\$2056	Circulating creatinine	Nil-one per month except with ER, OHS or IP which had no limit	Definitive Quc Testine	Yes-usr NDRS	Yes-usr NDRS	Yes-usr NDRS	No	Yes-usr NDRS	No	Yes-usr NDRS	Yes-usr NDRS
\$2057	Circulating creatinine	Nil-one per month except with ER, OHS or IP which had no limit	Definitive Quc Testine	Yes-usr NDRS	Yes-usr NDRS	Yes-usr NDRS	No	Yes-usr NDRS	No	Yes-usr NDRS	Yes-usr NDRS
\$2058	Circulating creatinine	Nil-one per month except with ER, OHS or IP which had no limit	Definitive Quc Testine	Yes-usr NDRS	Yes-usr NDRS	Yes-usr NDRS	No	Yes-usr NDRS	No	Yes-usr NDRS	Yes-usr NDRS
\$2059	Methoxyphenylisopropylamine (MIPA), MDA, MDMA, MHA	Nil-one per month except with ER, OHS or IP which had no limit	Definitive Quc Testine	Yes-usr NDRS	Yes-usr NDRS	Yes-usr NDRS	No	Yes-usr NDRS	No	Yes-usr NDRS	Yes-usr NDRS
\$2060	Methylglutamate	Nil-one per month except with ER, OHS or IP which had no limit	Definitive Quc Testine	Yes-usr NDRS	Yes-usr NDRS	Yes-usr NDRS	No	Yes-usr NDRS	No	Yes-usr NDRS	Yes-usr NDRS
\$2061	Oxalate, 1 or more	Nil-one per month except with ER, OHS or IP which had no limit	Definitive Quc Testine	Yes-usr NDRS	Yes-usr NDRS	Yes-usr NDRS	No	Yes-usr NDRS	No	Yes-usr NDRS	Yes-usr NDRS
\$2062	Oxalate and oxalate analogs, 1 or 2	Nil-one per month except with ER, OHS or IP which had no limit	Definitive Quc Testine	Yes-usr NDRS	Yes-usr NDRS	Yes-usr NDRS	No	Yes-usr NDRS	No	Yes-usr NDRS	Yes-usr NDRS
\$2063	Oxalate and oxalate analogs, 3 or 4	Nil-one per month except with ER, OHS or IP which had no limit	Definitive Quc Testine	Yes-usr NDRS	Yes-usr NDRS	Yes-usr NDRS	No	Yes-usr NDRS	No	Yes-usr NDRS	Yes-usr NDRS
\$2064	Oxalate and oxalate analogs, 5 or more	Nil-one per month except with ER, OHS or IP which had no limit	Definitive Quc Testine	Yes-usr NDRS	Yes-usr NDRS	Yes-usr NDRS	No	Yes-usr NDRS	No	Yes-usr NDRS	Yes-usr NDRS
\$2065	Oxidation	Nil-one per month except with ER, OHS or IP which had no limit	Definitive Quc Testine	Yes-usr NDRS	Yes-usr NDRS	Yes-usr NDRS	No	Yes-usr NDRS	No	Yes-usr NDRS	Yes-usr NDRS
\$2066	Proteinuria	Nil-one per month except with ER, OHS or IP which had no limit	Definitive Quc Testine	Yes-usr NDRS	Yes-usr NDRS	Yes-usr NDRS	No	Yes-usr NDRS	No	Yes-usr NDRS	Yes-usr NDRS
\$2067	Pyrophosphate	Nil-one per month except with ER, OHS or IP which had no limit	Definitive Quc Testine	Yes-usr NDRS	Yes-usr NDRS	Yes-usr NDRS	No	Yes-usr NDRS	No	Yes-usr NDRS	Yes-usr NDRS
\$2068	Reflexive hypoglycemia (non-hyperglycemic)	Nil-one per month except with ER, OHS or IP which had no limit	Definitive Quc Testine	Yes-usr NDRS	Yes-usr NDRS	Yes-usr NDRS	No	Yes-usr NDRS	No	Yes-usr NDRS	Yes-usr NDRS
\$2069	Reflexive insulin response, 1 or 2	Nil-one per month except with ER, OHS or IP which had no limit	Definitive Quc Testine	Yes-usr NDRS	Yes-usr NDRS	Yes-usr NDRS	No	Yes-usr NDRS	No	Yes-usr NDRS	Yes-usr NDRS
\$2070	Reflexive insulin response, 3 or more	Nil-one per month except with ER, OHS or IP which had no limit	Definitive Quc Testine	Yes-usr NDRS	Yes-usr NDRS	Yes-usr NDRS	No	Yes-usr NDRS	No	Yes-usr NDRS	Yes-usr NDRS
\$2071	Stimulant, synthetic	Nil-one per month except with ER, OHS or IP which had no limit	Definitive Quc Testine	Yes-usr NDRS	Yes-usr NDRS	Yes-usr NDRS	No	Yes-usr NDRS	No	Yes-usr NDRS	Yes-usr NDRS
\$2072	Tacrolimus	Nil-one per month except with ER, OHS or IP which had no limit	Definitive Quc Testine	Yes-usr NDRS	Yes-usr NDRS	Yes-usr NDRS	No	Yes-usr NDRS	No	Yes-usr NDRS	Yes-usr NDRS
\$2073	Tadalafil	Nil-one per month except with ER, OHS or IP which had no limit	Definitive Quc Testine	Yes-usr NDRS	Yes-usr NDRS	Yes-usr NDRS	No	Yes-usr NDRS	No	Yes-usr NDRS	Yes-usr NDRS
\$2074	Testosterone (assessments), analysis, single drug dose	Nil-one per month except with ER, OHS or IP which had no limit	Definitive Quc Testine	Yes-usr NDRS	Yes-usr NDRS	Yes-usr NDRS	No	Yes-usr NDRS	No	Yes-usr NDRS	Yes-usr NDRS
\$2075	Thyroid or subcutaneous, definitive, qualitative or quantitative, not otherwise specified, 1-1	Nil-one per month except with ER, OHS or IP which had no limit	Definitive Quc Testine	Yes-usr NDRS	Yes-usr NDRS	Yes-usr NDRS	No	Yes-usr NDRS	No	Yes-usr NDRS	Yes-usr NDRS
\$2076	Thyroid or subcutaneous, definitive, qualitative or quantitative, not otherwise specified, 4-6	Nil-one per month except with ER, OHS or IP which had no limit	Definitive Quc Testine	Yes-usr NDRS	Yes-usr NDRS	Yes-usr NDRS	No	Yes-usr NDRS	No	Yes-usr NDRS	Yes-usr NDRS
\$2077	Thyroid or subcutaneous, definitive, qualitative or quantitative, not otherwise specified, 7 or more	Nil-one per month except with ER, OHS or IP which had no limit	Definitive Quc Testine	Yes-usr NDRS	Yes-usr NDRS	Yes-usr NDRS	No	Yes-usr NDRS	No	Yes-usr NDRS	Yes-usr NDRS
\$2078	ACTH stimulation panel, for adrenal insufficiency This panel must include the following: Cortisol (B2331 x 2)		Endocrine/Suppression Testing	No	No	No	No	No	No	No	No
\$2079	ACTH stimulation panel, for 21 hydroxylase deficiency This panel must include the following: Cortisol (B2331 x 2) 17-hydroxyprogesterone (B4435 x 2)		Endocrine/Suppression Testing	No	No	No	No	No	No	No	No
\$2080	ACTH stimulation panel, for 3-hydroxysteroid oxidase deficiency This panel must include the following: Cortisol (B2331 x 2) 17-hydroxyprogesterone (B4435 x 2)		Endocrine/Suppression Testing	No	No	No	No	No	No	No	No
\$2081	Adrenocortical suppression evaluation panel (eg, saline infusion) This panel must include the following: Cortisol (B2331 x 2) Urinary (B4434 x 2)		Endocrine/Suppression Testing	No	No	No	No	No	No	No	No
\$2082	Adrenocortical stimulation panel (eg, calcium, pentameter) This panel must include the following: Cortisol (B2331 x 2)		Endocrine/Suppression Testing	No	No	No	No	No	No	No	No
\$2083	Carotid artery releasing hormone (CRH) stimulation panel This panel must include the following: Cortisol (B2331 x 2) Adrenocortical hormone (B4434 x 2)		Endocrine/Suppression Testing	No	No	No	No	No	No	No	No
\$2084	Chronic gonadotropin stimulation panel, testosterone response This panel must include the following: Testosterone (B4435 x 2) Urinary (B4434 x 2)		Endocrine or Suppression Testing	No	No	No	No	No	No	No	No
\$2085	Chronic gonadotropin stimulation panel, estradiol response This panel must include the following: Estradiol (B4435 x 2) Urinary (B4434 x 2)		Endocrine or Suppression Testing	No	No	No	No	No	No	No	No
\$2086	Releas with retest stimulation panel (eg, cabergoline) This panel must include the following: Cabergoline (B4435 x 2) Urinary (B4434 x 2)		Endocrine/Suppression Testing	No	No	No	No	No	No	No	No
\$2087	Releas with retest stimulation panel (eg, cabergoline) This panel must include the following: Cabergoline (B4435 x 2) Urinary (B4434 x 2)		Endocrine/Suppression Testing	No	No	No	No	No	No	No	No
\$2088	Combined rapid onset and release evaluation panel This panel must include the following: Cortisol (B2331 x 2) Urinary (B4434 x 2) Luteinizing hormone (B4435 x 2) Follicle stimulating hormone (B4436 x 2) Human growth hormone (B4437 x 2)		Endocrine/Suppression Testing	No	No	No	No	No	No	No	No
\$2089	Combined rapid onset and release evaluation panel This panel must include the following: Cortisol (B2331 x 2) Urinary (B4434 x 2) Luteinizing hormone (B4435 x 2) Follicle stimulating hormone (B4436 x 2) Human growth hormone (B4437 x 2)		Endocrine/Suppression Testing	No	No	No	No	No	No	No	No
\$2090	Combined rapid onset and release evaluation panel This panel must include the following: Cortisol (B2331 x 2) Urinary (B4434 x 2) Luteinizing hormone (B4435 x 2) Follicle stimulating hormone (B4436 x 2) Human growth hormone (B4437 x 2)		Endocrine/Suppression Testing	No	No	No	No	No	No	No	No
\$2091	Combined rapid onset and release evaluation panel This panel must include the following: Cortisol (B2331 x 2) Urinary (B4434 x 2) Luteinizing hormone (B4435 x 2) Follicle stimulating hormone (B4436 x 2) Human growth hormone (B4437 x 2)		Endocrine/Suppression Testing	No	No	No	No	No	No	No	No
\$2092	Combined rapid onset and release evaluation panel This panel must include the following: Cortisol (B2331 x 2) Urinary (B4434 x 2) Luteinizing hormone (B4435 x 2) Follicle stimulating hormone (B4436 x 2) Human growth hormone (B4437 x 2)		Endocrine/Suppression Testing	No	No	No	No	No	No	No	No
\$2093	Combined rapid onset and release evaluation panel This panel must include the following: Cortisol (B2331 x 2) Urinary (B4434 x 2) Luteinizing hormone (B4435 x 2) Follicle stimulating hormone (B4436 x 2) Human growth hormone (B4437 x 2)		Endocrine/Suppression Testing	No	No	No	No	No	No	No	No
\$2094	Combined rapid onset and release evaluation panel This panel must include the following: Cortisol (B2331 x 2) Urinary (B4434 x 2) Luteinizing hormone (B4435 x 2) Follicle stimulating hormone (B4436 x 2) Human growth hormone (B4437 x 2)		Endocrine/Suppression Testing	No	No	No	No	No	No	No	No
\$2095	Combined rapid onset and release evaluation panel This panel must include the following: Cortisol (B2331 x 2) Urinary (B4434 x 2) Luteinizing hormone (B4435 x 2) Follicle stimulating hormone (B4436 x 2) Human growth hormone (B4437 x 2)		Endocrine/Suppression Testing	No	No	No	No	No	No	No	No
\$2096	Combined rapid onset and release evaluation panel This panel must include the following: Cortisol (B2331 x 2) Urinary (B4434 x 2) Luteinizing hormone (B4435 x 2) Follicle stimulating hormone (B4436 x 2) Human growth hormone (B4437 x 2)		Endocrine/Suppression Testing	No	No	No	No	No	No	No	No
\$2097	Combined rapid onset and release evaluation panel This panel must include the following: Cortisol (B2331 x 2) Urinary (B4434 x 2) Luteinizing hormone (B4435 x 2) Follicle stimulating hormone (B4436 x 2) Human growth hormone (B4437 x 2)		Endocrine/Suppression Testing	No	No	No	No	No	No	No	No
\$2098	Combined rapid onset and release evaluation panel This panel must include the following: Cortisol (B2331 x 2) Urinary (B4434 x 2) Luteinizing hormone (B4435 x 2) Follicle stimulating hormone (B4436 x 2) Human growth hormone (B4437 x 2)		Endocrine/Suppression Testing	No	No	No	No	No	No	No	No
\$2099	Combined rapid onset and release evaluation panel This panel must include the following: Cortisol (B2331 x 2) Urinary (B4434 x 2) Luteinizing hormone (B4435 x 2) Follicle stimulating hormone (B4436 x 2) Human growth hormone (B4437 x 2)		Endocrine/Suppression Testing	No	No	No	No	No	No	No	No
\$2100	Combined rapid onset and release evaluation panel This panel must include the following: Cortisol (B2331 x 2) Urinary (B4434 x 2) Luteinizing hormone (B4435 x 2) Follicle stimulating hormone (B4436 x 2) Human growth hormone (B4437 x 2)		Endocrine/Suppression Testing	No	No	No	No	No	No	No	No

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CPT	Description	Notes	Code Group	Commercial MSD-Arch	Commercial PICO-Arch	Centra-Arch Non-ASA Product	Centra-Arch ASA Product	Sentry-Arch Non-ASA Product	Sentry-Arch ASA Product	TIBC Arch	RMR Arch
A7261	Infectious agent antigen detection by immunofluorescent technique; Enterovirus, direct probe method		Microbiology Procedures	No	No	No	No	No	No	No	No
A7268	Infectious agent antigen detection by immunofluorescent technique; Rubella		Microbiology Procedures	No	No	No	No	No	No	No	No
A7270	Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis		Microbiology Procedures	No	No	No	No	No	No	No	No
A7271	Infectious agent antigen detection by immunofluorescent technique; Cytomegalus virus, direct fluorescent antibody (IFA)		Microbiology Procedures	No	No	No	No	No	No	No	No
A7272	Infectious agent antigen detection by immunofluorescent technique; Cryptosporidium		Microbiology Procedures	No	No	No	No	No	No	No	No
A7273	Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 2		Microbiology Procedures	No	No	No	No	No	No	No	No
A7274	Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 1		Microbiology Procedures	No	No	No	No	No	No	No	No
A7275	Infectious agent antigen detection by immunofluorescent technique; Influenza A virus		Microbiology Procedures	No	No	No	No	No	No	No	No
A7276	Infectious agent antigen detection by immunofluorescent technique; Influenza B virus		Microbiology Procedures	No	No	No	No	No	No	No	No
A7278	Infectious agent antigen detection by immunofluorescent technique; Legionella pneumophila		Microbiology Procedures	No	No	No	No	No	No	No	No
A7279	Infectious agent antigen detection by immunofluorescent technique; Parainfluenza virus, each type		Microbiology Procedures	No	No	No	No	No	No	No	No
A7280	Infectious agent antigen detection by immunofluorescent technique; respiratory syncytial virus		Microbiology Procedures	No	No	No	No	No	No	No	No
A7281	Infectious agent antigen detection by immunofluorescent technique; Pneumocystis carinii		Microbiology Procedures	No	No	No	No	No	No	No	No
A7282	Infectious agent antigen detection by immunofluorescent technique; Bubala		Microbiology Procedures	No	No	No	No	No	No	No	No
A7283	Infectious agent antigen detection by immunofluorescent technique; Treponema pallidum		Microbiology Procedures	No	No	No	No	No	No	No	No
A7290	Infectious agent antigen detection by immunofluorescent technique; Varicella zoster virus		Microbiology Procedures	No	No	No	No	No	No	No	No
A7291	Infectious agent antigen detection by immunofluorescent technique, not otherwise specified, each organism		Microbiology Procedures	No	No	No	No	No	No	No	No
A7300	Infectious agent antigen detection by immunochemical technique, polyvalent for multiple organisms, each individual organism [IHA], enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, aluminum colorimetric assays (ICA)		Microbiology Procedures	No	No	No	No	No	No	No	No
A7301	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, none plus (NPLA)		Microbiology Procedures	No	No	No	No	No	No	No	No
A7305	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, cytomegalovirus (CMV)		Microbiology Procedures	No	No	No	No	No	No	No	No
A7306	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, Chlamydia trachomatis		Microbiology Procedures	No	No	No	No	No	No	No	No
A7307	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, Clostridium difficile toxin(s)		Microbiology Procedures	No	No	No	No	No	No	No	No
A7308	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, Otititis media pathogens		Microbiology Procedures	No	No	No	No	No	No	No	No
A7309	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, Hepatitis delta antigen (HDAg)		Microbiology Procedures	No	No	No	No	No	No	No	No
A7310	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, hepatitis A surface antigen (HBsAg) quantitate		Microbiology Procedures	No	No	No	No	No	No	No	No
A7311	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, hepatitis B core antigen (HBcAg) quantitate		Microbiology Procedures	No	No	No	No	No	No	No	No
A7312	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, hepatitis B e antigen (HBeAg) quantitate		Microbiology Procedures	No	No	No	No	No	No	No	No
A7313	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, Rotavirus group A		Microbiology Procedures	No	No	No	No	No	No	No	No
A7314	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, Escherichia coli O157		Microbiology Procedures	No	No	No	No	No	No	No	No
A7315	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, E.coliaceae pathogen stool method, severe acute respiratory syndrome coronavirus (Sg, SARS-CoV, SARS-CoV-2 COVID-19)		Microbiology Procedures	No	No	No	No	No	No	No	No
A7316	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, Listeria monocitogene		Microbiology Procedures	No	No	No	No	No	No	No	No
A7317	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, Streptococcus agalactiae		Microbiology Procedures	No	No	No	No	No	No	No	No
A7318	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, Staphylococcus aureus		Microbiology Procedures	No	No	No	No	No	No	No	No
A7319	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, Neisseria meningitidis serogroup		Microbiology Procedures	No	No	No	No	No	No	No	No
A7320	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, HIV-1 antigen(s), anti-HIV-1 and HIV-2 antibodies, single result		Microbiology Procedures	No	No	No	No	No	No	No	No
A7321	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, HIV-2		Microbiology Procedures	No	No	No	No	No	No	No	No
A7322	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, HIV-2		Microbiology Procedures	No	No	No	No	No	No	No	No
A7323	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, Influenza A, B, & C		Microbiology Procedures	No	No	No	No	No	No	No	No
A7324	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, Influenza A, B, & C		Microbiology Procedures	No	No	No	No	No	No	No	No
A7325	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, hepatitis B surface antigen (HBsAg) quantitate		Microbiology Procedures	No	No	No	No	No	No	No	No
A7326	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, hepatitis B e antigen (HBeAg) quantitate		Microbiology Procedures	No	No	No	No	No	No	No	No
A7327	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, hepatitis B core antigen (HBcAg) quantitate		Microbiology Procedures	No	No	No	No	No	No	No	No
A7328	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, multiple step method, Rotavirus		Microbiology Procedures	No	No	No	No	No	No	No	No
A7329	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, multiple step method, severe acute respiratory syndrome coronavirus (Sg, SARS-CoV, SARS-CoV-2 COVID-19)		Microbiology Procedures	No	No	No	No	No	No	No	No
A7330	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, multiple step method, severe acute respiratory syndrome coronavirus (Sg, SARS-CoV, SARS-CoV-2 COVID-19)		Microbiology Procedures	No	No	No	No	No	No	No	No
A7331	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, multiple step method, severe acute respiratory syndrome coronavirus (Sg, SARS-CoV, SARS-CoV-2 COVID-19)		Microbiology Procedures	No	No	No	No	No	No	No	No
A7332	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, multiple step method, severe acute respiratory syndrome coronavirus (Sg, SARS-CoV, SARS-CoV-2 COVID-19)		Microbiology Procedures	No	No	No	No	No	No	No	No
A7333	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, multiple step method, severe acute respiratory syndrome coronavirus (Sg, SARS-CoV, SARS-CoV-2 COVID-19)		Microbiology Procedures	No	No	No	No	No	No	No	No
A7334	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, multiple step method, severe acute respiratory syndrome coronavirus (Sg, SARS-CoV, SARS-CoV-2 COVID-19)		Microbiology Procedures	No	No	No	No	No	No	No	No
A7335	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, multiple step method, severe acute respiratory syndrome coronavirus (Sg, SARS-CoV, SARS-CoV-2 COVID-19)		Microbiology Procedures	No	No	No	No	No	No	No	No
A7336	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, multiple step method, severe acute respiratory syndrome coronavirus (Sg, SARS-CoV, SARS-CoV-2 COVID-19)		Microbiology Procedures	No	No	No	No	No	No	No	No
A7337	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, multiple step method, severe acute respiratory syndrome coronavirus (Sg, SARS-CoV, SARS-CoV-2 COVID-19)		Microbiology Procedures	No	No	No	No	No	No	No	No
A7338	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, multiple step method, severe acute respiratory syndrome coronavirus (Sg, SARS-CoV, SARS-CoV-2 COVID-19)		Microbiology Procedures	No	No	No	No	No	No	No	No
A7339	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, multiple step method, severe acute respiratory syndrome coronavirus (Sg, SARS-CoV, SARS-CoV-2 COVID-19)		Microbiology Procedures	No	No	No	No	No	No	No	No
A7340	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, multiple step method, severe acute respiratory syndrome coronavirus (Sg, SARS-CoV, SARS-CoV-2 COVID-19)		Microbiology Procedures	No	No	No	No	No	No	No	No
A7341	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, multiple step method, severe acute respiratory syndrome coronavirus (Sg, SARS-CoV, SARS-CoV-2 COVID-19)		Microbiology Procedures	No	No	No	No	No	No	No	No
A7342	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, multiple step method, severe acute respiratory syndrome coronavirus (Sg, SARS-CoV, SARS-CoV-2 COVID-19)		Microbiology Procedures	No	No	No	No	No	No	No	No
A7343	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, multiple step method, severe acute respiratory syndrome coronavirus (Sg, SARS-CoV, SARS-CoV-2 COVID-19)		Microbiology Procedures	No	No	No	No	No	No	No	No
A7344	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, multiple step method, severe acute respiratory syndrome coronavirus (Sg, SARS-CoV, SARS-CoV-2 COVID-19)		Microbiology Procedures	No	No	No	No	No	No	No	No
A7345	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, multiple step method, severe acute respiratory syndrome coronavirus (Sg, SARS-CoV, SARS-CoV-2 COVID-19)		Microbiology Procedures	No	No	No	No	No	No	No	No
A7346	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, multiple step method, severe acute respiratory syndrome coronavirus (Sg, SARS-CoV, SARS-CoV-2 COVID-19)		Microbiology Procedures	No	No	No	No	No	No	No	No
A7347	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, multiple step method, severe acute respiratory syndrome coronavirus (Sg, SARS-CoV, SARS-CoV-2 COVID-19)		Microbiology Procedures	No	No	No	No	No	No	No	No
A7348	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, multiple step method, severe acute respiratory syndrome coronavirus (Sg, SARS-CoV, SARS-CoV-2 COVID-19)		Microbiology Procedures	No	No	No	No	No	No	No	No
A7349	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, multiple step method, severe acute respiratory syndrome coronavirus (Sg, SARS-CoV, SARS-CoV-2 COVID-19)		Microbiology Procedures	No	No	No	No	No	No	No	No
A7350	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, multiple step method, severe acute respiratory syndrome coronavirus (Sg, SARS-CoV, SARS-CoV-2 COVID-19)		Microbiology Procedures	No	No	No	No	No	No	No	No
A7351	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, multiple step method, severe acute respiratory syndrome coronavirus (Sg, SARS-CoV, SARS-CoV-2 COVID-19)		Microbiology Procedures	No	No	No	No	No	No	No	No
A7352	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, multiple step method, severe acute respiratory syndrome coronavirus (Sg, SARS-CoV, SARS-CoV-2 COVID-19)		Microbiology Procedures	No	No	No	No	No	No	No	No
A7353	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, multiple step method, severe acute respiratory syndrome coronavirus (Sg, SARS-CoV, SARS-CoV-2 COVID-19)		Microbiology Procedures	No	No	No	No	No	No	No	No
A7354	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, multiple step method, severe acute respiratory syndrome coronavirus (Sg, SARS-CoV, SARS-CoV-2 COVID-19)		Microbiology Procedures	No	No	No	No	No	No	No	No
A7355	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, multiple step method, severe acute respiratory syndrome coronavirus (Sg, SARS-CoV, SARS-CoV-2 COVID-19)		Microbiology Procedures	No	No	No	No	No	No	No	No
A7356	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, multiple step method, severe acute respiratory syndrome coronavirus (Sg, SARS-CoV, SARS-CoV-2 COVID-19)		Microbiology Procedures	No	No	No	No	No	No	No	No
A7357	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, multiple step method, severe acute respiratory syndrome coronavirus (Sg, SARS-CoV, SARS-CoV-2 COVID-19)		Microbiology Procedures	No	No	No	No	No	No	No	No
A7358	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, multiple step method, severe acute respiratory syndrome coronavirus (Sg, SARS-CoV, SARS-CoV-2 COVID-19)		Microbiology Procedures	No	No	No	No	No	No	No	No
A7359	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, multiple step method, severe acute respiratory syndrome coronavirus (Sg, SARS-CoV, SARS-CoV-2 COVID-19)		Microbiology Procedures	No	No	No	No	No	No	No	No
A7360	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, multiple step method, severe acute respiratory syndrome coronavirus (Sg, SARS-CoV, SARS-CoV-2 COVID-19)		Microbiology Procedures	No	No	No	No	No	No	No	No
A7361	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, multiple step method, severe acute respiratory syndrome coronavirus (Sg, SARS-CoV, SARS-CoV-2 COVID-19)		Microbiology Procedures	No	No	No	No	No	No	No	No
A7362	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, multiple step method, severe acute respiratory syndrome coronavirus (Sg, SARS-CoV, SARS-CoV-2 COVID-19)		Microbiology Procedures	No	No	No	No	No	No	No	No
A7363	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, multiple step method, severe acute respiratory syndrome coronavirus (Sg, SARS-CoV, SARS-CoV-2 COVID-19)		Microbiology Procedures	No	No	No	No	No	No	No	No
A7364	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, multiple step method, severe acute respiratory syndrome coronavirus (Sg, SARS-CoV, SARS-CoV-2 COVID-19)		Microbiology Procedures	No	No	No	No	No	No	No	No
A7365	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, multiple step method, severe acute respiratory syndrome coronavirus (Sg, SARS-CoV, SARS-CoV-2 COVID-19)		Microbiology Procedures	No	No	No	No	No	No	No	No
A7366	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, multiple step method, severe acute respiratory syndrome coronavirus (Sg, SARS-CoV, SARS-CoV-2 COVID-19)		Microbiology Procedures	No	No	No	No	No	No	No	No
A7367	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, multiple step method, severe acute respiratory syndrome coronavirus (Sg, SARS-CoV, SARS-CoV-2 COVID-19)		Microbiology Procedures	No	No	No	No	No	No	No	No
A7368	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, multiple step method, severe acute respiratory syndrome coronavirus (Sg, SARS-CoV, SARS-CoV-2 COVID-19)		Microbiology Procedures	No	No	No	No	No	No	No	No
A7369	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, multiple step method, severe acute respiratory syndrome coronavirus (Sg, SARS-CoV, SARS-CoV-2 COVID-19)		Microbiology Procedures	No	No	No	No	No	No	No	No
A7370	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, multiple step method, severe acute respiratory syndrome coronavirus (Sg, SARS-CoV, SARS-CoV-2 COVID-19)		Microbiology Procedures	No	No	No	No	No	No	No	No
A7371	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, multiple step method, severe acute respiratory syndrome coronavirus (Sg, SARS-CoV, SARS-CoV-2 COVID-19)		Microbiology Procedures	No	No	No	No	No	No	No	No
A7372	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, multiple step method, severe acute respiratory syndrome coronavirus (Sg, SARS-CoV, SARS-CoV-2 COVID-19)		Microbiology Procedures	No	No	No	No	No	No	No	No
A7373	Infectious agent antigen detection by immunoassay techniques, lig, enzyme immunoassay (EIA), enzyme linked immunosorbent assay (ELISA), Reagents/immunosassay (RIA) immunochemoluminometric assay (IMCA) qualitative or semiquantitative, multiple step method, severe acute respiratory syndrome coronavirus (Sg, SARS-CoV, SARS-CoV-2 COVID-19)		Microbiology Procedures	No							

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CPT	Description	Notes	Code Group	Commercial HMO-Arch	Commercial PPO-Arch	Centra-Arch Non-JDS Provider	Centra-Arch ASA Provider	Sentry-Arch Non-JDS Provider	Sentry-Arch ASA Provider	TMC-Arch	BMS-Arch
	Oncology (bladder), analysis of 30 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1, and VEGFA) by immunoassays, urine, diagnostic algorithm reported as a risk score for probability of rapid recurrence of recurrent or persistent cancer following transurethral resection			No	No	No	No	No	No	No	No
0367U	Oncology (colorectal cancer), evaluation for mutations of APC, BRAF, CTNNB1, KRAS, NRAS, PIK3CA, SMAD4, and TP53, and methylation markers (MPY10L, KCM3L, DCHFR1, FUL, CIMP, DML12, and TMTST1), multiplex quantitative polymerase chain reaction (qPCR), circulating cell-free DNA (ctDNA), plasma, report of risk score for advanced adenoma or colorectal cancer			No	No	No	No	No	No	No	No
0368U	Infectious agent detection by nucleic acid (DNA and RNA), gastrointestinal pathogens, 15 bacterial, viral, and parasitic organisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique			No	No	No	No	No	No	No	No
0369U	Infectious agent detection by nucleic acid (DNA and RNA), surgical wound pathogens, 34 microorganisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique, wound swab			No	No	No	No	No	No	No	No
0370U	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens, semiquantitative identification, DNA from 16 bacterial organisms and 1 fungal organism, multiplex amplified probe technique via quantitative polymerase chain reaction (qPCR), urine			No	No	No	No	No	No	No	No
0371U	Infectious disease (genitourinary pathogen), antibiotic-resistance gene detection, multiplex amplified probe technique, urine, reported as an antimicrobial stewardship risk score			No	No	No	No	No	No	No	No
0372U	Infectious agent detection by nucleic acid (DNA and RNA), respiratory tract infection, 17 bacteria, 8 fungus, 13 virus, and 16 antibiotic-resistance genes, multiplex amplified probe technique, upper or lower respiratory specimen			No	No	No	No	No	No	No	No
0373U	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogen, identification of 23 bacterial and fungal organisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique, urine			No	No	No	No	No	No	No	No
0374U	Oncology (ovarian), biochemical assay of 7 proteins (follicle stimulating hormone, human epididymis protein-4, apolipoprotein B-1, transferrin, beta-2 macroglobulin, prealbumin [ie, transthyretin], and cancer antigen 125), algorithm reported as ovarian cancer risk score			No	No	No	No	No	No	No	No
0375U	Oncology (prostate cancer), image analysis of at least 128 histologic features and clinical factors, prognostic algorithm determining the risk of distant metastases, and prostate cancer-specific mortality, includes predictive algorithm to androgen deprivation therapy response, if appropriate			No	No	No	No	No	No	No	No
0376U	Cardiovascular disease, identification of advanced serum or plasma lipoprotein profile, by nuclear magnetic resonance (NMR) spectrometry with report of a lipoprotein profile (including 23 variables)			No	No	No	No	No	No	No	No
0377U	HPV1 (epithelial factor C subunit 1), repeat expansion variant analysis by traditional and repeat primed PCR, blood, saliva, or buccal swab			No	No	No	No	No	No	No	No
0378U	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA (523 genes) and RNA (55 genes) by next-generation sequencing, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tumor mutational burden			No	No	No	No	No	No	No	No
0379U	Drug metabolism (sedative drug, muscle and end responses), targeted sequence analysis, 20 gene variants and CYP2D6 deletion or duplication analysis with reported genotype and phenotype			No	No	No	No	No	No	No	No
0380U	Maple syrup urine disease monitoring by patient-collected blood card sample, quantitative measurement of alpha-ketoglutaric, leucine, valproic acid, and valine, liquid chromatography with tandem mass spectrometry (LC-MS/MS)			No	No	No	No	No	No	No	No
0381U	Hyperphenylalaninemia monitoring by patient-collected blood card sample, quantitative measurement of phenylalanine and tyrosine, liquid chromatography with tandem mass spectrometry (LC-MS/MS)			No	No	No	No	No	No	No	No
0382U	Tyrosinemia type I monitoring by patient-collected blood card sample, quantitative measurement of tyrosine, phenylalanine, methionine, succinylacetone, citrulline, liquid chromatography with tandem mass spectrometry (LC-MS/MS)			No	No	No	No	No	No	No	No
0383U	Tyrosinemia type I monitoring by patient-collected blood card sample, quantitative measurement of tyrosine, phenylalanine, methionine, succinylacetone, citrulline, liquid chromatography with tandem mass spectrometry (LC-MS/MS)			No	No	No	No	No	No	No	No
0384U	Nephrology (chronic kidney disease), apolipoprotein A4 (ApoA4), CDS antigen-like (CDS), and insulin-like growth factor binding protein 3 (IGFBP3) by enzyme-linked immunosorbent assay (ELISA), plasma, algorithm combining results with HDL, estimated glomerular filtration rate (eGFR), and clinical data reported as a risk score for developing diabetic kidney disease			No	No	No	No	No	No	No	No
0385U	Oncology (metastatic), sarinophag and bcl-2 regulator 1 (ABMR1) and bcl-2 (ABMR1) by immunohistochemistry, formalin-fixed paraffin-embedded (FFPE) tissue, report for risk of progression			No	No	No	No	No	No	No	No
0386U	Oncology (metastatic), sarinophag and bcl-2 regulator 1 (ABMR1) and bcl-2 (ABMR1) by immunohistochemistry, formalin-fixed paraffin-embedded (FFPE) tissue, report for risk of progression			No	No	No	No	No	No	No	No
0387U	Pediatric fibrosis (Kawasaki disease [KD]), interferon alpha-inducible protein 27 (IFIT2) and mast cell-expressed membrane protein 1 (MCEMP1), RNA, using quantitative reverse transcription-polymerase chain reaction (RT-qPCR), blood, reported as a risk score for KD			No	No	No	No	No	No	No	No
0388U	Pediatric fibrosis (Kawasaki disease [KD]), interferon alpha-inducible protein 27 (IFIT2) and mast cell-expressed membrane protein 1 (MCEMP1), RNA, using quantitative reverse transcription-polymerase chain reaction (RT-qPCR), blood, reported as a risk score for KD			No	No	No	No	No	No	No	No
0389U	Oncology (solid tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded (FFPE) tissue, 432 genes, interpretive report for single nucleotide variants, splice-site variants, insertions/deletions, copy number alterations, gene fusions, tumor mutational burden, and microsatellite instability, with algorithm quantifying immunotherapy response score			No	No	No	No	No	No	No	No
0390U	Neurology (depression, anxiety, attention deficit hyperactivity disorder [ADHD]), gene-drug interactions, variant analysis of 18 genes, including deletion/duplication analysis of CYP2D6, reported as impact of gene-drug interaction for each drug			No	No	No	No	No	No	No	No
0391U	Neurology (eg, Parkinson disease, dementia with Lewy bodies), cerebrospinal fluid (CSF), detection of misfolded α -synuclein protein by seed amplification assay, qualitative			No	No	No	No	No	No	No	No
0392U	Perfluoralkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid, 10 PFAS compounds) by liquid chromatography with tandem mass spectrometry (LC-MS/MS), plasma or serum, quantitative			No	No	No	No	No	No	No	No
0393U	Oncology (lung), multi-omics (microbial DNA by shotgun next-generation sequencing and carcinoembryonic antigen and antigen by immunoassay), plasma, algorithm reported as malignancy risk for lung nodules in early-stage disease			No	No	No	No	No	No	No	No
0394U	Oncology (lung), multi-omics (microbial DNA by shotgun next-generation sequencing and carcinoembryonic antigen and antigen by immunoassay), plasma, algorithm reported as malignancy risk for lung nodules in early-stage disease			No	No	No	No	No	No	No	No
0395U	Gastroenterology (Barrett's esophagus), PDL, RUNX2, NPL1, and FBX1 DNA methylation analysis using PCR, formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as risk score for progression to high-grade dysplasia or cancer			No	No	No	No	No	No	No	No
0396U	Neurology (cerebral folate deficiency), serum, detection of anti-human folate receptor (IG-binding antibody and blocking autoantibodies by enzyme-linked immunosorbent assay (ELISA), qualitative, and blocking autoantibodies, using a functional blocking assay for IgG or IgM, quantitative, reported as positive or not detected			No	No	No	No	No	No	No	No
0397U	Diabetes (suspected cancer screening), 146 genes by next-generation sequencing, fragment analysis and multiplex ligation-dependent probe amplification, DNA, reported as cancer positive or negative			No	No	No	No	No	No	No	No
0400U	Cardiology (coronary heart disease [CHD]), 9 genes (12 variants), targeted variant genotyping, blood, saliva, or buccal swab, algorithm reported as a genetic risk score for a coronary event			No	No	No	No	No	No	No	No
0401U	Infectious agent (sexually transmitted infection), Chlamydia trachomatis, Neisseria gonorrhoeae, Trichomonas vaginalis, Mycoplasma genitalium, multiplex amplified probe technique, vaginal, endocervical, or male urine, each pathogen reported as detected or not detected			No	No	No	No	No	No	No	No
0402U	Oncology (prostate), mRNA, gene expression profiling of 18 genes, first-catch post-digital rectal examination urine (or processed first-catch urine), algorithm reported as percentage of likelihood of detecting clinically significant prostate cancer			No	No	No	No	No	No	No	No
0403U	Oncology (breast), semiquantitative measurement of thymidine kinase activity by immunoassay, serum, results reported as risk of disease progression			No	No	No	No	No	No	No	No
0404U	Oncology (pancreatic), 30 methylation high-pass block markers, next-generation sequencing (NGS), plasma, reported as cancer signal detected or not detected			No	No	No	No	No	No	No	No
0405U	Oncology (lung), flow cytometry, isotype, 5 markers (mean tetra [4-carboxyphenyl] (perlecan) (CD44), CD45, CD56, CD3, CD133, algorithm reported as likelihood of lung cancer			No	No	No	No	No	No	No	No
0406U	Nephrology (diabetic chronic kidney disease [CKD]), multiplex electrochemiluminescent immunoassay (ECLIA) of soluble tumor necrosis factor receptor 1 (sTNFR1), soluble tumor necrosis receptor 2 (sTNFR2), and kidney injury molecule 1 (KIM-1) combined with clinical data, plasma, algorithm reported as risk for progressive decline in kidney function			No	No	No	No	No	No	No	No
0407U	Infectious agent antigen detection by bulk acute, wave biosensor immunoassay, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19])			No	No	No	No	No	No	No	No
0408U	Oncology (solid tumor), DNA (80 genes) and RNA (36 genes), by next-generation sequencing from plasma, including single nucleotide variants, insertions/deletions, copy number alterations, microsatellite instability, and fusions, report showing identified mutations with clinical activity			No	No	No	No	No	No	No	No
0409U	Oncology (pancreatic), DNA, whole genome sequencing with 5-hydroxymethylcytosine enrichment, whole blood or plasma, algorithm reported as cancer detected or not detected			No	No	No	No	No	No	No	No
0410U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6			No	No	No	No	No	No	No	No
0411U	Beta amyloid, A β 42/A β 40 ratio, immunoprecipitation with quantitation by liquid chromatography with tandem mass spectrometry (LC-MS/MS) and qualitative A β 42 isoform-specific, postdigestion, plasma combined with age, algorithm reported as presence or absence of brain amyloid pathology			No	No	No	No	No	No	No	No
0412U	Oncology (hematolymphoid neoplasm), optical genome mapping for copy number alterations, aneuploidy, and balanced/complex structural rearrangements, DNA from blood or bone marrow, report of clinically significant alterations			No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial RMO-AUTH	Commercial PPG-AUTH	Center-AUTH Non-ASD Provider	Center-AUTH ASA Provider	Setting-AUTH Non-ASD Provider	Setting-AUTH ASA Provider	TASC-AUTH	BMS-AUTH
	Oncology (lung), augmentative algorithmic analysis of digitized whole slide imaging for 8 genes (ALK, BRAF, EGFR, ERBB2, MET, NTRK2, 3, RET, ROS1), and KRAS G12C and PD-L1, if performed, formalin-fixed paraffin-embedded (FFPE) tissue, reported as positive or negative for each biomarker			No	No	No	No	No	No	No	No
94140	Cardiovascular disease (acute coronary syndrome [ACS]), 4, 16, FAS, FASigend, HD, CTAC, 10TALN, and MCP-3 by immunosensor combined with age, sex, family history, and personal history of diabetes, blood, algorithm reported as a 5-year (detected risk score for ACS			No	No	No	No	No	No	No	No
94150	Infectious agent detection by nucleic acid (DNA), genitourinary pathogens, identification of 20 bacterial and fungal organisms, including identification of 20 associated antibiotic-resistance genes, if performed, multiple amplified probe technique, urine			No	No	No	No	No	No	No	No
94160	Rare diseases (constitutional/heritable disorder), whole mitochondrial genome sequence with heteroplasmia detection and deletion analysis, nuclear-encoded mitochondrial gene analysis of 335 nuclear genes, including sequence changes, deletions, insertions, and copy number variants analysis, blood or saliva, identification and categorization of mitochondrial disorder-associated genetic variants			No	No	No	No	No	No	No	No
94170	Oncology (breast), augmentative algorithmic analysis of digitized whole slide imaging of 8 histologic and immunohistochemical features, reported as a recurrence score			No	No	No	No	No	No	No	No
94180	Neuropsychiatry (eg, depression, anxiety), genomic sequence analysis panel, variant analysis of 31 genes, saliva or buccal swab, report of each gene phenotype			No	No	No	No	No	No	No	No
94190	Neuropsychiatry (eg, depression, anxiety), genomic sequence analysis panel, variant analysis of 31 genes, saliva or buccal swab, report of each gene phenotype			No	No	No	No	No	No	No	No
94240	Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed			Yes	Yes	Yes	No	Yes	No	Yes	Yes
94260	Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator			Yes	Yes	Yes	No	Yes	No	Yes	Yes
94280	Insertion or replacement of percutaneous electrode array, sacral, with integrated neurostimulator, including imaging guidance, when performed			Yes	Yes	Yes	No	Yes	No	Yes	Yes
94281	Revision or removal of neurostimulator electrode array, sacral, with integrated neurostimulator			Yes	Yes	Yes	No	Yes	No	Yes	Yes
94282	Electronic analysis with simple programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, spinal cord or sacral nerve, 1-3 parameters			Yes	Yes	Yes	No	Yes	No	Yes	Yes
94283	Electronic analysis with complex programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, spinal cord or sacral nerve, 4 or more parameters			Yes	Yes	Yes	No	Yes	No	Yes	Yes
94284	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic/lumbar or lumbosacral body tethering, including fluoroscopy, when performed			Yes	Yes	Yes	No	Yes	No	Yes	Yes
94300	Motor-cognitive, semi-invasive virtual reality-facilitated gait training, each 15 minutes (list separately in addition to code for primary procedure)			Yes	Yes	Yes	No	Yes	No	Yes	Yes
94320	Application of river diurnal fluoride 30% by a physician or other qualified health care professional			No	No	No	No	No	No	No	No
94330	Percutaneous transcatheter thermal ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance			No	No	No	No	No	No	No	No
94340	Patient-specific, evidence, rules-based algorithm for ranking pharmacologic treatment options based on the patient's tumor-specific cancer marker information obtained from prior molecular pathology, immunohistochemical, or other pathology results which have been previously interpreted and reported separately			No	No	No	No	No	No	No	No
94360	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed, complete system (ie, right atrial and right ventricular pacemaker component)			No	No	No	No	No	No	No	No
94361	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed, right atrial pacemaker component (when an existing right ventricular single leadless pacemaker exists to create a dual-chamber leadless pacemaker system)			No	No	No	No	No	No	No	No
94362	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed, right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)			No	No	No	No	No	No	No	No
94363	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed, complete system (ie, right atrial and right ventricular pacemaker component)			No	No	No	No	No	No	No	No
94364	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed, right atrial pacemaker component			No	No	No	No	No	No	No	No
94365	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed, right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)			No	No	No	No	No	No	No	No
94366	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed, dual-chamber system (ie, right atrial and right ventricular pacemaker components)			No	No	No	No	No	No	No	No
94367	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed, right atrial pacemaker component			No	No	No	No	No	No	No	No
94368	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed, right ventricular pacemaker component			No	No	No	No	No	No	No	No
94369	Programming device evaluation (in person) with tentative adjustment of implantable device to test the function of device and to select optimal permanent programmed values, with analysis, review, and report, by a physician or other qualified health care professional, leadless pacemaker system in dual-chamber chambers			No	No	No	No	No	No	No	No
94370	Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [CAVI]); percutaneous femoral vein approach			No	No	No	No	No	No	No	No
94371	Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, and when implantation [CAVI]; open femoral vein approach			No	No	No	No	No	No	No	No
94372	Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images, in combination with computed tomography (CT) images taken for the purpose of pulmonary tissue ventilation analysis, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report			No	No	No	No	No	No	No	No
94373	Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images, in combination with computed tomography (CT) images taken for the purpose of pulmonary tissue ventilation analysis, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report			No	No	No	No	No	No	No	No
94374	Subcutaneous injection of a pharmacologic agent, including vibrotactile and 1 or more vibrotactile			No	No	No	No	No	No	No	No
94375	Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); set-up and patient education on use of equipment			No	No	No	No	No	No	No	No
94376	Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); device supply with automated report generation, up to 30 days			No	No	No	No	No	No	No	No
94377	Scaphocephalotomy; transverse, transverse, with volume adjustment of intragastric bariatric balloon			No	No	No	No	No	No	No	No
94378	Percutaneous injection of calcium-based biodegradable osteoconductive material, proximal femur, including imaging guidance, anterior			Yes	Yes	Yes	No	Yes	No	Yes	Yes
94379	Ultrasound-based radiofrequency echographic multispectrometry (REMS), bone-density study and fracture risk assessment, 1 or more sites, hips, pelvis, or spine			No	No	No	No	No	No	No	No
94380	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction (including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subcutaneous			Yes	Yes	Yes	No	Yes	No	Yes	Yes
94381	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subcutaneous			Yes	Yes	Yes	No	Yes	No	Yes	Yes
94382	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subcutaneous			Yes	Yes	Yes	No	Yes	No	Yes	Yes
94383	Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychiatric medication therapy, first physician or other qualified health care professional, each hour			No	No	No	No	No	No	No	No
94384	Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychiatric medication therapy, second physician or other qualified health care professional, concurrent with first physician or other qualified health care professional, each hour (list separately in addition to code for primary procedure)			No	No	No	No	No	No	No	No
94385	Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychiatric medication therapy, clinical staff under the direction of a physician or other qualified health care professional, concurrent with first physician or other qualified health care professional, each hour (list separately in addition to code for primary procedure)			No	No	No	No	No	No	No	No
94386	Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychiatric medication therapy, clinical staff under the direction of a physician or other qualified health care professional, concurrent with first physician or other qualified health care professional, each hour (list separately in addition to code for primary procedure)			No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial RMO-AUTH	Commercial PPO-AUTH	Center-AUTH Non-ASA Provider	Center-AUTH ASA Provider	Sanctuary-AUTH Non-ASA Provider	Sanctuary-AUTH ASA Provider	TASC-AUTH	BMS-AUTH
92321	Transcatheter insertion of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed			No	No	No	No	No	No	No	
92322	Transcatheter removal of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography), when performed			No	No	No	No	No	No	No	
92323	Transcatheter removal and replacement of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed			No	No	No	No	No	No	No	
92327	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional, leadless pacemaker system in single cardiac chamber			No	No	No	No	No	No	No	
92362	Digitalization of glass microscope slides for cytopathology, fluids, washings, or brushings, except cervical or vaginal, smear with interpretation (List separately in addition to code for primary procedure)			Yes	Yes	Yes	No	Yes	No	Yes	Yes
92377	Digitalization of glass microscope slides for cytopathology, fluids, washings, or brushings, except cervical or vaginal, smudge filter method with interpretation (List separately in addition to code for primary procedure)			No	No	No	No	No	No	No	No
92391	Digitalization of glass microscope slides for cytopathology, concentration technique, smear, and interpretation (eg, Succowash technique) (List separately in addition to code for primary procedure)			No	No	No	No	No	No	No	No
92397	Digitalization of glass microscope slides for cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal (List separately in addition to code for primary procedure)			No	No	No	No	No	No	No	No
92398	Digitalization of glass microscope slides for cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician (List separately in addition to code for primary procedure)			No	No	No	No	No	No	No	No
92399	Digitalization of glass microscope slides for cytopathology, smears, any other source; screening and interpretation (List separately in addition to code for primary procedure)			No	No	No	No	No	No	No	No
92399	Digitalization of glass microscope slides for cytopathology, smears, any other source; preparation, screening and interpretation (List separately in addition to code for primary procedure)			No	No	No	No	No	No	No	No
92399	Digitalization of glass microscope slides for cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains (List separately in addition to code for primary procedure)			No	No	No	No	No	No	No	No
92399	Digitalization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; immediate cytologic study to determine adequacy for diagnosis, first evaluation episode, each site (List separately in addition to code for primary procedure)			No	No	No	No	No	No	No	No
92399	Digitalization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; immediate cytologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site (List separately in addition to code for primary procedure)			No	No	No	No	No	No	No	No
92399	Digitalization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; interpretation and report (List separately in addition to code for primary procedure)			No	No	No	No	No	No	No	No
92399	Digitalization of glass microscope slides for consultation and report on referred slides prepared elsewhere (List separately in addition to code for primary procedure)			No	No	No	No	No	No	No	No
92399	Digitalization of glass microscope slides for consultation and report on extended material requiring preparation of slides (List separately in addition to code for primary procedure)			No	No	No	No	No	No	No	No
