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

These changes should be in place and operational as of 01/01/2024 to support Piedmont Community Health Plan. Please contact Customer Service for benefit specific information. An authorization is not a guarantee of payment.

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.**

Inpatient level of care require authorization, except for routine vaginal and c-section deliveries.
. This includes skilled nursing facility, rehabilation 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. 3/13/24 removed authorization requirement for observation level of care retro back to 1/1/24.

Codes in yellow highlighting are changes from 2023 requirements. Notes have been added to termed codes and these codes shouldn't be billed after the termination date.

August 2024 Update-Sentry, TRBC and BMS members are no longer covered by PCHP. They have been removed from this update.
ASA Provider requirements for Centra Group Health Plan have been updated due to updates from Aetna ASA for ASA contracted providers.
Codes discontinued prior to 2024 have been removed. New codes effective 7/1/24 have been added.

October 2024 Update: Added new codes effective 10/1/24; clarified Kindbody requirements for Centra GHP

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
A0021	Ambulance service, outside state per mile, transport (Medicaid only)		Transport	N/A-Medicaid only code	N/A-Medicaid only code	N/A-Medicaid only code	N/A-Medicaid only code
A0080	Nonemergency transportation, per mile - vehicle provided by volunteer (individual or organization), with no vested interest		Transport	Yes	Yes	No	No
A0090	Nonemergency transportation, per mile - vehicle provided by individual (family member, self, neighbor) with vested interest		Transport	Yes	Yes	No	No
A0100	Nonemergency transportation; taxi		Transport	Yes	Yes	No	No
A0110	Nonemergency transportation and bus, intra- or interstate carrier		Transport	Yes	Yes	No	No
A0120	Nonemergency transportation: mini-bus, mountain area transports, or other transportation systems		Transport	Yes	Yes	No	No
A0130	Nonemergency transportation: wheelchair van		Transport	Yes	Yes	Yes	No
A0140	Nonemergency transportation and air travel (private or commercial) intra- or interstate		Transport	Yes	Yes	Yes	Yes
A0160	Nonemergency transportation: per mile - caseworker or social worker		Transport	Yes	Yes	No	No
A0170	Transportation ancillary: parking fees, tolls, other		Transport	Yes	Yes	No	No
A0180	Nonemergency transportation: ancillary: lodging-recipient		Transport	Yes	Yes	No	No
A0190	Nonemergency transportation: ancillary: meals, recipient		Transport	Yes	Yes	No	No
A0200	Nonemergency transportation: ancillary: lodging, escort		Transport	Yes	Yes	No	No
A0210	Nonemergency transportation: ancillary: meals, escort		Transport	Yes	Yes	No	No
A0225	Ambulance service, neonatal transport, base rate, emergency transport, one way		Transport	No	No	No	No
A0380	BLS mileage (per mile)		Transport	Yes	Yes	No	No
A0382	BLS routine disposable supplies		Transport	Yes	Yes	No	No
A0384	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
A0390	ALS mileage (per mile)		Transport	Yes	Yes	No	No
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
A0394	ALS specialized service disposable supplies; IV drug therapy		Transport	No	No	No	No
A0396	ALS specialized service disposable supplies; esophageal intubation		Transport	No	No	No	No
A0398	ALS routine disposable supplies		Transport	No	No	No	No
A0420	Ambulance waiting time (ALS or BLS), one-half (1/2) hour increments		Transport	Yes	Yes	Yes	No
A0422	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation		Transport	Yes	Yes	No	No
A0424	Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); (requires medical review)		Transport	Yes	Yes	No	No