92399	Digitalization of glass microscope slides for consultation, comprehensive, with review of records and specimens, with report on referred material (List separately in addition to code for primary procedure)			No	No	No	No	No	No	No	No
92399	Digitalization of glass microscope slides for pathology consultation during surgery; first tissue block, with frozen section(s), single specimen (List separately in addition to code for primary procedure)			No	No	No	No	No	No	No	No
92399	Digitalization of glass microscope slides for pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)			No	No	No	No	No	No	No	No
92399	Digitalization of glass microscope slides for pathology consultation during surgery; cytologic examination (eg, touch preparation, squash preparation), initial site (List separately in addition to code for primary procedure)			No	No	No	No	No	No	No	No
92399	Digitalization of glass microscope slides for pathology consultation during surgery; cytologic examination (eg, touch preparation, squash preparation), each additional site (List separately in addition to code for primary procedure)			No	No	No	No	No	No	No	No
92399	Digitalization of glass microscope slides for immunofluorescence, per specimen; initial single antibody stain procedure (List separately in addition to code for primary procedure)			No	No	No	No	No	No	No	No
92399	Digitalization of glass microscope slides for immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)			No	No	No	No	No	No	No	No
92399	Digitalization of glass microscope slides for examination and selection of retrieved archival (ie, previously diagnosed tissue(s)) for molecular analysis (eg, KRAS mutational analysis) (List separately in addition to code for primary procedure)			No	No	No	No	No	No	No	No
92399	Digitalization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; initial single probe stain procedure (List separately in addition to code for primary procedure)			No	No	No	No	No	No	No	No
92399	Digitalization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)			No	No	No	No	No	No	No	No
92399	Digitalization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; each multiple probe stain procedure (List separately in addition to code for primary procedure)			No	No	No	No	No	No	No	No
92399	Digitalization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; initial single probe stain procedure (List separately in addition to code for primary procedure)			No	No	No	No	No	No	No	No
92399	Digitalization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)			No	No	No	No	No	No	No	No
92399	Digitalization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; each multiple probe stain procedure (List separately in addition to code for primary procedure)			No	No	No	No	No	No	No	No
92399	Digitalization of glass microscope slides for blood smear, peripheral, interpretation by physician with written report (List separately in addition to code for primary procedure)			No	No	No	No	No	No	No	No
92399	Digitalization of glass microscope slides for bone marrow, smear interpretation (List separately in addition to code for primary procedure)			No	No	No	No	No	No	No	No
92399	Digitalization of glass microscope slides for electron microscopy, diagnostic (List separately in addition to code for primary procedure)			No	No	No	No	No	No	No	No
92399	Cryo-acoustic imaging, breast, unilateral, including axilla when performed, real-time with image documentation, augmentative analysis and report (List separately in addition to code for primary procedure)			No	No	No	No	No	No	No	No
92399	Externally applied transcranial magnetic stimulation with concurrent measurement of evoked cortical potentials with automated report			Yes	Yes	Yes	No	Yes	No	Yes	Yes
92399	Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), other than for screening for peripheral arterial disease, image acquisition, interpretation, and report, each additional anatomic site (List separately in addition to code for primary procedure)			No	No	No	No	No	No	No	No
92399	Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), for screening for peripheral arterial disease, including preoperative measurements, image acquisition, interpretation, and report, one or both lower extremities			No	No	No	No	No	No	No	No
92399	Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing, both components (batteries and transmitter)			No	No	No	No	No	No	No	No
92399	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, battery component only			No	No	No	No	No	No	No	No
92399	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, transmitter component only			No	No	No	No	No	No	No	No
92399	Low intensity extracorporeal shock wave therapy involving corpus cavernosum, low energy			Yes	Yes	Yes	No	Yes	No	Yes	Yes
92399	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion identification, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the brain during the same session			No	No	No	No	No	No	No	No
92399	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion detection, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the brain (List separately in addition to code for primary procedure)			No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial NMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TBSC Auth	BMS Auth
90281	Immune globulin (Ig), human, for intramuscular use		Immune Globulins	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
90283	Immune globulin (IgV), human, for intravenous use		Immune Globulins	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
90284	Immune globulin (IG), human, for use in subcutaneous infusions, 100 mg, each		Immune Globulins	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
90287	Botulinum antitoxin, equine, any route		Immune Globulins	No	No	No	Yes	No	Yes	No	No
90288	Botulinum immune globulin (BtIMG), human, for intravenous use		Immune Globulins	No	No	No	Yes	No	Yes	No	No
90291	Cytomegalovirus immune globulin (CMV-IG), human, for intravenous use		Immune Globulins	Yes	Yes	Yes	No	Yes	No	Yes	Yes
90296	Diphtheria antitoxin, equine, any route		Immune Globulins	No	No	No	No	No	No	No	No
90297	Hepatitis B immune globulin (HBIG), human, for intramuscular use		Immune Globulins	No	No	No	No	No	No	No	No
90375	Rabies immune globulin (RIG), human, for intramuscular and/or subcutaneous use		Immune Globulins	No	No	No	No	No	No	No	No
90376	Rabies immune globulin, heat-treated (RIG-HT), human, for intramuscular and/or subcutaneous use		Immune Globulins	No	No	No	No	No	No	No	No
90377	Rabies immune globulin, heat- and solvent/detergent-treated (RIG-HT SD), human, for intramuscular and/or subcutaneous use		Immune globulin	Yes	Yes	No	No	Yes	No	Yes	Yes
90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each		Immune Globulins	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
90380	Respiratory syncytial virus, monoclonal antibody, seasonal dose, 0.5 mL dosage, for intramuscular use	new code 1/1/24		Yes	Yes	Yes		Yes		Yes	Yes
90381	Respiratory syncytial virus, monoclonal antibody, seasonal dose, 1 mL dosage, for intramuscular use	new code 1/1/24		Yes	Yes	Yes		Yes		Yes	Yes
90384	Rho(D) immune globulin (RhIG), human, full-dose, for intramuscular use		Immune Globulins	Yes	Yes	Yes	No	Yes	No	Yes	Yes
90385	Rho(D) immune globulin (RhIG), human, mini-dose, for intramuscular use		Immune Globulins	No	No	No	No	No	No	No	No
90386	Rho(D) immune globulin (RhIG), human, for intravenous use		Immune Globulins	No	No	No	No	No	No	No	No
90389	Tetanus immune globulin (TIG), human, for intramuscular use		Immune Globulins	No	No	No	No	No	No	No	No
90393	Vaccinia immune globulin, human, for intramuscular use		Immune Globulins	No	No	No	No	No	No	No	No
90396	Varicella-zoster immune globulin, human, for intramuscular use		Immune Globulins	Yes	Yes	Yes	No	Yes	No	Yes	Yes
90399	Unfractionated immune globulin		Immune Globulins	Yes	Yes	Yes	No	Yes	No	Yes	Yes
90460	immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional, first or only component of each vaccine or toxoid administered		Vaccine	No	No	No	No	No	No	No	No
90461	immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional, each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure)		Vaccine	No	No	No	No	No	No	No	No
90471	immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)		Vaccine	No	No	No	No	No	No	No	No
90472	immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)		Vaccine	No	No	No	No	No	No	No	No
90473	immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)		Vaccine	No	No	No	No	No	No	No	No
90474	immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)		Vaccine	No	No	No	No	No	No	No	No
90476	Adenovirus vaccine, type 4, live, for oral use		Vaccine	No	No	No	No	No	No	No	No
90477	Adenovirus vaccine, type 7, live, for oral use		Vaccine	No	No	No	No	No	No	No	No
90480	Administration of COVID vaccination	effective 9/1/23	Vaccine	No	No	No	No	No	No	No	No
90581	Anthrax vaccine, for subcutaneous or intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90584	Dengue vaccine, quadrivalent live, 2 dose schedule, for subcutaneous use		Vaccine	No	No	No	No	No	No	No	No
90585	Bacillus Calmette-Guérin vaccine (BCG) for tuberculosis, live, for percutaneous use		Vaccine	No	No	No	No	No	No	No	No
90586	Bacillus Calmette-Guérin vaccine (BCG) for bladder cancer, live, for intravesical use		Vaccine	No	No	No	No	No	No	No	No
90587	Dengue vaccine, quadrivalent live, 3 dose schedule, for subcutaneous use		Vaccine	No	No	No	No	No	No	No	No
90589	Chikungunya virus vaccine, live attenuated, for intramuscular use	new code 1/1/24	Vaccine								
90611	Smallpox and monkeypox vaccine, attenuated vaccinia virus, live, non-replicating, preservative free, 0.5 mL dosage, suspension, for subcutaneous use	new code 1/1/24	Vaccine								
90619	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90621	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-Hib), 2 or 3 dose schedule, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90623	Vaccines (toxoids) virus vaccine, live, lyophilized, 0.3 mL dosage, for percutaneous use		Vaccine	No	No	No	No	No	No	No	No
90623	Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y, tetanus toxoid carrier, and Men B-FHbp, for intramuscular use	new code 1/1/24	Vaccine	No	No	No	No	No	No	No	No
90625	Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use		Vaccine	No	No	No	No	No	No	No	No
90626	Tick-borne encephalitis virus vaccine, inactivated, 0.25 mL dosage, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90627	Tick-borne encephalitis virus vaccine, inactivated, 0.5 mL dosage, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90630	Influenza virus vaccine, quadrivalent (IVQ), split virus, preservative free, for intradermal use		Vaccine	No	No	No	No	No	No	No	No
90632	Hepatitis A vaccine (HepA), adult dosage, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90633	Hepatitis A vaccine (HepA), pediatric/adolescent dosage 2 dose schedule, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90634	Hepatitis A vaccine (HepA), pediatric/adolescent dosage 3 dose schedule, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90637	Meningococcal conjugate vaccine, serogroups A, C, W, Y, and Haemophilus influenzae type b vaccine (Hib-MenC), 4 dose schedule, when administered to children 6 weeks-18 months of age, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90644	Haemophilus influenzae type b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90647	Haemophilus influenzae type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90648	Haemophilus influenzae type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90649	Human Papillomavirus vaccine, types 1, 16, 18, quadrivalent (4HPV), 3 dose schedule, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90650	Human Papillomavirus vaccine, types 16, 18, bivalent (2HPV), 3 dose schedule, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90651	Human Papillomavirus vaccine types 4, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9HPV), 2 or 3 dose schedule, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90653	Influenza vaccine, inactivated (IV), subunit, adjuvanted, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90654	Influenza virus vaccine, trivalent (IV3), split virus, preservative free, for intradermal use		Vaccine	No	No	No	No	No	No	No	No
90655	Influenza virus vaccine, trivalent (IV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90656	Influenza virus vaccine, trivalent (IV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90657	Influenza virus vaccine, trivalent (IV3), split virus, 0.25 mL dosage, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90658	Influenza virus vaccine, trivalent (IV3), split virus, 0.5 mL dosage, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90660	Influenza virus vaccine, trivalent (IV3), split virus, 0.5 mL dosage, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90661	Influenza virus vaccine, trivalent (IV3), split virus, 0.5 mL dosage, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90662	Influenza virus vaccine (IV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90664	Influenza virus vaccine, live (LAV), pandemic formulation, for intranasal use		Vaccine	No	No	No	No	No	No	No	No
90666	Influenza virus vaccine (IV), pandemic formulation, split virus, preservative free, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90667	Influenza virus vaccine (IV), pandemic formulation, split virus, adjuvanted, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90668	Influenza virus vaccine (IV), pandemic formulation, split virus, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90670	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90671	Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90672	Influenza virus vaccine, quadrivalent (IV4), split virus, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90673	Influenza virus vaccine, trivalent (IV3), split virus, derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90674	Influenza virus vaccine, quadrivalent (IV4), split virus, derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90675	Rabies vaccine, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90676	Rabies vaccine, for intradermal use		Vaccine	No	No	No	No	No	No	No	No
90677	Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90678	Respiratory syncytial virus vaccine, pref, subunit, bivalent, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90679	Respiratory syncytial virus vaccine, pref, recombinant, subunit, adjuvanted, for intramuscular use	new code 1/1/24	Vaccine	No	No	No	No	No	No	No	No
90680	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use		Vaccine	No	No	No	No	No	No	No	No
90681	Adenovirus vaccine, human, attenuated (HAdV), 2 dose schedule, live, for oral use		Vaccine	No	No	No	No	No	No	No	No
90682	Influenza virus vaccine, quadrivalent (IV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90683	Respiratory syncytial virus vaccine, mRNA lipid nanoparticles, for intramuscular use	new code 1/1/24	Vaccine	No	No	No	No	No	No	No	No
90685	Influenza virus vaccine, quadrivalent (IV4), split virus, preservative free, 0.25 mL, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90686	Influenza virus vaccine, quadrivalent (IV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90687	Influenza virus vaccine, quadrivalent (IV4), split virus, 0.25 mL dosage, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90688	Influenza virus vaccine, quadrivalent (IV4), split virus, 0.5 mL dosage, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90689	Influenza virus vaccine, quadrivalent (IV4), inactivated, adjuvanted, preservative free, 0.25 mL dosage, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90690	Typhoid vaccine, live, oral		Vaccine	No	No	No	No	No	No	No	No
90691	Typhoid vaccine, Vi capsular polysaccharide (ViCPS), for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90694	Influenza virus vaccine, quadrivalent (IV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90697	Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine (DTaP-IPV), for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90699	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90700	Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90702	Measles, mumps, and rubella virus vaccine (MMR), live, for subcutaneous use		Vaccine	No	No	No	No	No	No	No	No
90703	Measles, mumps, rubella, and varicella virus vaccine (MMRV), live, for subcutaneous use		Vaccine	No	No	No	No	No	No	No	No
90710	Measles, mumps, rubella, and varicella virus vaccine (MMRV), live, for subcutaneous use		Vaccine	No	No	No	No	No	No	No	No
90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90714	Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90716	Varicella virus vaccine (VAC), live, for subcutaneous use		Vaccine	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial I/MO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRISK Auth	BMS Auth
90717	Yellow fever vaccine, live, for subcutaneous use		Vaccine	No	No	No	No	No	No	No	No
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepB-IPV), for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90732	Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90733	Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPQV4), for subcutaneous use		Vaccine	No	No	No	No	No	No	No	No
90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135, quadrivalent (MCV4 or MenACWY), for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90736	Zoster (shingles) vaccine (HZV), live, for subcutaneous injection		Vaccine	No	No	No	No	No	No	No	No
90738	Japanese encephalitis virus vaccine, inactivated, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90739	Hepatitis B vaccine (HepB), CoG-adjuvanted, adult dosage, 2 dose or 4 dose schedule, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90740	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90743	Hepatitis B vaccine (HepB), adolescent, 2 dose schedule, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90744	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90746	Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90747	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90748	Hepatitis B and Haemophilus influenzae type b vaccine (Hib-HepB), for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90749	United vaccine (HepB)		Vaccine	Yes	No	Yes	No	Yes	No	Yes	Yes
90750	Zoster (shingles) vaccine (HZV), recombinant, subunit, adjuvanted, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90756	Influenza virus vaccine, quadrivalent (ccQIV), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90758	Zare ebolavirus vaccine, live, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90759	Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3 dose schedule, for intramuscular use		Vaccine	No	No	No	No	No	No	No	No
90791	Integrated biopsychosocial assessment including history, mental status, and recommendation		Mental Health	No	No	No	No	No	No	No	No
90832	Psychotherapy, 30 minutes with patient		Mental Health	No	No	No	No	No	No	No	No
90833	Psychotherapy, 30 minutes with patient when performed with and evaluation and management service (List separately in addition to the code for primary procedure)		Mental Health	No	No	No	No	No	No	No	No
90834	Psychotherapy, 45 minutes with patient		Mental Health	No	No	No	No	No	No	No	No
90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)		Mental Health	No	No	No	No	No	No	No	No
90837	Psychotherapy, 60 minutes with patient		Mental Health	No	No	No	No	No	No	No	No
90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)		Mental Health	No	No	No	No	No	No	No	No
90839	Psychotherapy for crisis: first 60 minutes		Mental Health	No	No	No	No	No	No	No	No
90840	Psychotherapy for crisis: each additional 30 minutes (List separately in addition to code for primary service)		Mental Health	No	No	No	No	No	No	No	No
90845	Psychoanalysis		Mental Health	No	No	No	No	No	No	No	No
90846	Family psychotherapy (without the patient present), 50 minutes		Mental Health	No	No	No	No	No	No	No	No
90847	Family psychotherapy (conjoint psychotherapy) with patient present, 50 minutes		Mental Health	No	No	No	No	No	No	No	No
90849	Multiple-family group psychotherapy		Mental Health	No	No	No	No	No	No	No	No
90853	Group psychotherapy (other than of a multiple-family group)		Mental Health	No	No	No	No	No	No	No	No
90863	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)		Mental Health	No	No	No	No	No	No	No	No
90865	Narcosis for psychiatric diagnostic and therapeutic purposes (eg, sodium amobarbital (Amytal) interview)		Mental Health	No	No	No	No	No	No	No	No
90866	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management		Treatment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session		Treatment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management		Treatment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
90870	Electroconvulsive therapy (includes necessary monitoring)		Treatment	No	No	Yes	No	Yes	No	Yes	No
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 30 minutes		Mental Health	No	No	No	No	No	No	No	No
90876	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 45 minutes		Mental Health	No	No	No	No	No	No	No	No
90880	Hypnotherapy		Mental Health	No	No	No	No	No	No	No	No
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions		Mental Health	No	No	No	No	No	No	No	No
90885	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes		Mental Health	No	No	No	No	No	No	No	No
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient		Mental Health	No	No	No	No	No	No	No	No
90889	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other individuals, agencies, or insurance carriers		Mental Health	No	No	No	No	No	No	No	No
90899	Unlisted psychiatric service or procedure		Mental Health	No	No	No	No	No	No	No	No
90901	Biofeedback training by any modality		Biofeedback	No	No	No	No	No	No	No	No
90912	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry when performed; initial 15 minutes of 1-on-1 physician or qualified HC professional contact with the patient		Biofeedback	No	No	No	No	No	No	No	No
90913	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry when performed; each additional 15 minutes of 1-on-1 physician or qualified HC professional contact with the patient. (List separately in addition to code for primary procedure.)		Biofeedback	No	No	No	No	No	No	No	No
90935	Hemodialysis procedure with single evaluation by a physician or other qualified health care professional	For ASA Provider-auth required when a participating provider starts a request and dialysis is to be performed at a nonparticipating facility.	Dialysis	No	No	No	No	No	No	Yes	Yes
90937	Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription	For ASA Provider-auth required when a participating provider starts a request and dialysis is to be performed at a nonparticipating facility.	Dialysis	No	No	No	No	No	No	Yes	Yes
90940	Hemodialysis access flow study to determine blood flow in grafts and arteriovenous fistulae by an indicator method		Dialysis	No	No	No	No	No	No	Yes	Yes
90945	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional		Dialysis	No	No	No	No	No	No	Yes	Yes
90947	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription		Dialysis	No	No	No	No	No	No	Yes	Yes
90951	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month		ESRD	No	No	No	No	No	No	No	No
90952	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month		ESRD	OON only yes	OON only yes	OON only yes	No	OON only yes	No	OON only yes	OON only yes
90953	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month		ESRD	OON only yes	OON only yes	OON only yes	No	OON only yes	No	OON only yes	OON only yes
90954	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month		ESRD	OON only yes	OON only yes	OON only yes	No	OON only yes	No	OON only yes	OON only yes
90955	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month		ESRD	OON only yes	OON only yes	OON only yes	No	OON only yes	No	OON only yes	OON only yes
90956	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month		ESRD	OON only yes	OON only yes	OON only yes	No	OON only yes	No	OON only yes	OON only yes
90957	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month		ESRD	OON only yes	OON only yes	OON only yes	No	OON only yes	No	OON only yes	OON only yes
90958	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month		ESRD	OON only yes	OON only yes	OON only yes	No	OON only yes	No	OON only yes	OON only yes
90959	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month		ESRD	OON only yes	OON only yes	OON only yes	No	OON only yes	No	OON only yes	OON only yes
90960	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month		ESRD	OON only yes	OON only yes	OON only yes	No	OON only yes	No	OON only yes	OON only yes
90961	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month		ESRD	OON only yes	OON only yes	OON only yes	No	OON only yes	No	OON only yes	OON only yes
90962	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a physician or other qualified health care professional per month		ESRD	No	No	No	No	No	No	No	No
90963	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents		ESRD	No	No	No	No	No	No	No	No
90964	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents		ESRD	No	No	No	No	No	No	No	No
90965	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents		ESRD	No	No	No	No	No	No	No	No
90966	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older		ESRD	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial NMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
90967	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day, for patients younger than 2 years of age		ESRD	No	No	No	No	No	No	No	No
90968	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day, for patients 2-11 years of age		ESRD	No	No	No	No	No	No	No	No
90969	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day, for patients 12-19 years of age		ESRD	No	No	No	No	No	No	No	No
90970	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day, for patients 20 years of age and older		ESRD	No	No	No	No	No	No	No	No
90989	Dialysis training, patient, including helper where applicable, any mode, completed course		Dialysis	No	No	No	No	No	No	No	No
90993	Dialysis training, patient, including helper where applicable, any mode, course not completed, per training session		Dialysis	No	No	No	No	No	No	No	No
90997	Hemoperfusion (eg, with activated charcoal or resin)		Dialysis	No	No	No	No	No	No	No	No
90999	Unlisted dialysis procedure, inpatient or outpatient	For ASA Provider-auth required when a participating provider starts a request and dialysis is to be performed at a nonparticipating facility	Dialysis	No	No	No	No	No	No	No	No
91010	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report		Gastroenterology Procedures	No	No	No	No	No	No	No	No
91013	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report, with stimulation or perfusion (eg, stimulant, acid or alkali perfusion) (List separately in addition to code for primary procedure)		Gastroenterology Procedures	No	No	No	No	No	No	No	No
91020	Gastric motility (manometric) studies		Gastroenterology Procedures	No	No	No	No	No	No	No	No
91022	Duodenal motility (manometric) studies		Gastroenterology Procedures	No	No	No	No	No	No	No	No
91030	Esophagus, acid perfusion (Bernard) test for esophagitis		Gastroenterology Procedures	No	No	No	No	No	No	No	No
91034	Esophagus, gastroesophageal reflux test, with nasal catheter pH electrode(s) placement, recording, analysis and interpretation		Gastroenterology Procedures	No	No	No	No	No	No	No	No
91035	Esophagus, gastroesophageal reflux test, with mucosal attached telemetry pH electrode placement, recording, analysis and interpretation		Gastroenterology Procedures	No	No	No	No	No	No	No	No
91037	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation		Gastroenterology Procedures	No	No	No	No	No	No	No	No
91038	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours)		Gastroenterology Procedures	No	No	No	No	No	No	No	No
91040	Esophageal balloon distension study, diagnostic, with provocation when performed		Gastroenterology Procedures	No	No	No	No	No	No	No	No
91065	Breath hydrogen or methane test (eg, for detection of lactase deficiency, fructose intolerance, bacterial overgrowth, or oro-cecal gastrointestinal transit)		Gastroenterology Procedures	No	No	No	No	No	No	No	No
91110	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report	TC / 26 MODIFIER	Gastroenterology Procedures	No	No	No	No	No	No	No	No
91111	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report	TC / 26 MODIFIER	Gastroenterology Procedures	No	No	No	No	No	No	No	No
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report		Gastroenterology Procedures	No	No	No	No	No	No	No	No
91113	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report		Gastroenterology Procedures	No	No	No	No	No	No	No	No
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		Gastroenterology Procedures	No	No	No	No	No	No	No	No
91120	Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)		Gastroenterology Procedures	No	No	No	No	No	No	No	No
91122	Abdominal manometry		Gastroenterology Procedures	No	No	No	No	No	No	No	No
91132	Electrogastrography, diagnostic, transcutaneous		Gastroenterology Procedures	No	No	No	No	No	No	No	No
91133	Electrogastrography, diagnostic, transcutaneous, with provocative testing		Testing	No	No	No	No	No	No	No	No
91200	Ultrasonography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report		Gastroenterology Procedures	No	No	No	No	No	No	No	No
91299	Unlisted diagnostic gastroenterology procedure		Gastroenterology Procedures	No	No	No	No	No	No	No	No
91300	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted, for intramuscular use	code discontinued 11/1/23	COVID Vaccine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
91301	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5 mL dosage, for intramuscular use	code discontinued 11/1/23	COVID Vaccine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
91302	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x1010 viral particles/0.5 mL dosage, for intramuscular use	code discontinued 11/1/23	COVID Vaccine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
91303	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x1010 viral particles/0.5 mL dosage, for intramuscular use	code discontinued 11/1/23	COVID Vaccine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
91304	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage, for intramuscular use		COVID Vaccine	No	No	No	No	No	No	No	No
91305	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage, for intramuscular use	code discontinued 11/1/23	COVID Vaccine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
91306	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use	code discontinued 11/1/23	COVID Vaccine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
91307	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use	code discontinued 11/1/23	COVID Vaccine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
91308	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use	code discontinued 11/1/23	COVID Vaccine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
91309	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use	code discontinued 11/1/23	COVID Vaccine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
91310	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 mL dosage, adjuvant AS03 emulsion, for intramuscular use	code discontinued 11/1/23	COVID Vaccine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
91311	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use	code discontinued 11/1/23	COVID Vaccine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
91312	Single dose of Pfizer bivalent vaccine product	code effective 8/31/22-9/12/23	COVID Vaccine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
91314	Moderna bivalent vaccine product	code effective 8/31/22-9/12/23	COVID Vaccine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
91315	Pfizer bivalent vaccine product for patients aged 5-11 years	code effective 10/12/22-9/12/23	COVID Vaccine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
91316	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 10 mcg/0.2 mL dosage, for intramuscular use	code effective 10/12/22-9/12/23	COVID Vaccine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
91317	Pfizer bivalent vaccine product for patients aged 6 months-4 years	code effective 10/12/22-9/12/23	COVID Vaccine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
91318	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 3 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use	effective 9/11/23	COVID Vaccine	No	No	No	No	No	No	No	No
91319	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 10 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use	effective 9/11/23	COVID Vaccine	No	No	No	No	No	No	No	No
91320	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use	effective 9/11/23	COVID Vaccine	No	No	No	No	No	No	No	No
91321	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 25 mcg/0.25 mL dosage, for intramuscular use	effective 9/11/23	COVID Vaccine	No	No	No	No	No	No	No	No
91322	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 50 mcg/0.5 mL dosage, for intramuscular use	effective 9/11/23	COVID Vaccine	No	No	No	No	No	No	No	No
92002	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient		Vision	No	No	No	No	No	No	No	No
92004	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits		Vision	No	No	No	No	No	No	No	No
92012	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient		Vision	No	No	No	No	No	No	No	No
92014	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits		Vision	No	No	No	No	No	No	No	No
92015	Determination of refractive state		Vision	No	No	No	No	No	No	No	No
92016	Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; complete		Vision	No	No	No	No	No	No	No	No
92018	Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; limited		Vision	No	No	No	No	No	No	No	No
92019	Gonioscopy (separate procedure)		Vision	No	No	No	No	No	No	No	No
92020	Computerized corneal topography, unilateral or bilateral, with interpretation and report		Vision	No	No	No	No	No	No	No	No
92025	Sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure)		Vision	No	No	No	No	No	No	No	No
92060	Orthoptic training; performed by a physician or other qualified health care professional		Vision	No	No	No	No	No	No	No	No
92065	Orthoptic training; under supervision of a physician or other qualified health care professional		Vision	No	No	No	No	No	No	No	No
92071	Fitting of contact lens for management of keratoconus, initial fitting		Vision	No	No	No	No	No	No	No	No
92072	Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)		Vision	No	No	No	No	No	No	No	No
92081	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 32)		Vision	No	No	No	No	No	No	No	No
92082	Visual field examination, unilateral or bilateral, with interpretation and report; full examination (eg, Humphrey 24-2, 24-4, 24-8, 24-10, 24-12, 24-14, 24-16, 24-18, 24-20, 24-22, 24-24, 24-26, 24-28, 24-30, 24-32, 24-34, 24-36, 24-38, 24-40, 24-42, 24-44, 24-46, 24-48, 24-50, 24-52, 24-54, 24-56, 24-58, 24-60, 24-62, 24-64, 24-66, 24-68, 24-70, 24-72, 24-74, 24-76, 24-78, 24-80, 24-82, 24-84, 24-86, 24-88, 24-90, 24-92, 24-94, 24-96, 24-98, 24-100, 24-102, 24-104, 24-106, 24-108, 24-110, 24-112, 24-114, 24-116, 24-118, 24-120, 24-122, 24-124, 24-126, 24-128, 24-130, 24-132, 24-134, 24-136, 24-138, 24-140, 24-142, 24-144, 24-146, 24-148, 24-150, 24-152, 24-154, 24-156, 24-158, 24-160, 24-162, 24-164, 24-166, 24-168, 24-170, 24-172, 24-174, 24-176, 24-178, 24-180, 24-182, 24-184, 24-186, 24-188, 24-190, 24-192, 24-194, 24-196, 24-198, 24-200, 24-202, 24-204, 24-206, 24-208, 24-210, 24-212, 24-214, 24-216, 24-218, 24-220, 24-222, 24-224, 24-226, 24-228, 24-230, 24-232, 24-234, 24-236, 24-238, 24-240, 24-242, 24-244, 24-246, 24-248, 24-250, 24-252, 24-254, 24-256, 24-258, 24-260, 24-262, 24-264, 24-266, 24-268, 24-270, 24-272, 24-274, 24-276, 24-278, 24-280, 24-282, 24-284, 24-286, 24-288, 24-290, 24-292, 24-294, 24-296, 24-298, 24-300, 24-302, 24-304, 24-306, 24-308, 24-310, 24-312, 24-314, 24-316, 24-318, 24-320, 24-322, 24-324, 24-326, 24-328, 24-330, 24-332, 24-334, 24-336, 24-338, 24-340, 24-342, 24-344, 24-346, 24-348, 24-350, 24-352, 24-354, 24-356, 24-358, 24-360, 24-362, 24-364, 24-366, 24-368, 24-370, 24-372, 24-374, 24-376, 24-378, 24-380, 24-382, 24-384, 24-386, 24-388, 24-390, 24-392, 24-394, 24-396, 24-398, 24-400, 24-402, 24-404, 24-406, 24-408, 24-410, 24-412, 24-414, 24-416, 24-418, 24-420, 24-422, 24-424, 24-426, 24-428, 24-430, 24-432, 24-434, 24-436, 24-438, 24-440, 24-442, 24-444, 24-446, 24-448, 24-450, 24-452, 24-454, 24-456, 24-458, 24-460, 24-462, 24-464, 24-466, 24-468, 24-470, 24-472, 24-474, 24-476, 24-478, 24-480, 24-482, 24-484, 24-486, 24-488, 24-490, 24-492, 24-494, 24-496, 24-498, 24-500, 24-502, 24-504, 24-506, 24-508, 24-510, 24-512, 24-514, 24-516, 24-518, 24-520, 24-522, 24-524, 24-526, 24-528, 24-530, 24-532, 24-534, 24-536, 24-538, 24-540, 24-542, 24-544, 24-546, 24-548, 24-550, 24-552, 24-554, 24-556, 24-558, 24-560, 24-562, 24-564, 24-566, 24-568, 24-570, 24-572, 24-574, 24-576, 24-578, 24-580, 24-582, 24-584, 24-586, 24-588, 24-590, 24-592, 24-594, 24-596, 24-598, 24-600, 24-602, 24-604, 24-606, 24-608, 24-610, 24-612, 24-614, 24-616, 24-618, 24-620, 24-622, 24-624, 24-626, 24-628, 24-630, 24-632, 24-634, 24-636, 24-638, 24-640, 24-642, 24-644, 24-646, 24-648, 24-650, 24-652, 24-654, 24-656, 24-658, 24-660, 24-662, 24-664, 24-666, 24-668, 24-670, 24-672, 24-674, 24-676, 24-678, 24-680, 24-682, 24-684, 24-686, 24-688, 24-690, 24-692, 24-694, 24-696, 24-698, 24-700, 24-702, 24-704, 24-706, 24-708, 24-710, 24-712, 24-714, 24-716, 24-718, 24-720, 24-722, 24-724, 24-726, 24-728, 24-730, 24-732, 24-734, 24-736, 24-738, 24-740, 24-742, 24-744, 24-746, 24-748, 24-750, 24-752, 24-754, 24-756, 24-758, 24-760, 24-762, 24-764, 24-766, 24-768, 24-770, 24-772, 24-774, 24-776, 24-778, 24-780, 24-782, 24-784, 24-786, 24-788, 24-790, 24-792, 24-794, 24-796, 24-798, 24-800, 24-802, 24-804, 24-806, 24-808, 24-810, 24-812, 24-814, 24-816, 24-818, 24-820, 24-822, 24-824, 24-826, 24-828, 24-830, 24-832, 24-834, 24-836, 24-838, 24-840, 24-842, 24-844, 24-846, 24-848, 24-850, 24-852, 24-854, 24-856, 24-858, 24-860, 24-862, 24-864, 24-866, 24-868, 24-870, 24-872, 24-874, 24-876, 24-878, 24-880, 24-882, 24-884, 24-886, 24-888, 24-890, 24-892, 24-894, 24-896, 24-898, 24-900, 24-902, 24-904, 24-906, 24-908, 24-910, 24-912, 24-914, 24-916, 24-918, 24-920, 24-922, 24-924, 24-926, 24-928, 24-930, 24-932, 24-934, 24-936, 24-938, 24-940, 24-942, 24-944, 24-946, 24-948, 24-950, 24-952, 24-954, 24-956, 24-958, 24-960, 24-962, 24-964, 24-966, 24-968, 24-970, 24-972, 24-974, 24-976, 24-978, 24-980, 24-982, 24-984, 24-986, 24-988, 24-990, 24-992, 24-994, 24-996, 24-998, 24-1000		Vision	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial NMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
92083	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 degrees or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)		Vision	No	No	No	No	No	No	No	No
92100	Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)		Vision	No	No	No	No	No	No	No	No
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral		Vision	No	No	No	No	No	No	No	No
92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve		Vision	No	No	No	No	No	No	No	No
92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina		Vision	No	No	No	No	No	No	No	No
92136	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation		Vision	No	No	No	No	No	No	No	No
92145	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report		Vision	No	No	No	No	No	No	No	No
92201	Ophthalmoscopy, extended; with retinal drawing and scleral depression of peripheral retinal disease (eg, for retinal tear, retinal detachment or retinal tumor), with interpretation and report, unilateral or bilateral		Ocular	No	No	No	No	No	No	No	No
92202	Ophthalmoscopy, extended; with drawing of optic nerve or macula (eg, for glaucoma, macular pathology, tumor), with interpretation and report, unilateral or bilateral		Ocular	No	No	No	No	No	No	No	No
92227	Imaging of retina for detection or monitoring of disease; with remote clinical staff and report under physician supervision, unilateral or bilateral		Imaging	No	No	No	No	No	No	No	No
92228	Imaging of retina for detection or monitoring of disease; with remote physician or other qualified health care professional interpretation and report, unilateral or bilateral		Imaging	No	No	No	No	No	No	No	No
92229	Imaging of retina for detection or monitoring of disease; point-of-care autonomous analysis and report, unilateral or bilateral		Imaging	No	No	No	No	No	No	No	No
92230	Fluorescein angiography with interpretation and report		Vision	No	No	No	No	No	No	No	No
92235	Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral		Vision	No	No	No	No	No	No	No	No
92240	Indocyanine-green angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral		Vision	No	No	No	No	No	No	No	No
92242	Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral		Vision	No	NO	No	No	NO	No	No	NO
92250	Fundus photography with interpretation and report		Vision	No	No	No	No	No	No	No	No
92260	Ophthalmodynamometry		Vision	No	No	No	No	No	No	No	No
92265	Needle oculoelectromyography, 1 or more extraocular muscles, 1 or both eyes, with interpretation and report		Vision	No	No	No	No	No	No	No	No
92270	Electro-oculography with interpretation and report		Vision	No	No	No	No	No	No	No	No
92273	Electroretinography (ERG), with interpretation and report; full field (ie, fERG, flash ERG, Ganzfeld ERG)		Vision	No	No	No	No	No	No	No	No
92274	Electroretinography (ERG), with interpretation and report; multifocal (mfERG)		Vision	No	No	No	No	No	No	No	No
92283	Color vision examination, extended, eg, anomaloscope or equivalent		Vision	No	No	No	No	No	No	No	No
92284	Diagnostic dark adaptation examination with interpretation and report		Vision	No	No	No	No	No	No	No	No
92285	External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, gonioscopy, stereo-photography)		Vision	No	No	No	No	No	No	No	No
92286	Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis		Vision	No	No	No	No	No	No	No	No
92287	Anterior segment imaging with interpretation and report; with fluorescein angiography		Vision	No	No	No	No	No	No	No	No
92310	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia		Vision	No	No	No	No	No	No	No	No
92311	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, 1 eye		Vision	No	No	No	No	No	No	No	No
92312	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes		Vision	No	No	No	No	No	No	No	No
92313	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; contact lens		Vision	No	No	No	No	No	No	No	No
92314	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens, both eyes except for aphakia		Vision	No	No	No	No	No	No	No	No
92315	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, 1 eye		Vision	No	No	No	No	No	No	No	No
92316	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, both eyes		Vision	No	No	No	No	No	No	No	No
92317	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; contact lens		Vision	No	No	No	No	No	No	No	No
92325	Modification of contact lens (separate procedure), with medical supervision of adaptation		Vision	No	No	No	No	No	No	No	No
92326	Replacement of contact lens		Vision	No	No	No	No	No	No	No	No
92340	Fitting of spectacles, except for aphakia, monofocal		Vision	No	No	No	No	No	No	No	No
92341	Fitting of spectacles, except for aphakia, bifocal		Vision	No	No	No	No	No	No	No	No
92342	Fitting of spectacles, except for aphakia, multifocal, other than bifocal		Vision	No	No	No	No	No	No	No	No
92352	Fitting of spectacle prosthesis for aphakia, monofocal		Vision	No	No	No	No	No	No	No	No
92353	Fitting of spectacle prosthesis for aphakia, multifocal		Vision	No	No	No	No	No	No	No	No
92354	Fitting of spectacle mounted low vision aid, single element system		Vision	No	No	No	No	No	No	No	No
92355	Fitting of spectacle mounted low vision aid, telescopic or other compound lens system		Vision	No	No	No	No	No	No	No	No
92358	Prosthesis service for aphakia, temporary (disposable or loan, including materials)		Vision	No	No	No	No	No	No	No	No
92370	Repair and refitting spectacles, except for aphakia		Vision	No	No	No	No	No	No	No	No
92371	Repair and refitting spectacles; spectacle prosthesis for aphakia		Vision	No	No	No	No	No	No	No	No
92499	Unlisted ophthalmological service or procedure		Vision	No	No	No	No	No	No	No	No
92502	Otolaryngologic examination under general anesthesia		Hearing	No	No	No	No	No	No	No	No
92504	Binocular microscopy (separate diagnostic procedure)		Hearing	No	No	No	No	No	No	No	No
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Speech	No	No	No	No	No	No	No	No
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals		Speech	No	No	No	No	No	No	No	No
92511	Noninvasive function studies with endoscope (separate procedure)		Endoscopy (EGGI)	No	No	No	No	No	No	No	No
92512	Neural function studies (eg, rhinomanometry)		Study	No	No	No	No	No	No	No	No
92516	Facial nerve function studies (eg, electroneurography)		Study	No	No	No	No	No	No	No	No
92517	Vestibular evoked myogenic potential (VEMP) testing, with interpreting and report, cervical (cVEMP)	(Do not report 92517 in conjunction with 92370, 92518, 92519)	Testing	No	No	No	No	No	No	No	No
92518	Vestibular evoked myogenic potential (VEMP) testing, with interpreting and report, ocular (oVEMP)	(Do not report 92518 in conjunction with 92370, 92517, 92519)	Testing	No	No	No	No	No	No	No	No
92519	Vestibular evoked myogenic potential (VEMP) testing, with interpreting and report, cervical (cVEMP) and ocular (oVEMP)	(Do not report 92519 in conjunction with 92370, 92517, 92518)	Testing	No	No	No	No	No	No	No	No
92520	Laryngeal function studies (ie, aerodynamic testing and acoustic testing)		Testing	No	No	No	No	No	No	No	No
92521	Evaluation of speech fluency (eg, stuttering, cluttering)		Testing	No	No	No	No	No	No	No	No
92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);		Speech	No	No	No	No	No	No	No	No
92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)		Speech	No	No	No	No	No	No	No	No
92524	Behavioral and qualitative analysis of voice and resonance		Speech	No	No	No	No	No	No	No	No
92526	Treatment of swallowing dysfunction and/or oral function for feeding		Feeding Therapy	No	No	No	No	No	No	No	No
92531	Spontaneous nystagmus, including gaze		Vision	No	No	No	No	No	No	No	No
92532	Positional nystagmus test		Vision	No	No	No	No	No	No	No	No
92533	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests)		Vision	No	No	No	No	No	No	No	No
92534	Otolithic nystagmus test		Vision	No	No	No	No	No	No	No	No
92537	Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)		Vision	No	No	No	No	No	No	No	No
92538	Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations)		Vision	No	No	No	No	No	No	No	No
92540	Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording		Vision	No	No	No	No	No	No	No	No
92544	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording		Vision	No	No	No	No	No	No	No	No
92542	Positional nystagmus test, minimum of 4 positions, with recording		Vision	No	No	No	No	No	No	No	No
92544	Otolithic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording		Vision	No	No	No	No	No	No	No	No
92545	Oscillating tracking test, with recording		Vision	No	No	No	No	No	No	No	No
92546	Sinusoidal vertical axis rotational testing		Testing	No	No	No	No	No	No	No	No
92547	Use of vertical electrodes (list separately in addition to code for primary procedure)		Testing	No	No	No	No	No	No	No	No
92548	Computerized dynamic posturography		Vision	No	No	No	No	No	No	No	No
92549	Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report		Testing	No	No	No	No	No	No	No	No
92550	Tympanometry and reflex threshold measurements		Hearing	No	No	No	No	No	No	No	No
92551	Screening test, pure tone, air only		Hearing	No	No	No	No	No	No	No	No
92552	Pure tone audiometry (threshold); air only		Hearing	No	No	No	No	No	No	No	No
92553	Pure tone audiometry (threshold); air and bone		Hearing	No	No	No	No	No	No	No	No
92555	Speech audiometry thresholds		Hearing	No	No	No	No	No	No	No	No
92556	Speech audiometry threshold; with speech recognition		Hearing	No	No	No	No	No	No	No	No
92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)		Hearing	No	No	No	No	No	No	No	No
92557	Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis		Hearing	No	No	No	No	No	No	No	No
92558	Evoked otoacoustic emissions, automated analysis		Hearing	No	No	No	No	No	No	No	No
92562	Loudness balance test, alternate binaural or monaural		Hearing	No	No	No	No	No	No	No	No
92563	Tone decay test		Hearing	No	No	No	No	No	No	No	No
92565	Stenger test, pure tone		Hearing	No	No	No	No	No	No	No	No
92567	Tympanometry (impedance testing)		Testing	No	No	No	No	No	No	No	No
92568	Acoustic reflex testing, threshold		Testing	No	No	No	No	No	No	No	No
92570	Acoustic inmittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing		Testing	No	No	No	No	No	No	No	No
92571	Filtered speech test		Testing	No	No	No	No	No	No	No	No
92572	Staggered spondaic word test		Testing	No	No	No	No	No	No	No	No
92575	Sensorineural acuity level test		Testing	No	No	No	No	No	No	No	No
92576	Synthetic sentence identification test		Testing	No	No	No	No	No	No	No	No
92577	Stenger test, speech		Hearing	No	No	No	No	No	No	No	No
92579	Visual reinforcement audiometry (VRA)		Hearing	No	No	No	No	No	No	No	No
92582	Conditioned play audiometry		Hearing	No	No	No	No	No	No	No	No
92583	Select picture audiometry		Hearing	No	No	No	No	No	No	No	No
92584	Electrocochleography		Hearing	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRISK Auth	BMS Auth
92587	Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report		Hearing	No	No	No	No	No	No	No	No
92588	Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report		Hearing	No	No	No	No	No	No	No	No
92590	Hearing aid examination and selection, monaural		Hearing	Yes	Yes	Yes	No	Yes	No	Yes	Yes
92591	Hearing aid examination and selection, binaural		Hearing	Yes	Yes	Yes	No	Yes	No	Yes	Yes
92592	Hearing aid check, monaural		Hearing	Yes	Yes	Yes	No	Yes	No	Yes	Yes
92593	Hearing aid check, binaural		Hearing	Yes	Yes	Yes	No	Yes	No	Yes	Yes
92594	Electroacoustic evaluation for hearing aid, monaural		Hearing	Yes	Yes	Yes	No	Yes	No	Yes	Yes
92595	Electroacoustic evaluation for hearing aid, binaural		Hearing	Yes	Yes	Yes	No	Yes	No	Yes	Yes
92596	Ear protector attenuation measurements		Hearing	No	No	No	No	No	No	No	No
92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech		Hearing	No	No	No	No	No	No	No	No
92601	Diagnostic analysis of cochlear implant, patient younger than 7 years of age, with programming		Hearing	No	No	No	No	No	No	No	No
92602	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; subsequent reprogramming		Hearing	No	No	No	No	No	No	No	No
92603	Diagnostic analysis of cochlear implant, age 7 years or older; with programming		Hearing	No	No	No	No	No	No	No	No
92604	Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming		Hearing	No	No	No	No	No	No	No	No
92605	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour		Evaluation	No	No	No	No	No	No	No	No
92606	Therapeutic service(s) for the use of non-speech-generating device, including programming and modification		Therapeutic	No	No	No	No	No	No	No	No
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour		Evaluation	No	No	No	No	No	No	No	No