A0425	Ground mileage, per statute mile		Transport	Yes	Yes	No	No
A0426	Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)		Transport	Yes	Yes	No	No
A0427	Ambulance service, advanced life support, emergency transport, level 1 (ALS 1 - emergency)		Transport	No	No	No	No
A0428	Ambulance service, basic life support, nonemergency transport, (BLS)		Transport	Yes	Yes	No	No
A0429	Ambulance service, basic life support, emergency transport (BLS, emergency)		Transport	No	No	No	No
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)		Transport	Yes	Yes	Yes	Yes
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)		Transport	Yes	Yes	Yes	No
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
A0433	Advanced life support, level 2 (ALS 2)		Transport	No	No	No	No
A0434	Specialty care transport (SCT)		Transport	No	No	No	No
A0435	Fixed wing air mileage, per statute mile		Transport	Yes	Yes	Yes	Yes
A0436	Rotary wing air mileage, per statute mile		Transport	Yes	Yes	Yes	No
A0888	Noncovered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility)		Transport	Yes	Yes	Yes	No
A0998	Ambulance response and treatment, no transport		Transport	No	No	No	No
A0999	Unlisted ambulance service		Transport	Yes	Yes	Yes	Yes
A2001	InnovaMatrix AC, per sq cm		Medical/Surgical Supplies	Yes	Yes	Yes	No
A2002	Mirragen Advanced Wound Matrix, per sq cm		Medical/Surgical Supplies	Yes	Yes	Yes	No
A2004	XCelliStem, 1 mg		Medical/Surgical Supplies	Yes	Yes	Yes	No
A2005	Microlyte Matrix, per sq cm		Medical/Surgical Supplies	Yes	Yes	Yes	No
A2006	NovoSorb SynPath dermal matrix, per sq cm		Medical/Surgical Supplies	Yes	Yes	Yes	No
A2007	Restrata, per sq cm		Medical/Surgical Supplies	Yes	Yes	Yes	No
A2008	TheraGenesis, per sq cm		Medical/Surgical Supplies	Yes	Yes	Yes	No
A2009	Symphony, per sq cm		Medical/Surgical Supplies	Yes	Yes	Yes	No
A2010	Apis, per sq cm		Medical/Surgical Supplies	Yes	Yes	Yes	No
A2011	Supra SDRM, per sq cm		Medical/Surgical Supplies	Yes	Yes	Yes	No
A2012	Suprathel, per sq cm		Medical/Surgical Supplies	Yes	Yes	Yes	No
A2019	Kerecis omega 3 marigen shield, per square centimeter		Medical/Surgical Supplies	No	No	No	No
A2020	Ac5 advanced wound system (ac5)		Medical/Surgical Supplies	No	No	No	No
A2021	Neomatrix, per square centimeter		Medica/Surgical Supplies	No	No	No	No
A2022	Innovaburn or innovamatrix xl, per square centimeter		Medical/Surgical Supplies	No	No	No	No
A2023	Innovamatrix pd, 1 mg		Medical/Surgical Supplies	No	No	No	No
A2024	Resolve matrix, per square centimeter		Medical/Surgical Supplies	No	No	No	No
A2025	Miro3d, per cubic centimeter		Medical/Surgical Supplies	No	No	No	No
A2026	Restrata minimatrix, 5 mg		Medical/Surgical Supplies	No	No	No	No
A2013	Innovamatrix FS, per sq cm		Medical/Surgical Supplies	Yes	Yes	Yes	No
A4100	Skin Substitute, FDA-cleared as a device, not otherwise specified		Medical/Surgical Supplies	Yes	Yes	Yes	No
A4206	Syringe w/needle; 1cc or less; each		Medical/Surgical Supplies	OTC	OTC	OTC	No
A4207	Syringe w/needle; 2cc; each		Medical/Surgical Supplies	OTC	OTC	OTC	No
A4208	Syringe w/needle; 3cc; each		Medical/Surgical Supplies	OTC	OTC	OTC	No
A4209	Syringe w/needle; 5+cc; each		Medical/Surgical Supplies	OTC	OTC	OTC	No
A4210	Needle-free Injection Device; each		Medical/Surgical Supplies	OTC	OTC	OTC	No
A4211	Supplies for self-administered Injections		Medical/Surgical Supplies	OTC	OTC	OTC	No
A4212	Noncoring Needle or Stylet w/wo Catheter		Medical/Surgical Supplies	OTC	OTC	OTC	No
A4213	Syringe, sterile, 20+ cc; each		Medical/Surgical Supplies	OTC	OTC	OTC	No
A4215	Needle; sterile, any size, each		Medical/Surgical Supplies	OTC	OTC	OTC	No
A4216	Sterile water, saline and/or dextrose, diluent/flush, 10 ml		Medical/Surgical Supplies	No	No	No	No