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)		Evaluation	No	No	No	No	No	No	No	No
92608	Therapeutic services for the use of speech-generating device, including programming and modification		Therapeutic	No	No	No	No	No	No	No	No
92609	Evaluation of oral and pharyngeal swallowing function		Feeding Therapy	No	No	No	No	No	No	No	No
92611	Motion fluoroscopic evaluation of swallowing function by cine or video recording		Feeding Therapy	No	No	No	No	No	No	No	No
92612	Flexible endoscopic evaluation of swallowing by cine or video recording		Feeding Therapy	No	No	No	No	No	No	No	No
92613	Flexible endoscopic evaluation of swallowing by cine or video recording; interpretation and report only		Feeding Therapy	No	No	No	No	No	No	No	No
92614	Flexible endoscopic evaluation, laryngeal sensory testing by cine or video recording		Evaluation	No	No	No	No	No	No	No	No
92615	Flexible endoscopic evaluation, laryngeal sensory testing by cine or video recording; interpretation and report only		Evaluation	No	No	No	No	No	No	No	No
92616	Flexible endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording		Evaluation	No	No	No	No	No	No	No	No
92617	Flexible endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording; interpretation and report only		Evaluation	No	No	No	No	No	No	No	No
92618	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)		Evaluation	No	No	No	No	No	No	No	No
92620	Evaluation of central auditory function, with report; initial 60 minutes		Evaluation	No	No	No	No	No	No	No	No
92621	Evaluation of central auditory function, with report; each additional 15 minutes (List separately in addition to code for primary procedure)		Evaluation	No	No	No	No	No	No	No	No
92622	Diagnostic analysis, programming, and verification of an auditory ossicle-integrated sound processor, any type, first 60 minutes			No	No	No	No	No	No	No	No
92623	Diagnostic analysis, programming, and verification of an auditory ossicle-integrated sound processor, any type; each additional 15 minutes (List separately in addition to code for primary procedure)			No	No	No	No	No	No	No	No
92625	Assessment of tinnitus (includes pitch, loudness matching, and masking)		Evaluation	No	No	No	No	No	No	No	No
92626	Evaluation of auditory rehabilitation status, first hour		Evaluation	No	No	No	No	No	No	No	No
92627	Evaluation of auditory rehabilitation status, each additional 15 minutes (List separately in addition to code for primary procedure)		Evaluation	No	No	No	No	No	No	No	No
92630	Auditory rehabilitation: aural/acoustic hearing loss		Rehabilitation	Yes	Yes	Yes	No	Yes	No	Yes	Yes
92631	Auditory rehabilitation: postlingual hearing loss		Rehabilitation	Yes	Yes	Yes	No	Yes	No	Yes	Yes
92640	Diagnostic analysis with programming of auditory brainstem implant, per hour		Diagnostic or Screening	No	No	No	No	No	No	No	No
92650	Auditory evoked potentials: screening of auditory potential with broadband stimuli, automated analysis		Testing	No	No	No	No	No	No	No	No
92651	Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report		Testing	No	No	No	No	No	No	No	No
92652	Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report		Testing	No	No	No	No	No	No	No	No
92653	Auditory evoked potentials: neurodiagnostic, with interpretation and report		Testing	No	No	No	No	No	No	No	No
92700	Unlisted otolaryngological service or procedure		Unlisted Procedure	No	No	No	No	No	No	No	No
92920	Percutaneous transluminal coronary angioplasty, single major coronary artery or branch		Angioplasty	Yes	Yes	Yes	No	Yes	No	Yes	Yes
92921	Percutaneous transluminal coronary angioplasty, each additional branch of a major coronary artery (List separately in addition to code for primary procedure)		Angioplasty	Yes	Yes	Yes	No	Yes	No	Yes	Yes
92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch		Angioplasty	Yes	Yes	Yes	No	Yes	No	Yes	Yes
92925	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)		Angioplasty	Yes	Yes	Yes	No	Yes	No	Yes	Yes
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch		Placement	Yes	Yes	Yes	No	Yes	No	Yes	Yes
92929	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)		Placement	Yes	Yes	Yes	No	Yes	No	Yes	Yes
92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch		Stent	Yes	Yes	Yes	No	Yes	No	Yes	Yes
92934	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)		Stent	Yes	Yes	Yes	No	Yes	No	Yes	Yes
92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel		Revascularization	No	No	No	No	No	No	No	No
92938	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure)		Revascularization	No	No	No	No	No	No	No	No
92941	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed; single vessel		Revascularization	No	No	No	No	No	No	No	No
92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel		Revascularization	No	No	No	No	No	No	No	No
92944	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure)		Revascularization	No	No	No	No	No	No	No	No
92950	Cardiopulmonary resuscitation (eg, in cardiac arrest)		Therapeutic	No	No	No	No	No	No	No	No
92953	Temporary transcutaneous pacing		Pacemaker	No	No	No	No	No	No	No	No
92960	Cardioversion, elective, electrical conversion of arrhythmic; external		Therapeutic	No	No	No	No	No	No	No	No
92961	Cardioversion, elective, electrical conversion of arrhythmic; internal (separate procedure)		Therapeutic	No	No	No	No	No	No	No	No
92970	Cardioassist-method of circulatory assist; internal		Therapeutic	No	No	Yes	Yes	Yes	No	No	No
92971	Cardioassist-method of circulatory assist; external		Therapeutic	No	No	No	No	No	No	No	No
92972	Percutaneous transluminal coronary rhizotomy (List separately in addition to code for primary procedure)			No	No	No	No	No	No	No	No
92973	Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure)		Therapeutic	No	No	No	No	No	No	No	No
92974	Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)		Placement	No	No	No	No	No	No	No	No
92975	Thrombolysis, coronary, by intracoronary infusion, including selective coronary angiography		Infusion	No	No	No	No	No	No	No	No
92977	Thrombolysis, coronary, by intravenous infusion		Infusion	No	No	No	No	No	No	No	No
92978	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure)		Imaging	No	No	No	No	No	No	No	No
92979	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; each additional vessel (List separately in addition to code for primary procedure)		Imaging	No	No	No	No	No	No	No	No
92986	Percutaneous balloon valvuloplasty; aortic valve		Balloon Catheter	Yes	Yes	Yes	No	Yes	No	Yes	Yes
92987	Percutaneous balloon valvuloplasty; mitral valve		Balloon Catheter	Yes	Yes	Yes	No	Yes	No	Yes	Yes
92990	Percutaneous balloon valvuloplasty; pulmonary valve		Balloon Catheter	Yes	Yes	Yes	No	Yes	No	Yes	Yes
92997	Percutaneous transluminal pulmonary artery balloon angioplasty, single vessel		Balloon Catheter	Yes	Yes	Yes	No	Yes	No	Yes	Yes
92998	Percutaneous transluminal pulmonary artery balloon angioplasty, each additional vessel (List separately in addition to code for primary procedure)		Balloon Catheter	Yes	Yes	Yes	No	Yes	No	Yes	Yes
93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report		Therapeutic	No	No	No	No	No	No	No	No
93005	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report		Therapeutic	No	No	No	No	No	No	No	No
93010	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only		Therapeutic	No	No	No	No	No	No	No	No
93015	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise; continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report		Study	No	No	No	No	No	No	No	No
93016	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report		Study	No	No	No	No	No	No	No	No
93017	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report		Study	No	No	No	No	No	No	No	No
93018	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only		Study	No	No	No	No	No	No	No	No
93024	Ergonome provocation test		Study	No	No	No	No	No	No	No	No
93025	McConnell wave alternans, for assessment of ventricular arrhythm		Measurement	No	No	No	No	No	No	No	No
93040	Rhythm ECG, 1-3 leads, with interpretation and report		Therapeutic	No	No	No	No	No	No	No	No
93041	Rhythm ECG, 1-3 leads; tracing only without interpretation and report		Therapeutic	No	No	No	No	No	No	No	No
93042	Rhythm ECG, 1-3 leads; interpretation and report only		Therapeutic	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial NMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRIS Auth	BMS Auth
	Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report, upper extremity artery, non-invasive		Therapeutic	No	No	No	No	No	No	No	No
93050	Therapy activation of implanted phrenic nerve stimulator system, including all interrogation and programming			No	No	No	No	No	No	No	No
93150	Interrogation and programming (minimum one parameter) of implanted phrenic nerve stimulator system			No	No	No	No	No	No	No	No
93151	Interrogation and programming of implanted phrenic nerve stimulator system during polysomnography			No	No	No	No	No	No	No	No
93152	Interrogation without programming of implanted phrenic nerve stimulator system			No	No	No	No	No	No	No	No
93224	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional		Monitoring	No	No	No	No	No	No	No	No
93225	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)		Monitoring	No	No	No	No	No	No	No	No
93226	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report		Monitoring	No	No	No	No	No	No	No	No
93227	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional		Monitoring	No	No	No	No	No	No	No	No
93228	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional		Monitoring	No	No	No	No	No	No	No	No
93229	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional		Monitoring	No	No	No	No	No	No	No	No
93241	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation		Electrocardiogram (ECG)	Yes	Yes	No	No	No	No	Yes	Yes
93242	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; recording (includes connection and initial recording)		Electrocardiogram (ECG)	Yes	Yes	No	No	No	No	Yes	Yes
93243	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; scanning analysis with report		Electrocardiogram (ECG)	Yes	Yes	No	No	No	No	Yes	Yes
93244	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; review and interpretation		Electrocardiogram (ECG)	Yes	Yes	No	No	No	No	Yes	Yes
93245	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation		Electrocardiogram (ECG)	Yes	Yes	No	No	No	No	Yes	Yes
93246	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; recording (includes connection and initial recording)		Electrocardiogram (ECG)	Yes	Yes	No	No	No	No	Yes	Yes
93247	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; scanning analysis with report		Electrocardiogram (ECG)	Yes	Yes	No	No	No	No	Yes	Yes
93248	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; review and interpretation		Electrocardiogram (ECG)	Yes	Yes	No	No	No	No	Yes	Yes
93260	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable subcutaneous lead defibrillator system		Monitoring	No	No	No	No	No	No	No	No
93261	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional; includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system		Monitoring	No	No	No	No	No	No	No	No
93264	Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days, including at least weekly downloads of pulmonary artery pressure recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional		Monitoring	No	No	No	No	No	No	No	No
93268	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional		Monitoring	No	No	No	No	No	No	No	No
93270	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording, and disconnection)		Monitoring	No	No	No	No	No	No	No	No
93271	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission and analysis		Monitoring	No	No	No	No	No	No	No	No
93272	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional		Monitoring	No	No	No	No	No	No	No	No
93278	Signal-averaged electrocardiography (SAECG), with or without ECG		Monitoring	No	No	No	No	No	No	No	No
93279	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system or leadless pacemaker system in one cardiac chamber		Evaluation	No	No	No	No	No	No	No	No
93280	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system		Evaluation	No	No	No	No	No	No	No	No
93281	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system		Evaluation	No	No	No	No	No	No	No	No
93282	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system		Evaluation	No	No	No	No	No	No	No	No
93283	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system		Evaluation	No	No	No	No	No	No	No	No
93284	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system		Evaluation	No	No	No	No	No	No	No	No
93285	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; subcutaneous cardiac rhythm monitor system		Evaluation	No	No	No	No	No	No	No	No
93286	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system, or leadless pacemaker system		Evaluation	No	No	No	No	No	No	No	No
93287	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system		Evaluation	No	No	No	No	No	No	No	No
93288	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional; includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system, or leadless pacemaker system		Evaluation	No	No	No	No	No	No	No	No
93289	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional; includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements		Evaluation	No	No	No	No	No	No	No	No
93290	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional; includes connection, recording and disconnection per patient encounter; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors		Evaluation	No	No	No	No	No	No	No	No
93291	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional; includes connection, recording and disconnection per patient encounter; subcutaneous cardiac rhythm monitor system, including heart rhythm derived data analysis		Evaluation	No	No	No	No	No	No	No	No
93292	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional; includes connection, recording and disconnection per patient encounter; wearable defibrillator system		Evaluation	No	No	No	No	No	No	No	No
93293	Transcatheter rhythm strip pacemaker evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days		Evaluation	No	No	No	No	No	No	No	No
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead defibrillator system, or leadless pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional		Evaluation	No	No	No	No	No	No	No	No
93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, or leadless pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional		Evaluation	No	No	No	No	No	No	No	No
93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, or leadless pacemaker system or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results		Evaluation	No	No	No	No	No	No	No	No
93297	Interrogation device evaluation(s) (remote), up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional		Evaluation	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial NMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRISK Auth	BMS Auth
	Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional										
93298	Trans thoracic echocardiography for congenital cardiac anomalies; complete		Evaluation ECHO	No	No	No	No	No	No	No	No
93303	Trans thoracic echocardiography for congenital cardiac anomalies; follow-up or limited study		ECHO	No	No	No	No	No	No	No	No
93304	Echocardiography, trans thoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography		ECHO	No	No	No	No	No	No	No	No
93306	Echocardiography, trans thoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		ECHO	No	No	No	No	No	No	No	No
93307	Echocardiography, trans thoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study		ECHO	No	No	No	No	No	No	No	No
93308	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report		ECHO	No	No	No	No	No	No	No	No
93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only		ECHO	No	No	No	No	No	No	No	No
93313	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only		ECHO	No	No	No	No	No	No	No	No
93314	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report		ECHO	No	No	No	No	No	No	No	No
93315	Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only		ECHO	No	No	No	No	No	No	No	No
93316	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only		ECHO	No	No	No	No	No	No	No	No
93317	Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis		ECHO	No	No	No	No	No	No	No	No
93318	3D echocardiographic imaging and postprocessing during transesophageal echocardiography, or during transthoracic echocardiography for congenital cardiac anomalies, for the assessment of cardiac structure(s) (eg, cardiac chambers and valves, left atrial appendage, interatrial septum, interventricular septum) and function, when performed (List separately in addition to code for echocardiographic imaging)		ECHO	No	No	No	No	No	No	No	No
93319	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete		ECHO	No	No	No	No	No	No	No	No
93320	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)		ECHO	No	No	No	No	No	No	No	No
93321	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)		ECHO	No	No	No	No	No	No	No	No
93325	Echocardiography, trans thoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report		ECHO	No	No	No	Yes	No	Yes	No	No
93350	Echocardiography, trans thoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional		ECHO	No	No	No	Yes	No	Yes	No	No
93351	Use of echocardiographic contrast agent during stress echocardiography (List separately in addition to code for primary procedure)		ECHO	No	No	No	Yes	No	Yes	No	No
93352	Echocardiography, transesophageal (TEE) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (eg, TAVR, transcatheter pulmonary valve replacement, mitral valve repair, paravalvular regurgitation repair, left atrial appendage occlusion/closure, ventricular septal defect closure) (peri and intra procedure), real-time image acquisition and documentation, guidance with quantitative measurements, probe manipulation, interpretation, and report, including diagnostic transesophageal echocardiography and, when performed, administration of ultrasound contrast, Doppler, color flow, and 3D		ECHO	No	No	No	No	No	No	No	No
93355	Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report; with motor control test (MCT) and adaptation test (ADT)		Testing	No	No	No	No	No	No	No	No
93451	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed		Catheterization	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed		Catheterization	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed		Catheterization	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;		Placement	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography		Placement	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
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		Placement	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization		Placement	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed		Placement	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed; catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography		Placement	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed		Placement	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed; catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography		Placement	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
93462	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)		Catheterization	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
93463	Pharmacologic agent administration (eg, nitrate, nitroglycerin, intravenous infusion or intraperitoneal, subcutaneous, intramuscular, or other agent) including assessing hemodynamic measurements before, during, and after repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)		Introduction	No	No	No	No	No	No	No	No
93464	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)		Study	No	No	No	No	No	No	No	No
93503	Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes		Insertion	No	No	No	No	No	No	No	No
93505	Endomyocardial biopsy		Biopsy	No	No	No	No	No	No	No	No
93563	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (List separately in addition to code for primary procedure)		Injection	No	No	No	No	No	No	No	No
93564	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortic coronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (eg, internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (List separately in addition to code for primary procedure)		Injection	No	No	No	No	No	No	No	No
93565	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial angiography (List separately in addition to code for primary procedure)		Injection	No	No	No	No	No	No	No	No
93566	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)		Injection	No	No	No	No	No	No	No	No
93567	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supracardiac angiography (List separately in addition to code for primary procedure)		Injection	No	No	No	No	No	No	No	No
93568	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for nonselective pulmonary arterial angiography (List separately in addition to code for primary procedure)		Injection	No	No	No	No	No	No	No	No
93569	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, unilateral (List separately in addition to code for primary procedure)		Injection	No	No	No	No	No	No	No	No
93571	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)		Angiography	No	No	No	No	No	No	No	No
93572	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to code for primary procedure)		Angiography	No	No	No	No	No	No	No	No
93573	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, bilateral (List separately in addition to code for primary procedure)		Injection	No	No	No	No	No	No	No	No
93574	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary venous angiography of each distinct pulmonary vein during cardiac catheterization (List separately in addition to code for primary procedure)		Injection	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial NMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRISK Auth	BMS Auth
	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary angiography of major aortopulmonary collateral arteries (MAPCAs) arising off the aorta or its systemic branches, during cardiac catheterization for congenital heart defects, each distinct vessel (List separately in addition to code for primary procedure)		Injection	No	No	No	No	No	No	No	No
93575											
93580	Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant		Transcatheter	No	No	No	No	No	No	No	No
93581	Percutaneous transcatheter closure of a congenital ventricular septal defect with implant		Transcatheter	No	No	No	No	No	No	No	No
93582	Percutaneous transcatheter closure of patent ductus arteriosus		Transcatheter	No	No	No	No	No	No	No	No
93583	Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed		Transcatheter	No	No	No	No	No	No	No	No
93584	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; anomalous or persistent superior vena cava when it exists as a second contralateral superior vena cava, with native drainage to heart (List separately in addition to code for primary procedure)	new code 3/1/24		No	No	No	No	No	No	No	No
93585	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; azygos/hemiazygos venous system (List separately in addition to code for primary procedure)	new code 3/1/24		No	No	No	No	No	No	No	No
93586	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; coronary sinus (List separately in addition to code for primary procedure)	new code 3/1/24		No	No	No	No	No	No	No	No
93587	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; venovenous collaterals originating at or above the heart (eg, from innominate vein) (List separately in addition to code for primary procedure)	new code 3/1/24		No	No	No	No	No	No	No	No
93588	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; venovenous collaterals originating below the heart (eg, from the inferior vena cava) (List separately in addition to code for primary procedure)	new code 3/1/24		No	No	No	No	No	No	No	No
93590	Percutaneous transcatheter closure of paravalvular leak: initial occlusion device, mitral valve		Transcatheter	Yes	Yes	No	No	No	No	Yes	Yes
93591	Percutaneous transcatheter closure of paravalvular leak: initial occlusion device, aortic valve		Transcatheter	Yes	Yes	No	No	No	No	Yes	Yes
93592	Percutaneous transcatheter closure of paravalvular leak, each additional occlusion device (List separately in addition to code for primary procedure)		Transcatheter	Yes	Yes	No	No	No	No	Yes	Yes
93593	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; normal native connections		Catheterization	No	No	Yes	Yes	Yes	Yes	No	No
93594	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; abnormal native connections		Catheterization	No	No	Yes	Yes	Yes	Yes	No	No
93595	Left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; normal or abnormal native connections		Catheterization	No	No	Yes	Yes	Yes	Yes	No	No
93596	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); normal native connections		Catheterization	No	No	Yes	Yes	Yes	Yes	No	No
93597	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); abnormal native connections		Catheterization	No	No	Yes	Yes	Yes	Yes	No	No
93598	Cardiac output measurements), thermolabel or other indicator dilution method, performed during cardiac catheterization for the evaluation of congenital heart defects (List separately in addition to code for primary procedure)		Catheterization	No	No	Yes	Yes	Yes	Yes	No	No
93600	Bundle of His recording		Recording	No	No	No	No	No	No	No	No
93602	Intra-atrial pacing		Recording	No	No	No	No	No	No	No	No
93603	Right ventricular pacing		Recording	No	No	No	No	No	No	No	No
93609	Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia (List separately in addition to code for primary procedure)		Recording	No	No	No	No	No	No	No	No
93610	Intra-atrial pacing		Catheter	No	No	No	No	No	No	No	No
93612	Intraventricular pacing		Catheter	No	No	No	No	No	No	No	No
93613	Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)		Therapeutic	No	No	No	No	No	No	No	No
93615	Esophageal recording of atrial electrogram with or without ventricular electrogram(s)		Recording	No	No	No	No	No	No	No	No
93616	Esophageal recording of atrial electrogram with or without ventricular electrogram(s), with pacing		Recording	No	No	No	No	No	No	No	No
93618	Induction of arrhythmia by electrical pacing		Therapeutic	No	No	No	No	No	No	No	No
93619	Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters, without induction or attempted induction of arrhythmia		Evaluation	No	No	No	No	No	No	No	No
93620	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia, with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording		Evaluation	No	No	No	No	No	No	No	No
93621	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia, with left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure)		Evaluation	No	No	No	No	No	No	No	No
93622	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia, with left ventricular pacing and recording (List separately in addition to code for primary procedure)		Evaluation	No	No	No	No	No	No	No	No
93623	Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)		Therapeutic	No	No	No	No	No	No	No	No
93624	Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia		Study	No	No	No	No	No	No	No	No
93631	Intra-operative epicardial and endocardial pacing and mapping to localize the site of tachycardia or zone of slow conduction for surgical correction		Therapeutic	No	No	No	No	No	No	No	No
93640	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement		Evaluation	No	No	No	No	No	No	No	No
93641	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator		Evaluation	No	No	No	No	No	No	No	No
93642	Electrophysiologic evaluation of single or dual chamber transvenous pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)		Evaluation	No	No	No	No	No	No	No	No
93644	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)		Evaluation	No	No	No	No	No	No	No	No
93650	Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement		Ablation	No	No	No	No	No	No	No	No
93653	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of ventricular tachycardia or focus of ventricular ectopy including intracardiac electrophysiologic 3D mapping, when performed, and left ventricular pacing and recording, when performed		Evaluation	Yes	Yes	Yes	No	Yes	No	Yes	Yes
93654	Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)		Ablation	No	No	No	No	No	No	No	No
93655	Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia including left or right atrial pacing/recording when necessary, right ventricular pacing/recording when necessary, and His bundle recording when necessary with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation		Evaluation	Yes	Yes	Yes	No	Yes	No	Yes	Yes
93656	Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure)		Ablation	No	No	No	No	No	No	No	No
93657	Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without pharmacological intervention		Evaluation	No	No	No	No	No	No	No	No
93660	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)		ECHO	No	No	No	No	No	No	No	No
93662	Peripheral arterial disease (PAD) rehabilitation, per session		Rehabilitation	No	No	No	No	No	No	No	No
93701	Biomechanical-derived physiologic cardiovascular analysis		Analysis	No	No	No	No	No	No	No	No
93702	Biomechanical spectroscopy (BIS), extracellular fluid analysis for lymphedema assessments)		Analysis	No	No	No	No	No	No	No	No
93724	Electronic analysis of anti-tachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)		Analysis	No	No	No	No	No	No	No	No
93740	Temperature gradient studies		Study	No	No	No	No	No	No	No	No
93745	Initial set-up and programming by a physician or other qualified health care professional of wearable cardioverter-defibrillator includes initial programming of system, establishing baseline electronic ECG, transmission of data to data repository, patient instruction in wearing system and patient reporting of problems or events		Programming	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial NMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRISK Auth	BMS Auth
93750	Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report		Analysis	No	No	No	No	No	No	No	No
93770	Determination of venous pressure		Therapeutic	No	No	No	No	No	No	No	No
93784	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report		Monitoring	No	No	No	No	No	No	No	No
93786	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; recording only		Monitoring	No	No	No	No	No	No	No	No
93788	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; scanning analysis with report		Monitoring	No	No	No	No	No	No	No	No
93790	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; review with interpretation and report		Monitoring	No	No	No	No	No	No	No	No
93792	Patient/caregiver training for initiation of home international normalized ratio (INR) monitoring under the direction of a physician or other qualified health care professional, face-to-face, including use and care of the INR monitor, obtaining blood sample, instructions for reporting home INR test results, and documentation of patient's/caregiver's ability to perform testing and report results		Monitoring	No	No	No	No	No	No	No	No
93793	Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed		Management	No	No	No	No	No	No	No	No
93797	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)		Rehabilitation	No	No	No	No	No	No	No	No
93798	Physician or other qualified health care professional services for outpatient cardiac rehabilitation, with continuous ECG monitoring (per session)		Rehabilitation	No	No	No	No	No	No	No	No
93799	Unlisted cardiovascular service or procedure		Unlisted Procedure	No	No	No	No	No	No	No	No
93880	Duplex scan of extracranial arteries; complete bilateral study		Ultrasound	No	No	No	No	No	No	No	No
93882	Duplex scan of extracranial arteries; unilateral or limited study		Ultrasound	No	No	No	No	No	No	No	No
93886	Transcranial Doppler study of the intracranial arteries; complete study		Ultrasound	No	No	No	No	No	No	No	No
93888	Transcranial Doppler study of the intracranial arteries; limited study		Ultrasound	No	No	No	No	No	No	No	No
93890	Transcranial Doppler study of the intracranial arteries; vasoreactivity study		Ultrasound	No	No	No	No	No	No	No	No
93892	Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection		Ultrasound	No	No	No	No	No	No	No	No
93893	Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection		Ultrasound	No	No	No	No	No	No	No	No
93895	Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral		Evaluation	No	No	No	No	No	No	No	No
93922	Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with transcutaneous oxygen tension measurement at 1-2 levels)		Study	No	No	No	No	No	No	No	No
93923	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)		Study	No	No	No	No	No	No	No	No
93924	Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study		Study	No	No	No	No	No	No	No	No
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study		Ultrasound	No	No	No	No	No	No	No	No
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study		Ultrasound	No	No	No	No	No	No	No	No
93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study		Ultrasound	No	No	No	No	No	No	No	No
93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study		Ultrasound	No	No	No	No	No	No	No	No
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study		Ultrasound	No	No	No	No	No	No	No	No
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study		Ultrasound	No	No	No	No	No	No	No	No
93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study		Ultrasound	No	No	No	No	No	No	No	No
93976	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study		Ultrasound	No	No	No	No	No	No	No	No
93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study		Ultrasound	No	No	No	No	No	No	No	No
93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study		Ultrasound	No	No	No	No	No	No	No	No
93980	Duplex scan of arterial inflow and venous outflow of penile vessels; complete study		Ultrasound	No	No	No	No	No	No	No	No
93981	Duplex scan of arterial inflow and venous outflow of penile vessels; follow-up or limited study		Ultrasound	No	No	No	No	No	No	No	No
93985	Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete bilateral study		Ultrasound	No	No	No	No	No	No	No	No
93986	Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete unilateral study		Ultrasound	No	No	No	No	No	No	No	No
93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)		Ultrasound	No	No	No	No	No	No	No	No
94000	Unlisted noninvasive vascular diagnostic study		Unlisted Procedure	No	No	No	No	No	No	No	No
94002	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day		Management	No	No	No	No	No	No	No	No
94003	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day		Management	No	No	No	No	No	No	No	No
94004	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; nursing facility, per day		Management	No	No	No	No	No	No	No	No
94005	Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living) requiring review of status, review of laboratories and other studies and revision of orders and respiratory care plan (as appropriate), within a calendar month, 30 minutes or more		Management	No	No	No	No	No	No	No	No
94010	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation		Measurement	No	No	No	No	No	No	No	No
94011	Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age		Measurement	No	No	No	No	No	No	No	No
94012	Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age		Measurement	No	No	No	No	No	No	No	No
94013	Measurement of lung volumes (ie, functional residual capacity [FRC], forced vital capacity [FVC], and expiratory reserve volume [ERV]) in an infant or child through 2 years of age		Measurement	No	No	No	No	No	No	No	No
94014	Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and review and interpretation by a physician or other qualified health care professional		Measurement	No	No	No	No	No	No	No	No
94015	Patient-initiated spirometric recording per 30-day period of time; recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration)		Measurement	No	No	No	No	No	No	No	No
94016	Patient-initiated spirometric recording per 30-day period of time; review and interpretation only by a physician or other qualified health care professional		Measurement	No	No	No	No	No	No	No	No
94060	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration		Measurement	No	No	No	No	No	No	No	No
94070	Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (eg, antigen(s), cold air, methacholine)		Evaluation	No	No	No	No	No	No	No	No
94150	Vital capacity, total (at rest)		Measurement	No	No	No	No	No	No	No	No
94200	Maximum breathing capacity, maximal voluntary ventilation		Measurement	No	No	No	No	No	No	No	No
94375	Respiratory flow volume loop		Measurement	No	No	No	No	No	No	No	No
94450	Breathing response to hypoxia (apneic response curve)		Measurement	No	No	No	No	No	No	No	No
94452	High altitude simulation test (HAST), with interpretation and report by a physician or other qualified health care professional		Testing	No	No	No	No	No	No	No	No
94453	High altitude simulation test (HAST), with interpretation and report by a physician or other qualified health care professional, with supplemental oxygen titration		Testing	No	No	No	No	No	No	No	No
94610	Intrapulmonary surfactant administration by a physician or other qualified health care professional through endotracheal tube		Catheter	No	No	No	No	No	No	No	No
94617	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry, with electrocardiographic recordings		Testing	No	No	No	No	No	No	No	No
94618	Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed		Testing	No	No	No	No	No	No	No	No
94619	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry, without electrocardiographic recordings		Testing	No	No	No	No	No	No	No	No
94621	Cardiopulmonary exercise testing, including measurements of minute ventilation, O2 production, O2 uptake, and electrocardiographic recordings		Testing	No	No	No	No	No	No	No	No
94625	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation, without continuous oximetry monitoring (per session)		Testing	No	No	No	No	No	No	No	No
94626	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation, with continuous oximetry monitoring (per session)		Testing	No	No	No	No	No	No	No	No
94640	Pressurized or nonpressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or for diagnostic purposes such as sputum induction with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device		Treatment	No	No	No	No	No	No	No	No
94642	Aerosol inhalation of pentamidine for pneumocystis carinii pneumonia treatment or prophylaxis		Treatment	No	No	No	No	No	No	No	No
94644	Continuous inhalation treatment with aerosol medication for acute airway obstruction; first hour		Treatment	No	No	No	No	No	No	No	No
94645	Continuous inhalation treatment with aerosol medication for acute airway obstruction; each additional hour (list separately in addition to code for primary procedure)		Treatment	No	No	No	No	No	No	No	No
94660	Continuous positive airway pressure ventilation (CPAP), initiation and management		CPAP	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
94662	Continuous negative pressure ventilation (CNPV), initiation and management		Management	No	No	No	No	No	No	No	No
94664	Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device		Evaluation	No	No	No	No	No	No	No	No
94667	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation		Manipulation	No	No	No	No	No	No	No	No
94668	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent		Manipulation	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial NMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRISK Auth	BMS Auth
94669	Mechanical chest wall oscillation to facilitate lung function, per session		Treatment	No	No	No	No	No	No	No	No
94680	Oxygen uptake, expired gas analysis; test and exercise, direct, simple		Analysis	No	No	No	No	No	No	No	No
94681	Oxygen uptake, expired gas analysis; including CO2 output; percentage oxygen extracted		Analysis	No	No	No	No	No	No	No	No
94690	Oxygen uptake, expired gas analysis; test, indirect (separate procedure)		Analysis	No	No	No	No	No	No	No	No
94726	Plethysmography for determination of lung volumes and, when performed, airway resistance		Evaluation	No	No	No	No	No	No	No	No
94727	Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes		Evaluation	No	No	No	No	No	No	No	No
94728	Arway resistance by impulse oscillometry		Evaluation	No	No	No	No	No	No	No	No
94729	Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure)		Evaluation	No	No	No	No	No	No	No	No
94760	Noninvasive ear or pulse oximetry for oxygen saturation, single determination		Study	No	No	No	No	No	No	No	No
94761	Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)		Study	No	No	No	No	No	No	No	No
94762	Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)		Study	No	No	No	No	No	No	No	No
94772	Circadian respiratory pattern recording (pediatric pneumogram), 12-24 hour continuous recording, infant		Recording	No	No	No	No	No	No	No	No
94774	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; includes monitor attachment, download of data, review, interpretation, and preparation of a report by a physician or other qualified health care professional		Monitoring	No	No	No	No	No	No	No	No
94775	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; monitor attachment only (includes hook-up, initiation of recording and disconnection)		Monitoring	No	No	No	No	No	No	No	No
94776	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; monitoring, download of information, receipt of transmission(s) and analyses by computer only		Monitoring	No	No	No	No	No	No	No	No
94777	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; review, interpretation and preparation of report only by a physician or other qualified health care professional		Monitoring	No	No	No	No	No	No	No	No
94780	Car seat/bed testing for airway integrity, for infants through 12 months of age, with continual clinical staff observation and continuous recording of pulse oximetry, heart rate and respiratory rate, with interpretation and report; 60 minutes		Testing	No	No	No	No	No	No	No	No
94781	Car seat/bed testing for airway integrity, for infants through 12 months of age, with continual clinical staff observation and continuous recording of pulse oximetry, heart rate and respiratory rate, with interpretation and report; each additional full 30 minutes (List separately in addition to code for primary procedure)		Testing	No	No	No	No	No	No	No	No
94799	Unlisted pulmonary service or procedure		Unlisted Procedure	No	No	No	No	No	No	No	No
95004	Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests		Testing	No	No	No	No	No	No	No	No
95032	Nitric oxide expired gas determination		Measurement	No	No	No	No	No	No	No	No
95037	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests		Testing	No	No	No	No	No	No	No	No
95038	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests		Testing	No	No	No	No	No	No	No	No
95024	Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests		Testing	No	No	No	No	No	No	No	No
95027	Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report, specify number of tests		Testing	No	No	No	No	No	No	No	No
95028	Intracutaneous (intradermal) tests with allergenic extracts, delayed type reaction, including reading, specify number of tests		Testing	No	No	No	No	No	No	No	No
95044	Patch or application test(s) (specify number of tests)		Testing	No	No	No	No	No	No	No	No
95052	Photo patch test(s) (specify number of tests)		Testing	No	No	No	No	No	No	No	No
95056	Photo tests		Testing	No	No	No	No	No	No	No	No
95060	Ophthalmic mucous membrane tests		Testing	No	No	No	No	No	No	No	No
95065	Direct nasal mucous membrane test		Testing	No	No	No	No	No	No	No	No
95070	Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with histamine, methacholine, or similar compounds		Testing	No	No	No	No	No	No	No	No
95071	Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with antigens or gases, specify		Testing	No	No	No	No	No	No	No	No
95076	Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); initial 120 minutes of testing		Testing	No	No	No	No	No	No	No	No
95079	Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); each additional 60 minutes of testing (List separately in addition to code for primary procedure)		Testing	No	No	No	No	No	No	No	No
95115	Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection		Allergy	No	No	No	No	No	No	No	No
95117	Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections		Professional Services	No	No	No	No	No	No	No	No
95120	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single injection		Professional Services	No	No	No	No	No	No	No	No
95125	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 2 or more injections		Professional Services	No	No	No	No	No	No	No	No
95130	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single stinging insect venom		Professional Services	No	No	No	No	No	No	No	No
95131	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 2 stinging insect venoms		Professional Services	No	No	No	No	No	No	No	No
95132	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 3 stinging insect venoms		Professional Services	No	No	No	No	No	No	No	No
95133	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 4 stinging insect venoms		Professional Services	No	No	No	No	No	No	No	No
95134	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 5 stinging insect venoms		Professional Services	No	No	No	No	No	No	No	No
95144	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vials (specify number of vials)		Professional Services	No	No	No	No	No	No	No	No
95145	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 1 single stinging insect venom		Professional Services	No	No	No	No	No	No	No	No
95146	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 2 single stinging insect venoms		Professional Services	No	No	No	No	No	No	No	No
95147	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 3 single stinging insect venoms		Professional Services	No	No	No	No	No	No	No	No
95148	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms		Professional Services	No	No	No	No	No	No	No	No
95149	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 5 single stinging insect venoms		Professional Services	No	No	No	No	No	No	No	No
95165	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single or multiple antigens (specify number of doses)		Professional Services	No	No	No	No	No	No	No	No
95170	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, whole body extract of biting insect or other arthropod (specify number of doses)		Professional Services	No	No	No	No	No	No	No	No
95180	Rapid desensitization procedure, each hour (eg, insulin, penicillin, equine serum)		Unlisted Procedure	No	No	No	No	No	No	No	No
95199	Unlisted allergic clinical immunologic service or procedure		Unlisted Procedure	No	No	No	No	No	No	No	No
95249	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment; sensor placement, hook-up, calibration of monitor, patient training, and printout of recording		Monitoring	No	No	No	No	No	No	No	No
95250	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified health care professional (office) provided equipment; sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording		Monitoring	No	No	No	No	No	No	No	No
95251	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report		Monitoring	No	No	No	No	No	No	No	No
95700	Electroencephalogram (EEG) continuous recording, with video when performed, setup, patient education, and takedown when performed, administered in person by EEG technologist, minimum of 8 channels		electroencephalogram (EEG)	Yes	Yes	Yes	No	Yes	No	Yes	Yes
95705	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; unmonitored		electroencephalogram (EEG)	No	No	No	No	No	No	No	No
95706	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance		electroencephalogram (EEG)	No	No	No	No	No	No	No	No
95707	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance		electroencephalogram (EEG)	No	No	No	No	No	No	No	No
95708	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored		electroencephalogram (EEG)	No	No	No	No	No	No	No	No
95709	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance		electroencephalogram (EEG)	No	No	No	No	No	No	No	No
95710	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance		electroencephalogram (EEG)	No	No	No	No	No	No	No	No
95711	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; unmonitored		electroencephalogram (EEG)	Yes	Yes	Yes	No	Yes	No	Yes	Yes
95712	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance		electroencephalogram (EEG)	Yes	Yes	Yes	No	Yes	No	Yes	Yes
95713	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance		electroencephalogram (EEG)	Yes	Yes	Yes	No	Yes	No	Yes	Yes
95714	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored		electroencephalogram (EEG)	Yes	Yes	Yes	No	Yes	No	Yes	Yes
95715	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance		electroencephalogram (EEG)	Yes	Yes	Yes	No	Yes	No	Yes	Yes
95716	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance		electroencephalogram (EEG)	Yes	Yes	Yes	No	Yes	No	Yes	Yes
95717	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; without video		electroencephalogram (EEG)	No	No	No	No	No	No	No	No
95718	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; with video (VEEG)		electroencephalogram (EEG)	No	No	Yes	No	Yes	No	No	No

CPT	Description	Notes	Code Group	Commercial NMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	T88C Auth	BMS Auth
95719	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; without video		electroencephalogram (EEG)	No	No	No	No	No	No	No	No
95720	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; with video (VEEG)		electroencephalogram (EEG)	No	No	Yes	No	Yes	No	No	No
95721	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, without video		electroencephalogram (EEG)	No	No	No	No	No	No	No	No
95722	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, with video (VEEG)		electroencephalogram (EEG)	No	No	Yes	No	Yes	No	No	No
95723	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, without video		electroencephalogram (EEG)	No	No	No	No	No	No	No	No
95724	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, with video (VEEG)		electroencephalogram (EEG)	No	No	Yes	No	Yes	No	No	No
95725	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, without video		electroencephalogram (EEG)	No	No	No	No	No	No	No	No
95726	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, with video (VEEG)		electroencephalogram (EEG)	No	No	Yes	Yes	Yes	Yes	No	No
95782	Polysomnography, younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist		Sleep Study	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
95783	Polysomnography, younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist		Sleep Study	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
95800	Sleep study, unattended, simultaneous recording: heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time		Sleep Study	Yes	Yes	No	No	No	No	Yes	Yes
95801	Sleep study, unattended, simultaneous recording: minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)		Sleep Study	Yes	Yes	No	No	No	No	Yes	Yes
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)		Sleep Study	Yes	Yes	No	No	No	No	Yes	Yes
95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness		Sleep Study	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
95806	Sleep study, unattended, simultaneous recording of heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)		Sleep Study	Yes	Yes	No	No	No	No	Yes	Yes
95807	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist		Sleep Study	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