A4217	Sterile water/saline 500 ml		Medical/Surgical Supplies	No	No	No	No
A4218	Sterile saline or water, metered dose dispenser, 10 ml		Infusion	OTC	OTC	OTC	No
A4220	Refill kit for implantable infusion pump		Infusion	OTC	OTC	OTC	No
A4221	Supplies for maintenance of non-insulin drug infusion catheter, per week (list drugs separately)		Infusion	No	No	No	No
A4222	Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately)		Infusion	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
A4224	Supplies for maintenance of insulin infusion catheter, per week		Diabetes	No	No	No	No
A4225	Supplies for external insulin infusion pump, syringe type cartridge, sterile, each		Diabetes	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
A4230	Infusion set for external insulin pump, non needle cannula type		Diabetes	No	No	No	No
A4231	Infusion set for external insulin pump, needle type		Diabetes	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
A4232	Syringe with needle for external insulin pump, sterile, 3 cc		Diabetes	No	No	No	No
A4233	Replacement battery, alkaline (other than J cell), for use with medically necessary home blood glucose monitor owned by patient, each		Diabetes	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
A4235	Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each		Diabetes	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
A4238	Supply allowance for adjunctive continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply=1unit of service		Diabetes	No	No	No	No
A4244	Alcohol or peroxide, per pint		Medical/Surgical Supplies	OTC	OTC	OTC	No
A4245	Alcohol wipes, per box		Medical/Surgical Supplies	OTC	OTC	OTC	No
A4246	Betadine or pHisoHex solution, per pint		Medical/Surgical Supplies	OTC	OTC	OTC	No
A4247	Betadine or iodine swabs/wipes, per box		Medical/Surgical Supplies	OTC	OTC	OTC	No
A4248	Chlorhexidine containing antiseptic, 1 ml		Medical/Surgical Supplies	OTC	OTC	OTC	No
A4250	Urine test or reagent strips or tablets (100 tablets or strips)		Medical/Surgical Supplies	OTC	OTC	OTC	No
A4252	Blood ketone test or reagent strip, each		Diabetes	OTC	OTC	OTC	No
A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips		Diabetes	No	No	No	No
A4255	Platforms for home blood glucose monitor, 50 per box		Diabetes	No	No	No	No
A4256	Normal, low, and high calibrator solution/chips		Diabetes	No	No	No	No
A4257	Replacement lens shield cartridge for use with laser skin piercing device, each		Diabetes	No	No	No	No
A4258	Spring-powered device for lancet, each		Diabetes	No	No	No	No
A4259	Lancets per box - 100		Diabetes	No	No	No	No
A4261	Cervical cap for contraceptive use		Medical/Surgical Supplies	OTC	OTC	OTC	No
A4262	Temporary, absorbable lacrimal duct implant, each		Implant	OTC	OTC	OTC	No
A4263	Permanent, long-term, nondissolvable lacrimal duct implant, each		Implant	OTC	OTC	OTC	No
A4264	Permanent implantable contraceptive intratubal occlusion device(s) and delivery system		Implant	OTC	OTC	OTC	No
A4265	Paraffin, per lb		Medical/Surgical Supplies	No	No	No	No
A4266	Diaphragm for contraceptive use		Medical/Surgical Supplies	OTC	OTC	OTC	No
A4267	Contraceptive supply, condom, male, each		Medical/Surgical Supplies	OTC	OTC	OTC	No
A4268	Contraceptive supply, condom, female, each		Medical/Surgical Supplies	OTC	OTC	OTC	No
A4269	Contraceptive supply, spermicide (e.g., foam, gel), each		Medical/Surgical Supplies	OTC	OTC	OTC	No
A4270	Disposable endoscope sheath, each		Medical/Surgical Supplies	OTC	OTC	OTC	No
A4271	Integrated lancing and blood sample testing cartridges for home blood glucose monitor, per month		Diabetes	No	No	No	No
A4280	Adhesive skin support attachment for use with external breast prosthesis, each		Prosthesis	No	No	No	No