95808	Polysomnography, any age, sleep staging with 3-3 additional parameters of sleep, attended by a technologist		Sleep Study	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
95810	Polysomnography, age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist		Sleep Study	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
95811	Polysomnography, age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist		Sleep Study	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
95812	Electroencephalogram (EEG) extended monitoring; 41-60 minutes		Electrocorticography (EEG)	No	No	No	No	No	No	No	No
95813	Electroencephalogram (EEG) extended monitoring; greater than 1 hour		Electrocorticography (EEG)	No	No	No	No	No	No	No	No
95816	Electroencephalogram (EEG); including recording awake and asleep		Electrocorticography (EEG)	No	No	No	No	No	No	No	No
95819	Electroencephalogram (EEG); including recording awake and asleep		Electrocorticography (EEG)	No	No	No	No	No	No	No	No
95822	Electroencephalogram (EEG); recording in coma or sleep only		Electrocorticography (EEG)	No	No	No	No	No	No	No	No
95824	Electroencephalogram (EEG); combat death evaluation only		Electrocorticography (EEG)	No	No	No	No	No	No	No	No
95829	Electrocorticogram at surgery (separate procedure)		Measurement	No	No	No	No	No	No	No	No
95830	Insertion by physician or other qualified health care professional of sphenoidal electrodes for electroencephalographic (EEG) recording		Electrocorticography (EEG)	No	No	No	No	No	No	No	No
95836	Electrocorticogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and written report, up to 30 days		Electrocorticography (EEG)	No	No	No	No	No	No	No	No
95851	Range of motion measurements and report (separate procedure), each extremity (excluding hand) or each trunk section (spine)		Measurement	No	No	No	No	No	No	No	No
95852	Range of motion measurements and report (separate procedure), hand, with or without comparison with normal side		Measurement	No	No	No	No	No	No	No	No
95857	Cholinesterase inhibitor challenge test for myasthenia gravis		Testing	No	No	No	No	No	No	No	No
95860	Needle electromyography; 1 extremity with or without related paraspinal areas		EMG	No	No	No	No	No	No	No	No
95861	Needle electromyography; 2 extremities with or without related paraspinal areas		EMG	No	No	No	No	No	No	No	No
95863	Needle electromyography; 3 extremities with or without related paraspinal areas		EMG	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
95864	Needle electromyography; 4 extremities with or without related paraspinal areas		EMG	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
95865	Needle electromyography; larynx		EMG	No	No	No	No	No	No	No	No
95866	Needle electromyography; hemidiaphragm		EMG	No	No	No	No	No	No	No	No
95867	Needle electromyography; cranial nerve supplied muscles), unilateral		EMG	No	No	No	No	No	No	No	No
95868	Needle electromyography; cranial nerve supplied muscles, bilateral		EMG	No	No	No	No	No	No	No	No
95869	Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)		EMG	No	No	No	No	No	No	No	No
95870	Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters		EMG	No	No	No	No	No	No	No	No
95872	Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle studied		EMG	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
95873	Electrical stimulation for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)		Stimulation Device	No	No	No	No	No	No	No	No
95874	Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)		EMG	No	No	No	No	No	No	No	No
95875	Ischemic limb exercise test with serial specimen(s) acquisition for muscle(s) metabolite(s)		Testing	No	No	No	No	No	No	No	No
95885	Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited (List separately in addition to code for primary procedure)		EMG	No	No	No	No	No	No	No	No
95886	Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels (List separately in addition to code for primary procedure)		EMG	No	No	No	No	No	No	No	No
95887	Needle electromyography, non-extremity (cranial nerve supplied or axial muscle(s) done with nerve conduction, amplitude and latency/velocity study (List separately in addition to code for primary procedure)		EMG	No	No	No	No	No	No	No	No
95905	Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report		Study	No	No	No	No	No	No	No	No
95907	Nerve conduction studies; 1-2 studies		Study	No	No	No	No	No	No	No	No
95908	Nerve conduction studies; 3-4 studies		Study	No	No	No	No	No	No	No	No
95909	Nerve conduction studies; 5-6 studies		Study	No	No	No	No	No	No	No	No
95910	Nerve conduction studies; 7-8 studies		Study	No	No	No	No	No	No	No	No
95911	Nerve conduction studies; 9-10 studies		Study	No	No	No	No	No	No	No	No
95912	Nerve conduction studies; 11-12 studies		Study	No	No	No	No	No	No	No	No
95913	Nerve conduction studies; 13 or more studies		Study	No	No	No	No	No	No	No	No
95919	Quantitative pupillometry with physician or other qualified healthcare professional interpretation and report, unilateral or bilateral		Study	No	No	No	No	No	No	No	No
95921	Testing of autonomic nervous system function; cardiovascular innervation (parasympathetic function), including 2 or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio, and 30:15 ratio		Testing	No	No	No	No	No	No	No	No
95922	Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least 5 minutes of passive tilt		Testing	No	No	No	No	No	No	No	No
95923	Testing of autonomic nervous system function; sudomotor, including 1 or more of the following: quantitative sudomotor axon reflex test (QSART), siliastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential		Testing	No	No	No	No	No	No	No	No
95924	Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt		Testing	No	No	No	No	No	No	No	No
95925	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs		Study	No	No	No	No	No	No	No	No
95926	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs		Study	No	No	No	No	No	No	No	No
95927	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in the trunk or head		Study	No	No	No	No	No	No	No	No
95928	Central motor evoked potential study (transcranial motor stimulation); upper limbs		Study	No	No	No	No	No	No	No	No
95929	Central motor evoked potential study (transcranial motor stimulation); lower limbs		Study	No	No	No	No	No	No	No	No
95930	Visual evoked potential (VEP) (checkboard or flash testing, central nervous system except glaucoma, with interpretation and report		Study	No	No	No	No	No	No	No	No
95933	Oculariculus oculi (blink) reflex, by electrodiagnostic testing		Testing	No	No	No	No	No	No	No	No
95937	Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method		Testing	No	No	No	No	No	No	No	No
95938	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs		Study	No	No	No	No	No	No	No	No
95939	Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs		Study	No	No	No	No	No	No	No	No
95940	Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)		Monitoring	No	No	No	No	No	No	No	No
95941	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)		Monitoring	No	No	No	No	No	No	No	No
95954	Pharmacological or physical activation requiring physician or other qualified health care professional attendance during EEG recording of activation phase (eg, thiopental activation test)		Electrocorticography (EEG)	No	No	No	No	No	No	No	No
95955	Electroencephalogram (EEG) during nonintraoperative surgery (eg, craniotomies)		Electrocorticography (EEG)	No	No	No	No	No	No	No	No
95957	Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)		Electrocorticography (EEG)	No	No	No	No	No	No	No	No
95958	Wada activation test for hemispheric function, including electroencephalographic (EEG) monitoring		Electrocorticography (EEG)	No	No	No	No	No	No	No	No
95961	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; initial hour of attendance by a physician or other qualified health care professional		Recording	Yes	Yes	Yes	No	Yes	No	Yes	Yes

CPT	Description	Notes	Code Group	Commercial I/M/O-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRISK Auth	BMS Auth
	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provide seizures or identify vital brain structures; each additional hour of attendance by a physician or other qualified health care professional (List separately in addition to code for primary procedure)		Recording	Yes	Yes	Yes	No	Yes	No	Yes	Yes
95862	Magnetoencephalography (MEG), recording and analysis; for spontaneous brain magnetic activity (eg, epileptic cerebral cortex location)		Analysis	Yes	Yes	Yes	No	Yes	No	Yes	Yes
95865	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, single modality (eg, sensory, motor, language, or visual cortex localization)		Analysis	Yes	Yes	Yes	No	Yes	No	Yes	Yes
95866	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)		Analysis	No	No	No	No	No	No	No	No
95867	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact groups), interleaving, amplitude, pulse width, frequency (Hz), on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve, neurostimulator pulse generator/transmitter, without programming		Analysis	No	No	No	No	No	No	No	No
95870	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact groups), interleaving, amplitude, pulse width, frequency (Hz), on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional		Analysis	No	No	No	No	No	No	No	No
95871	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact groups), interleaving, amplitude, pulse width, frequency (Hz), on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional		Analysis	No	No	No	No	No	No	No	No
95872	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact groups), interleaving, amplitude, pulse width, frequency (Hz), on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional		Analysis	No	No	No	No	No	No	No	No
95876	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact groups), interleaving, amplitude, pulse width, frequency (Hz), on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional		Analysis	No	No	No	No	No	No	No	No
95877	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact groups), interleaving, amplitude, pulse width, frequency (Hz), on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional		Analysis	No	No	No	No	No	No	No	No
95880	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming		Analysis	No	No	No	No	No	No	No	No
95881	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming		Analysis	No	No	No	No	No	No	No	No
95882	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming		Analysis	No	No	No	No	No	No	No	No
95883	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact groups), interleaving, amplitude, pulse width, frequency (Hz), on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, first 15 minutes face-to-face time with physician or other qualified health care professional		Analysis	No	No	No	No	No	No	No	No
95884	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact groups), interleaving, amplitude, pulse width, frequency (Hz), on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (List separately in addition to code for primary procedure)		Analysis	No	No	No	No	No	No	No	No
95890	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed;		Management	No	No	No	No	No	No	No	No
95891	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed; requiring skill of a physician or other qualified health care professional		Management	No	No	No	No	No	No	No	No
95892	Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day		Reposition	No	No	No	No	No	No	No	No
95899	Unilateral neurological or neuromuscular diagnostic procedure		Unilateral Procedure	No	No	No	No	No	No	No	No
96000	Comprehensive computer-based motion analysis by video-taping and 3D kinematics		Analysis	No	No	No	No	No	No	No	No
96001	Comprehensive computer-based motion analysis by video-taping and 3D kinematics; with dynamic plantar pressure measurements during walking		Analysis	No	No	No	No	No	No	No	No
96002	Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles		Analysis	No	No	No	No	No	No	No	No
96003	Dynamic fine wire electromyography, during walking or other functional activities, 1 muscle		Analysis	No	No	No	No	No	No	No	No
96004	Review and interpretation by physician or other qualified health care professional of comprehensive computer-based motion analysis, dynamic plantar pressure measurements, dynamic surface electromyography during walking or other functional activities, and dynamic fine wire electromyography, with written report		Analysis	No	No	No	No	No	No	No	No
96020	Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or other qualified health care professional (ie, psychologist), with review of test results and report		Testing	No	No	No	No	No	No	No	No
96040	Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family		Genetic Testing	Yes	Yes	Yes	No	Yes	No	Yes	Yes
96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour		Assessment	No	No	No	No	No	No	No	No
96110	Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument		Screening	No	No	No	No	No	No	No	No
96112	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour		Assessment	No	No	No	No	No	No	No	No
96113	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)		Assessment	No	No	No	No	No	No	No	No
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour		Examination	No	No	No	No	No	No	No	No
96121	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)		Examination	No	No	No	No	No	No	No	No
96125	Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report		Testing	No	No	No	No	No	No	No	No
96127	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument		Assessment	No	No	No	No	No	No	No	No
96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour		Evaluation	No	No	No	No	No	No	No	No
96131	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)		Evaluation	No	No	No	No	No	No	No	No
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour		Evaluation	No	No	No	No	No	No	No	No
96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)		Evaluation	No	No	No	No	No	No	No	No
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes		Testing	No	No	No	No	No	No	No	No
96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)		Testing	No	No	No	No	No	No	No	No
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes		Testing	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial NMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TBSC Auth	BMS Auth
96139	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)		Testing	No	No	No	No	No	No	No	No
96146	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only		Testing	No	No	No	No	No	No	No	No
96156	Health behavior assessment, or re-assessment (eg, health-focused clinical interview, behavioral observations, clinical decision making)		Behavioral Health	No	No	No	No	No	No	No	No
96158	Health behavior intervention, individual, face-to-face; initial 30 minutes		Behavioral Health	No	No	No	No	No	No	No	No
96159	Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary procedure.)		Behavioral Health	No	No	No	No	No	No	No	No
96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument		Assessment	No	No	No	No	No	No	No	No
96161	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument		Assessment	No	No	No	No	No	No	No	No
96164	Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes		Behavioral Health	No	No	No	No	No	No	No	No
96165	Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary procedure.)		Behavioral Health	No	No	No	No	No	No	No	No
96167	Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes		Behavioral Health	No	No	No	No	No	No	No	No
96168	Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary procedure.)		Behavioral Health	No	No	No	No	No	No	No	No
96170	Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes		Behavioral Health	No	No	No	No	No	No	No	No
96171	Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary procedure.)		Behavioral Health	No	No	No	No	No	No	No	No
96202	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes		Behavioral Health	No	No	No	No	No	No	No	No
96203	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); each additional 15 minutes (List separately in addition to code for primary procedure)		Behavioral Health	No	No	No	No	No	No	No	No
96360	Intravenous infusion, hydration; initial, 31 minutes to 1 hour		Infusion	No	No	No	No	No	No	No	No
96361	Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)		Infusion	No	No	No	No	No	No	No	No
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour		Infusion	No	No	No	No	No	No	No	No
96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)		Infusion	No	No	No	No	No	No	No	No
96367	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)		Infusion	No	No	No	No	No	No	No	No
96368	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)		Infusion	No	No	No	No	No	No	No	No
96369	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to 1 hour, including pump set-up and establishment of subcutaneous infusion site(s)		Infusion	No	No	No	No	No	No	No	No
96370	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)		Infusion	No	No	No	No	No	No	No	No
96371	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); additional pump set-up with establishment of new subcutaneous infusion site(s) (List separately in addition to code for primary procedure)		Infusion	No	No	No	No	No	No	No	No
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular		Injection	No	No	No	No	No	No	No	No
96373	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intra-arterial		Injection	No	No	No	No	No	No	No	No
96374	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug		Injection	No	No	No	No	No	No	No	No
96375	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)		Injection	No	No	No	No	No	No	No	No
96376	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of the same substance/drug provided in a facility (List separately in addition to code for primary procedure)		Injection	No	No	No	No	No	No	No	No
96377	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection		Injection	No	No	No	No	No	No	No	No
96379	Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion		Unlisted Procedure	No	No	No	No	No	No	No	No
96401	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic		Chemotherapy	No	No	No	No	No	No	No	No
96402	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic		Chemotherapy	No	No	No	No	No	No	No	No
96405	Chemotherapy administration, intrathecal; up to and including 7 lesions		Chemotherapy	No	No	No	No	No	No	No	No
96406	Chemotherapy administration, intrathecal; more than 7 lesions		Chemotherapy	No	No	No	No	No	No	No	No
96409	Chemotherapy administration; intravenous, push technique; single or initial substance/drug (List separately in addition to code for primary procedure)		Chemotherapy	No	No	No	No	No	No	No	No
96411	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug		Chemotherapy	No	No	No	No	No	No	No	No
96413	Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)		Chemotherapy	No	No	No	No	No	No	No	No
96415	Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)		Chemotherapy	No	No	No	No	No	No	No	No
96416	Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump		Chemotherapy	No	No	No	No	No	No	No	No
96417	Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)		Chemotherapy	No	No	No	No	No	No	No	No
96420	Chemotherapy administration, intra-arterial; push technique		Chemotherapy	No	No	No	No	No	No	No	No
96422	Chemotherapy administration, intra-arterial; infusion technique; up to 1 hour		Chemotherapy	No	No	No	No	No	No	No	No
96423	Chemotherapy administration, intra-arterial; infusion technique; each additional hour (List separately in addition to code for primary procedure)		Chemotherapy	No	No	No	No	No	No	No	No
96425	Chemotherapy administration, intra-arterial; infusion technique; initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump		Chemotherapy	No	No	No	No	No	No	No	No
96440	Chemotherapy administration into pleural cavity, requiring and including thoracentesis		Chemotherapy	Yes	Yes	Yes	No	Yes	No	Yes	Yes
96446	Chemotherapy administration into the peritoneal cavity via indwelling port or catheter		Chemotherapy	Yes	Yes	Yes	No	Yes	No	Yes	Yes
96450	Chemotherapy administration, into CNS (eg, intrathecal), requiring and including spinal puncture		Chemotherapy	No	No	No	No	No	No	No	No
96521	Refilling and maintenance of portable pump		Maintenance	No	No	No	No	No	No	No	No
96522	Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial)		Maintenance	No	No	No	No	No	No	No	No
96523	Irrigation of implanted venous access device for drug delivery systems		Maintenance	No	No	No	No	No	No	No	No
96542	Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents		Chemotherapy	No	No	No	No	No	No	No	No
96547	Intraperitoneal hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when per med; first 60 minutes (List separately in addition to code for primary procedure)	new code 1/1/24		No	No	No	No	No	No	No	No
96548	Intraperitoneal hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when per med; each additional 30 minutes (List separately in addition to code for primary procedure)	new code 1/1/24		No	No	No	No	No	No	No	No
96549	Unlisted chemotherapy procedure		Unlisted Procedure	No	No	No	No	No	No	No	No
96567	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s), per day		Therapeutic	No	No	No	No	No	No	No	No
96570	Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitizing drug(s); first 10 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and gastrointestinal tract)		Therapeutic	No	No	No	No	No	No	No	No
96571	Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitizing drug(s); each additional 15 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and gastrointestinal tract)		Therapeutic	No	No	No	No	No	No	No	No
96573	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day		Therapeutic	No	No	No	No	No	No	No	No
96574	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day		Debridement	Yes	Yes	Yes	No	Yes	No	Yes	Yes
96900	Actinotherapy [ultraviolet light]		Therapeutic	No	No	No	No	No	No	No	No
96902	Microscopic examination of hairs plucked or clipped by the examiner (excluding hair collected by the patient) to determine telogen and anagen counts, or structural hair shaft abnormality		Examination	No	No	No	No	No	No	No	No
96904	Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevus, or patients with a personal or familial history of melanoma		Monitoring	No	No	No	No	No	No	No	No
96910	Photodynamic therapy, tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B		Therapeutic	No	No	No	No	No	No	No	No
96912	Photodynamic therapy, psoralens and ultraviolet A (PUVA)		Therapeutic	No	No	No	No	No	No	No	No
96913	Photodynamic therapy (Goeckerman and/or PUVA) for severe photosensitive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings)		Therapeutic	No	No	No	No	No	No	No	No
96920	Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm		Treatment	No	No	No	No	No	No	No	No
96921	Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm		Treatment	No	No	No	No	No	No	No	No
96922	Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm		Treatment	Yes	Yes	Yes	No	Yes	No	Yes	Yes
96931	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion		Imaging	No	No	No	No	No	No	No	No
96932	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion		Imaging	No	No	No	No	No	No	No	No
96933	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion		Imaging	No	No	No	No	No	No	No	No
96934	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (List separately in addition to code for primary procedure)		Imaging	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial NMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRISK Auth	BMS Auth
96935	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (list separately in addition to code for primary procedure)		Imaging	No	No	No	No	No	No	No	No
96936	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (list separately in addition to code for primary procedure)		Imaging	No	No	No	No	No	No	No	No
96999	Unlisted special dermatological service or procedure		Unlisted Procedure	No	No	No	No	No	No	No	No
97010	Application of a modality to 1 or more areas, hot or cold packs		Application	No	No	No	No	No	No	No	No
97012	Application of a modality to 1 or more areas, traction, mechanical		Application	No	No	No	No	No	No	No	No
97014	Application of a modality to 1 or more areas, electrical stimulation (unattended)		Application	No	No	No	No	No	No	No	No
97016	Application of a modality to 1 or more areas, vasopneumatic devices		Application	No	No	No	No	No	No	No	No
97018	Application of a modality to 1 or more areas, paraffin bath		Application	No	No	No	No	No	No	No	No
97022	Application of a modality to 1 or more areas, whirlpool		Application	No	No	No	No	No	No	No	No
97024	Application of a modality to 1 or more areas, diathermy (eg, microwave)		Application	No	No	No	No	No	No	No	No
97026	Application of a modality to 1 or more areas, infrared		Application	No	No	No	No	No	No	No	No
97028	Application of a modality to 1 or more areas, ultrasound		Application	No	No	No	No	No	No	No	No
97032	Application of a modality to 1 or more areas, electrical stimulation (manual), each 15 minutes		Application	No	No	No	No	No	No	No	No
97033	Application of a modality to 1 or more areas, iontophoresis, each 15 minutes		Application	No	No	No	No	No	No	No	No
97034	Application of a modality to 1 or more areas, contrast baths, each 15 minutes		Application	No	No	No	No	No	No	No	No
97035	Application of a modality to 1 or more areas, ultrasound, each 15 minutes		Application	No	No	No	No	No	No	No	No
97039	Application of a modality to 1 or more areas, Hubbard tank, each 15 minutes		Application	No	No	No	No	No	No	No	No
97037	Application of a modality to 1 or more areas; low-level laser therapy (ie, nonthermal and nonablative) for post-operative pain reduction	new code 3/1/24		No	No	No	No	No	No	No	No
97039	Unlisted modality (specify type and time if constant attendance)		Unlisted Procedure	Yes	Yes	Yes	No	Yes	No	Yes	Yes
97100	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility		Therapeutic	No	No	No	No	No	No	No	No
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities		Therapeutic	No	No	No	No	No	No	No	No
97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises		Therapeutic	No	No	No	No	No	No	No	No
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Therapeutic	No	No	No	No	No	No	No	No
97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)		Therapeutic	No	No	No	No	No	No	No	No
97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes	97127 has been deleted. Replaced by 97129-97130	Intervention	No	No	No	No	No	No	No	No
97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (list separately in addition to code for primary procedure)	97127 has been deleted. Replaced by 97129-97131	Intervention	No	No	No	No	No	No	No	No
97139	Unlisted therapeutic procedure (specify)		Unlisted Procedure	Yes	Yes	Yes	No	Yes	No	Yes	Yes
97140	Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes		Therapeutic	No	No	No	No	No	No	No	No
97150	Therapeutic procedure(s), group (2 or more individuals)		Therapeutic	No	No	No	No	No	No	No	No
97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan		Evaluation	Yes	Yes	Yes	Yes	Yes	Yes	No	No
97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes		Evaluation	Yes	Yes	Yes	Yes	Yes	Yes	No	No
97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes		Treatment	No	No	No	Yes	No	Yes	No	No
97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes		Treatment	No	No	No	Yes	No	Yes	No	No
97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes		Treatment	No	No	No	Yes	No	Yes	No	No
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes		Treatment	No	No	No	Yes	No	Yes	No	No
97157	Multiple family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes		Treatment	No	No	No	Yes	No	Yes	No	No
97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes		Treatment	No	No	No	Yes	No	Yes	No	No
97161	Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.		Evaluation	No	No	No	No	No	No	No	No
97162	Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.		Evaluation	No	No	No	No	No	No	No	No
97163	Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.		Evaluation	No	No	No	No	No	No	No	No
97164	Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.		Evaluation	No	No	No	No	No	No	No	No
97165	Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-2 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.		Evaluation	No	No	No	No	No	No	No	No
97166	Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.		Evaluation	No	No	No	No	No	No	No	No
97167	Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.		Evaluation	No	No	No	No	No	No	No	No
97168	Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.		Evaluation	No	No	No	No	No	No	No	No
97169	Athletic training evaluation, low complexity, requiring these components: A history and physical activity profile with no comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing 1-2 elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 15 minutes are spent face-to-face with the patient and/or family.		Evaluation	No	No	No	No	No	No	No	No

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97170	Athletic training evaluation, moderate complexity, requiring these components: A medical history and physical activity profile with 1-2 comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing a total of 3 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.		Evaluation	No	No	No	No	No	No	No	No
97171	Athletic training evaluation, high complexity, requiring these components: A medical history and physical activity profile, with 3 or more comorbidities that affect physical activity; A comprehensive examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; Clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.		Evaluation	No	No	No	No	No	No	No	No
97172	Re-evaluation of athletic training established plan of care requiring these components: An assessment of patient's current functional status when there is a documented change; and A revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome with an update in management options, goals, and interventions. Typically, 20 minutes are spent face-to-face with the patient and/or family.		Evaluation	No	No	No	No	No	No	No	No
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes		Therapeutic	No	No	No	No	No	No	No	No
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Rehabilitation	No	No	No	No	No	No	No	No
97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes		Rehabilitation	No	No	No	No	No	No	No	No
97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes		Rehabilitation	No	No	No	No	No	No	No	No
97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes		Management	No	No	No	No	No	No	No	No
97545	Work hardening/conditioning, initial 2 hours		Rehabilitation	No	No	No	No	No	No	No	No
97546	Work hardening/conditioning, each additional hour (List separately in addition to code for primary procedure)		Rehabilitation	No	No	No	No	No	No	No	No
97550	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living (ADLs), instrumental ADLs (IADLs), transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face, initial 30 minutes	new code 1/1/24		No	No	No	No	No	No	No	No
97551	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living (ADLs), instrumental ADLs (IADLs), transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face, each additional 15 minutes (List separately in addition to code for primary service)	new code 1/1/24		No	No	No	No	No	No	No	No
97552	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living (ADLs), instrumental ADLs (IADLs), transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face with multiple sets of caregivers	new code 1/1/24		No	No	No	No	No	No	No	No
97597	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area, first 20 sq cm or less		Debridement	No	No	No	No	No	No	No	No
97598	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area, each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)		Debridement	No	No	No	No	No	No	No	No
97602	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, debridement, level therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session		Debridement	No	No	No	No	No	No	No	No
97605	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters		Treatment	No	No	No	No	No	No	No	No
97606	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters		Treatment	No	No	No	No	No	No	No	No
97607	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters		Treatment	No	No	No	No	No	No	No	No
97608	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters		Treatment	No	No	No	No	No	No	No	No
97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day		Ultrasound	No	No	No	No	No	No	No	No
97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes		Testing	No	No	No	No	No	No	No	No
97755	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes		Assessment	No	No	No	No	No	No	No	No
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes		Orthotics	No	No	No	No	No	No	No	No
97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes		Prosthesis	No	No	No	No	No	No	No	No
97763	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes		Orthotics	No	No	No	No	No	No	No	No
97799	Unlisted physical medicine/rehabilitation service or procedure		Unlisted Procedure	Yes	Yes	Yes	No	Yes	No	Yes	Yes
97802	Medical nutrition therapy, initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes		Feeding Therapy	No	No	No	No	No	No	No	No
97803	Medical nutrition therapy, re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes		Feeding Therapy	No	No	No	No	No	No	No	No
97804	Medical nutrition therapy, group (2 or more individual(s)), each 30 minutes		Feeding Therapy	No	No	No	No	No	No	No	No
97810	Acupuncture, 1 or more needles, without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient		Treatment	No	No	No	No	No	No	Not covered	Not covered
97811	Acupuncture, 1 or more needles, with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with insertion of needle(s) (List separately in addition to code for primary procedure)		Treatment	No	No	No	No	No	No	Not covered	Not covered
97813	Acupuncture, 1 or more needles, with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with insertion of needle(s) (List separately in addition to code for primary procedure)		Treatment	No	No	No	No	No	No	Not covered	Not covered
97814	Acupuncture, 1 or more needles, without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with insertion of needle(s) (List separately in addition to code for primary procedure)		Treatment	No	No	No	No	No	No	Not covered	Not covered
98925	Chiropractic manipulative treatment (OMT), 1-2 body regions involved		Treatment	No	No	No	No	No	No	No	No
98926	Chiropractic manipulative treatment (OMT), 3-4 body regions involved		Treatment	No	No	No	No	No	No	No	No
98927	Chiropractic manipulative treatment (OMT), 5-6 body regions involved		Treatment	No	No	No	No	No	No	No	No
98928	Chiropractic manipulative treatment (OMT), 7-8 body regions involved		Treatment	No	No	No	No	No	No	No	No
98929	Chiropractic manipulative treatment (OMT), 9-10 body regions involved		Treatment	No	No	No	No	No	No	No	No
98940	Chiropractic manipulative treatment (OMT), spinal, 1-2 regions		Treatment	No	No	No	No	No	No	No	No
98941	Chiropractic manipulative treatment (OMT), spinal, 3-4 regions		Treatment	No	No	No	No	No	No	No	No
98942	Chiropractic manipulative treatment (OMT), spinal, 5 regions		Treatment	No	No	No	No	No	No	No	No
98943	Chiropractic manipulative treatment (OMT), extraspinal, 1 or more regions		Treatment	No	No	No	No	No	No	No	No
98960	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient		Education	No	No	No	No	No	No	No	No
98961	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients		Education	No	No	No	No	No	No	No	No
98962	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-6 patients		Education	No	No	No	No	No	No	No	No
98962	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion		Assessment	No	No	No	No	No	No	No	No
98966	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion		Assessment	No	No	No	No	No	No	No	No
98967	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion		Assessment	No	No	No	No	No	No	No	No
98968	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 31-40 minutes of medical discussion		Assessment	No	No	No	No	No	No	No	No
98970	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days, 5-10 minutes	98969 has been deleted. Replaced by 98970-98972.	Telehealth	No	No	No	No	No	No	No	No
98971	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days, 11-20 minutes	98969 has been deleted. Replaced by 98970-98972.	Telehealth	No	No	No	No	No	No	No	No

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98972	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days, 21 or more minutes	98969 has been deleted. Replaced by 98970-98972.	Telehealth	No	No	No	No	No	No	No	No
98975	Remote therapeutic monitoring (eg, therapy adherence, therapy response); initial set-up and patient education on use of equipment		Monitoring	No	No	No	No	No	No	No	No
98976	Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days		Monitoring	No	No	No	No	No	No	No	No
98977	Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days		Monitoring	No	No	No	No	No	No	No	No
98978	Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor cognitive behavioral therapy, each 30 days		Monitoring	No	No	No	No	No	No	No	No
98980	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; first 20 minutes		Monitoring	No	No	No	No	No	No	No	No
98981	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; each additional 20 minutes (List separately in addition to code for primary procedure)		Monitoring	No	No	No	No	No	No	No	No
99000	Handling and/or conveyance of specimen for transfer from the office to a laboratory		Pathology or Labs	No	No	No	No	No	No	No	No
99001	Handling and/or conveyance of specimen for transfer from the patient in other than an office to a laboratory (distance may be indicated)		Pathology or Labs	No	No	No	No	No	No	No	No
99002	Handling, conveyance, and/or any other service in connection with the implementation of an order involving devices (eg, designing, fitting, packaging, handling, delivery or mailing) when devices such as orthotics, prostheses, prosthetics are fabricated by an outside laboratory or shop but which items have been designed, and are to be fitted and adjusted by the attending physician or other qualified health care professional		Pathology or Labs	No	No	No	No	No	No	No	No
99024	Postoperative follow-up visit, normally included in the surgical package, to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) related to the original procedure		E/M	No	No	No	No	No	No	No	No
99026	Hospital mandated on call service; in-hospital, each hour		Professional Services	No	No	No	No	No	No	No	No
99027	Hospital mandated on call service; out-of-hospital, each hour		Professional Services	No	No	No	No	No	No	No	No
99050	Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (eg, Holidays, Saturday or Sunday), in addition to basic service		Professional Services	No	No	No	No	No	No	No	No
99051	Service(s) provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service		Professional Services	No	No	No	No	No	No	No	No
99053	Service(s) provided between 10:00 PM and 8:00 AM at 24-hour facility, in addition to basic service		Professional Services	No	No	No	No	No	No	No	No
99056	Service(s) typically provided in the office, provided out of the office at request of patient, in addition to basic services		Professional Services	No	No	No	No	No	No	No	No
99058	Service(s) provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic service		Professional Services	No	No	No	No	No	No	No	No
99060	Service(s) provided on an emergency basis, out of the office, which disrupts other scheduled office services, in addition to basic service		Professional Services	No	No	No	No	No	No	No	No
99070	Supplies and materials (except spectacles), provided by the physician or other qualified health care professional over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)			No	No	No	No	No	No	No	No
99071	Educational supplies, such as books, tapes, and pamphlets, for the patient's education at cost to physician or other qualified health care professional			No	No	No	No	No	No	No	No
99072	Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other nonfacility service(s), when performed during a Public Health Emergency, as defined by law, due to respiratory-transmitted infectious disease			No	No	No	No	No	No	No	No
99075	Medical Testimony			Yes	Yes	Yes	No	Yes	No	Yes	Yes
99078	Physician or other qualified health care professional qualified by education, training, licensure/regulation (when applicable) educational services rendered to patients in a group setting (eg, prenatal, obesity, or diabetic instructions)		Professional Services	Yes	Yes	Yes	No	Yes	No	Yes	Yes
99080	Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form			No	No	No	No	No	No	No	No
99082	Unusual travel (eg, Transportation and escort of patient)			Yes	Yes	Yes	No	Yes	No	Yes	Yes
99091	Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days		Professional Services	No	No	No	No	No	No	No	No
99100	Anesthesia for patient of extreme age, younger than 1 year and older than 70 (List separately in addition to code for primary anesthesia procedure)			Yes	Yes	Yes	No	Yes	No	Yes	Yes
99116	Anesthesia complicated by utilization of total body hypothermia (List separately in addition to code for primary anesthesia procedure)			Yes	Yes	Yes	No	Yes	No	Yes	Yes
99135	Anesthesia complicated by transfusion or transfusions hypotension (List separately in addition to code for primary anesthesia procedure)			Yes	Yes	Yes	No	Yes	No	Yes	Yes
99140	Anesthesia complicated by emergency conditions (specify) (List separately in addition to code for primary anesthesia procedure)			Yes	Yes	Yes	No	Yes	No	Yes	Yes
99151	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient younger than 5 years of age			Yes	Yes	Yes	No	Yes	No	Yes	Yes
99152	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older			Yes	Yes	Yes	No	Yes	No	Yes	Yes
99153	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)			Yes	Yes	Yes	No	Yes	No	Yes	Yes
99155	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient younger than 5 years of age			Yes	Yes	Yes	No	Yes	No	Yes	Yes
99156	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older			Yes	Yes	Yes	No	Yes	No	Yes	Yes
99157	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)			Yes	Yes	Yes	No	Yes	No	Yes	Yes
99170	Antenatal examination, magnified, in childhood for suspected trauma, including image recording when performed		Examination	No	No	No	No	No	No	No	No
99172	Visual function screening, automated or semi-automated bilateral quantitative determination of visual acuity, ocular alignment, color vision by pseudochromatic plates, and field of vision (may include all or some screening of the determination(s) for contrast sensitivity, vision under glare)		Diagnostic or Screening	No	No	No	No	No	No	No	No
99173	Screening test of visual acuity, quantitative, bilateral		Diagnostic or Screening	No	No	No	No	No	No	No	No
99174	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral, with remote analysis and report		Diagnostic or Screening	No	No	No	No	No	No	No	No
99175	gastric or similar administration for individual emesis and continued observation until stomach adequately emptied of poison		Administration	No	No	No	No	No	No	No	No
99177	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral, with on-site analysis		Diagnostic or Screening	No	No	No	No	No	No	No	No
99183	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session		Hyperbaric Therapy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
99184	Initiation of selective head or total body hypothermia in the critically ill neonate, includes appropriate patient selection by review of clinical, imaging and laboratory data, confirmation of esophageal temperature probe location, evaluation of amplitude EEG, supervision of controlled hypothermia, and assessment of patient tolerance of cooling		Evaluation	No	No	No	No	No	No	No	No
99188	Application of topical fluoride varnish by a physician or other qualified health care professional		Application	No	No	No	No	No	No	No	No
99190	Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); each hour		Maintenance	No	No	No	No	No	No	No	No
99191	Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); 45 minutes		Maintenance	No	No	No	No	No	No	No	No
99192	Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); 30 minutes		Maintenance	No	No	No	No	No	No	No	No
99195	Phlebotomy, therapeutic (separate procedure)		Phlebotomy	No	No	No	No	No	No	No	No
99199	Unlisted special service, procedure or report		Unlisted Procedure	No	No	No	No	No	No	No	No
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.		Evaluation and Management	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
92103	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.		Evaluation and Management	No	No	No	No	No	No	No	No
92104	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.		Evaluation and Management	No	No	No	No	No	No	No	No
92105	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.		Evaluation and Management	No	No	No	No	No	No	No	No
92111	Office or other outpatient visit for the evaluation and management of an established patient; that may not require the presence of a physician or other qualified health care professional.		Evaluation and Management	No	No	No	No	No	No	No	No
92112	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-15 minutes of total time is spent on the date of the encounter.		Evaluation and Management	No	No	No	No	No	No	No	No
92113	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.		Evaluation and Management	No	No	No	No	No	No	No	No
92114	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.		Evaluation and Management	No	No	No	No	No	No	No	No
92115	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.		Evaluation and Management	No	No	No	No	No	No	No	No
92117	Observation care discharge day management (This code is to be utilized to report all services provided to a patient on discharge from outpatient hospital "observation status" if the discharge is on other than the initial date of "observation status." To report services to a patient designated as "observation status" or "equivalent status" and discharged on the same date, use the codes for Observation or Moderate Care Services (Including Admission and Discharge Services, 99214-99216 as appropriate.)	terminated 1/1/23	Observation	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
92118	Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: A detailed or comprehensive history. A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.	terminated 1/1/23	Observation	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
92119	Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history. A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	terminated 1/1/23	Observation	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
92120	Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history. A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.	terminated 1/1/23	Observation	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
92121	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level medical decision making.	No auth for routine vaginal or c-section deliveries	Inpatient	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
92122	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making.	No auth for routine vaginal or c-section deliveries	Inpatient	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
92123	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making.	No auth for routine vaginal or c-section deliveries	Inpatient	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
92124	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: Problem focused internal history. Problem focused examination. Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.	terminated 1/1/23	Observation	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
92125	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused internal history. An expanded problem focused examination. Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.	terminated 1/1/23	Observation	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
92126	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed internal history. A detailed examination. Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.	terminated 1/1/23	Observation	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
92131	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level medical decision making.	No auth for routine vaginal or c-section deliveries	Inpatient	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
92132	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making.	No auth for routine vaginal or c-section deliveries	Inpatient	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
92133	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making.	No auth for routine vaginal or c-section deliveries	Inpatient	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
92134	Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and straightforward or low level medical decision making.	No auth for routine vaginal or c-section deliveries	Observation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
92135	Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and moderate level of medical decision making.	No auth for routine vaginal or c-section deliveries	Observation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
92136	Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and high level of medical decision making.	No auth for routine vaginal or c-section deliveries	Observation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
92138	Hospital inpatient or observation discharge day management; 30 minutes or less on the date of the encounter.	No auth for routine vaginal or c-section deliveries	Inpatient	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
92139	Hospital inpatient or observation discharge day management; more than 30 minutes on the date of the encounter.	No auth for routine vaginal or c-section deliveries	Inpatient	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
92141	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history. A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.	terminated 1/1/23	Evaluation and Management	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
92142	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward level medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.		Evaluation and Management	No	No	No	No	No	No	No	No
92143	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and a low level medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.		Evaluation and Management	No	No	No	No	No	No	No	No
92144	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.		Evaluation and Management	No	No	No	No	No	No	No	No
92145	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and a high level medical decision making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded.		Evaluation and Management	No	No	No	No	No	No	No	No
92151	Inpatient consultation for a new or established patient, which requires these 3 key components: A problem focused history. A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 20 minutes are spent at the bedside and on the patient's hospital floor or unit.	terminated 1/1/23	Inpatient	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

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	Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward level medical decision making. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded.										
92152		No auth for routine vaginal or c-section deliveries	Inpatient	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
92253	Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and a low level medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	No auth for routine vaginal or c-section deliveries	Inpatient	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
92254	Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	No auth for routine vaginal or c-section deliveries	Inpatient	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
92255	Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and a high level medical decision making. When using total time on the date of the encounter for code selection, 80 minutes must be met or exceeded.	No auth for routine vaginal or c-section deliveries	Inpatient	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
92281	Emergency department visit for the evaluation and management of a patient, that may not require the presence of a physician or other qualified health professional		Emergency Room	Yes	Yes	Yes	No	Yes	No	Yes	Yes
92282	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward level medical decision making.		Emergency Room	Yes	Yes	Yes	No	Yes	No	Yes	Yes
92283	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and a low level medical decision making.		Emergency Room	Yes	Yes	Yes	No	Yes	No	Yes	Yes
92284	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate medical decision making.		Emergency Room	Yes	Yes	Yes	No	Yes	No	Yes	Yes
92285	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and a high level medical decision making.		Emergency Room	Yes	Yes	Yes	No	Yes	No	Yes	Yes
92288	Physician or other qualified health care professional direction of emergency medical systems (EMS) emergency care, advanced life support		Emergency Room	Yes	Yes	Yes	No	Yes	No	Yes	Yes
92291	Critical care, evaluation and management of the critically ill or critically injured patient, first 30-74 minutes		Critical Care	Yes	Yes	Yes	No	Yes	No	Yes	Yes
92292	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (list separately in addition to code for primary service)		Critical Care	Yes	Yes	Yes	No	Yes	No	Yes	Yes
92304	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level medical decision making. When using total time on the date of the encounter for code selection, 25 minutes must be met or exceeded.		Nursing Home	Yes	Yes	Yes	No	Yes	No	Yes	Yes
92305	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded.		Nursing Home	Yes	Yes	Yes	No	Yes	No	Yes	Yes
92306	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.		Nursing Home	Yes	Yes	Yes	No	Yes	No	Yes	Yes
92307	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.		Nursing Home	Yes	Yes	Yes	No	Yes	No	Yes	Yes
92308	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.		Nursing Home	Yes	Yes	Yes	No	Yes	No	Yes	Yes
92309	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.		Nursing Home	Yes	Yes	Yes	No	Yes	No	Yes	Yes
92310	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.		Nursing Home	Yes	Yes	Yes	No	Yes	No	Yes	Yes
92315	Nursing facility discharge management; 30 minutes or less total time on the date of the encounter		Nursing Home	Yes	Yes	Yes	No	Yes	No	Yes	Yes
92316	Nursing facility discharge management; more than 30 minutes total time on the date of the encounter		Nursing Home	Yes	Yes	Yes	No	Yes	No	Yes	Yes
	Evaluation and management of a patient involving an annual nursing facility assessment, which requires these 3 key components: A detailed interval history; A comprehensive examination; and Medical decision making that is of low to moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 30 minutes are spent at the bedside and on the patient's facility floor or unit.										
92318		terminated 1/1/23	Nursing Home	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 20 minutes are spent with the patient and/or family or caregiver.										
92324		terminated 1/1/23	Domiciliary or Rest Home	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent with the patient and/or family or caregiver.										
92325		terminated 1/1/23	Domiciliary or Rest Home	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent with the patient and/or family or caregiver.										
92326		terminated 1/1/23	Domiciliary or Rest Home	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent with the patient and/or family or caregiver.										
92327		terminated 1/1/23	Domiciliary or Rest Home	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent with the patient and/or family or caregiver.										
92328		terminated 1/1/23	Domiciliary or Rest Home	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 15 minutes are spent with the patient and/or family or caregiver.										
92334		terminated 1/1/23	Domiciliary or Rest Home	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent with the patient and/or family or caregiver.										
92335		terminated 1/1/23	Domiciliary or Rest Home	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent with the patient and/or family or caregiver.										
92336		terminated 1/1/23	Domiciliary or Rest Home	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 minutes are spent with the patient and/or family or caregiver.										
92337		terminated 1/1/23	Domiciliary or Rest Home	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

CPT	Description	Notes	Code Group	Commercial I/M/O-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
	Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes										
99339	Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes	termed 1/1/23	Domiciliary or Rest Home	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
99340	Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more	termed 1/1/23	Domiciliary or Rest Home	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
99341	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.		Home Care	No	No	No	No	No	No	No	No
99342	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.		Home Care	No	No	No	No	No	No	No	No
99343	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history, A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professional(s), or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	termed 1/1/23	Home Care	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
99344	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.		Home Care	No	No	No	No	No	No	No	No
99345	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.		Home Care	No	No	No	No	No	No	No	No
99347	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.		Home Care	No	No	No	No	No	No	No	No
99348	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.		Home Care	No	No	No	No	No	No	No	No
99349	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.		Home Care	No	No	No	No	No	No	No	No
99350	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.		Home Care	No	No	No	No	No	No	No	No
99354	Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service; first hour (List separately in addition to code for outpatient Evaluation and Management or psychotherapy service, except with office or other outpatient services [99202-99215]). (Use in conjunction with 90837, 90847, 99241-99245, 99324-99337, 99341-99350, 99343) - ADD ON CODE	termed 1/1/23	Evaluation and Management	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
99355	Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service; each additional 30 minutes (List separately in addition to code for outpatient Evaluation and Management or psychotherapy service, except with office or other outpatient services [99202-99215]).	termed 1/1/23	Evaluation and Management	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
99356	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the time of the usual service; first hour (List separately in addition to code for inpatient or observation Evaluation and Management service).	termed 1/1/23	Evaluation and Management	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
99357	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)	termed 1/1/23	Inpatient	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
99358	Prolonged evaluation and management service before and/or after direct patient care; first hour		Evaluation and Management	No	No	No	No	No	No	No	No
99359	Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (List separately in addition to code for prolonged service)		Evaluation and Management	No	No	No	No	No	No	No	No
99360	Standby service, requiring prolonged attendance, each 30 minutes (eg, operative standby, standby for frozen section, for cesarean/high risk delivery, for monitoring EEG)		Professional Services	No	No	No	No	No	No	No	No
99366	Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professional		Team Conference	No	No	No	No	No	No	No	No
99367	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician		Team Conference	No	No	No	No	No	No	No	No
99368	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified health care professional		Team Conference	No	No	No	No	No	No	No	No
99374	Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes		Home Health	No	No	No	No	No	No	No	No
99375	Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more		Home Health	No	No	No	No	No	No	No	No
99377	Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes		Hospice	No	No	No	No	No	No	No	No
99378	Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more		Hospice	No	No	No	No	No	No	No	No
99379	Supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes		Nursing Home	Yes	Yes	Yes	No	Yes	No	Yes	Yes
99380	Supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more		Nursing Home	Yes	Yes	Yes	No	Yes	No	Yes	Yes
99381	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year)		Annual Wellness Visit	No	No	No	No	No	No	No	No
99382	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years)		Annual Wellness Visit	No	No	No	No	No	No	No	No
99383	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years)		Annual Wellness Visit	No	No	No	No	No	No	No	No
99384	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)		Annual Wellness Visit	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial NMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRISK Auth	BMS Auth
99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes		Telehealth	No	No	No	No	No	No	No	No
99453	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial, set up and patient education on use of equipment		Monitoring	No	No	No	No	No	No	No	No
99454	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial, device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days	16-30 days of monitoring. Less than 16 is not reported separately.	Monitoring	No	No	No	No	No	No	No	No
99455	Work related or medical disability examination by the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report.		Examination	yes	yes	yes	No	yes	No	yes	yes
99456	Work related or medical disability examination by other than the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report.		Examination	yes	yes	yes	No	yes	No	yes	yes
99457	Remote physiologic monitoring/treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month. first 20 minutes	1 time = every 30 days	Treatment	No	No	No	No	No	No	No	No
99458	Remote physiologic monitoring/treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the C17; each additional 20 minutes [List separately in addition to code for primary procedure]	add on code for 99457. 99457 marked No on the pending CPT list.	Monitoring	No	No	No	No	No	No	No	No
99459	Public examination (List separately in addition to code for primary procedure)			No	No	No	No	No	No	No	No
99460	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant		Inpatient	No	No	No	No	No	No	No	No
99461	Initial care, per day, for evaluation and management of normal newborn infant seen in other than hospital or birthing center		Evaluation and Management	No	No	No	No	No	No	No	No
99462	Subsequent hospital care, per day, for evaluation and management of normal newborn		Inpatient	No	No	No	No	No	No	No	No
99463	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant admitted and discharged on the same date		Evaluation and Management	No	No	No	No	No	No	No	No
99464	Attendance at delivery (when requested by the delivering physician or other qualified health care professional) and initial stabilization of newborn		Delivery	No	No	No	No	No	No	No	No
99465	Delivery/birthing room resuscitation, provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output		Delivery	No	No	No	No	No	No	No	No
99466	Critical care face-to-face services, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or younger, first 30-74 minutes of hands-on care during transport		Critical Care	Yes	Yes	Yes	No	Yes	No	Yes	Yes
99467	Critical care face-to-face services, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or younger, each additional 30 minutes (List separately in addition to code for primary service)		Critical Care	Yes	Yes	Yes	No	Yes	No	Yes	Yes
99468	Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger		Critical Care	Yes	Yes	Yes	No	Yes	No	Yes	Yes
99469	Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger		Critical Care	Yes	Yes	Yes	No	Yes	No	Yes	Yes
99471	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age		Critical Care	Yes	Yes	Yes	No	Yes	No	Yes	Yes
99472	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age		Critical Care	Yes	Yes	Yes	No	Yes	No	Yes	Yes
99473	Self-measured blood pressure using a device validated for clinical accuracy, patient education/training and device calibration		Monitoring	Yes	Yes	Yes	No	Yes	No	Yes	Yes
99474	Self-measured blood pressure using a device validated for clinical accuracy, separate separate measurements of two readings one minute apart, twice daily over a 30 day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified HCP, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient		Monitoring	Yes	Yes	Yes	No	Yes	No	Yes	Yes
99475	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age		Critical Care	Yes	Yes	Yes	No	Yes	No	Yes	Yes
99476	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age		Critical Care	Yes	Yes	Yes	No	Yes	No	Yes	Yes
99477	Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or younger, who requires intensive observation, frequent interventions, and other intensive care services		Inpatient	Yes	Yes	Yes	No	Yes	No	Yes	Yes
99478	Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1500 grams)		Inpatient	Yes	Yes	Yes	No	Yes	No	Yes	Yes
99479	Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight of 1500-2500 grams)		Inpatient	Yes	Yes	Yes	No	Yes	No	Yes	Yes
99480	Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams)		Inpatient	Yes	Yes	Yes	No	Yes	No	Yes	Yes
99483	Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home, with all of the following required elements: Cognition-focused evaluation including a pertinent history and examination, Medical decision making of moderate or high complexity, Functional assessment (eg, basic and instrumental activities of daily living), including decision-making capacity, Use of standardized instruments for staging of dementia (eg, functional assessment staging test [FAST], clinical dementia rating [CDR]), Medication reconciliation and review for high-risk medications, Evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized screening instrument(s), Evaluation of safety (eg, home), including motor vehicle operation, Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks, Development, updating or revision, or review of an Advance Care Plan, Creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, neuro-cognitive symptoms, functional limitations, and referral to community resources as needed (eg, rehabilitation services, adult day programs, support groups) shared with the patient and/or caregiver with initial education and support. Typically, 60 minutes of total time is spent on the date of encounter.		Assessment	No	No	No	No	No	No	No	No
99484	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: *Initial assessment or follow-up monitoring, including the use of applicable validated rating scales, *behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes, *facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation and *continuity of care with a designated member of the care team		Behavioral Health	No	No	No	No	No	No	No	No
99485	Supervision by a control physician of interfacility transport care of the critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility and during the transport, including data interpretation and report; first 30 minutes		Transport	No	No	No	No	No	No	No	No
99486	Supervision by a control physician of interfacility transport care of the critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility and during the transport, including data interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)		Transport	No	No	No	No	No	No	No	No
99487	Complex chronic care management services, with the following required elements: *multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, *chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, *comprehensive care plan established, implemented, revised, or monitored; first 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month		Evaluation and Management	No	No	No	No	No	No	No	No
99489	Complex chronic care management services, with the following required elements: *multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, *chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, *comprehensive care plan established, implemented, revised, or monitored; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	Report in conjunction with 99487- ADD ON CODE	Evaluation and Management	No	No	No	No	No	No	No	No
99490	Chronic care management services, with the following required elements: *multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, *chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, *comprehensive care plan established, implemented, revised, or monitored; first 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month		Evaluation and Management	No	No	No	No	No	No	No	No
99491	Chronic care management services, with the following required elements: *multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, *chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, *comprehensive care plan established, implemented, revised, or monitored; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month		Management	No	No	No	No	No	No	No	No
99492	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: *outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional, *initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan, *review by the psychiatric consultant with modifications of the plan if recommended, *entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly case-level consultation with the psychiatric consultant, and *provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.		Mental Health	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	T88C Auth	BMS Auth
	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: "tracking patient follow-up and progress using the registry, with appropriate documentation," "participation in weekly caseload consultation with the psychiatric consultant," "ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers," "additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant," "provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies," "monitoring of patient outcomes using validated rating scales and "relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.										
99493			Mental Health	No	No	No	No	No	No	No	No
99494	Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure)		Mental Health	No	No	No	No	No	No	No	No
99495	Transitional care management services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge, At least moderate level of medical decision making during the service period, Face-to-face visit, within 14 calendar days of discharge		Management	No	No	No	No	No	No	No	No
99496	Transitional care management services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge, At least high level of medical decision making during the service period, Face-to-face visit, within 7 calendar days of discharge		Management	No	No	No	No	No	No	No	No
99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate		Professional Services	No	No	No	No	No	No	No	No
99498	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)		Professional Services	No	No	No	No	No	No	No	No
99499	Unlisted evaluation and management service	No auth required for Privia providers: 50000033	Unlisted Procedure	Yes	Yes	Yes	No	Yes	No	Yes	Yes
99500	Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring		Management	No	No	No	No	No	No	No	No
99501	Home visit for postnatal assessment and follow-up care		Management	No	No	No	No	No	No	No	No
99502	Home visit for newborn care and assessment		Management	No	No	No	No	No	No	No	No
99503	Home visit for respiratory therapy care(e.g. bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)		Management	No	No	No	No	No	No	No	No
99504	Home visit for mechanical ventilation care		Management	No	No	No	No	No	No	No	No
99505	Home visit for stoma care and maintenance including colostomy and cystostomy		Management	No	No	No	No	No	No	No	No
99506	Home visit for intramuscular injections		Management	No	No	No	No	No	No	No	No
99507	Home visit for care and maintenance of catheter(s) (eg. Urinary, drainage, and enteral		Management	No	No	No	No	No	No	No	No
99509	Home visit for assistance with activities of daily living and personal care		Management	No	No	No	No	No	No	No	No
99510	Home visit for individual, family, or marriage counseling	Marriage counseling is non-covered	Management	Yes	Yes	Yes	No	Yes	No	No	No
99511	Home visit for fecal incontinence management and enema administration		Management	No	No	No	No	No	No	No	No
99512	Home visit for hemodialysis		Management	No	No	No	No	No	No	No	No
99500	Unlisted home visit service or procedure		Professional Services	Yes	Yes	Yes	No	Yes	No	Yes	Yes
99601	Home infusion/specialty drug administration, per visit (up to 2 hours);		Infusion	No	No	No	No	No	No	No	No
99602	Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure)		Infusion	No	No	No	No	No	No	No	No
99605	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient		Management	No	No	No	No	No	No	No	No
99606	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, established patient		Management	No	No	No	No	No	No	No	No
99607	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; each additional 15 minutes (List separately in addition to code for primary service)		Management	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
0001F	Heart failure assessed (includes assessment of all the following components) (CAD): Blood pressure measured (2000F) Level of activity assessed (1003F) Clinical symptoms of volume overload (excess) assessed (1004F) Weight, recorded (2001F) Clinical signs of volume overload (excess) assessed (2002F) Osteoarthritis assessed (OA) Includes assessment of all the following components: Osteoarthritis symptoms and functional status assessed (1006F) Use of anti-inflammatory or over-the-counter (OTC) analgesic medications assessed (1007F) Initial examination of the involved joint(s) (Includes visual inspection, palpation, range of motion) (2004F)	All CAT II is Non-billable	Quality Measures	No	No	No	No	No	No	No	No
0005F	Community-acquired bacterial pneumonia assessment (includes all of the following components) (CAP) Co-morbid conditions assessed (1026F) Vital signs recorded (2010F) Mental status assessed (2014F) Hydration status assessed (2018F)		Quality Measures	No	No	No	No	No	No	No	No
0012F	Comprehensive preoperative assessment performed for cataract surgery with intraocular lens (IOL) placement (includes assessment of all of the following components) (EC): Dilated fundus evaluation performed within 12 months prior to cataract surgery (2020F) Pre-surgical (cataract) axial length, corneal power measurement and method of intraocular lens power calculation documented (must be performed within 12 months prior to surgery) (3073F) Preoperative assessment of functional or medical indication(s) for surgery prior to the cataract surgery with intraocular lens placement (must be performed within 12 months prior to cataract surgery) (3325F)		Quality Measures	No	No	No	No	No	No	No	No
0014F	Melanoma follow up completed (includes assessment of all of the following components) (ML): History obtained regarding new or changing moles (1050F) Complete physical skin exam performed (2029F) Patient counseled to perform a monthly self skin examination (5005F)		Quality Measures	No	No	No	No	No	No	No	No
0015F	Initial prenatal care visit (report at first prenatal encounter with health care professional providing obstetrical care. Report also date of visit and, in a separate field, the date of the last menstrual period [LMP]) (Prenatal)		Quality Measures	No	No	No	No	No	No	No	No
0500F	Prenatal flow sheet documented in medical record by first prenatal visit (documentation includes at minimum blood pressure, weight, urine protein, uterine size, fetal heart tones, and estimated date of delivery). Report also: date of visit and, in a separate field, the date of the last menstrual period [LMP] (Note: If reporting 0501F Prenatal flow sheet, it is not necessary to report 0500F Initial prenatal care visit) (Prenatal)		Quality Measures	No	No	No	No	No	No	No	No
0501F	Subsequent prenatal care visit (Prenatal) [Excludes: patients who are seen for a condition unrelated to pregnancy or prenatal care (eg, an upper respiratory infection; patients seen for consultation only, not for continuing care)]		Quality Measures	No	No	No	No	No	No	No	No
0502F	Postpartum care visit (Prenatal)		Quality Measures	No	No	No	No	No	No	No	No
0503F	Hemodialysis plan of care documented (ESRD, P-ESRD)		Quality Measures	No	No	No	No	No	No	No	No
0507F	Peritoneal dialysis plan of care documented (ESRD)		Quality Measures	No	No	No	No	No	No	No	No
0509F	Urinary incontinence plan of care documented (GER)		Quality Measures	No	No	No	No	No	No	No	No
0513F	Elevated blood pressure plan of care documented (CKD)		Quality Measures	No	No	No	No	No	No	No	No
0514F	Plan of care for elevated hemoglobin level documented for patient receiving Erythropoiesis-Stimulating Agent therapy (ESA) (CKD)		Quality Measures	No	No	No	No	No	No	No	No
0516F	Anemia plan of care documented (ESRD)		Quality Measures	No	No	No	No	No	No	No	No
0517F	Glaucoma plan of care documented (EC)		Quality Measures	No	No	No	No	No	No	No	No
0518F	Falls plan of care documented (GER)		Quality Measures	No	No	No	No	No	No	No	No
0519F	Planned chemotherapy regimen, including at a minimum: drug(s) prescribed, dose, and duration, documented prior to initiation of a new treatment regimen (ONC)		Quality Measures	No	No	No	No	No	No	No	No
0520F	Radiation dose limits to normal tissues established prior to the initiation of a course of 3D conformal radiation for a minimum of 2 tissue/organ (ONC)		Quality Measures	No	No	No	No	No	No	No	No
0521F	Plan of care to address pain documented (COA) (ONC)		Quality Measures	No	No	No	No	No	No	No	No
0525F	Initial visit for episode (BkP)		Quality Measures	No	No	No	No	No	No	No	No
0526F	Subsequent visit for episode (BkP)		Quality Measures	No	No	No	No	No	No	No	No
0528F	Recommended follow-up interval for repeat colonoscopy of at least 10 years documented in colonoscopy report (End/Polyp)		Quality Measures	No	No	No	No	No	No	No	No
0529F	Interval of 3 or more years since patient's last colonoscopy, documented (End/Polyp)		Quality Measures	No	No	No	No	No	No	No	No
0535F	Dyspnea management plan of care, documented (Pall Cr)		Quality Measures	No	No	No	No	No	No	No	No
0540F	Glucocorticoid Management Plan Documented (RA)		Quality Measures	No	No	No	No	No	No	No	No
0545F	Plan for follow-up care for major depressive disorder, documented (MDD ADOL)		Quality Measures	No	No	No	No	No	No	No	No
0550F	Cytopathology report on routine nongynecologic specimen finalized within two working days of accession date (PATH)		Quality Measures	No	No	No	No	No	No	No	No
0551F	Cytopathology report on nongynecologic specimen with documentation that the specimen was non-routine (PATH)		Quality Measures	No	No	No	No	No	No	No	No
0555F	Symptom management plan of care documented (HF)		Quality Measures	No	No	No	No	No	No	No	No
0556F	Plan of care to achieve lipid control documented (CAD)		Quality Measures	No	No	No	No	No	No	No	No
0557F	Plan of care to manage anginal symptoms documented (CAD)		Quality Measures	No	No	No	No	No	No	No	No
0575F	HIV RNA control plan of care, documented (HIV)		Quality Measures	No	No	No	No	No	No	No	No
0580F	Multidisciplinary care plan developed or updated (ALS)		Quality Measures	No	No	No	No	No	No	No	No
0581F	Patient transferred directly from anesthetizing location to critical care unit (Peri2)		Quality Measures	No	No	No	No	No	No	No	No
0582F	Patient not transferred directly from anesthetizing location to critical care unit (Peri2)		Quality Measures	No	No	No	No	No	No	No	No
0583F	Transfer of care checklist used (Peri2)		Quality Measures	No	No	No	No	No	No	No	No
0584F	Transfer of care checklist not used (Peri2)		Quality Measures	No	No	No	No	No	No	No	No
1000F	Tobacco use assessed (CAD, CAP, COPD, PVI (DM)		Quality Measures	No	No	No	No	No	No	No	No
1002F	Anginal symptoms and level of activity assessed (NMA-No Measure Associated)		Quality Measures	No	No	No	No	No	No	No	No
1003F	Level of activity assessed (NMA-No Measure Associated)		Quality Measures	No	No	No	No	No	No	No	No
1004F	Clinical symptoms of volume overload (excess) assessed (NMA-No Measure Associated)		Quality Measures	No	No	No	No	No	No	No	No
1005F	Asthma symptoms evaluated (includes documentation of numeric frequency of symptoms or patient completion of an asthma assessment tool/survey/questionnaire) (NMA-No Measure Associated)		Quality Measures	No	No	No	No	No	No	No	No
1006F	Osteoarthritis symptoms and functional status assessed (may include the use of a standardized scale or the completion of an assessment questionnaire, such as the SF-36, AAOS Hip & Knee Questionnaire) (OA) [Instructions: Report when osteoarthritis is addressed during the patient encounter]		Quality Measures	No	No	No	No	No	No	No	No
1007F	Use of anti-inflammatory or analgesic over-the-counter (OTC) medications for symptom relief assessed (OA)		Quality Measures	No	No	No	No	No	No	No	No
1008F	Gastrointestinal and renal risk factors assessed for patients on prescribed or OTC non-steroidal anti-inflammatory drug (NSAID) (OA)		Quality Measures	No	No	No	No	No	No	No	No
1010F	Severity of angina assessed by level of activity (CAD)		Quality Measures	No	No	No	No	No	No	No	No
1011F	Angina present (CAD)		Quality Measures	No	No	No	No	No	No	No	No
1012F	Angina absent (CAD)		Quality Measures	No	No	No	No	No	No	No	No
1015F	Chronic obstructive pulmonary disease (COPD) symptoms assessed (Includes assessment of at least 1 of the following: dyspnea, cough/sputum, wheezing), or respiratory symptom assessment tool completed (COPD)		Quality Measures	No	No	No	No	No	No	No	No
1018F	Dyspnea assessed, not present (COPD)		Quality Measures	No	No	No	No	No	No	No	No
1019F	Dyspnea assessed, present (COPD)		Quality Measures	No	No	No	No	No	No	No	No
1022F	Pneumococcus immunization status assessed (CAP, COPD)		Quality Measures	No	No	No	No	No	No	No	No
1026F	Co-morbid conditions assessed (eg, includes assessment for presence or absence of: malignancy, liver disease, congestive heart failure, cerebrovascular disease, renal disease, chronic obstructive pulmonary disease, asthma, diabetes, other co-morbid conditions) (CAP)		Quality Measures	No	No	No	No	No	No	No	No
1030F	Influenza immunization status assessed (CAP)		Quality Measures	No	No	No	No	No	No	No	No
1031F	Smoking status and exposure to second hand smoke in the home assessed (Asthma)		Quality Measures	No	No	No	No	No	No	No	No
1032F	Current tobacco smoker or currently exposed to secondhand smoke (Asthma)		Quality Measures	No	No	No	No	No	No	No	No
1033F	Current tobacco non-smoker and not currently exposed to secondhand smoke (Asthma)		Quality Measures	No	No	No	No	No	No	No	No
1034F	Current tobacco smoker (CAD, CAP, COPD, PVI (DM)		Quality Measures	No	No	No	No	No	No	No	No
1035F	Current smokeless tobacco user (eg, chew, snuff) (PVI)		Quality Measures	No	No	No	No	No	No	No	No
1036F	Current tobacco non-user (CAD, CAP, COPD, PVI (DM) (IBD)		Quality Measures	No	No	No	No	No	No	No	No
1038F	Persistent asthma (mild, moderate or severe) (Asthma)		Quality Measures	No	No	No	No	No	No	No	No
1039F	Intermittent asthma (Asthma)		Quality Measures	No	No	No	No	No	No	No	No
1040F	DSM-5 criteria for major depressive disorder documented at the initial evaluation (MDD, MDD ADOL)		Quality Measures	No	No	No	No	No	No	No	No
1050F	History obtained regarding new or changing moles (ML)		Quality Measures	No	No	No	No	No	No	No	No
1052F	Type, anatomic location, and activity all assessed (IBD)		Quality Measures	No	No	No	No	No	No	No	No
1055F	Visual functional status assessed (EC)		Quality Measures	No	No	No	No	No	No	No	No
1060F	Documentation of permanent or persistent or paroxysmal atrial fibrillation (STR)		Quality Measures	No	No	No	No	No	No	No	No
1061F	Documentation of absence of permanent and persistent and paroxysmal atrial fibrillation (STR)		Quality Measures	No	No	No	No	No	No	No	No
1065F	Ischemic stroke symptom onset of less than 3 hours prior to arrival (STR)		Quality Measures	No	No	No	No	No	No	No	No
1066F	Ischemic stroke symptom onset greater than or equal to 3 hours prior to arrival (STR)		Quality Measures	No	No	No	No	No	No	No	No
1070F	Alarm symptoms (involuntary weight loss, dysphagia, or gastrointestinal bleeding) assessed; none present (GERD)		Quality Measures	No	No	No	No	No	No	No	No
1071F	Alarm symptoms (involuntary weight loss, dysphagia, or gastrointestinal bleeding) assessed; 1 or more present (GERD)		Quality Measures	No	No	No	No	No	No	No	No
1090F	Presence or absence of urinary incontinence assessed (GER)		Quality Measures	No	No	No	No	No	No	No	No
1091F	Urinary incontinence characterized (eg, frequency, volume, timing, type of symptoms, how bothersome) (GER)		Quality Measures	No	No	No	No	No	No	No	No
1100F	Patient screened for future fall risk; documentation of 2 or more falls in the past year or any fall with injury in the past year (GER)		Quality Measures	No	No	No	No	No	No	No	No
1101F	Patient screened for future fall risk; documentation of no falls in the past year or only 1 fall without injury in the past year (GER)		Quality Measures	No	No	No	No	No	No	No	No
1110F	Patient discharged from an inpatient facility (eg, hospital, skilled nursing facility, or rehabilitation facility) within the last 60 days (GER)		Quality Measures	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
1111F	Discharge medications reconciled with the current medication list in outpatient medical record (COA) (GER)		Quality Measures	No	No	No	No	No	No	No	No
1116F	Articular or periaricular pain assessed (AOE)		Quality Measures	No	No	No	No	No	No	No	No
1118F	GERD symptoms assessed after 12 months of therapy (GERD)		Quality Measures	No	No	No	No	No	No	No	No
1119F	Initial evaluation for condition (HEP C)(EPI, DSP)		Quality Measures	No	No	No	No	No	No	No	No
1121F	Subsequent evaluation for condition (HEP C)(EPI)		Quality Measures	No	No	No	No	No	No	No	No
1123F	Advance Care Planning discussed and documented advance care plan or surrogate decision maker documented in the medical record (DEM) (GER, Pall Cr)		Quality Measures	No	No	No	No	No	No	No	No
1124F	Advance Care Planning discussed and documented in the medical record, patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan (DEM) (GER, Pall Cr)		Quality Measures	No	No	No	No	No	No	No	No
1125F	Pain severity quantified; pain present (COA) (ONC)		Quality Measures	No	No	No	No	No	No	No	No
1126F	Pain severity quantified; no pain present (COA) (ONC)		Quality Measures	No	No	No	No	No	No	No	No
1127F	New episode for condition (NMA-No Measure Associated)		Quality Measures	No	No	No	No	No	No	No	No
1128F	Subsequent episode for condition (NMA-No Measure Associated)		Quality Measures	No	No	No	No	No	No	No	No
1130F	Back pain and function assessed, including all of the following: Pain assessment and functional status and patient history, including notation of presence or absence of "red flags" (warning signs) and assessment of prior treatment and response, and employment status (BkP)		Quality Measures	No	No	No	No	No	No	No	No
1134F	Episode of back pain lasting 6 weeks or less (BkP)		Quality Measures	No	No	No	No	No	No	No	No
1135F	Episode of back pain lasting longer than 6 weeks (BkP)		Quality Measures	No	No	No	No	No	No	No	No
1136F	Episode of back pain lasting 12 weeks or less (BkP)		Quality Measures	No	No	No	No	No	No	No	No
1137F	Episode of back pain lasting longer than 12 weeks (BkP)		Quality Measures	No	No	No	No	No	No	No	No
1150F	Documentation that a patient has a substantial risk of death within 1 year (Pall Cr)		Quality Measures	No	No	No	No	No	No	No	No
1151F	Documentation that a patient does not have a substantial risk of death within one year (Pall Cr)		Quality Measures	No	No	No	No	No	No	No	No
1152F	Documentation of advanced disease diagnosis, goals of care prioritize comfort (Pall Cr)		Quality Measures	No	No	No	No	No	No	No	No
1153F	Documentation of advanced disease diagnosis, goals of care do not prioritize comfort (Pall Cr)		Quality Measures	No	No	No	No	No	No	No	No
1157F	Advance care plan or similar legal document present in the medical record (COA)		Quality Measures	No	No	No	No	No	No	No	No
1158F	Advance care planning discussion documented in the medical record (COA)		Quality Measures	No	No	No	No	No	No	No	No
1159F	Medication list documented in medical record (COA)		Quality Measures	No	No	No	No	No	No	No	No
1160F	Review of all medications by a prescribing practitioner or clinical pharmacist (such as, prescriptions, OTCs, herbal therapies and supplements) documented in the medical record (COA)		Quality Measures	No	No	No	No	No	No	No	No
1170F	Functional status assessed (COA) (RA)		Quality Measures	No	No	No	No	No	No	No	No
1175F	Functional status for dementia assessed and results reviewed (DEM)		Quality Measures	No	No	No	No	No	No	No	No
1180F	All specified thromboembolic risk factors assessed (AFIB)		Quality Measures	No	No	No	No	No	No	No	No
1181F	Neuropsychiatric symptoms assessed and results reviewed (DEM)		Quality Measures	No	No	No	No	No	No	No	No
1182F	Neuropsychiatric symptoms, one or more present (DEM)		Quality Measures	No	No	No	No	No	No	No	No
1183F	Neuropsychiatric symptoms, absent (DEM)		Quality Measures	No	No	No	No	No	No	No	No
1200F	Seizure type(s) and current seizure frequency(ies) documented (EPI)		Quality Measures	No	No	No	No	No	No	No	No
1205F	Etiology of epilepsy or epilepsy syndrome(s) reviewed and documented (EPI)		Quality Measures	No	No	No	No	No	No	No	No
1220F	Patient screened for depression (SUD)		Quality Measures	No	No	No	No	No	No	No	No
1400F	Parkinson's disease diagnosis reviewed (Prkns)		Quality Measures	No	No	No	No	No	No	No	No
1450F	Symptoms improved or remained consistent with treatment goals since last assessment (HF)		Quality Measures	No	No	No	No	No	No	No	No
1451F	Symptoms demonstrated clinically important deterioration since last assessment (HF)		Quality Measures	No	No	No	No	No	No	No	No
1460F	Symptoms demonstrated clinically important deterioration since last assessment (HF)		Quality Measures	No	No	No	No	No	No	No	No
1461F	No qualifying cardiac event/diagnosis in previous 12 months (CAD)		Quality Measures	No	No	No	No	No	No	No	No
1490F	Dementia severity classified, mild (DEM)		Quality Measures	No	No	No	No	No	No	No	No
1491F	Dementia severity classified, moderate (DEM)		Quality Measures	No	No	No	No	No	No	No	No
1493F	Dementia severity classified, severe (DEM)		Quality Measures	No	No	No	No	No	No	No	No
1494F	Cognition assessed and reviewed (DEM)		Quality Measures	No	No	No	No	No	No	No	No
1500F	Symptoms and signs of distal symmetric polyneuropathy reviewed and documented (DSP)		Quality Measures	No	No	No	No	No	No	No	No
1501F	Not initial evaluation for condition (DSP)		Quality Measures	No	No	No	No	No	No	No	No
1502F	Patient queried about pain and pain interference with function using a valid and reliable instrument (DSP)		Quality Measures	No	No	No	No	No	No	No	No
1503F	Patient queried about symptoms of respiratory insufficiency (ALS)		Quality Measures	No	No	No	No	No	No	No	No
1504F	Patient has respiratory insufficiency (ALS)		Quality Measures	No	No	No	No	No	No	No	No
1505F	Patient does not have respiratory insufficiency (ALS)		Quality Measures	No	No	No	No	No	No	No	No
2000F	Blood pressure measured (CKD)(DM)		Quality Measures	No	No	No	No	No	No	No	No
2001F	Weight recorded (PAG)		Quality Measures	No	No	No	No	No	No	No	No
2002F	Clinical signs of volume overload (excess) assessed (NMA-No Measure Associated)		Quality Measures	No	No	No	No	No	No	No	No
2004F	Initial examination of the involved joint(s) (includes visual inspection, palpation, range of motion) (OA) [Instructions: Report only for initial osteoarthritis visit or for visits for new joint involvement]		Quality Measures	No	No	No	No	No	No	No	No
2010F	Vital signs (temperature, pulse, respiratory rate, and blood pressure) documented and reviewed (CAP) (EM)		Quality Measures	No	No	No	No	No	No	No	No
2014F	Mental status assessed (CAP) (EM)		Quality Measures	No	No	No	No	No	No	No	No
2015F	Asthma impairment assessed (Asthma)		Quality Measures	No	No	No	No	No	No	No	No
2016F	Asthma risk assessed (Asthma)		Quality Measures	No	No	No	No	No	No	No	No
2018F	Hydration status assessed (normal/mildly dehydrated/severely dehydrated) (CAP)		Quality Measures	No	No	No	No	No	No	No	No
2019F	Dilated macular exam performed, including documentation of the presence or absence of macular thickening or hemorrhage and the level of macular degeneration severity (EC)		Quality Measures	No	No	No	No	No	No	No	No
2020F	Dilated fundus evaluation performed within 12 months prior to cataract surgery (EC)		Quality Measures	No	No	No	No	No	No	No	No
2021F	Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema and level of severity of retinopathy (EC)		Quality Measures	No	No	No	No	No	No	No	No
2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy (DM)		Quality Measures	No	No	No	No	No	No	No	No
2023F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM)		Quality Measures	No	No	No	No	No	No	No	No
2024F	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy (DM)		Quality Measures	No	No	No	No	No	No	No	No
2025F	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM)		Quality Measures	No	No	No	No	No	No	No	No
2026F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; with evidence of retinopathy (DM)		Quality Measures	No	No	No	No	No	No	No	No
2027F	Optic nerve head evaluation performed (EC)		Quality Measures	No	No	No	No	No	No	No	No
2028F	Foot examination performed (includes examination through visual inspection, sensory exam with monofilament, and pulse exam - report when any of the 3 components are completed) (DM)		Quality Measures	No	No	No	No	No	No	No	No
2029F	Complete physical skin exam performed (ML)		Quality Measures	No	No	No	No	No	No	No	No
2030F	Hydration status documented, normally hydrated (PAG)		Quality Measures	No	No	No	No	No	No	No	No
2031F	Hydration status documented, dehydrated (PAG)		Quality Measures	No	No	No	No	No	No	No	No
2033F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; without evidence of retinopathy (DM)		Quality Measures	No	No	No	No	No	No	No	No
2035F	Tympanic membrane mobility assessed with pneumatic otoscopy or tympanometry (OME)		Quality Measures	No	No	No	No	No	No	No	No
2040F	Physical examination on the date of the initial visit for low back pain performed, in accordance with specifications (BkP)		Quality Measures	No	No	No	No	No	No	No	No
2044F	Documentation of mental health assessment prior to intervention (back surgery or epidural steroid injection) or for back pain episode lasting longer than 6 weeks (BkP)		Quality Measures	No	No	No	No	No	No	No	No
2050F	Wound characteristics including size and nature of wound base tissue and amount of drainage prior to debridement documented (CWC)		Quality Measures	No	No	No	No	No	No	No	No
2060F	Patient interviewed directly on or before date of diagnosis of major depressive disorder (MDD ADOL)		Quality Measures	No	No	No	No	No	No	No	No
3006F	Chest X-ray results documented and reviewed (CAP)		Quality Measures	No	No	No	No	No	No	No	No
3008F	Body Mass Index (BMI), documented (PV)		Quality Measures	No	No	No	No	No	No	No	No
3011F	Lipid panel results documented and reviewed (must include total cholesterol, HDL-C, triglycerides and calculated LDL-C) (CAD)		Quality Measures	No	No	No	No	No	No	No	No
3014F	Screening mammography results documented and reviewed (PV)		Quality Measures	No	No	No	No	No	No	No	No
3015F	Cervical cancer screening results documented and reviewed (PV)		Quality Measures	No	No	No	No	No	No	No	No
3016F	Patient screened for unhealthy alcohol use using a systematic screening method (PV) (DSP)		Quality Measures	No	No	No	No	No	No	No	No
3017F	Colorectal cancer screening results documented and reviewed (PV)		Quality Measures	No	No	No	No	No	No	No	No
3018F	Pre-procedure risk assessment and depth of insertion and quality of the bowel prep and complete description of polyp(s) found, including location of each polyp, size, number and gross morphology and recommendations for follow-up in final colonoscopy report documented (End/Polyp)		Quality Measures	No	No	No	No	No	No	No	No
3019F	Left ventricular ejection fraction (LVEF) assessment planned post discharge (HF)		Quality Measures	No	No	No	No	No	No	No	No
3020F	Left ventricular function (LVF) assessment (eg, echocardiography, nuclear test, or ventriculography) documented in the medical record (includes quantitative or qualitative assessment results) (NMA-No Measure Associated)		Quality Measures	No	No	No	No	No	No	No	No
3021F	Left ventricular ejection fraction (LVEF) less than 40% or documentation of moderately or severely depressed left ventricular systolic function (CAD, HF)		Quality Measures	No	No	No	No	No	No	No	No
3022F	Left ventricular ejection fraction (LVEF) greater than or equal to 40% or documentation as normal or mildly depressed left ventricular systolic function (CAD, HF)		Quality Measures	No	No	No	No	No	No	No	No
3023F	Spirometry results documented and reviewed (COPD)		Quality Measures	No	No	No	No	No	No	No	No
3025F	Spirometry test results demonstrate FEV1/FVC less than 70% with COPD symptoms (eg, dyspnea, cough/sputum, wheezing) (CAP, COPD)		Quality Measures	No	No	No	No	No	No	No	No
3027F	Spirometry test results demonstrate FEV1/FVC greater than or equal to 70% or patient does not have COPD symptoms (COPD)		Quality Measures	No	No	No	No	No	No	No	No
3028F	Oxygen saturation results documented and reviewed (includes assessment through pulse oximetry or arterial blood gas measurement) (CAP, COPD) (EM)		Quality Measures	No	No	No	No	No	No	No	No
3035F	Oxygen saturation less than or equal to 88% or a PaO2 less than or equal to 55 mm Hg (COPD)		Quality Measures	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
3037F	Oxygen saturation greater than 88% or PaO2 greater than 55 mm Hg (COPD)		Quality Measures	No	No	No	No	No	No	No	No
3038F	Pulmonary function test performed within 12 months prior to surgery (Lung/Esoq Cx)		Quality Measures	No	No	No	No	No	No	No	No