A4281	Tubing for breast pump, replacement		Breast Pump	OTC	OTC	OTC	No
A4282	Adapter for breast pump, replacement		Breast Pump	OTC	OTC	OTC	No
A4283	Cap for breast pump bottle, replacement		Breast Pump	OTC	OTC	OTC	No
A4284	Breast shield and splash protector for use with breast pump, replacement		Breast Pump	OTC	OTC	OTC	No
A4285	Polycarbonate bottle for use with breast pump, replacement		Breast Pump	OTC	OTC	OTC	No
A4286	Locking ring for breast pump, replacement		Breast Pump	OTC	OTC	OTC	No
A4287	Disposable collection and storage bag for breast milk, any size, any type, each		Breast Pump Supplies	OTC	OTC	OTC	OTC
A4290	Sacral nerve stimulation test lead, each		Medical/Surgical Supplies	Yes	Yes	No	No
A4300	Implantable access catheter, (e.g., venous, arterial, epidural subarachnoid, or peritoneal, etc.) external access		Catheter	No	No	No	No
A4301	Implantable access total catheter, port/reservoir (e.g., venous, arterial, epidural, subarachnoid, peritoneal, etc.)		Catheter	No	No	No	No
A4305	Disposable drug delivery system, flow rate of 50 ml or greater per hour		Catheter	No	No	No	No
A4306	Disposable drug delivery system, flow rate of less than 50 ml per hour		Catheter	No	No	No	No
A4310	Insertion tray without drainage bag and without catheter (accessories only)		Incontinence	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
A4312	Insertion tray without drainage bag with indwelling catheter, Foley type, 2-way, all silicone		Catheter	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
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
A4315	Insertion tray with drainage bag with indwelling catheter, Foley type, 2-way, all silicone		Catheter	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
A4320	Irrigation tray with bulb or piston syringe, any purpose		Incontinence	No	No	No	No
A4321	Therapeutic agent for urinary catheter irrigation		Catheter	No	No	No	No
A4322	Irrigation syringe, bulb or piston, each		Incontinence	No	No	No	No
A4326	Male external catheter with integral collection chamber, any type, each		Catheter	No	No	No	No
A4327	Female external urinary collection device; meatal cup, each		Incontinence	No	No	No	No
A4328	Female external urinary collection device; pouch, each		Incontinence	No	No	No	No
A4330	Perianal fecal collection pouch with adhesive, each		Incontinence	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
A4332	Lubricant, individual sterile packet, each		Incontinence	No	No	No	No
A4333	Urinary catheter anchoring device, adhesive skin attachment, each		Catheter	No	No	No	No
A4334	Urinary catheter anchoring device, leg strap, each		Catheter	No	No	No	No
A4335	Misc incontinence supply		Incontinence	OTC	OTC	OTC	No
A4336	Incontinence supply, urethral insert, any type, each		Incontinence	No	No	No	No
A4337	Incontinence supply, rectal insert, any type, each		Incontinence	OTC	OTC	OTC	No
A4338	Indwelling catheter; Foley type, 2-way latex with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each		Catheter	No	No	No	No
A4340	Indwelling catheter; specialty type, (e.g., Coude, mushroom, wing, etc.), each		Catheter	No	No	No	No
A4341	Indwelling intraurethral drainage device with valve, patient inserted, replacement only, each		Catheter	No	No	No	No
A4342	Accessories for patient inserted indwellling intraurethral drainage device with valve, replacement only, each		Catheter	No	No	No	No
A4344	Indwelling catheter, Foley type, 2-way, all silicone, each		Catheter	No	No	No	No
A4346	Indwelling catheter; Foley type, 3-way for continuous irrigation, each		Catheter	No	No	No	No
A4349	Male external catheter, with or without adhesive, disposable, each		Catheter	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