3040F	Functional expiratory volume (FEV1) less than 40% of predicted value (COPD)		Quality Measures	No	No	No	No	No	No	No	No
3042F	Functional expiratory volume (FEV1) greater than or equal to 40% of predicted value (COPD)		Quality Measures	No	No	No	No	No	No	No	No
3044F	Most recent hemoglobin A1c (HbA1c) level less than 7.0% (DM)		Quality Measures	No	No	No	No	No	No	No	No
3046F	Most recent hemoglobin A1c level greater than 9.0% (DM)		Quality Measures	No	No	No	No	No	No	No	No
3048F	Most recent LDL-C less than 100 mg/dL (CAD) (DM)		Quality Measures	No	No	No	No	No	No	No	No
3049F	Most recent LDL-C 100-129 mg/dL (CAD) (DM)		Quality Measures	No	No	No	No	No	No	No	No
3050F	Most recent LDL-C greater than or equal to 130 mg/dL (CAD) (DM)		Quality Measures	No	No	No	No	No	No	No	No
3051F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% (DM)		Quality Measures	No	No	No	No	No	No	No	No
3052F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% (DM)		Quality Measures	No	No	No	No	No	No	No	No
3055F	Left ventricular ejection fraction (LVEF) less than or equal to 35% (HF)		Quality Measures	No	No	No	No	No	No	No	No
3056F	Left ventricular ejection fraction (LVEF) greater than 35% or no LVEF result available (HF)		Quality Measures	No	No	No	No	No	No	No	No
3060F	Positive microalbuminuria test result documented and reviewed (DM)		Quality Measures	No	No	No	No	No	No	No	No
3061F	Negative microalbuminuria test result documented and reviewed (DM)		Quality Measures	No	No	No	No	No	No	No	No
3062F	Positive macroalbuminuria test result documented and reviewed (DM)		Quality Measures	No	No	No	No	No	No	No	No
3066F	Documentation of treatment for nephropathy (eg, patient receiving dialysis, patient being treated for ESRD, CRF, ARF, or renal insufficiency, any visit to a nephrologist) (DM)		Quality Measures	No	No	No	No	No	No	No	No
3072F	Low risk for retinopathy (no evidence of retinopathy in the prior year) (DM)		Quality Measures	No	No	No	No	No	No	No	No
3073F	Pre-surgical (cataract) axial length, corneal power measurement and method of intraocular lens power calculation documented within 12 months prior to surgery (EC)		Quality Measures	No	No	No	No	No	No	No	No
3074F	Most recent systolic blood pressure less than 130 mm Hg (DM), (HTN, CKD, CAD)		Quality Measures	No	No	No	No	No	No	No	No
3075F	Most recent systolic blood pressure 130-139 mm Hg (DM) (HTN, CKD, CAD)		Quality Measures	No	No	No	No	No	No	No	No
3077F	Most recent systolic blood pressure greater than or equal to 140 mm Hg (HTN, CKD, CAD) (DM)		Quality Measures	No	No	No	No	No	No	No	No
3078F	Most recent diastolic blood pressure less than 80 mm Hg (HTN, CKD, CAD) (DM)		Quality Measures	No	No	No	No	No	No	No	No
3079F	Most recent diastolic blood pressure 80-89 mm Hg (HTN, CKD, CAD) (DM)		Quality Measures	No	No	No	No	No	No	No	No
3080F	Most recent diastolic blood pressure greater than or equal to 90 mm Hg (HTN, CKD, CAD) (DM)		Quality Measures	No	No	No	No	No	No	No	No
3082F	Kt/V less than 1.2 (Clearance of urea [Kt]/volume [V]) (ESRD, P-ESRD)		Quality Measures	No	No	No	No	No	No	No	No
3083F	Kt/V equal to or greater than 1.2 and less than 1.7 (Clearance of urea [Kt]/volume [V]) (ESRD, P-ESRD)		Quality Measures	No	No	No	No	No	No	No	No
3084F	Kt/V greater than or equal to 1.7 (Clearance of urea [Kt]/volume [V]) (ESRD, P-ESRD)		Quality Measures	No	No	No	No	No	No	No	No
3085F	Suicide risk assessed (MDD, MDD ADOL)		Quality Measures	No	No	No	No	No	No	No	No
3088F	Major depressive disorder, mild (MDD)		Quality Measures	No	No	No	No	No	No	No	No
3089F	Major depressive disorder, moderate (MDD)		Quality Measures	No	No	No	No	No	No	No	No
3090F	Major depressive disorder, severe without psychotic features (MDD)		Quality Measures	No	No	No	No	No	No	No	No
3091F	Major depressive disorder, severe with psychotic features (MDD)		Quality Measures	No	No	No	No	No	No	No	No
3092F	Major depressive disorder, in remission (MDD)		Quality Measures	No	No	No	No	No	No	No	No
3093F	Documentation of new diagnosis of initial or recurrent episode of major depressive disorder (MDD)		Quality Measures	No	No	No	No	No	No	No	No
3095F	Central dual-energy X-ray absorptiometry (DXA) results documented (OPI)(IBD)		Quality Measures	No	No	No	No	No	No	No	No
3096F	Central dual-energy X-ray absorptiometry (DXA) ordered (OPI)(IBD)		Quality Measures	No	No	No	No	No	No	No	No
3100F	Carotid imaging study report (includes direct or indirect reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement) (STR, RAD)		Quality Measures	No	No	No	No	No	No	No	No
3110F	Documentation in final CT or MRI report of presence or absence of hemorrhage and mass lesion and acute infarction (STR)		Quality Measures	No	No	No	No	No	No	No	No
3111F	CT or MRI of the brain performed in the hospital within 24 hours of arrival or performed in an outpatient imaging center, to confirm initial diagnosis of stroke, TIA or intracranial hemorrhage (STR)		Quality Measures	No	No	No	No	No	No	No	No
3112F	CT or MRI of the brain performed greater than 24 hours after arrival to the hospital or performed in an outpatient imaging center for purpose other than confirmation of initial diagnosis of stroke, TIA, or intracranial hemorrhage (STR)		Quality Measures	No	No	No	No	No	No	No	No
3115F	Quantitative results of an evaluation of current level of activity and clinical symptoms (HF)		Quality Measures	No	No	No	No	No	No	No	No
3117F	Heart failure disease specific structured assessment tool completed (HF)		Quality Measures	No	No	No	No	No	No	No	No
3118F	New York Heart Association (NYHA) Class documented (HF)		Quality Measures	No	No	No	No	No	No	No	No
3119F	No evaluation of level of activity or clinical symptoms (HF)		Quality Measures	No	No	No	No	No	No	No	No
3120F	12-Lead ECG Performed (ECM)		Quality Measures	No	No	No	No	No	No	No	No
3126F	Esophageal biopsy report with a statement about dysplasia (present, absent, or indefinite, and if present, contains appropriate grading) (PATH)		Quality Measures	No	No	No	No	No	No	No	No
3130F	Upper gastrointestinal endoscopy performed (GERD)		Quality Measures	No	No	No	No	No	No	No	No
3132F	Documentation of referral for upper gastrointestinal endoscopy (GERD)		Quality Measures	No	No	No	No	No	No	No	No
3140F	Upper gastrointestinal endoscopy report indicates suspicion of Barrett's esophagus (GERD)		Quality Measures	No	No	No	No	No	No	No	No
3141F	Upper gastrointestinal endoscopy report indicates no suspicion of Barrett's esophagus (GERD)		Quality Measures	No	No	No	No	No	No	No	No
3142F	Barium swallow test ordered (GERD)		Quality Measures	No	No	No	No	No	No	No	No
3150F	Forcible esophageal biopsy performed (GERD)		Quality Measures	No	No	No	No	No	No	No	No
3155F	Cytogenetic testing performed on bone marrow at time of diagnosis or prior to initiating treatment (HEM)		Quality Measures	No	No	No	No	No	No	No	No
3160F	Documentation of iron stores prior to initiating erythropoietin therapy (HEM)		Quality Measures	No	No	No	No	No	No	No	No
3170F	Baseline flow cytometry studies performed at time of diagnosis or prior to initiating treatment (HEM)		Quality Measures	No	No	No	No	No	No	No	No
3200F	Barium swallow test not ordered (GERD)		Quality Measures	No	No	No	No	No	No	No	No
3210F	Group A Step Test Performed (PHAB)		Quality Measures	No	No	No	No	No	No	No	No
3215F	Patient has documented immunity to Hepatitis A (HEP-C)		Quality Measures	No	No	No	No	No	No	No	No
3216F	Patient has documented immunity to Hepatitis B (HEP-C)(IBD)		Quality Measures	No	No	No	No	No	No	No	No
3218F	RNA testing for Hepatitis C documented as performed within 6 months prior to initiation of antiviral treatment for Hepatitis C (HEP-C)		Quality Measures	No	No	No	No	No	No	No	No
3220F	Hepatitis C quantitative RNA testing documented as performed at 12 weeks from initiation of antiviral treatment (HEP-C)		Quality Measures	No	No	No	No	No	No	No	No
3230F	Documentation that hearing test was performed within 6 months prior to tympanostomy tube insertion (OME)		Quality Measures	No	No	No	No	No	No	No	No
3250F	Specimen site other than anatomic location of primary tumor (PATH)		Quality Measures	No	No	No	No	No	No	No	No
3260F	pT category (primary tumor), pN category (regional lymph nodes), and histologic grade documented in pathology report (PATH)		Quality Measures	No	No	No	No	No	No	No	No
3265F	Ribonucleic acid (RNA) testing for Hepatitis C viremia ordered or results documented (HEP C)		Quality Measures	No	No	No	No	No	No	No	No
3266F	Hepatitis C genotype testing documented as performed prior to initiation of antiviral treatment for Hepatitis C (HEP C)		Quality Measures	No	No	No	No	No	No	No	No
3267F	Pathology report includes pT category, pN category, Gleason score, and statement about margin status (PATH)		Quality Measures	No	No	No	No	No	No	No	No
3268F	Prostate-specific antigen (PSA), and primary tumor (T) stage, and Gleason score documented prior to initiation of treatment (PRCA)		Quality Measures	No	No	No	No	No	No	No	No
3269F	Bone scan performed prior to initiation of treatment or at any time since diagnosis of prostate cancer (PRCA)		Quality Measures	No	No	No	No	No	No	No	No
3270F	Bone scan not performed prior to initiation of treatment nor at any time since diagnosis of prostate cancer (PRCA)		Quality Measures	No	No	No	No	No	No	No	No
3271F	Low risk of recurrence, prostate cancer (PRCA)		Quality Measures	No	No	No	No	No	No	No	No
3272F	Intermediate risk of recurrence, prostate cancer (PRCA)		Quality Measures	No	No	No	No	No	No	No	No
3273F	High risk of recurrence, prostate cancer (PRCA)		Quality Measures	No	No	No	No	No	No	No	No
3274F	Prostate cancer risk of recurrence not determined or neither low, intermediate nor high (PRCA)		Quality Measures	No	No	No	No	No	No	No	No
3278F	Serum levels of calcium, phosphorus, intact Parathyroid Hormone (PTH) and lipid profile ordered (CKD)		Quality Measures	No	No	No	No	No	No	No	No
3279F	Hemoglobin level greater than or equal to 13 g/dL (CKD, ESRD)		Quality Measures	No	No	No	No	No	No	No	No
3280F	Hemoglobin level 11 g/dL to 12.9 g/dL (CKD, ESRD)		Quality Measures	No	No	No	No	No	No	No	No
3281F	Hemoglobin level less than 11 g/dL (CKD, ESRD)		Quality Measures	No	No	No	No	No	No	No	No
3284F	Intraocular pressure (IOP) reduced by a value less than 15% from the pre-intervention level (EC)		Quality Measures	No	No	No	No	No	No	No	No
3285F	Intraocular pressure (IOP) reduced by a value less than 15% from the pre-intervention level (EC)		Quality Measures	No	No	No	No	No	No	No	No
3288F	Falls risk assessment documented (GER)		Quality Measures	No	No	No	No	No	No	No	No
3290F	Patient is D (Rh) negative and unsensitized (Pre-Cr)		Quality Measures	No	No	No	No	No	No	No	No
3291F	Patient is D (Rh) positive or sensitized (Pre-Cr)		Quality Measures	No	No	No	No	No	No	No	No
3292F	HIV testing ordered or documented and reviewed during the first or second prenatal visit (Pre-Cr)		Quality Measures	No	No	No	No	No	No	No	No
3293F	ABO and Rh blood typing documented as performed (Pre-Cr)		Quality Measures	No	No	No	No	No	No	No	No
3294F	Group B Streptococcus (GBS) screening documented as performed during week 35-37 gestation (Pre-Cr)		Quality Measures	No	No	No	No	No	No	No	No
3300F	American Joint Committee on Cancer (AJCC) stage documented and reviewed (ONC)		Quality Measures	No	No	No	No	No	No	No	No
3301F	Cancer stage documented in medical record as metastatic and reviewed (ONC)		Quality Measures	No	No	No	No	No	No	No	No
3315F	Estrogen receptor (ER) or progesterone receptor (PR) positive breast cancer (ONC)		Quality Measures	No	No	No	No	No	No	No	No
3316F	Estrogen receptor (ER) and progesterone receptor (PR) negative breast cancer (ONC)		Quality Measures	No	No	No	No	No	No	No	No
3317F	Pathology report confirming malignancy documented in the medical record and reviewed prior to the initiation of chemotherapy (ONC)		Quality Measures	No	No	No	No	No	No	No	No
3318F	Pathology report confirming malignancy documented in the medical record and reviewed prior to the initiation of radiation therapy (ONC)		Quality Measures	No	No	No	No	No	No	No	No
3319F	1 of the following diagnostic imaging studies ordered: chest x-ray, CT, Ultrasound, MRI, PET, or nuclear medicine scans (ML)		Quality Measures	No	No	No	No	No	No	No	No
3320F	None of the following diagnostic imaging studies ordered: chest X-ray, CT, Ultrasound, MRI, PET, or nuclear medicine scans (ML)		Quality Measures	No	No	No	No	No	No	No	No
3321F	AJCC Cancer Stage 0 or IA Melanoma, documented (ML)		Quality Measures	No	No	No	No	No	No	No	No
3322F	Melanoma greater than AJCC Stage 0 or IA (ML)		Quality Measures	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
3323F	Clinical tumor, node and metastases (TNM) staging documented and reviewed prior to surgery (Lung/Eso/ Cx)		Quality Measures	No	No	No	No	No	No	No	No
3324F	MRI or CT scan ordered, reviewed or requested (EPI)		Quality Measures	No	No	No	No	No	No	No	No
3325F	Preoperative assessment of functional or medical indication(s) for surgery prior to the cataract surgery with intraocular lens placement (must be performed within 12 months prior to cataract surgery) (EC)		Quality Measures	No	No	No	No	No	No	No	No
3328F	Performance status documented and reviewed within 2 weeks prior to surgery (Lung/Eso/ Cx)		Quality Measures	No	No	No	No	No	No	No	No
3330F	Imaging study ordered (B&P)		Quality Measures	No	No	No	No	No	No	No	No
3331F	Imaging study not ordered (B&P)		Quality Measures	No	No	No	No	No	No	No	No
3340F	Mammogram assessment category of "incomplete: need additional imaging evaluation" documented (RAD)		Quality Measures	No	No	No	No	No	No	No	No
3341F	Mammogram assessment category of "negative," documented (RAD)		Quality Measures	No	No	No	No	No	No	No	No
3342F	Mammogram assessment category of "benign," documented (RAD)		Quality Measures	No	No	No	No	No	No	No	No
3343F	Mammogram assessment category of "probably benign," documented (RAD)		Quality Measures	No	No	No	No	No	No	No	No
3344F	Mammogram assessment category of "suspicious," documented (RAD)		Quality Measures	No	No	No	No	No	No	No	No
3345F	Mammogram assessment category of "highly suggestive of malignancy," documented (RAD)		Quality Measures	No	No	No	No	No	No	No	No
3350F	Mammogram assessment category of "known biopsy proven malignancy," documented (RAD)		Quality Measures	No	No	No	No	No	No	No	No
3351F	Negative screen for depressive symptoms as categorized by using a standardized depression screening/assessment tool (MDD)		Quality Measures	No	No	No	No	No	No	No	No
3352F	No significant depressive symptoms as categorized by using a standardized depression assessment tool (MDD)	added	Quality Measures	No	No	No	No	No	No	No	No
3353F	Mild to moderate depressive symptoms as categorized by using a standardized depression screening/assessment tool (MDD)		Quality Measures	No	No	No	No	No	No	No	No
3354F	Clinically significant depressive symptoms as categorized by using a standardized depression screening/assessment tool (MDD)		Quality Measures	No	No	No	No	No	No	No	No
3370F	AJCC Breast Cancer Stage 0 documented (ONC)		Quality Measures	No	No	No	No	No	No	No	No
3372F	AJCC Breast Cancer Stage I: T1mic, T1a or T1b (tumor size <= 1 cm) documented (ONC)		Quality Measures	No	No	No	No	No	No	No	No
3374F	AJCC Breast Cancer Stage I: T1c (tumor size > 1 cm to 2 cm) documented (ONC)		Quality Measures	No	No	No	No	No	No	No	No
3376F	AJCC Breast Cancer Stage II documented (ONC)		Quality Measures	No	No	No	No	No	No	No	No
3378F	AJCC Breast Cancer Stage III documented (ONC)		Quality Measures	No	No	No	No	No	No	No	No
3380F	AJCC Breast Cancer Stage IV documented (ONC)		Quality Measures	No	No	No	No	No	No	No	No
3382F	AJCC colon cancer, Stage 0 documented (ONC)		Quality Measures	No	No	No	No	No	No	No	No
3384F	AJCC colon cancer, Stage I documented (ONC)		Quality Measures	No	No	No	No	No	No	No	No
3386F	AJCC colon cancer, Stage II documented (ONC)		Quality Measures	No	No	No	No	No	No	No	No
3388F	AJCC colon cancer, Stage III documented (ONC)		Quality Measures	No	No	No	No	No	No	No	No
3390F	AJCC colon cancer, Stage IV documented (ONC)		Quality Measures	No	No	No	No	No	No	No	No
3394F	Quantitative HER2 immunohistochemistry (IHC) evaluation of breast cancer consistent with the scoring system defined in the ASCO/CAP guidelines (PATH)		Quality Measures	No	No	No	No	No	No	No	No
3395F	Quantitative non-HER2 immunohistochemistry (IHC) evaluation of breast cancer (eg, testing for estrogen or progesterone receptors [ER/PR]) performed (PATH)		Quality Measures	No	No	No	No	No	No	No	No
3450F	Dyspnea screened, no dyspnea or mild dyspnea (Pall Cr)		Quality Measures	No	No	No	No	No	No	No	No
3451F	Dyspnea screened, moderate or severe dyspnea (Pall Cr)		Quality Measures	No	No	No	No	No	No	No	No
3452F	Dyspnea not screened (Pall Cr)		Quality Measures	No	No	No	No	No	No	No	No
3455F	TB screening performed and results interpreted within six months prior to initiation of first-time biologic disease modifying anti-rheumatic drug therapy for RA (RA)		Quality Measures	No	No	No	No	No	No	No	No
3470F	Rheumatoid arthritis (RA) disease activity, low (RA)		Quality Measures	No	No	No	No	No	No	No	No
3471F	Rheumatoid arthritis (RA) disease activity, moderate (RA)		Quality Measures	No	No	No	No	No	No	No	No
3472F	Rheumatoid arthritis (RA) disease activity, high (RA)		Quality Measures	No	No	No	No	No	No	No	No
3475F	Disease prognosis for rheumatoid arthritis assessed, poor prognosis documented (RA)		Quality Measures	No	No	No	No	No	No	No	No
3476F	Disease prognosis for rheumatoid arthritis assessed, good prognosis documented (RA)		Quality Measures	No	No	No	No	No	No	No	No
3490F	History of AIDS-defining condition (HIV)		Quality Measures	No	No	No	No	No	No	No	No
3491F	HIV indeterminate (infants of undetermined HIV status born of HIV-infected mothers) (HIV)		Quality Measures	No	No	No	No	No	No	No	No
3492F	History of nadir CD4+ cell count <350 cells/mm3 (HIV)		Quality Measures	No	No	No	No	No	No	No	No
3493F	No history of nadir CD4+ cell count <350 cells/mm3 and no history of AIDS-defining condition (HIV)		Quality Measures	No	No	No	No	No	No	No	No
3494F	CD4+ cell count <200 cells/mm3 (HIV)		Quality Measures	No	No	No	No	No	No	No	No
3495F	CD4+ cell count 200 - 499 cells/mm3 (HIV)		Quality Measures	No	No	No	No	No	No	No	No
3496F	CD4+ cell count >= 500 cells/mm3 (HIV)		Quality Measures	No	No	No	No	No	No	No	No
3497F	CD4+ cell percentage <15% (HIV)		Quality Measures	No	No	No	No	No	No	No	No
3498F	CD4+ cell percentage >=15% (HIV)		Quality Measures	No	No	No	No	No	No	No	No
3500F	CD4+ cell count or CD4+ cell percentage documented as performed (HIV)		Quality Measures	No	No	No	No	No	No	No	No
3502F	HIV RNA viral load below limits of quantification (HIV)		Quality Measures	No	No	No	No	No	No	No	No
3503F	HIV RNA viral load not below limits of quantification (HIV)		Quality Measures	No	No	No	No	No	No	No	No
3510F	Documentation that tuberculosis (TB) screening test performed and results interpreted (HIV) (IBD)		Quality Measures	No	No	No	No	No	No	No	No
3511F	Chlamydia and gonorrhea screening documented as performed (HIV)		Quality Measures	No	No	No	No	No	No	No	No
3512F	Syphilis screening documented as performed (HIV)		Quality Measures	No	No	No	No	No	No	No	No
3513F	Hepatitis B screening documented as performed (HIV)		Quality Measures	No	No	No	No	No	No	No	No
3514F	Hepatitis C screening documented as performed (HIV)		Quality Measures	No	No	No	No	No	No	No	No
3515F	Patient has documented immunity to Hepatitis C (HIV)		Quality Measures	No	No	No	No	No	No	No	No
3517F	Hepatitis B Virus (HBV) status assessed and results interpreted within one year prior to receiving a first course of anti-TNF (tumor necrosis factor) therapy (IBD)		Quality Measures	No	No	No	No	No	No	No	No
3520F	Clostridium difficile testing performed (IBD)		Quality Measures	No	No	No	No	No	No	No	No
3550F	Low risk for thromboembolism (AFIB)		Quality Measures	No	No	No	No	No	No	No	No
3551F	Intermediate risk for thromboembolism (AFIB)		Quality Measures	No	No	No	No	No	No	No	No
3552F	High risk for thromboembolism (AFIB)		Quality Measures	No	No	No	No	No	No	No	No
3555F	Patient had International Normalized Ratio (INR) measurement performed (AFIB)		Quality Measures	No	No	No	No	No	No	No	No
3570F	Final report for bone scintigraphy study includes correlation with existing relevant imaging studies (eg, X-ray, MRI, CT) corresponding to the same anatomical region in question (NUC_MED)		Quality Measures	No	No	No	No	No	No	No	No
3572F	Patient considered to be potentially at risk for fracture in a weight-bearing site (NUC_MED)		Quality Measures	No	No	No	No	No	No	No	No
3573F	Patient not considered to be potentially at risk for fracture in a weight-bearing site (NUC_MED)		Quality Measures	No	No	No	No	No	No	No	No
3650F	Electroencephalogram (EEG) ordered, reviewed or requested (EPI)		Quality Measures	No	No	No	No	No	No	No	No
3700F	Psychiatric disorders or disturbances assessed (Prkns)		Quality Measures	No	No	No	No	No	No	No	No
3720F	Cognitive impairment or dysfunction assessed (Prkns)		Quality Measures	No	No	No	No	No	No	No	No
3725F	Screening for depression performed (DEM)		Quality Measures	No	No	No	No	No	No	No	No
3750F	Patient not receiving dose of corticosteroids greater than or equal to 10mg/day for 60 or greater consecutive days (IBD)		Quality Measures	No	No	No	No	No	No	No	No
3751F	Electrodiagnostic studies for distal symmetric polyneuropathy conducted (or requested), documented, and reviewed within 6 months of initial evaluation for condition (DSP)		Quality Measures	No	No	No	No	No	No	No	No
3752F	Electrodiagnostic studies for distal symmetric polyneuropathy not conducted (or requested), documented, or reviewed within 6 months of initial evaluation for condition (DSP)		Quality Measures	No	No	No	No	No	No	No	No
3753F	Patient has clear clinical symptoms and signs that are highly suggestive of neuropathy AND cannot be attributed to another condition AND has an obvious cause for the neuropathy (DSP)		Quality Measures	No	No	No	No	No	No	No	No
3754F	Screening tests for diabetes mellitus reviewed, requested, or ordered (DSP)		Quality Measures	No	No	No	No	No	No	No	No
3755F	Cognitive and behavioral impairment screening performed (ALS)		Quality Measures	No	No	No	No	No	No	No	No
3756F	Patient has pseudobulbar affect, sialorrhea, or ALS-related symptoms (ALS)		Quality Measures	No	No	No	No	No	No	No	No
3757F	Patient does not have pseudobulbar affect, sialorrhea, or ALS-related symptoms (ALS)		Quality Measures	No	No	No	No	No	No	No	No
3758F	Patient referred for pulmonary function testing or peak cough expiratory flow (ALS)		Quality Measures	No	No	No	No	No	No	No	No
3759F	Patient screened for dysphagia, weight loss, and impaired nutrition, and results documented (ALS)		Quality Measures	No	No	No	No	No	No	No	No
3760F	Patient exhibits dysphagia, weight loss, or impaired nutrition (ALS)		Quality Measures	No	No	No	No	No	No	No	No
3761F	Patient does not exhibit dysphagia, weight loss, or impaired nutrition (ALS)		Quality Measures	No	No	No	No	No	No	No	No
3762F	Patient is dysarthric (ALS)		Quality Measures	No	No	No	No	No	No	No	No
3763F	Patient is not dysarthric (ALS)		Quality Measures	No	No	No	No	No	No	No	No
3775F	Adenoma(s) or other neoplasm detected during screening colonoscopy (SCADR)		Quality Measures	No	No	No	No	No	No	No	No
3776F	Adenoma(s) or other neoplasm not detected during screening colonoscopy (SCADR)		Quality Measures	No	No	No	No	No	No	No	No
4000F	Tobacco use cessation intervention, counseling (COPD, CAP, CAD, Asthma) (DM) (PV)		Quality Measures	No	No	No	No	No	No	No	No
4001F	Tobacco use cessation intervention, pharmacologic therapy (COPD, CAD, CAP, PV, Asthma) (DM) (PV)		Quality Measures	No	No	No	No	No	No	No	No
4003F	Patient education, written/oral, appropriate for patients with heart failure, performed (NMA-No Measure Associated)		Quality Measures	No	No	No	No	No	No	No	No
4004F	Patient screened for tobacco use and received tobacco cessation intervention (counseling, pharmacotherapy, or both), if identified as a tobacco user (PV, CAD)		Quality Measures	No	No	No	No	No	No	No	No
4005F	Pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed (OP) (IBD)		Quality Measures	No	No	No	No	No	No	No	No
4008F	Beta-blocker therapy prescribed or currently being taken (CAD, HF)		Quality Measures	No	No	No	No	No	No	No	No
4010F	Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) therapy prescribed or currently being taken (CAD, CKD, HF) (DM)		Quality Measures	No	No	No	No	No	No	No	No
4011F	Oral antiplatelet therapy prescribed (CAD)		Quality Measures	No	No	No	No	No	No	No	No
4012F	Warfarin therapy prescribed (NMA-No Measure Associated)		Quality Measures	No	No	No	No	No	No	No	No
4013F	Statin therapy prescribed or currently being taken (CAD)		Quality Measures	No	No	No	No	No	No	No	No
4014F	Written discharge instructions provided to heart failure patients discharged home (Instructions include all of the following components: activity level, diet, discharge medications, follow-up appointment, weight monitoring, what to do if symptoms worsen) (NMA-No Measure Associated)		Quality Measures	No	No	No	No	No	No	No	No
4015F	Persistent asthma, preferred long term control medication or an acceptable alternative treatment, prescribed (NMA-No Measure Associated)		Quality Measures	No	No	No	No	No	No	No	No
4016F	Anti-inflammatory/analgesic agent prescribed (OA) (Use for prescribed or continued medication[s], including over-the-counter medication[s])		Quality Measures	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
4017F	Gastrointestinal prophylaxis for NSAID use prescribed (OA)		Quality Measures	No	No	No	No	No	No	No	No
4018F	Therapeutic exercise for the involved joint(s) instructed or physical or occupational therapy prescribed (OA)		Quality Measures	No	No	No	No	No	No	No	No
4019F	Documentation of receipt of counseling on exercise and either both calcium and vitamin D use or counseling regarding both calcium and vitamin D use (OP)		Quality Measures	No	No	No	No	No	No	No	No
4025F	Inhaled bronchodilator prescribed (COPD)		Quality Measures	No	No	No	No	No	No	No	No
4030F	Long-term oxygen therapy prescribed (more than 15 hours per day) (COPD)		Quality Measures	No	No	No	No	No	No	No	No
4033F	Pulmonary rehabilitation exercise training recommended (COPD)		Quality Measures	No	No	No	No	No	No	No	No
4035F	Influenza immunization recommended (COPD) (IBD)		Quality Measures	No	No	No	No	No	No	No	No
4037F	Influenza immunization ordered or administered (COPD, PV, CKD, ESRD) (IBD)		Quality Measures	No	No	No	No	No	No	No	No
4040F	Pneumococcal vaccine administered or previously received (COPD) (PV), (IBD)		Quality Measures	No	No	No	No	No	No	No	No
4041F	Documentation of order for cefazolin OR cefuroxime for antimicrobial prophylaxis (PERI 2)		Quality Measures	No	No	No	No	No	No	No	No
4042F	Documentation that prophylactic antibiotics were neither given within 4 hours prior to surgical incision nor given intraoperatively (PERI 2)		Quality Measures	No	No	No	No	No	No	No	No
4043F	Documentation that an order was given to discontinue prophylactic antibiotics within 48 hours of surgical end time, non-cardiac procedure (PERI 2)		Quality Measures	No	No	No	No	No	No	No	No
4044F	Documentation that an order was given for venous thromboembolism (VTE) prophylaxis to be given within 24 hours prior to incision time or 24 hours after surgery end time (PERI 2)		Quality Measures	No	No	No	No	No	No	No	No
4045F	Appropriate empiric antibiotic prescribed (CAP), (EM)		Quality Measures	No	No	No	No	No	No	No	No
4046F	Documentation that prophylactic antibiotics were given within 4 hours prior to surgical incision or given intraoperatively (PERI 2)		Quality Measures	No	No	No	No	No	No	No	No
4047F	Documentation of order for prophylactic parenteral antibiotics to be given within 1 hour (if fluoroquinolone or cefuroxime, 2 hours) prior to surgical incision (or start of procedure when no incision is required) (PERI 2)		Quality Measures	No	No	No	No	No	No	No	No
4048F	Documentation that administration of prophylactic parenteral antibiotic was initiated within 1 hour (if fluoroquinolone or vancomycin, 2 hours) prior to surgical incision (or start of procedure when no incision is required) as ordered (PERI 2)		Quality Measures	No	No	No	No	No	No	No	No
4049F	Documentation that order was given to discontinue prophylactic antibiotics within 24 hours of surgical end time, non-cardiac procedure (PERI 2)		Quality Measures	No	No	No	No	No	No	No	No
4050F	Hypertension plan of care documented as appropriate (NMA-No Measure Associated)		Quality Measures	No	No	No	No	No	No	No	No
4051F	Referred for an arteriovenous (AV) fistula (ESRD, CKD)		Quality Measures	No	No	No	No	No	No	No	No
4052F	Hemodialysis via functioning arteriovenous (AV) fistula (ESRD)		Quality Measures	No	No	No	No	No	No	No	No
4053F	Hemodialysis via functioning arteriovenous (AV) graft (ESRD)		Quality Measures	No	No	No	No	No	No	No	No
4054F	Hemodialysis via catheter (ESRD)		Quality Measures	No	No	No	No	No	No	No	No
4055F	Patient receiving peritoneal dialysis (ESRD)		Quality Measures	No	No	No	No	No	No	No	No
4056F	Appropriate oral rehydration solution recommended (PAG)		Quality Measures	No	No	No	No	No	No	No	No
4058F	Pediatric gastroenteritis education provided to caregiver (PAG)		Quality Measures	No	No	No	No	No	No	No	No
4060F	Psychotherapy services provided (MDD, MDD ADOL)		Quality Measures	No	No	No	No	No	No	No	No
4062F	Patient referral for psychotherapy documented (MDD, MDD ADOL)		Quality Measures	No	No	No	No	No	No	No	No
4063F	Antidepressant pharmacotherapy considered and not prescribed (MDD ADOL)		Quality Measures	No	No	No	No	No	No	No	No
4064F	Antidepressant pharmacotherapy prescribed (MDD, MDD ADOL)		Quality Measures	No	No	No	No	No	No	No	No
4065F	Antipsychotic pharmacotherapy prescribed (MDD)		Quality Measures	No	No	No	No	No	No	No	No
4066F	Electroconvulsive therapy (ECT) provided (MDD)		Quality Measures	No	No	No	No	No	No	No	No
4067F	Patient referral for electroconvulsive therapy (ECT) documented (MDD)		Quality Measures	No	No	No	No	No	No	No	No
4069F	Venous thromboembolism (VTE) prophylaxis received (IBD)		Quality Measures	No	No	No	No	No	No	No	No
4070F	Deep vein thrombosis (DVT) prophylaxis received by end of hospital day 2 (STR)		Quality Measures	No	No	No	No	No	No	No	No
4073F	Oral antiplatelet therapy prescribed at discharge (STR)		Quality Measures	No	No	No	No	No	No	No	No
4075F	Anticoagulant therapy prescribed at discharge (STR)		Quality Measures	No	No	No	No	No	No	No	No
4077F	Documentation that tissue plasminogen activator (t-PA) administration was considered (STR)		Quality Measures	No	No	No	No	No	No	No	No
4079F	Documentation that rehabilitation services were considered (STR)		Quality Measures	No	No	No	No	No	No	No	No
4084F	Aspirin received within 24 hours before emergency department arrival or during emergency department stay (EM)		Quality Measures	No	No	No	No	No	No	No	No
4085F	Aspirin or clopidogrel prescribed or currently being taken (CAD)		Quality Measures	No	No	No	No	No	No	No	No
4090F	Patient receiving erythropoietin therapy (HEM)		Quality Measures	No	No	No	No	No	No	No	No
4095F	Patient not receiving erythropoietin therapy (HEM)		Quality Measures	No	No	No	No	No	No	No	No
4100F	Bisphosphonate therapy, intravenous, ordered or received (HEM)		Quality Measures	No	No	No	No	No	No	No	No
4110F	Internal mammary artery graft performed for primary, isolated coronary artery bypass graft procedure (CABG)		Quality Measures	No	No	No	No	No	No	No	No
4115F	Beta blocker administered within 24 hours prior to surgical incision (CABG)		Quality Measures	No	No	No	No	No	No	No	No
4120F	Antibiotic prescribed or dispensed (URI, PHAR), (A-BRONCH)		Quality Measures	No	No	No	No	No	No	No	No
4124F	Antibiotic neither prescribed nor dispensed (URI, PHAR), (A-BRONCH)		Quality Measures	No	No	No	No	No	No	No	No
4130F	Topical preparations (including OTC) prescribed for acute otitis externa (AOE)		Quality Measures	No	No	No	No	No	No	No	No
4131F	Systemic antimicrobial therapy prescribed (AOE)		Quality Measures	No	No	No	No	No	No	No	No
4132F	Systemic antimicrobial therapy not prescribed (AOE)		Quality Measures	No	No	No	No	No	No	No	No
4133F	Antihistamines or decongestants prescribed or recommended (OME)		Quality Measures	No	No	No	No	No	No	No	No
4134F	Antihistamines or decongestants neither prescribed nor recommended (OME)		Quality Measures	No	No	No	No	No	No	No	No
4135F	Systemic corticosteroids prescribed (OME)		Quality Measures	No	No	No	No	No	No	No	No
4136F	Systemic corticosteroids not prescribed (OME)		Quality Measures	No	No	No	No	No	No	No	No
4140F	Inhaled corticosteroids prescribed (Asthma)		Quality Measures	No	No	No	No	No	No	No	No
4142F	Corticosteroid sparing therapy prescribed (IBD)		Quality Measures	No	No	No	No	No	No	No	No
4144F	Alternative long-term control medication prescribed (Asthma)		Quality Measures	No	No	No	No	No	No	No	No
4145F	Two or more anti-hypertensive agents prescribed or currently being taken (CAD, HTN)		Quality Measures	No	No	No	No	No	No	No	No
4148F	Hepatitis A vaccine injection administered or previously received (HEP-C)		Quality Measures	No	No	No	No	No	No	No	No
4149F	Hepatitis B vaccine injection administered or previously received (HEP-C, HIV) (IBD)		Quality Measures	No	No	No	No	No	No	No	No
4150F	Patient receiving antiviral treatment for Hepatitis C (HEP-C)		Quality Measures	No	No	No	No	No	No	No	No
4151F	Patient did not start or is not receiving antiviral treatment for Hepatitis C during the measurement period (HEP-C)		Quality Measures	No	No	No	No	No	No	No	No
4153F	Combination peginterferon and ribavirin therapy prescribed (HEP-C)		Quality Measures	No	No	No	No	No	No	No	No
4155F	Hepatitis A vaccine series previously received (HEP-C)		Quality Measures	No	No	No	No	No	No	No	No
4157F	Hepatitis B vaccine series previously received (HEP-C)		Quality Measures	No	No	No	No	No	No	No	No
4158F	Patient counseled about risks of alcohol use (HEP-C)		Quality Measures	No	No	No	No	No	No	No	No
4159F	Counseling regarding contraception received prior to initiation of antiviral treatment (HEP-C)		Quality Measures	No	No	No	No	No	No	No	No
4163F	Patient counseling at a minimum on all of the following treatment options for clinically localized prostate cancer: active surveillance, and interstitial prostate brachytherapy, and external beam radiotherapy, and radical prostatectomy, provided prior to initiation of treatment (PRCA)		Quality Measures	No	No	No	No	No	No	No	No
4164F	Adjuvant (ie, in combination with external beam radiotherapy to the prostate for prostate cancer) hormonal therapy (gonadotropin-releasing hormone [GnRH] agonist or antagonist) prescribed/administered (PRCA)		Quality Measures	No	No	No	No	No	No	No	No
4165F	3-dimensional conformal radiotherapy (3D-CRT) or intensity modulated radiation therapy (IMRT) received (PRCA)		Quality Measures	No	No	No	No	No	No	No	No
4167F	Head of bed elevation (30-45 degrees) on first ventilator day ordered (CRIT)		Quality Measures	No	No	No	No	No	No	No	No
4168F	Patient receiving care in the intensive care unit (ICU) and receiving mechanical ventilation, 24 hours or less (CRIT)		Quality Measures	No	No	No	No	No	No	No	No
4169F	Patient either not receiving care in the intensive care unit (ICU) OR not receiving mechanical ventilation OR receiving mechanical ventilation greater than 24 hours (CRIT)		Quality Measures	No	No	No	No	No	No	No	No
4171F	Patient receiving erythropoiesis-stimulating agents (ESA) therapy (CKD)		Quality Measures	No	No	No	No	No	No	No	No
4172F	Patient not receiving erythropoiesis-stimulating agents (ESA) therapy (CKD)		Quality Measures	No	No	No	No	No	No	No	No
4174F	Counseling about the potential impact of glaucoma on visual functioning and quality of life, and importance of treatment adherence provided to patient and/or caregiver(s) (EC)		Quality Measures	No	No	No	No	No	No	No	No
4175F	Best-corrected visual acuity of 20/40 or better (distance or near) achieved within the 90 days following cataract surgery (EC)		Quality Measures	No	No	No	No	No	No	No	No
4176F	Counseling about value of protection from UV light and lack of proven efficacy of nutritional supplements in prevention or progression of cataract development provided to patient and/or caregiver(s) (NMA-No Measure Associated)		Quality Measures	No	No	No	No	No	No	No	No
4177F	Counseling about the benefits and/or risks of the Age-Related Eye Disease Study (AREDS) formulation for preventing progression of age-related macular degeneration (AMD) provided to patient and/or caregiver(s) (EC)		Quality Measures	No	No	No	No	No	No	No	No
4178F	Anti-D immune globulin received between 26 and 30 weeks gestation (Pre-Cr)		Quality Measures	No	No	No	No	No	No	No	No
4179F	Tamoxifen or aromatase inhibitor (AI) prescribed (ONC)		Quality Measures	No	No	No	No	No	No	No	No
4180F	Adjuvant chemotherapy referred, prescribed, or previously received for Stage III colon cancer (ONC)		Quality Measures	No	No	No	No	No	No	No	No
4181F	Conformal radiation therapy received (NMA-No Measure Associated)		Quality Measures	No	No	No	No	No	No	No	No
4182F	Conformal radiation therapy not received (NMA-No Measure Associated)		Quality Measures	No	No	No	No	No	No	No	No
4185F	Continuous (12-months) therapy with proton pump inhibitor (PPI) or histamine H2 receptor antagonist (H2RA) received (GERD)		Quality Measures	No	No	No	No	No	No	No	No
4186F	No continuous (12-months) therapy with either proton pump inhibitor (PPI) or histamine H2 receptor antagonist (H2RA) received (GERD)		Quality Measures	No	No	No	No	No	No	No	No
4187F	No continuous (12-months) therapy with either proton pump inhibitor (PPI) or histamine H2 receptor antagonist (H2RA) received (GERD)		Quality Measures	No	No	No	No	No	No	No	No
4188F	Appropriate angiotensin converting enzyme (ACE)/angiotensin receptor blockers (ARB) therapeutic monitoring test ordered or performed (AM)		Quality Measures	No	No	No	No	No	No	No	No
4189F	Appropriate digoxin therapeutic monitoring test ordered or performed (AM)		Quality Measures	No	No	No	No	No	No	No	No
4190F	Appropriate diuretic therapeutic monitoring test ordered or performed (AM)		Quality Measures	No	No	No	No	No	No	No	No
4191F	Appropriate anticonvulsant therapeutic monitoring test ordered or performed (AM)		Quality Measures	No	No	No	No	No	No	No	No
4192F	Patient not receiving glucocorticoid therapy (RA)		Quality Measures	No	No	No	No	No	No	No	No
4193F	Patient receiving <10 mg daily prednisone (or equivalent), or RA activity is worsening, or glucocorticoid use is for less than 6 months (RA)		Quality Measures	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
4194F	Patient receiving =>10 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity (RA)		Quality Measures	No	No	No	No	No	No	No	No
4195F	Patient receiving first-time biologic disease modifying anti-rheumatic drug therapy for rheumatoid arthritis (RA)		Quality Measures	No	No	No	No	No	No	No	No
4196F	Patient not receiving first-time biologic disease modifying anti-rheumatic drug therapy for rheumatoid arthritis (RA)		Quality Measures	No	No	No	No	No	No	No	No
4200F	External beam radiotherapy as primary therapy to prostate with or without nodal irradiation (PRCA)		Quality Measures	No	No	No	No	No	No	No	No
4201F	External beam radiotherapy with or without nodal irradiation as adjuvant or salvage therapy for prostate cancer patient (PRCA)		Quality Measures	No	No	No	No	No	No	No	No
4210F	Angiotensin converting enzyme (ACE) or angiotensin receptor blockers (ARB) medication therapy for 6 months or more (MM)		Quality Measures	No	No	No	No	No	No	No	No
4220F	Digoxin medication therapy for 6 months or more (MM)		Quality Measures	No	No	No	No	No	No	No	No
4221F	Diuretic medication therapy for 6 months or more (MM)		Quality Measures	No	No	No	No	No	No	No	No
4230F	Anticonvulsant medication therapy for 6 months or more (MM)		Quality Measures	No	No	No	No	No	No	No	No
4240F	Instruction in therapeutic exercise with follow-up provided to patients during episode of back pain lasting longer than 12 weeks (BkP)		Quality Measures	No	No	No	No	No	No	No	No
4242F	Counseling for supervised exercise program provided to patients during episode of back pain lasting longer than 12 weeks (BkP)		Quality Measures	No	No	No	No	No	No	No	No
4245F	Patient counseled during the initial visit to maintain or resume normal activities (BkP)		Quality Measures	No	No	No	No	No	No	No	No
4248F	Patient counseled during the initial visit for an episode of back pain against bed rest lasting 4 days or longer (BkP)		Quality Measures	No	No	No	No	No	No	No	No
4250F	Active warming used intraoperatively for the purpose of maintaining normothermia, or at least 1 body temperature equal to or greater than 36 degrees Centigrade (or 96.8 degrees Fahrenheit) recorded within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time (CRIT)		Quality Measures	No	No	No	No	No	No	No	No
4255F	Duration of general or neuraxial anesthesia 60 minutes or longer, as documented in the anesthesia record (CRIT) (Peri2)		Quality Measures	No	No	No	No	No	No	No	No
4256F	Duration of general or neuraxial anesthesia less than 60 minutes, as documented in the anesthesia record (CRIT) (Peri2)		Quality Measures	No	No	No	No	No	No	No	No
4260F	Wound surface culture technique used (CWC)		Quality Measures	No	No	No	No	No	No	No	No
4261F	Technique other than surface culture of the wound exudate used (eg, Levine/deep swab technique, semi-quantitative or quantitative swab technique) or wound surface culture technique not used (CWC)		Quality Measures	No	No	No	No	No	No	No	No
4265F	Use of wet to dry dressings prescribed or recommended (CWC)		Quality Measures	No	No	No	No	No	No	No	No
4266F	Use of wet to dry dressings neither prescribed nor recommended (CWC)		Quality Measures	No	No	No	No	No	No	No	No
4267F	Compression therapy prescribed (CWC)		Quality Measures	No	No	No	No	No	No	No	No
4268F	Patient education regarding the need for long term compression therapy including interval replacement of compression stockings received (CWC)		Quality Measures	No	No	No	No	No	No	No	No
4269F	Appropriate method of offloading (pressure relief) prescribed (CWC)		Quality Measures	No	No	No	No	No	No	No	No
4270F	Patient receiving potent antiretroviral therapy for 6 months or longer (HIV)		Quality Measures	No	No	No	No	No	No	No	No
4271F	Patient receiving potent antiretroviral therapy for less than 6 months or not receiving potent antiretroviral therapy (HIV)		Quality Measures	No	No	No	No	No	No	No	No
4274F	Influenza immunization administered or previously received (HIV) (P-ESRD)		Quality Measures	No	No	No	No	No	No	No	No
4276F	Potent antiretroviral therapy prescribed (HIV)		Quality Measures	No	No	No	No	No	No	No	No
4279F	Pneumocystis jiroveci pneumonia prophylaxis prescribed (HIV)		Quality Measures	No	No	No	No	No	No	No	No
4280F	Pneumocystis jiroveci pneumonia prophylaxis prescribed within 3 months of low CD4+ cell count or percentage (HIV)		Quality Measures	No	No	No	No	No	No	No	No
4290F	Patient screened for injection drug use (HIV)		Quality Measures	No	No	No	No	No	No	No	No
4293F	Patient screened for high-risk sexual behavior (HIV)		Quality Measures	No	No	No	No	No	No	No	No
4300F	Patient receiving warfarin therapy for nonvalvular atrial fibrillation or atrial flutter (AFIB)		Quality Measures	No	No	No	No	No	No	No	No
4301F	Patient not receiving warfarin therapy for nonvalvular atrial fibrillation or atrial flutter (AFIB)		Quality Measures	No	No	No	No	No	No	No	No
4305F	Patient education regarding appropriate foot care and daily inspection of the feet received (CWC)		Quality Measures	No	No	No	No	No	No	No	No
4306F	Patient counseled regarding psychosocial and pharmacologic treatment options for opioid addiction (SUD)		Quality Measures	No	No	No	No	No	No	No	No
4320F	Patient counseled regarding psychosocial and pharmacologic treatment options for alcohol dependence (SUD)		Quality Measures	No	No	No	No	No	No	No	No
4322F	Caregiver provided with education and referred to additional resources for support (DEM)		Quality Measures	No	No	No	No	No	No	No	No
4324F	Patient (or caregiver) queried about Parkinson's disease medication related motor complications (Prkns)		Quality Measures	No	No	No	No	No	No	No	No
4325F	Medical and surgical treatment options reviewed with patient (or caregiver) (Prkns)		Quality Measures	No	No	No	No	No	No	No	No
4326F	Patient (or caregiver) queried about symptoms of autonomic dysfunction (Prkns)		Quality Measures	No	No	No	No	No	No	No	No
4328F	Patient (or caregiver) queried about sleep disturbances (Prkns)		Quality Measures	No	No	No	No	No	No	No	No
4330F	Counseling about epilepsy specific safety issues provided to patient (or caregiver(s)) (EPI)		Quality Measures	No	No	No	No	No	No	No	No
4340F	Counseling for women of childbearing potential with epilepsy (EPI)		Quality Measures	No	No	No	No	No	No	No	No
4350F	Counseling provided on symptom management, end of life decisions, and palliation (DEM)		Quality Measures	No	No	No	No	No	No	No	No
4400F	Rehabilitative therapy options discussed with patient (or caregiver) (Prkns)		Quality Measures	No	No	No	No	No	No	No	No
4450F	Self-care education provided to patient (HF)		Quality Measures	No	No	No	No	No	No	No	No
4470F	Implantable cardioverter-defibrillator (ICD) counseling provided (HF)		Quality Measures	No	No	No	No	No	No	No	No
4480F	Patient receiving ACE inhibitor/ARB therapy and beta-blocker therapy for 3 months or longer (HF)		Quality Measures	No	No	No	No	No	No	No	No
4481F	Patient receiving ACE inhibitor/ARB therapy and beta-blocker therapy for less than 3 months or patient not receiving ACE inhibitor/ARB therapy and beta-blocker therapy (HF)		Quality Measures	No	No	No	No	No	No	No	No
4500F	Referred to an outpatient cardiac rehabilitation program (CAD)		Quality Measures	No	No	No	No	No	No	No	No
4510F	Previous cardiac rehabilitation for qualifying cardiac event completed (CAD)		Quality Measures	No	No	No	No	No	No	No	No
4525F	Neuropsychiatric intervention ordered (DEM)		Quality Measures	No	No	No	No	No	No	No	No
4526F	Neuropsychiatric intervention received (DEM)		Quality Measures	No	No	No	No	No	No	No	No
4540F	Disease modifying pharmacotherapy discussed (ALS)		Quality Measures	No	No	No	No	No	No	No	No
4541F	Patient offered treatment for pseudobulbar affect, sialorrhea, or ALS-related symptoms (ALS)		Quality Measures	No	No	No	No	No	No	No	No
4550F	Options for noninvasive respiratory support discussed with patient (ALS)		Quality Measures	No	No	No	No	No	No	No	No
4551F	Nutritional support offered (ALS)		Quality Measures	No	No	No	No	No	No	No	No
4552F	Patient offered referral to a speech language pathologist (ALS)		Quality Measures	No	No	No	No	No	No	No	No
4553F	Patient offered assistance in planning for end of life issues (ALS)		Quality Measures	No	No	No	No	No	No	No	No
4554F	Patient received inhalational anesthetic agent (Peri2)		Quality Measures	No	No	No	No	No	No	No	No
4555F	Patient did not receive inhalational anesthetic agent (Peri2)		Quality Measures	No	No	No	No	No	No	No	No
4556F	Patient exhibits 3 or more risk factors for post-operative nausea and vomiting (Peri2)		Quality Measures	No	No	No	No	No	No	No	No
4557F	Patient does not exhibit 3 or more risk factors for post-operative nausea and vomiting (Peri2)		Quality Measures	No	No	No	No	No	No	No	No
4558F	Patient received at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and intraoperatively (Peri2)		Quality Measures	No	No	No	No	No	No	No	No
4559F	At least 1 body temperature measurement equal to or greater than 35.5 degrees Celsius (or 95.9 degrees Fahrenheit) recorded within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time (Peri2)		Quality Measures	No	No	No	No	No	No	No	No
4560F	Anesthesia technique did not involve general or neuraxial anesthesia (Peri2)		Quality Measures	No	No	No	No	No	No	No	No
4561F	Patient has a coronary artery stent (Peri2)		Quality Measures	No	No	No	No	No	No	No	No
4562F	Patient does not have a coronary artery stent (Peri2)		Quality Measures	No	No	No	No	No	No	No	No
4563F	Patient received aspirin within 24 hours prior to anesthesia start time (Peri2)		Quality Measures	No	No	No	No	No	No	No	No
5005F	Patient counseled on self-examination for new or changing moles (ML)		Quality Measures	No	No	No	No	No	No	No	No
5010F	Findings of dilated macular or fundus exam communicated to the physician or other qualified health care professional managing the diabetes care (EC)		Quality Measures	No	No	No	No	No	No	No	No
5015F	Documentation of communication that a fracture occurred and that the patient was or should be tested or treated for osteoporosis (OP)		Quality Measures	No	No	No	No	No	No	No	No
5020F	Treatment summary report communicated to physician(s) or other qualified health care professional(s) managing continuing care and to the patient within 1 month of completing treatment (ONC)		Quality Measures	No	No	No	No	No	No	No	No
5050F	Treatment plan communicated to provider(s) managing continuing care within 1 month of diagnosis (ML)		Quality Measures	No	No	No	No	No	No	No	No
5060F	Findings from diagnostic mammogram communicated to practice managing patient's on-going care within 3 business days of exam interpretation (RAD)		Quality Measures	No	No	No	No	No	No	No	No
5062F	Findings from diagnostic mammogram communicated to the patient within 5 days of exam interpretation (RAD)		Quality Measures	No	No	No	No	No	No	No	No
5100F	Potential risk for fracture communicated to the referring physician or other qualified health care professional within 24 hours of completion of the imaging study (NUC. MED)		Quality Measures	No	No	No	No	No	No	No	No
5200F	Consideration of referral for a neurological evaluation of appropriateness for surgical therapy for intractable epilepsy within the past 3 years (EPI)		Quality Measures	No	No	No	No	No	No	No	No
5250F	Asthma discharge plan provided to patient (Asthma)		Quality Measures	No	No	No	No	No	No	No	No
6005F	Rationale (eg, severity of illness and safety) for level of care (eg, home, hospital) documented (CAP)		Quality Measures	No	No	No	No	No	No	No	No
6010F	Dysphagia screening conducted prior to order for or receipt of any foods, fluids, or medication by mouth (STR)		Quality Measures	No	No	No	No	No	No	No	No
6015F	Patient receiving or eligible to receive foods, fluids, or medication by mouth (STR)		Quality Measures	No	No	No	No	No	No	No	No
6020F	NPO (nothing by mouth) ordered (STR)		Quality Measures	No	No	No	No	No	No	No	No
6030F	All elements of maximal sterile barrier technique, hand hygiene, skin preparation and, if ultrasound is used, sterile ultrasound techniques followed (CRIT)		Quality Measures	No	No	No	No	No	No	No	No
6040F	Use of appropriate radiation dose reduction devices OR manual techniques for appropriate moderation of exposure, documented (RAD)		Quality Measures	No	No	No	No	No	No	No	No
6045F	Radiation exposure or exposure time in final report for procedure using fluoroscopy, documented (RAD)		Quality Measures	No	No	No	No	No	No	No	No
6070F	Patient queried and counseled about anti-epileptic drug (AED) side effects (EPI)		Quality Measures	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
6080F	Patient (or caregiver) queried about falls (Prkns, DSP)		Quality Measures	No	No	No	No	No	No	No	No
6090F	Patient (or caregiver) counseled about safety issues appropriate to patient's stage of disease (Prkns)		Quality Measures	No	No	No	No	No	No	No	No
6100F	Timeout to verify correct patient, correct site, and correct procedure, documented (PATH)		Quality Measures	No	No	No	No	No	No	No	No
6101F	Safety counseling for dementia provided (DEM)		Quality Measures	No	No	No	No	No	No	No	No
6102F	Safety counseling for dementia ordered (DEM)		Quality Measures	No	No	No	No	No	No	No	No
6110F	Counseling provided regarding risks of driving and the alternatives to driving (DEM)		Quality Measures	No	No	No	No	No	No	No	No
6150F	Patient not receiving a first course of anti-TNF (tumor necrosis factor) therapy (IBD)		Quality Measures	No	No	No	No	No	No	No	No
7010F	Patient information entered into a recall system that includes: target date for the next exam specified and a process to follow up with patients regarding missed or unscheduled appointments (ML)		Quality Measures	No	No	No		No			
7020F	Mammogram assessment category (eg, Mammography Quality Standards Act [MQSA], Breast Imaging Reporting and Data System [BI-RADS], or FDA approved equivalent categories) entered into an internal database to allow for analysis of abnormal interpretation (recall) rate (RAD)		Quality Measures	No	No	No		No			
7025F	Patient information entered into a reminder system with a target due date for the next mammogram (RAD)		Quality Measures	No	No	No		No			
9001F	Aortic aneurysm less than 5.0 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT (NMA-No Measure Associated)		Quality Measures	No	No	No	No	No	No	No	No
9002F	Aortic aneurysm 5.0 - 5.4 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT (NMA-No Measure Associated)		Quality Measures	No	No	No	No	No	No	No	No
9003F	Aortic aneurysm 5.5 - 5.9 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT (NMA-No Measure Associated)		Quality Measures	No	No	No	No	No	No	No	No
9004F	Aortic aneurysm 6.0 cm or greater maximum diameter on centerline formatted CT or minor diameter on axial formatted CT (NMA-No Measure Associated)		Quality Measures	No	No	No	No	No	No	No	No
9005F	Asymptomatic carotid stenosis: No history of any transient ischemic attack or stroke in any carotid or vertebralbasilar territory (NMA-No Measure Associated)		Quality Measures	No	No	No	No	No	No	No	No
9006F	Symptomatic carotid stenosis: Ipsilateral carotid territory TIA or stroke less than 120 days prior to procedure (NMA-No Measure Associated)		Quality Measures	No	No	No	No	No	No	No	No
9007F	Other carotid stenosis: Ipsilateral TIA or stroke 120 days or greater prior to procedure or any prior contralateral carotid territory or vertebralbasilar TIA or stroke (NMA-No Measure Associated)		Quality Measures	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
0042T	Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0054T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image guidance based on fluoroscopic images (List separately in addition to code for primary procedure)	This is an add on code	Category III	No	No	No	No	No	No	No	No
0055T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image guidance based on CT/MRI images (List separately in addition to code for primary procedure)	This is an add on code	Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0071T	Focused ultrasound ablation of uterine leiomyoma, including MRI guidance; total leiomyoma volume less than 200 cc of tissue		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0072T	Focused ultrasound ablation of uterine leiomyoma, including MRI guidance; total leiomyoma volume greater or equal to 200 cc of tissue		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0075T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; initial vessel		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0076T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; each additional vessel (List separately in addition to code for primary procedure)		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0095T	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0098T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0100T	Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retinal electrode array, with vitrectomy		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0101T	Extracorporeal shock wave involving musculoskeletal system, not other wise specified, high energy		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0102T	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, involving lateral humeral epicondyle	must include an anesthesia code	Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0106T	Quantitative sensory testing (QST), testing and interpretation per extremity, using touch pressure stimuli to assess large diameter sensation		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0107T	Quantitative sensory testing (QST), testing and interpretation per extremity, using vibration stimuli to assess large diameter fiber sensation		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0108T	Quantitative sensory testing (QST), testing and interpretation per extremity, using cooling stimuli to assess small nerve fiber sensation and hyperalgesia		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0109T	Quantitative sensory testing (QST), testing and interpretation per extremity, using heat-pain stimuli to assess small nerve fiber sensation and hyperalgesia		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0110T	Quantitative sensory testing (QST), testing and interpretation per extremity, using other stimuli to assess sensation		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0163T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), each additional interspace, lumbar (List separately in addition to code for primary procedure)	terminated 1/1/23	Category III	Yes	Yes	Yes		Yes		Yes	Yes
0164T	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0165T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0174T	Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed concurrent with primary interpretation (List separately in addition to code for primary procedure)		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0175T	Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed remote from primary interpretation		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0184T	Excision of rectal tumor, transanal endoscopic microsurgical approach (ie, TEMS), including muscularis propria (ie, full thickness)		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0198T	Measurement of ocular blood flow, any repetitive intraocular pressure sampling, with interpretation and report		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0200T	Per cutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0201T	Per cutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0202T	Posterior vertebral body arthroplasty (eg, facet joint) replacement, including facetectomy, laminectomy, foraminotomy, and vertebral column fixation, injection of bone cement, when performed, including fluoroscopy, single level, lumbar spine		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0207T	Evacuation of meningeal elements, automated, using heat and intermittent pressure, unilateral		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0208T	Pure tone audiometry (threshold), automated, air only		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0209T	Pure tone audiometry (threshold), automated, air and bone		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0210T	Speech audiometry threshold, automated		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0211T	Speech audiometry threshold, automated, with speech recognition		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0212T	Comprehensive audiometry threshold evaluation and speech recognition (0209T, 0211T combined), automated		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0214T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level (List separately in addition to code for primary procedure)		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0215T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third or any additional level(s) (List separately in addition to code for primary procedure)		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0217T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; second level (List separately in addition to code for primary procedure)		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0218T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0219T	Placement of a posterior intra-facet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical or thoracic		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0220T	Placement of a posterior intra-facet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0221T	Placement of a posterior intra-facet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0222T	Placement of a posterior intra-facet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional vertebral segment (List separately in addition to code for primary procedure)		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0234T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; renal artery		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0235T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; visceral artery (except renal), each vessel		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0236T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; abdominal aorta		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0237T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; brachiocephalic trunk and branches, each vessel		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0238T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; iliac artery, each vessel		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0253T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the superior orbital space		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
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		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0264T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure excluding bone marrow harvest		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0265T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; unilateral or bilateral bone marrow harvest only for intramuscular autologous bone marrow cell therapy		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
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)		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0267T	Implantation or replacement of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0268T	Implantation or replacement of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
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)		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0270T	Revision or removal of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0271T	Revision or removal of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
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)		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
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		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0274T	Per cutaneous laminotomy/laminectomy (interlaminar 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), single or multiple levels, unilateral or bilateral; cervical or thoracic		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0275T	Per cutaneous laminotomy/laminectomy (interlaminar 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), single or multiple levels, unilateral or bilateral; lumbar		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0278T	Transcutaneous electrical modulation pain reprocessing (eg, scrambler therapy), each treatment session (includes placement of electrodes)		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0308T	Insertion of ocular telescope prosthesis including removal of crystalline lens or intraocular lens prosthesis		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0312T	Vagus nerve blocking therapy (morbid obesity); laparoscopic revision of neurostimulator electrode array, anterior and posterior vagal trunks adjacent to esophagogastric junction (GCS), with implantation of pulse generator, includes programming	terminated 1/1/23	Category III	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
0313T	Vagus nerve blocking therapy (morbid obesity); laparoscopic revision or replacement of vagal trunk neurostimulator electrode array and pulse generator connection to existing pulse generator	terminated 1/1/23	Category III	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
0314T	Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator electrode array and pulse generator	terminated 1/1/23	Category III	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
0315T	Vagus nerve blocking therapy (morbid obesity); removal of pulse generator	terminated 1/1/23	Category III	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
0316T	Vagus nerve blocking therapy (morbid obesity); replacement of pulse generator	terminated 1/1/23	Category III	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
0317T	Vagus nerve blocking therapy (morbid obesity); neurostimulator pulse generator electronic analysis, includes reprogramming when per for med	terminated 1/1/23	Category III	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
0329T	Monitoring of intra-ocular pressure for 24 hours or longer, unilateral or bilateral, with interpretation and report		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0330T	Tear film imaging, unilateral or bilateral, with interpretation and report		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0331T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment, with tomographic SPECT		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0333T	Visual evoked potential, screening of visual acuity, automated, with report		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0335T	Insertion of sinus tarsi implant		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0338T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurement, flush aortogram and diagnostic renal angiography when performed; unilateral		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0339T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurement, flush aortogram and diagnostic renal angiography when performed; bilateral		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0342T	Therapeutic apheresis with selective HDL delipidation and plasma reinfusion		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0345T	Transcatheter mitral valve repair percutaneous approach via the coronary sinus		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0347T	Placement of interstitial device(s) in bone for radiostereometric analysis (RSA)		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0348T	Radiologic examination, radiostereometric analysis (RSA); spine, (includes cervical, thoracic and lumbosacral, when performed)		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centers-Auth Non-ASA Provider	Centers-Auth ASA Provider	Settings-Auth Non-ASA Provider	Settings-Auth ASA Provider	TRBC Auth	BMS Auth
0349T	Radiologic examination, radiostereometric analysis (RSA), upper extremity(ies), (includes shoulder, elbow, and wrist, when performed)		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0350T	Radiologic examination, radiostereometric analysis (RSA), lower extremity(ies), (includes hip, proximal femur, knee, and ankle, when performed)		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0351T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; real-time intraoperative		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0352T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; interpretation and report, real-time or referred		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0353T	Optical coherence tomography of breast, surgical cavity; real-time intraoperative		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0354T	Optical coherence tomography of breast, surgical cavity; interpretation and report, real-time or referred		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0358T	Biomechanical analysis whole body composition assessment, with interpretation and report		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0362T	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site, with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.		Category III	No	No	No	No	No	No	No	No
0373T	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site, with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.		Category III	No	No	No	No	No	No	No	No
0378T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0379T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; technical support and patient instructions, surveillance, analysis, and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0394T	High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0395T	High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0397T	Endoscopic retrograde cholangiopancreatography (ERCP), with optical endomicroscopy (List separately in addition to code for primary procedure)		Category III	No	No	No	No	No	No	No	No
0398T	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation and frame placement when performed		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0402T	Collagen cross-linking of cornea, including removal of the corneal epithelium, when performed, and intraoperative pachymetry, when performed		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0403T	Preventive behavior change, intensive program of prevention of diabetes using a standardized diabetes prevention program curriculum, provided to individuals in a group setting, minimum 60 minutes, per day		Category III	No	No	No	No	No	No	Yes	Yes
0404T	Transcervical uterine fibroid(s) ablation with ultrasound guidance, radiofrequency		Category III	No	No	No	No	No	No	No	No
0408T	Insertion or replacement of permanent cardiac contractility modulation system, including contraindication evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator with transvenous electrode		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0409T	Insertion or replacement of permanent cardiac contractility modulation system, including contraindication evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator only		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0410T	Insertion or replacement of permanent cardiac contractility modulation system, including contraindication evaluation when performed, and programming of sensing and therapeutic parameters; atrial electrode only		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0411T	Insertion or replacement of permanent cardiac contractility modulation system, including contraindication evaluation when performed, and programming of sensing and therapeutic parameters; ventricular electrode only		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0412T	Removal of permanent cardiac contractility modulation system; pulse generator only		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0413T	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0414T	Removal and replacement of permanent cardiac contractility modulation system pulse generator only		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0415T	Repositioning of previously implanted cardiac contractility modulation transvenous electrode, (atrial or ventricular lead)		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0416T	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0417T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable cardiac contractility modulation system		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0418T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable cardiac contractility modulation system		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0419T	Destruction of neurofibroma, extensive (cutaneous, dermal extending into subcutaneous); face, head and neck, greater than 50 neurofibromas	Office based procedure	Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0420T	Destruction of neurofibroma, extensive (cutaneous, dermal extending into subcutaneous); trunk and extremities, extensive, greater than 100 neurofibromas	Office based procedure	Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0421T	Transurethral water jet ablation of prostate, including control of post-operative bleeding, including ultrasound guidance, complete (vasectomy, neovastomy, cystourethrectomy, urethral calibration and/or dilation, and internal urethrotomy are included when performed)		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0422T	Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral	Assist at surgery	Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0424T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; complete system (transvenous placement of right or left stimulation lead, sensing lead, implantable pulse generator)	Assist at surgery	Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0425T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; sensing lead only		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0426T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; stimulation lead only		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0427T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; pulse generator only		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0428T	Removal of neurostimulator system for treatment of central sleep apnea; pulse generator only		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0429T	Removal of neurostimulator system for treatment of central sleep apnea; sensing lead only		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0430T	Removal of neurostimulator system for treatment of central sleep apnea; stimulation lead only		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0431T	Removal and replacement of neurostimulator system for treatment of central sleep apnea; pulse generator only		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0432T	Repositioning of neurostimulator system for treatment of central sleep apnea; stimulation lead only		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0433T	Repositioning of neurostimulator system for treatment of central sleep apnea; sensing lead only		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0434T	Interrogation device evaluation implanted neurostimulator pulse generator system for central sleep apnea		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0435T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; single session		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0436T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; during sleep study		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0437T	Implantation of non-biologic or synthetic implant (eg, polypropylene) for fascial reinforcement of the abdominal wall (List separately in addition to code for primary procedure)	No separate payment/packaged with surgery	Category III	No	No	No	No	No	No	No	No
0438T	Myocardial contrast perfusion echocardiography, at rest or with stress, for assessment of myocardial ischemia or viability (List separately in addition to code for primary procedure)	No separate payment/packaged with surgery	Category III	No	No	No	No	No	No	No	No
0439T	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve		Category III	No	No	No	No	No	No	No	No
0441T	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0442T	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve)		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0443T	Real-time spectral analysis of prostate tissue by fluorescence spectroscopy, including imaging guidance (List separately in addition to code for primary procedure)	No separate payment/packaged with surgery	Category III	No	No	No	No	No	No	No	No
0445T	Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion, unilateral or bilateral	No separate payment/packaged with surgery	Category III	No	No	No	No	No	No	No	No
0446T	Subsequent placement of a drug-eluting ocular insert under one or more eyelids, including re-training, and removal of existing insert, unilateral or bilateral	No separate payment/packaged with surgery	Category III	No	No	No	No	No	No	No	No
0448T	Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0447T	Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0448T	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0449T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0450T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; each additional device (List separately in addition to code for primary procedure)	No separate payment/packaged with surgery	Category III	No	No	No	No	No	No	No	No
0465T	Autologous adipose-derived regenerative cell therapy for glaucoma, with interpretation and report		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0465T	Superficial injection of a platelet-rich plasma (PRP) agent (does not include supply of medication)	Office based procedure	Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0469T	Retinal polarization scan, ocular screening with on-site automated results, bilateral		Category III	NC	NC	NC	NC	NC	NC	Yes	Yes
0470T	Optical coherence tomography (OCT) for microstructural and morphological imaging of skin, image acquisition, interpretation, and report; first lesion	terminated 1/1/23	Category III	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
0471T	Optical coherence tomography (OCT) for microstructural and morphological imaging of skin, image acquisition, interpretation, and report; each additional lesion (List separately in addition to code for primary procedure)	terminated 1/1/23	Category III	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
0472T	Device evaluation, interpretation, and initial programming of intracocular retinal electrode array (eg, retinal prosthesis), in person, with iterative adjustment of the implantable device to test functionality, select optimal permanent programmed values with analysis, including visual training, with review and report by a qualified health care professional		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0473T	Device evaluation and interrogation of intracocular retinal electrode array (eg, retinal prosthesis), in person, including reprogramming and visual training, when performed, with review and report by a qualified health care professional		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0474T	Insertion of anterior segment aqueous drainage device, with creation of intracocular reservoir, internal approach, into the supraciliary space		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0475T	Recording of fetal magnetic cardiac signal using at least 3 channels; patient recording and storage, data scanning with signal extraction, technical analysis and result, as well as supervision, review, and interpretation of report by a physician or other qualified health care professional	terminated 1/1/23	Category III	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
0476T	Recording of fetal magnetic cardiac signal using at least 3 channels; patient recording, data scanning, with raw electronic signal transfer of data and storage	terminated 1/1/23	Category III	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
0477T	Recording of fetal magnetic cardiac signal using at least 3 channels; signal extraction, technical analysis, and result	terminated 1/1/23	Category III	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
0478T	Recording of fetal magnetic cardiac signal using at least 3 channels; review, interpretation, report by physician or other qualified health care professional	terminated 1/1/23	Category III	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
0479T	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; first 100 cm2 or part thereof, or 1% of body surface area of infants and children		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0480T	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; each additional 100 cm2, or each additional 1% of body surface area of infants and children, or part thereof (List separately in addition to code for primary procedure)	No separate payment/packaged service	Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0481T	Autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation, when performed		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0483T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach, including transseptal puncture, when performed		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0484T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transapical exposure (eg, thoracotomy, transapical)		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0485T	Optical coherence tomography (OCT) of middle ear, with interpretation and report; unilateral		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0486T	Optical coherence tomography (OCT) of middle ear, with interpretation and report; bilateral		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0487T	Biomechanical mapping, transnasal, with report	terminated 1/1/23	Category III	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
0488T	Preventive behavior change, online/electronic structural endocrine program for prevention of diabetes using a standardized diabetes prevention program curriculum, provided to an individual, per 30 days		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0489T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; adipose tissue harvesting, isolation and preparation of harvested cells including incubation with cell dissociation enzymes, removal of non-viable cells and debris, determination of concentration and dilution of regenerative cells		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0490T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; multiple injections in one or both hands		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
0491T	Ablative laser treatment, non-contact, full field and fractional ablation, open wound, per day, total treatment surface area, first 20 sq cm or less	terminated 1/1/23	Category III	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
0492T	Ablative laser treatment, non-contact, full field and fractional ablation, open wound, per day, total treatment surface area, each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	terminated 1/1/23	Category III	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
0493T	Contact near-infrared spectroscopy studies of lower extremity wounds (eg, for oxymethemoglobin measurement)	terminated 1/1/23	Category III	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
04948	Surgical preparation and cannulation of marginal (extended) (cadaver donor lung(s)) to ex vivo organ perfusion system, including decannulation, separation from the perfusion system, and cold preservation of the allograft prior to implantation, when performed		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
04951	Initiation and monitoring marginal (extended) (cadaver donor lung(s)) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed, first two hours in sterile field		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
04961	Initiation and monitoring marginal (extended) (cadaver donor lung(s)) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed, each additional hour (List separately in addition to code for primary procedure)		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
04971	External patient-activated, physician- or other qualified health care professional-prescribed, electrocardiographic rhythm derived event recorder without 24 hour attended monitoring; in-office connection	terminated 1/1/23	Category III	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
04981	External patient-activated, physician- or other qualified health care professional-prescribed, electrocardiographic rhythm derived event recorder without 24 hour attended monitoring; review and interpretation by a physician or other qualified health care professional per 30 days with at least one patient-generated triggered event	terminated 1/1/23	Category III	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
04991	Cystourethroscopy, with mechanical dilation and urethral therapeutic drug delivery for urethral stricture or stenosis, including fluoroscopy, when performed		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
05001	Infectious agent detection by nucleic acid (DNA or RNA), human papillomavirus (HPV) for five or more separately reported high-risk HPV types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) (ie, genotyping)		Category III	No	No	No	No	No	No	Yes	Yes
05011	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission, analysis of fluid dynamics and simulated maximal coronary hyperemia, generation of estimated FFR model, with anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report		Category III	Yes	yes	No	Yes	No	Yes	Yes	Yes
05021	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission	No separate payment/packaged	Category III	No	No	No	Yes	No	Yes	No	No
05031	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model	No separate payment/packaged	Category III	No	No	No	Yes	No	Yes	No	No
05041	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report		Category III	No	No	No	Yes	No	Yes	No	No
05051	Endovascular femoral popliteal arterial revascularization, with intracatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmaping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed, with crossing of the occlusive lesion in an extraluminal fashion		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
05061	Macular pigment optical density measurement by heterochromatic flicker photometry, unilateral or bilateral, with interpretation and report		Category III	No	No	No	No	No	No	No	No
05071	Near-infrared dual imaging (ie, simultaneous reflective and trans-illuminated light) of meibomian glands, unilateral or bilateral, with interpretation and report		Category III	No	No	No	No	No	No	No	No
05081	Pulse-echo ultrasound bone density measurement resulting in indicator of axial bone mineral density, tibia		Category III	No	No	No	No	No	No	No	No
05091	Electroretinography (ERG) with interpretation and report, pattern (PERG)		Category III	No	No	No	No	No	No	No	No
05101	Removal of sinus tarsi implant		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
05111	Removal and reinsertion of sinus tarsi implant		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
05121	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound		Category III	No	No	No	No	No	No	No	No
05131	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)		Category III	No	No	No	No	No	No	No	No
05141	Intraoperative visual aid identification using patient fixation (List separately in addition to code for primary procedure)	terminated 1/1/23	Category III	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
05151	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed, complete system (includes electrode and generator (transmitter and battery))		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
05161	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed, electrode only		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
05171	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed, pulse generator component(s) (battery and/or transmitter) only		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
05181	Removal of only pulse generator component(s) (battery and/or transmitter) of wireless cardiac stimulator for left ventricular pacing		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
05191	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter)		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
05201	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter), including placement of a new electrode		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
05211	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording, and disconnection per patient encounter, wireless cardiac stimulator for left ventricular pacing		Category III	No	No	No	No	No	No	No	No
05221	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, wireless cardiac stimulator for left ventricular pacing		Category III	No	No	No	No	No	No	No	No
05231	Intra-procedural coronary fractional flow reserve (FFR) with 30 functional mapping of color-coded FFR values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible after occlusive stenosis(es) intervention (List separately in addition to code for primary procedure)	No separate payment/packaged	Category III	No	No	No	No	No	No	No	No
05241	Endovascular catheter directed chemical ablation with balloon isolation of incompetent extremity vein, open or percutaneous, including all vascular access, catheter manipulation, diagnostic imaging, imaging guidance and monitoring		Category III	No	No	No	Yes	No	Yes	No	No
05251	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; complete system (electrode and implantable monitor)		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
05261	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; electrode only		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
05271	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; implantable monitor only		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
05281	Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report		Category III	No	No	No	No	No	No	No	No
05291	Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report		Category III	No	No	No	No	No	No	No	No
05301	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation, complete system (electrode and implantable monitor)		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
05311	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation, electrode only		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
05321	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; implantable monitor only		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
05331	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; includes set-up, patient training, configuration of monitor, data upload, analysis and initial report configuration, download/review, interpretation and report		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
05341	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; set-up, patient training, configuration of monitor		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
05351	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; data upload, analysis and initial report configuration		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
05361	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; download/review, interpretation and report		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
05371	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
05381	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
05391	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
05401	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
05411	Myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition using minimum 36 channel grid, generation of magnetic-field time-series images, quantitative analysis of magnetic dipoles, machine learning-derived clinical scoring, and automated report generation, single study		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
05421	Myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition using minimum 36 channel grid, generation of magnetic-field time-series images, quantitative analysis of magnetic dipoles, machine learning-derived clinical scoring, and automated report generation, single study; interpretation and report		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
05431	Transapical mitral valve repair, including transthoracic echocardiography, when performed, with placement of artificial chordae tendineae		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
05441	Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach including transseptal puncture		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
05451	Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
05461	Radionuclide spectroscopy, real-time, intraoperative margin assessment, at the time of partial mastectomy, with report		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
05471	Bone-material quality testing by microindentation(s) of the tibia(s), with results reported as a score		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
05521	Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
05531	Percutaneous transcatheter placement of iliac arteriovenous anastomosis implant, inclusive of all radiological supervision and interpretation, intra-procedural roadmaping, and imaging guidance necessary to complete the intervention		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
05541	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data, assessment of bone strength and fracture risk and bone-mineral density, interpretation and report		Category III	No	No	No	No	No	No	No	No
05551	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data		Category III	No	No	No	No	No	No	No	No
05561	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; assessment of bone strength and fracture risk and bone-mineral density		Category III	No	No	No	No	No	No	No	No
05571	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; interpretation and report		Category III	No	No	No	No	No	No	No	No
05581	Computed tomography scan taken for the purpose of biomechanical computed tomography analysis		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
05591	Anatomic model 3D-printed from image data set(s); first individually prepared and processed component of an anatomic structure		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
05601	Anatomic model 3D-printed from image data set(s); each additional individually prepared and processed component of an anatomic structure (List separately in addition to code for primary procedure)		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
05611	Anatomic guide 3D-printed and designed from image data set(s); first anatomic guide		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
05621	Anatomic guide 3D-printed and designed from image data set(s); each additional anatomic guide (List separately in addition to code for primary procedure)		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
05631	Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
05641	Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor cells, categorization of drug response reported based on percent of cytotoxicity observed, a minimum of 14 drugs or drug combinations		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
05651	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; tissue harvesting and cellular implant creation		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
05661	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; injection of cellular implant into knee joint, including ultrasound guidance, unilateral		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
05671	Free nascent fallopian tube occlusion with degradable biopolymer implant, transvaginal approach, including transvaginal ultrasound		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
05681	Intracavitary occlusion of fallopian tube for sterilization; approach to confirm occlusion of fallopian tubes, transvaginal approach, including transvaginal ultrasound and pelvic ultrasound		Category III	No	No	No	No	No	No	No	No
05691	Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