A4352	Intermittent urinary catheter; Coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each		Catheter	No	No	No	No
A4353	Intermittent urinary catheter, with insertion supplies		Catheter	No	No	No	No
A4354	Insertion tray with drainage bag but without catheter		Incontinence	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
A4356	External urethral clamp or compression device (not to be used for catheter clamp), each		Incontinence	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
A4357	Bedside drainage bag, day or night, with or without antireflux device, with or without tube, each		Incontinence	No	No	No	No
A4358	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each		Incontinence	No	No	No	No
A4360	Disposable external urethral clamp or compression device, with pad and/or pouch, each		Incontinence	No	No	No	No
A4361	Ostomy faceplate, each		Ostomy	No	No	No	No
A4362	Skin barrier; solid, 4 x 4 or equivalent; each		Ostomy	No	No	No	No
A4363	Ostomy clamp, any type, replacement only, each		Ostomy	No	No	No	No
A4364	Adhesive, liquid or equal, any type, per oz		Ostomy	No	No	No	No
A4366	Ostomy vent, any type, each		Ostomy	No	No	No	No
A4367	Ostomy belt, each		Ostomy	No	No	No	No
A4368	Ostomy filter, any type, each		Ostomy	No	No	No	No
A4369	Ostomy skin barrier, liquid (spray, brush, etc.), per oz		Ostomy	No	No	No	No
A4371	Ostomy skin barrier, powder, per oz		Ostomy	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
A4373	Ostomy skin barrier, with flange (solid, flexible or accordion), with built-in convexity, any size, each		Ostomy	No	No	No	No
A4375	Ostomy pouch, drainable, with faceplate attached, plastic, each		Ostomy	No	No	No	No
A4376	Ostomy pouch, drainable, with faceplate attached, rubber, each		Ostomy	No	No	No	No
A4377	Ostomy pouch, drainable, for use on faceplate, plastic, each		Ostomy	No	No	No	No
A4378	Ostomy pouch, drainable, for use on faceplate, rubber, each		Ostomy	No	No	No	No
A4379	Ostomy pouch, urinary, with faceplate attached, plastic, each		Ostomy	No	No	No	No
A4380	Ostomy pouch, urinary, with faceplate attached, rubber, each		Ostomy	No	No	No	No
A4381	Ostomy pouch, urinary, for use on faceplate, plastic, each		Ostomy	No	No	No	No
A4382	Ostomy pouch, urinary, for use on faceplate, heavy plastic, each		Ostomy	No	No	No	No
A4383	Ostomy pouch, urinary, for use on faceplate, rubber, each		Ostomy	No	No	No	No
A4384	Ostomy faceplate equivalent, silicone ring, each		Ostomy	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
A4387	Ostomy pouch, closed, with barrier attached, with built-in convexity (1 piece), each		Ostomy	No	No	No	No
A4388	Ostomy pouch, drainable, with extended wear barrier attached, (1 piece), each		Ostomy	No	No	No	No
A4389	Ostomy pouch, drainable, with barrier attached, with built-in convexity (1 piece), each		Ostomy	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
A4391	Ostomy pouch, urinary, with extended wear barrier attached (1 piece), each		Ostomy	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
A4393	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each		Ostomy	No	No	No	No
A4394	Ostomy deodorant, with or without lubricant, for use in ostomy pouch, per fl oz		Ostomy	No	No	No	No
A4395	Ostomy deodorant for use in ostomy pouch, solid, per tablet		Ostomy	No	No	No	No
A4396	Ostomy belt with peristomal hernia support		Ostomy	No	No	No	No
A4397	Irrigation supply; sleeve, each		Ostomy	No	No	No	No
A4398	Ostomy irrigation supply; bag, each		Ostomy	No	No	No	No
A4399	Ostomy irrigation supply; cone/catheter, with or without brush		Ostomy	No	No	No	No
A4400	Ostomy, irrigation set		Ostomy	No	No	No	No
A4402	Ostomy, lubricant per ounce		Ostomy	No	No	No	No
A4404	Ostomy, ring each		Ostomy	No	No	No	No
A4405	Ostomy skin barrier, nonpectin-based, paste, per oz		Ostomy	No	No	No	No
A4406	Ostomy skin barrier, pectin-based, paste, per oz		Ostomy	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
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
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
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
A4411	Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, with built-in convexity, each		Ostomy	No	No	No	No
A4412	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), without filter, each		Ostomy	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
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
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
A4416	Ostomy pouch, closed, with barrier attached, with filter (1 piece), each		Ostomy	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
A4418	Ostomy pouch, closed; without barrier attached, with filter (1 piece), each		Ostomy	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
A4420	Ostomy pouch, closed; for use on barrier with locking flange (2 piece), each		Ostomy	No	No	No	No
A4421	Ostomy, supply; misc		Ostomy	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
A4423	Ostomy pouch, closed; for use on barrier with locking flange, with filter (2 piece), each		Ostomy	No	No	No	No
A4424	Ostomy pouch, drainable, with barrier attached, with filter (1 piece), each		Ostomy	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
A4426	Ostomy pouch, drainable; for use on barrier with locking flange (2-piece system), each		Ostomy	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
A4428	Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (1 piece), each		Ostomy	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
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
A4431	Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (1 piece), each		Ostomy	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
A4433	Ostomy pouch, urinary; for use on barrier with locking flange (2 piece), each		Ostomy	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
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
A4435	Ostomy pouch, drainable, high output, with extended wear barrier (one-piece system), with or without filter, each		Ostomy	No	No	No	No
A4436	Irrigation supply; sleeve, reusable, per month		Ostomy	No	No	No	No
A4437	Irrigation supply; sleeve, disposable, per month		Ostomy	No	No	No	No
A4438	Adhesive clip applied to the skin to secure external electrical nerve stimulator controller, each		Medical/Surgical Supplies	No	No	No	No
A4450	Tape, nonwaterproof, per 18 sq in		Medical/Surgical Supplies	No	No	No	No
A4452	Tape, waterproof, per 18 sq in		Medical/Surgical Supplies	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
A4455	Adhesive remover or solvent (for tape, cement or other adhesive), per oz		Medical/Surgical Supplies	No	No	No	No
A4456	Adhesive remover, wipes, any type, each		Medical/Surgical Supplies	No	No	No	No
A4457	Enema tube, with or without adapter, any type, replacement only, each		Medical/Surgical Supplies	OTC	OTC	OTC	OTC
A4458	Enema bag w/tubing, reuse		Medical/Surgical Supplies	OTC	OTC	OTC	No
A4459	Manual pump-operated enema system, includes balloon, catheter and all accessories, reusable, any type		Medical/Surgical Supplies	No	No	No	No
A4461	Surgical dressing holder, nonreusable, each		Medical/Surgical Supplies	No	No	No	No
A4463	Surgical dressing holder, reusable, each		Medical/Surgical Supplies	No	No	No	No
A4465	Nonelastic binder for extremity		Medical/Surgical Supplies	OTC	OTC	OTC	No
A4467	Belt, strap, sleeve, garment, or covering, any type		Medical/Surgical Supplies	OTC	OTC	OTC	No
A4468	Exsufflation belt, includes all supplies and accessories		Medical/Surgical Supplies	No	No	No	No