05701	Transcatheter tricuspid valve repair, percutaneous approach; each additional prosthesis during same session (List separately in addition to code for primary procedure)		Category III	Yes	yes	yes	No	yes	No	Yes	Yes

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
	Insertion or replacement of implantable cardioverter-defibrillator system with subcutaneous electrode(s), including all imaging guidance and electrophysiological evaluation (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters), when performed		Category III	No	No	No	No	No	No	No	No
05771	Insertion of subcutaneous implantable defibrillator electrode		Category III	No	No	No	No	No	No	No	No
05737	Removal of subcutaneous implantable defibrillator electrode		Category III	No	No	No	No	No	No	No	No
05747	Repositioning of previously implanted subcutaneous implantable defibrillator pacing electrode		Category III	No	No	No	No	No	No	No	No
05751	Programming device evaluation (in person) of implantable cardioverter-defibrillator system with subcutaneous electrode, with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional		Category III	No	No	No	No	No	No	No	No
05767	Interrogation device evaluation (in person) of implantable cardioverter-defibrillator system with subcutaneous electrode, with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter		Category III	No	No	No	No	No	No	No	No
05771	Electrophysiologic evaluation of implantable cardioverter-defibrillator system with subcutaneous electrode (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)		Category III	No	No	No	No	No	No	No	No
05777	Osteotomy, humerus, with insertion of an externally controlled intramedullary lengthening device, including intraoperative imaging, initial and subsequent alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device		Category III	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
05787	Interrogation device evaluation(s) (remote), up to 90 days, subcutaneous lead implantable cardioverter-defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional		Category III	No	No	No	No	No	No	No	No
05797	Interrogation device evaluation(s) (remote), up to 90 days, subcutaneous lead implantable cardioverter-defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results		Category III	No	No	No	No	No	No	No	No
05807	Removal of subcutaneous implantable defibrillator pulse generator only		Category III	Yes	Yes	Yes	No	Yes	No	No	No
05817	Ablation, malignant breast tumor(s), percutaneous, cryotherapy, including imaging guidance when performed, unilateral		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
05827	Transcatheter ablation of malignant prostate tissue by high-energy water vapor thermotherapy, including intraoperative imaging and needle guidance		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
05837	Tympanostomy (requiring insertion of ventilating tube), using an automated tube delivery system, laryngoscopy, local anesthesia		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
05847	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed, percutaneous		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
05857	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed, laparoscopic		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
05867	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed, open		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
05877	Percutaneous implantation or replacement of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
05887	Revision or removal of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
05897	Electronic analysis with single programming or implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 1-2 parameters		Category III	No	No	No	No	No	No	No	No
05907	Electronic analysis with complex programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 4 or more parameters		Category III	No	No	No	No	No	No	No	No
05917	Health and well-being coaching face-to-face; individual, initial assessment		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
05927	Health and well-being coaching face-to-face; individual, follow-up session, at least 30 minutes		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
05937	Health and well-being coaching face-to-face; group (2 or more individuals), at least 30 minutes		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
05947	Temporary female intraurethral valve-pump (ie, voiding prosthesis), initial insertion, including urethral measurement		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
05967	Temporary female intraurethral valve-pump (ie, voiding prosthesis); replacement		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
05977	Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; first anatomic site (eg, lower extremity)		Category III	No	No	No	No	No	No	No	No
05987	Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; each additional anatomic site (eg, upper extremity) (List separately in addition to code for primary procedure)		Category III	No	No	No	No	No	No	No	No
05997	Ablation, irreversible electroporation: 1 or more tumors per organ, including imaging guidance, when performed, percutaneous		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
06007	Ablation, irreversible electroporation: 1 or more tumors, including fluoroscopic and ultrasound guidance, when performed, open		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
06017	Glomerular filtration rate (GFR) measurement(s), transdermal, including sensor placement and administration of a single dose of fluorescent pyrazine agent		Category III	No	No	No	No	No	No	No	No
06027	Glomerular filtration rate (GFR) monitoring, transdermal, including sensor placement and administration of more than one dose of fluorescent pyrazine agent, each 24 hours		Category III	No	No	No	No	No	No	No	No
06037	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center (unilateral or bilateral); initial device provision, set-up and patient education on use of equipment		Category III	No	No	No	No	No	No	No	No
06047	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center (unilateral or bilateral); remote surveillance center technical support, data analyses and reports, with a minimum of 8 daily recordings, each 30 days		Category III	No	No	No	No	No	No	No	No
06057	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center (unilateral or bilateral); review, interpretation and report by the prescribing physician or other qualified health care professional of remote surveillance center data analyses, each 30 days		Category III	No	No	No	No	No	No	No	No
06067	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; set-up and patient education on use of equipment		Category III	No	No	No	No	No	No	No	No
06077	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; analysis of data received and transmission of reports to the physician or other qualified health care professional		Category III	No	No	No	No	No	No	No	No
06087	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (ie, lactic acid, carbohydrate, alanine, lactate, propionic acid, proteoglycan, and collagen) in at least 3 discs		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
06097	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
06107	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); postprocessing for algorithmic analysis of biomarker data for determination of relative chemical differences between discs		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
06117	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
06127	Percutaneous transcatheter implantation of interatrial septal shunt device, including right and left heart catheterization, intracardiac echocardiography, and imaging guidance by the procedure(s), when performed		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
06137	Removal and replacement of subcutaneous implantable defibrillator pulse generator		Category III	No	No	No	No	No	No	No	No
06147	Eye-movement analysis without spatial calibration, with interpretation and report		Category III	No	No	No	No	No	No	No	No
06157	Insertion of iris prosthesis, including sutures fixation and repair or removal of iris, when performed, without removal of crystalline lens or intraocular lens, without insertion of intraocular lens		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
06167	Insertion of iris prosthesis, including sutures fixation and repair or removal of iris, when performed, with removal of crystalline lens and insertion of intraocular lens		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
06177	Insertion of iris prosthesis, including sutures fixation and repair or removal of iris, when performed, with secondary intraocular lens placement or intraocular lens exchange		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
06187	Cystourethroscopy with transurethral anterior prostate commissurotomy and drug delivery, including transrectal ultrasound and fluoroscopy, when performed		Category III	No	No	No	No	No	No	Yes	Yes
06197	Endovascular venous arterialization, tibial or peroneal vein, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmap and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
06207	Transcatheter ablation of intrahepatic bile ducts by laser, with use of ophthalmic endoscope		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
06217	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission, computerized analysis of data, with review of computerized analysis output to reconcile discordant data, interpretation and report		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
06227	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission		Category III	No	No	No	No	No	No	No	No
06237	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; computerized analysis of data from coronary computed tomographic angiography		Category III	No	No	No	No	No	No	No	No
06247	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; review of computerized analysis output to reconcile discordant data, interpretation and report		Category III	No	No	No	No	No	No	No	No
06257	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
06267	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; each additional level (List separately in addition to code for primary procedure)		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
06277	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
06287	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; each additional level (List separately in addition to code for primary procedure)		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
06297	Transcutaneous visible light hyperspectral imaging measurement of oxyhemoglobin, deoxyhemoglobin, and tissue oxygenation, with interpretation and report, per extremity		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
06307	Percutaneous transcatheter ultrasound ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
06317	Computed tomography, breast, including 3D rendering, when performed, unilateral, without contrast material		Category III	No	No	No	No	No	No	No	No
06327	Computed tomography, breast, including 3D rendering, when performed, bilateral, without contrast material		Category III	No	No	No	No	No	No	No	No
06337	Computed tomography, breast, including 3D rendering, when performed, unilateral, with contrast material(s)		Category III	No	No	No	No	No	No	No	No
06347	Computed tomography, breast, including 3D rendering, when performed, unilateral, without contrast, followed by contrast material(s)		Category III	No	No	No	No	No	No	No	No
06357	Computed tomography, breast, including 3D rendering, when performed, bilateral, without contrast material		Category III	No	No	No	No	No	No	No	No
06367	Computed tomography, breast, including 3D rendering, when performed, bilateral, with contrast material(s)		Category III	No	No	No	No	No	No	No	No
06377	Computed tomography, breast, including 3D rendering, when performed, bilateral, without contrast, followed by contrast material(s)		Category III	No	No	No	No	No	No	No	No
06387	Wireless skin sensor thermal anisotropy measurement(s) and assessment of flow in cerebrospinal fluid shunt, including ultrasound guidance, when performed		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
05947	Osteotomy, humerus, with insertion of an externally controlled intramedullary lengthening device, including intraoperative imaging, initial and subsequent alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
05967	Temporary female intraurethral valve-pump (ie, voiding prosthesis); initial insertion, including urethral measurement		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
05977	Temporary female intraurethral valve-pump (ie, voiding prosthesis); replacement		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
05987	Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; first anatomic site (eg, lower extremity)		Category III	No	No	No	No	No	No	No	No
05997	Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; each additional anatomic site (eg, upper extremity) (List separately in addition to code for primary procedure)	Code first 05987	Category III	No	No	No	No	No	No	No	No
06007	Ablation, irreversible electroporation: 1 or more tumors per organ, including imaging guidance, when performed, percutaneous		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
06017	Ablation, irreversible electroporation: 1 or more tumors, including fluoroscopic and ultrasound guidance, when performed, open		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
06027	Glomerular filtration rate (GFR) measurement(s), transdermal, including sensor placement and administration of a single dose of fluorescent pyrazine agent		Category III	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
60603	Glomerular filtration rate (GFR) monitoring, transdermal, including sensor placement and administration of more than one dose of fluorescent pyrazine agent, each 24 hours		Category III	No	No	No	No	No	No	No	No
60604	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; initial device provision, set-up and patient education on use of equipment		Category III	No	No	No	No	No	No	No	No
60605	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; remote surveillance center technical support, data analyses and reports, with a minimum of 8 daily recordings, each 30 days		Category III	No	No	No	No	No	No	No	No
60606	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; review, interpretation and report by the prescribing physician or other qualified health care professional of remote surveillance center data analyses, each 30 days		Category III	No	No	No	No	No	No	No	No
60607	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; set-up and patient education on use of equipment		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
60608	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; analysis of data received and transmission of reports to the physician or other qualified health care professional		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
60609	Magnetic resonance spectroscopy, determination and localization of disogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (ie, lactic acid, carbohydrate, alanine, lact, propionic acid, proteoglycan, and collagen) in at least 3 discs		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
60610	Magnetic resonance spectroscopy, determination and localization of disogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
60611	Magnetic resonance spectroscopy, determination and localization of disogenic pain (cervical, thoracic, or lumbar); postprocessing for algorithmic analysis of biomarker data for determination of relative chemical differences between discs		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
60612	Magnetic resonance spectroscopy, determination and localization of disogenic pain (cervical, thoracic, or lumbar) interpretation and report		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
60613	Percutaneous transcatheter implantation of interatrial septal shunt device, including right and left heart catheterization, intracardiac echocardiography, and imaging guidance by the proceduralist, when performed		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
60614	Removal and replacement of subdermal implantable defibrillator pulse generator		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
60615	Eye-movement analysis without spatial calibration, with interpretation and report		Category III	No	No	No	No	No	No	No	No
60616	Insertion of intraocular lens, including source head and repair or removal of lens, when per for med; with primary removal of cataract lens and insertion of intraocular lens		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
60617	Insertion of intraocular lens, including source head and repair or removal of lens, when per for med; with secondary removal of cataract lens and insertion of intraocular lens		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
60618	Cystoscopy with transurethral anterior prostatectomy and/or biopsy, including transrectal ultrasound and/or biopsy, when performed		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
60619	Trabeculectomy ab interno by laser		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
60621	Trabeculectomy ab interno by laser; with use of ophthalmic endoscope		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
60622	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar, first level		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
60627	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar, first level	List separately in addition to code for primary procedure	Category III	Yes	yes	yes	No	yes	No	Yes	Yes
60629	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar, each additional level		Category III	Yes	yes	yes	No	yes	No	Yes	Yes
60630	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar, each additional level	List separately in addition to code for primary procedure	Category III	Yes	yes	yes	No	yes	No	Yes	Yes
60631	Transcutaneous visible light hyperspectral imaging measurement of oxyhemoglobin, deoxyhemoglobin, and tissue oxygenation, with interpretation and report, per extremity		Category III	Yes	yes	yes	No	Yes	No	Yes	Yes
60632	Percutaneous transcatheter ultrasound ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
60633	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
60634	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
60635	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
60636	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
60637	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
60638	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
60639	Wireless skin sensor thermal anisotropy measurement(s) and assessment of flow in cerebrospinal fluid shunt, including ultrasound guidance, when performed		Category III	No	No	No	No	No	No	No	No
60640	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO2]); image acquisition, interpretation and report, each flap or wound		Category III	Yes	No	Yes	No	Yes	No	Yes	Yes
60641	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO2]); image acquisition only, each flap or wound		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
60642	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO2]); interpretation and report only, each flap or wound		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
60643	Transcatheter left ventricular restoration device implantation including right and left heart catheterization and left ventriculography when performed, arterial approach		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
60644	Transcatheter removal or debulking of intracardiac mass (eg, vegetation, thrombus) via suction (eg, vacuum, aspiration) device, percutaneous approach, with intraoperative reflow of aspirated blood, including imaging guidance, when performed		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
60645	Transcatheter implantation of coronary sinus reduction device including vascular access and closure, right heart catheterization, venous angiography, coronary sinus angiography, imaging guidance, and supervision and interpretation, when performed		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
60646	Transcatheter tricuspid valve implantation (TTVI) replacement with prosthetic valve, percutaneous approach, including right heart catheterization, temporary pacemaker insertion, and selective right ventricular or right atrial angiography, when performed		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
60647	Insertion of gastrostomy tube, percutaneous, with magnetic gastropexy, under ultrasound guidance, image documentation and report		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
60648	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
60649	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure)		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
60650	Programming device evaluation (removal) of subcutaneous cardiac rhythm monitor system, with iterative adjustment of the implantable device to test the function of the device and select optimal permanently programmed values with analysis, review and report by a physician or other qualified health care professional		Category III	No	No	No	No	No	No	No	No
60651	Magnetically controlled capsule endoscopy, esophagus through stomach, including intra-procedural positioning of capsule, with interpretation and report		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
60652	Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when per for med (separate procedure)		Category III	No	No	No	No	No	No	No	No
60653	Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single or multiple		Category III	No	No	No	No	No	No	No	No
60654	Esophagogastroduodenoscopy, flexible, transnasal; with insertion of intraluminal tube or catheter		Category III	No	No	No	No	No	No	No	No
60655	Transperineal focal laser ablation of malignant prostate tissue, including transrectal imaging guidance, with MR-fused images or other enhanced ultrasound imaging		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
60656	Vertebral body tethering, anterior; up to 2 vertebral segments		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
60657	Vertebral body tethering, anterior; 3 or more vertebral segments		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
60658	Electrical impedance spectroscopy of 1 or more skin lesions for automated melanoma risk score		Category III	No	No	No	No	No	No	No	No
60659	Transcatheter intracoronary infusion of supersaturated oxygen in conjunction with percutaneous coronary revascularization during acute myocardial infarction, including catheter placement, imaging guidance (eg, fluoroscopy), angiography, and radiologic supervision and interpretation	Inpatient Procedure	Category III	No	No	No	No	No	No	No	No
60660	Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
60661	Removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting implant		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
60662	Scalp cooling, mechanical; initial measurement and calibration of cap		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
60663	Scalp cooling, mechanical; placement of device, monitoring, and removal of device (List separately in addition to code for primary procedure)		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
60664	Donor hysterectomy (including cold preservation); open, from cadaver donor		Category III	NC	NC	NC	NC	NC	NC	Yes	Yes
60665	Donor hysterectomy (including cold preservation); open, from living donor		Category III	NC	NC	NC	NC	NC	NC	Yes	Yes
60666	Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor		Category III	NC	NC	NC	NC	NC	NC	Yes	Yes
60667	Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living donor		Category III	NC	NC	NC	NC	NC	NC	Yes	Yes
60668	Backbench standard preparation of cadaver or living donor uterine allograft prior to transplantation, including dissection and removal of surrounding soft tissues and preparation of uterine vein(s) and uterine artery(ies), as necessary		Category III	NC	NC	NC	NC	NC	NC	Yes	Yes
60669	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each		Category III	NC	NC	NC	NC	NC	NC	Yes	Yes
60670	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each		Category III	NC	NC	NC	NC	NC	NC	Yes	Yes
60671	Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
60672	Endovaginal cryogen-cooled, monopolar radiofrequency remodeling of the tissues surrounding the female bladder neck and proximal urethra for urinary incontinence		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
60673	Ablation, benign thyroid nodule(s); percutaneous, laser, including imaging guidance		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
60674	Laparoscopic insertion of new or replacement of permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including an implantable pulse generator and diaphragmatic lead(s)		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
60675	Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first lead		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
60676	Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; each additional lead (List separately in addition to code for primary procedure)		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
60677	Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first repositioned lead		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
60678	Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; each additional repositioned lead (List separately in addition to code for primary procedure)		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
60679	Laparoscopic removal of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
60680	Insertion or replacement of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing lead(s)		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
60681	Relocation of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing dual leads		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
60682	Removal of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
60683	Programming device evaluation (in-person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function		Category III	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
	Pre-procedural device evaluation (in-person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review, and report by a physician or other qualified health care professional, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function		Category III	No	No	No	No	No	No	No	No
06847	Pre-procedural device evaluation (in-person) with analysis, review and report by a physician or other qualified health care professional, including connection, recording and disconnection per patient encounter, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function		Category III	No	No	No	No	No	No	No	No
06851	Histology (ie, non-thermal ablation via acoustic energy delivery) of malignant hepatocellular tissue, including image guidance		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
06861	Treatment of amyloidosis using an online digital program; device supply, educational set-up, and initial session		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
06871	Treatment of amyloidosis using an online digital program; assessment of patient performance and program data by physician or other qualified health care professional, with report, per calendar month		Category III	Yes	Yes	No	No	Yes	No	Yes	Yes
06881	Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained without diagnostic ultrasound examination of the same anatomy (eg, organ, gland, tissue, target structure)		Category III	No	No	No	No	No	No	No	No
06891	Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained with diagnostic ultrasound examination of the same anatomy (eg, organ, gland, tissue, target structure)		Category III	No	No	No	No	No	No	No	No
06901	Automated analysis of an existing computed tomography study for vertebral fracture(s), including assessment of bone density when per for med, data preparation, interpretation, and report		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
06911	Therapeutic ultrasonic ablation		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
06921	Comprehensive full body computer-based markerless 3D kinematic and kinetic motion analysis and report		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
06931	3-dimensional volumetric imaging and reconstruction of breast or axillary lymph node tissue, each excised specimen, 3-dimensional automatic specimen reorientation, interpretation and report, real-time intraoperative	Packaged with surgery	Category III	No	No	No	No	No	No	No	No
06941	Body surface-activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) to optimize electrical synchrony, cardiac resynchronization therapy device, including connection, recording, disconnection, review, and report; at time of implant or replacement		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
06951	Body surface-activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) to optimize electrical synchrony, cardiac resynchronization therapy device, including connection, recording, disconnection, review, and report; at time of follow-up interrogation or programming device evaluation		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
06961	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; multiple organs		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
06971	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); multiple organs (List separately in addition to code for primary procedure)		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
06981	Injection, posterior chamber of eye, medication		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
06991	Molecular fluorescent imaging of suspicious nevus, first lesion		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
07001	Molecular fluorescent imaging of suspicious nevus, each additional lesion (List separately in addition to code for primary procedure)		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
07011	Remote therapeutic monitoring of a standardized online digital cognitive behavioral therapy program ordered by a physician or other qualified health care professional; supply and technical support, per 30 days	terminated 1/1/23	Category III	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
07021	Remote therapeutic monitoring of a standardized online digital cognitive behavioral therapy program ordered by a physician or other qualified health care professional; management services by physician or other qualified health care professional, per calendar month	terminated 1/1/23	Category III	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
07031	Remote treatment of amyloidosis using an eye tracking device; device supply with initial set-up and patient education on use of equipment		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
07041	Remote treatment of amyloidosis using an eye tracking device; surveillance center technical support including data transmission with analysis, with a minimum of 18 training hours, each 30 days		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
07051	Remote treatment of amyloidosis using an eye tracking device; interpretation and report by physician or other qualified health care professional, per calendar month		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
07061	Injection(s), bone-substitute material (eg, calcium phosphate) into subchondral bone defect (ie, bone marrow lesion, bone bruise, stress injury, microfracture fracture), including imaging guidance and arthroscopic assistance for joint visualization		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
07071	Intradermal cancer immunotherapy, preparation and initial injection		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
07081	Intradermal cancer immunotherapy, each additional injection (List separately in addition to code for primary procedure)		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
07091	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; including data preparation and transmission, quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability, data review, interpretation and report		Category III	No	No	Yes	No	Yes	No	No	No
07101	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission		Category III	No	No	Yes	No	Yes	No	No	No
07111	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability		Category III	No	No	Yes	No	Yes	No	No	No
07121	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation and report		Category III	No	No	Yes	No	Yes	No	No	No
07131	Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance		Category III	No	No	No	No	No	No	No	No
07141	Per cutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
07151	Cardiac acoustic waveform recording with automated analysis and generation of coronary artery disease risk score		Category III	No	No	No	No	No	No	No	No
07161	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; adipose tissue harvesting, isolation and preparation of harvested cells, including incubation with cell dissociation enzymes, filtration, washing and concentration of ADRCs		Category III	No	No	No	No	No	No	No	No
07171	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; injection into supraspinatus tendon including ultrasound guidance, unilateral		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
07181	Posterior vertebral joint replacement, including bilateral facetectomy, laminectomy, and radical discectomy, including imaging guidance, lumbar spine, single segment		Category III	No	No	No	No	No	No	No	No
07191	Per cutaneous electrical nerve field stimulation, cranial nerves, without implantation		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
07201	Quantitative computed tomography (CT) tissue characterization, including interpretation and report, obtained without concurrent CT examination of any structure contained in previously acquired diagnostic imaging		Category III	No	No	No	Yes	No	Yes	No	No
07211	Quantitative computed tomography (CT) tissue characterization, including interpretation and report, obtained with concurrent CT examination of any structure contained in the concurrently acquired diagnostic imaging dataset (List separately in addition to code for primary procedure)		Category III	No	No	No	Yes	No	Yes	No	No
07221	Quantitative magnetic resonance cholangiopancreatography (CMRCP) including data preparation and transmission, interpretation and report, obtained without diagnostic magnetic resonance imaging (MRI) examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session		Category III	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
07231	Quantitative magnetic resonance cholangiopancreatography (CMRCP) including data preparation and transmission, interpretation and report, obtained with diagnostic magnetic resonance imaging (MRI) examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure)		Category III	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
07241	Vestibular device implantation, unilateral		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
07251	Removal of implanted vestibular device, unilateral		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
07261	Removal and replacement of implanted vestibular device, unilateral		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
07271	Diagnostic analysis of vestibular implants, unilateral, with initial programming		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
07281	Diagnostic analysis of vestibular implants, unilateral, with subsequent programming		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
07291	Trabeculectomy by laser, including optical coherence tomography (OCT) guidance		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
07301	Autismative AI-based facial phenotype analysis with report		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
07311	Immunotherapy administration with electroporation, intramuscular		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
07321	Remote real-time, motion capture-based neurorehabilitative therapy ordered by a physician or other qualified health care professional; supply and technical support, per 30 days		Category III	No	No	No	No	No	No	No	No
07331	Remote real-time, motion capture-based neurorehabilitative therapy ordered by a physician or other qualified health care professional; treatment management services by a physician or other qualified health care professional, per calendar month		Category III	No	No	No	No	No	No	No	No
07341	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with primary craniotomy (List separately in addition to code for primary procedure)		Category III	No	No	No	No	No	No	No	No
07351	Colonic lavage, 35 or more liters of water, gravity-fed, with induced defecation, including insertion of rectal catheter		Category III	No	No	No	No	No	No	No	No
07361	Menopausal hormone therapy administration, intramuscular		Category III	No	No	No	No	No	No	No	No
07371	Treatment planning for magnetic field induction ablation of malignant prostate tissue, using data from previously performed magnetic resonance imaging (MRI) examination		Category III	No	No	No	No	No	No	No	No
07381	Ablation of malignant prostate tissue by magnetic field induction, including all intraoperative, transperineal needle/ catheter placement for nanoparticle installation and intraoperative temperature monitoring, thermal dosimetry, bladder irrigation, and magnetic field nanoparticle activation		Category III	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
07391	Remote, autonomous algorithm-based recommendation system for insulin dose calculation and titration; initial set-up and patient education		Category III	No	No	No	No	No	No	No	No
07401	Remote, autonomous algorithm-based recommendation system for insulin dose calculation and titration; provision of software, data collection, transmission, and storage, each 30 days		Category III	No	No	No	No	No	No	No	No
07411	Absolute quantitation of myocardial blood flow (AQMBF), single-photon emission computed tomography (SPECT), with exercise or pharmacologic stress, and at rest, when performed (List separately in addition to code for primary procedure)		Category III	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
07421	Bone strength and fracture risk using finite element analysis of functional data and bone material density (BMD), with concurrent vertebral fracture assessment, utilizing data from a computed tomography scan, retrieval and transmission of the scan data, measurement of bone strength and BMD and classification of any vertebral fracture(s), with overall fracture-risk assessment, interpretation and report		Category III	No	No	No	No	No	No	No	No
07431	Insertion of bioprosthetic valve, open, femoral vein, including duplex ultrasound imaging guidance, when performed, including autogenous or nonautogenous patch graft (eg, polyester, ePTFE, bovine pericardium), when performed		Category III	No	No	No	No	No	No	No	No
07441	Cardiac focal ablation utilizing radiation therapy for arrhythmia; noninvasive arrhythmia localization and mapping of arrhythmia site (indus), derived from anatomical image data (eg, CT, MRI), or myocardial perfusion scan) and electrical data (eg, 12-lead ECG data), and identification of areas of avoidance		Category III	No	No	No	No	No	No	No	No
07451	Cardiac focal ablation utilizing radiation therapy for arrhythmia; conversion of arrhythmia localization and mapping of arrhythmia site (indus) into a multidimensional radiation treatment plan		Category III	No	No	No	No	No	No	No	No
07461	Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia		Category III	No	No	No	No	No	No	No	No
07471	Preparation of stem cell product into perianal perianal soft tissue, including fistula preparation (eg, removal of setons, fistula cut out, closure of internal openings)		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
07481	Bone strength and fracture risk assessment using digital X-ray radiogrammetry/bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X-ray, retrieval and transmission of digital X-ray data, assessment of bone strength and fracture-risk and BMD, interpretation and report		Category III	No	No	No	No	No	No	No	No
07491	Bone strength and fracture risk assessment using digital X-ray radiogrammetry/bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X-ray, retrieval and transmission of digital X-ray data, assessment of bone strength and fracture-risk and BMD, interpretation and report		Category III	No	No	No	No	No	No	No	No
07501	Digitalization of glass microscope slides for level II, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)		Category III	No	No	No	No	No	No	No	No
07511	Digitalization of glass microscope slides for level III, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)		Category III	No	No	No	No	No	No	No	No
07521	Digitalization of glass microscope slides for level IV, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)		Category III	No	No	No	No	No	No	No	No
07531	Digitalization of glass microscope slides for level V, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)		Category III	No	No	No	No	No	No	No	No
07541	Digitalization of glass microscope slides for level VI, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)		Category III	No	No	No	No	No	No	No	No
07551	Digitalization of glass microscope slides for level VII, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)		Category III	No	No	No	No	No	No	No	No
07561	Digitalization of glass microscope slides for special stain, including interpretation and report, group I, for microorganisms (eg, acid fast, methanamine silver) (List separately in addition to code for primary procedure)		Category III	No	No	No	No	No	No	No	No
07571	Digitalization of glass microscope slides for special stain, including interpretation and report, group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry (List separately in addition to code for primary procedure)		Category III	No	No	No	No	No	No	No	No
07581	Digitalization of glass microscope slides for special stain, including interpretation and report, histochemical stain on frozen tissue block (List separately in addition to code for primary procedure)		Category III	No	No	No	No	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centre-Auth Non-ASA Provider	Centre-Auth ASA Provider	Sentry-Auth Non-ASA Provider	Sentry-Auth ASA Provider	TRBC Auth	BMS Auth
0759T	Digitization of glass microscope slides for special stain, including interpretation and report, group III, for enzyme constituents (List separately in addition to code for primary procedure)		Category III	No	No	No	No	No	No	No	No
0760T	Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, initial single antibody stain procedure (List separately in addition to code for primary procedure)		Category III	No	No	No	No	No	No	No	No
0761T	Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, each additional single antibody stain procedure (List separately in addition to code for primary procedure)		Category III	No	No	No	No	No	No	No	No
0762T	Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure, manual (List separately in addition to code for primary procedure)		Category III	No	No	No	No	No	No	No	No
0763T	Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy), related to concurrently performed electrocardiogram (List separately in addition to code for primary procedure)		Category III	No	No	No	No	No	No	No	No
0764T	Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to previously performed electrocardiogram		Category III	No	No	No	No	No	No	No	No
0765T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, initial treatment, with identification and marking of the treatment location, including noninvasive electro-neurographic localization (nerve conduction localization), when performed; first nerve		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0766T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, initial treatment, with identification and marking of the treatment location, including noninvasive electro-neurographic localization (nerve conduction localization), when performed; each additional nerve (List separately in addition to code for primary procedure)		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0767T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, subsequent treatment, including noninvasive electro-neurographic localization (nerve conduction localization), when performed; first nerve		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0768T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, subsequent treatment, including noninvasive electro-neurographic localization (nerve conduction localization), when performed; each additional nerve (List separately in addition to code for primary procedure)		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0769T	Virtual reality technology to assist therapy (List separately in addition to code for primary procedure)		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0770T	Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older		Category III	No	No	No	No	No	No	No	No
0771T	Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)		Category III	No	No	No	No	No	No	No	No
0772T	Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports; initial 15 minutes of intraservice time, patient age 5 years or older		Category III	No	No	No	No	No	No	No	No
0773T	Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports, each additional 15 minutes intraservice time (List separately in addition to code for primary service)		Category III	No	No	No	No	No	No	No	No
0774T	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, includes placement of intra-articular implant(s) (eg, bone allograft(s), synthetic device(s))		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0776T	Therapeutic induction of intra-brain hypothermia, including placement of a mechanical temperature-controlled cooling device to the neck over carotids and head, including monitoring (eg, vital signs and sport concussion assessment tool 5 [SCATS5]), 30 minutes of treatment		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0777T	Real-time pressure-sensing epidural guidance system (List separately in addition to code for primary procedure)		Category III	No	No	No	No	No	No	No	No
0778T	Surface mechanomyography (SMMG) with concurrent application of inertial measurement unit (IMU) sensors for measurement of multi-joint range of motion, posture, gait, and muscle function		Category III	No	No	No	No	No	No	No	No
0779T	Gastrointestinal myoelectrical activity study, stomach through colon, with interpretation and report		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0780T	Instillation of fecal microbiota suspension via rectal enema into lower gastrointestinal tract		Category III	No	No	No	No	No	No	No	No
0781T	Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; bilateral mainstem bronchi		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0782T	Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; unilateral mainstem bronchi		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes
0783T	Transcutaneous auricular neurostimulation, set-up, calibration, and patient education on use of equipment		Category III	Yes	Yes	Yes	No	Yes	No	Yes	Yes