A4470	Gravlee jet washer		Medical/Surgical Supplies	No	No	No	No
A4480	VABRA aspirator		Medical/Surgical Supplies	No	No	No	No
A4481	Tracheostoma filter, any type, any size, each		Tracheostomy	No	No	No	No
A4483	Moisture exchanger, disposable, for use with invasive mechanical ventilation		Respiratory	No	No	No	No
A4490	Surgical stockings above knee length, each		Compression Garment	No	No	No	No
A4495	Surgical stockings thigh length, each		Compression Garment	No	No	No	No
A4500	Surgical stockings below knee length, each		Compression Garment	No	No	No	No
A9506	Graphite crucible for preparation of technetium tc 99m-labeled carbon aerosol, one crucible	New code effective 7/1/24	Diagnostic Radiological Drug	No	No	No	No
A4510	Surgical stockings full-length, each		Compression Garment	No	No	No	No
A4520	Incontinence garment, any type, (e.g., brief, diaper), each		Incontinence	OTC	OTC	OTC	No
A4540	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm		Nerve Stimulator	No	No	No	No
A4541	Monthly supplies for use of device coded at e0733		Medical/Surgical Supplies	No	No	No	No
A4542	Supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist		Medical/Surgical Supplies	No	No	No	No
A4550	Surgical Trays		Medical/Surgical Supplies	No	No	No	No
A4553	Non-disposable underpads, all sizes		Incontinence	OTC	OTC	OTC	No
A4554	Disposable underpads, all sizes		Incontinence	OTC	OTC	OTC	No
A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only		Medical/Surgical Supplies	Yes	Yes	No	No
A4556	Electrodes (e.g., apnea monitor), per pair		Medical/Surgical Supplies	No	No	No	No
A4557	Lead wires (e.g., apnea monitor), per pair		Medical/Surgical Supplies	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
A4559	Coupling gel or paste, for use with ultrasound device, per oz		Ultrasound	No	No	No	No
A4560	Neuromuscular electrical stimulator (nmes), disposable, replacement only		Medical/Surgical Supplies	No	No	No	No
A4561	Pessary, rubber, any type		Medical/Surgical Supplies	No	No	No	No
A4562	Pessary, nonrubber, any type		Medical/Surgical Supplies	No	No	No	No
A4563	Rectal control 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
A4564	Pessary, disposable, any type		Medical/Surgical Supplies	No	No	No	No
A4565	Slings		Medical/Surgical Supplies	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
A4570	Splint		Medical/Surgical Supplies	OTC	OTC	No	No
A4575	Topical hyperbaric oxygen chamber, disposable		Medical/Surgical Supplies	Yes	Yes	No	No
A4580	Cast supplies (e.g., plaster)		Medical/Surgical Supplies	No	No	No	No
A4590	Special casting material (e.g., fiberglass)		Medical/Surgical Supplies	No	No	No	No
A4593	Neuromodulation stimulator system, adjunct to rehabilitation therapy regime		Stimulator	No	No	No	No
A4594	Neuromodulation stimulator system, adjunct to rehabilitation therapy regime, mouthpiece each		Stimulator	No	No	No	No
A4595	Electrical stimulator supplies, 2 lead, per month, (e.g., TENS, NMES)		Medical/Surgical Supplies	Yes	Yes	No	No
A4600	Sleeve for intermittent limb compression device, replacement only, each		Medical/Surgical Supplies	Yes	Yes	No	No
A4601	Lithium ion battery, rechargeable, for nonprosthetic use, replacement		Medical/Surgical Supplies	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
A4604	Tubing with integrated heating element for use with positive airway pressure device		Sleep Apnea	No	No	No	No
A4605	Tracheal suction catheter, closed system, each		Catheter	No	No	No	No
A4606	Oxygen probe for use with oximeter device, replacement		Respiratory	No	No	No	No
A4608	Transtracheal oxygen catheter, each		Catheter	No	No	No	No
A4611	Battery, heavy-duty; replacement for patient-owned ventilator		Respiratory	Yes	Yes	No	No
A4612	Battery cables; replacement for patient-owned ventilator		Respiratory	Yes	Yes	No	No
A4613	Battery charger; replacement for patient-owned ventilator		Respiratory	Yes	Yes	No	No
A4614	Peak expiratory flow rate meter, hand held		Respiratory	No	No	No	No
A4615	Cannula nasal		Respiratory	No	No	No	No
A4616	Tubing (oxygen) per foot		Respiratory	No	No	No	No
A4617	Mouth piece		Respiratory	No	No	No	No
A4618	Breathing circuits		Respiratory	No	No	No	No
A4619	Face Tent		Respiratory	No	No	No	No
A4620	Variable concentration mask		Respiratory	No	No	No	No
A4623	Tracheostomy inner cannula		Tracheostomy	No	No	No	No
A4624	Tracheal suction catheter, any type other than closed system, each		Tracheostomy	No	No	No	No
A4625	Tracheostomy care kit for new tracheostomy		Tracheostomy	No	No	No	No
A4626	Tracheostomy cleaning brush, each		Tracheostomy	No	No	No	No
A4627	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler		Respiratory	No	No	No	No
A4628	Oral and/or Oropharyngeal suction catheter, each		Respiratory	No	No	No	No
A4629	Tracheostomy care kit for established tracheostomy		Tracheostomy	No	No	No	No
A4630	Replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient		Medical/Surgical Supplies	Yes	Yes	No	No
A4633	Replacement bulb/lamp for ultraviolet light therapy system, each		Light Therapy	No	No	No	No
A4634	Replacement bulb for therapeutic light box, tabletop model		Light Therapy	No	No	No	No
A4635	Underarm pad, crutch, replacement, each		Walking aids	No	No	No	No
A4636	Replacement, handgrip, cane, crutch, or walker, each		Walking aids	No	No	No	No
A4637	Replacement, tip, cane, crutch, walker, each		Walking aids	No	No	No	No
A4638	Replacement battery for patient-owned ear pulse generator, each		Medical/Surgical Supplies	No	No	No	No
A4639	Replacement pad for infrared heating pad system, each		Medical/Surgical Supplies	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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
A4641	Radiopharmaceutical, diagnostic, not otherwise classified		Radiological Drug	No	No	No	No
A4642	Indium In-111 satumomab pendetide, diagnostic, per study dose, up to 6 millicuries		Radiological Drug	No	No	No	No
A4648	Tissue marker, implantable, any type, each		Medical or Surgical Supplies	No	No	No	No
A4649	Surgical supply; miscellaneous		Medical/Surgical Supplies	No	No	No	No
A4650	Implantable radiation dosimeter, each		Medical or Surgical Supplies	No	No	No	No
A4651	Calibrated microcapillary tube, each		Medical or Surgical Supplies	No	No	No	No
A4652	Microcapillary tube sealant		Medical or Surgical Supplies	No	No	No	No
A4653	Peritoneal dialysis catheter anchoring device, belt, each		Diabetes	No	No	No	No
A4657	Syringe, with or without needle, each		Diabetes	No	No	No	No
A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope		Diabetes	No	No	No	No
A4663	Blood pressure cuff only		Diabetes	No	No	No	No
A4670	Automatic blood pressure monitor		Diabetes	No	No	No	No
A4671	Disposable cycler set used with cycler dialysis machine, each		Diabetes	No	No	No	No
A4672	Drainage extension line, sterile, for dialysis, each		Diabetes	No	No	No	No
A4673	Extension line with easy lock connectors, used with dialysis		Diabetes	No	No	No	No
A4674	Chemicals/antiseptics solution used to clean/sterilize dialysis equipment, per 8 oz		Diabetes	No	No	No	No
A4680	Activated carbon filter for hemodialysis, each		Diabetes	No	No	No	No
A4690	Dialyzer (artificial kidneys), all types, all sizes, for hemodialysis, each		Diabetes	No	No	No	No
A4706	Bicarbonate concentrate, solution, for hemodialysis, per gallon		Diabetes	No	No	No	No
A4707	Bicarbonate concentrate, powder, for hemodialysis, per packet		Diabetes	No	No	No	No
A4708	Acetate concentrate solution, for hemodialysis, per gallon		Diabetes	No	No	No	No
A4709	Acid concentrate, solution, for hemodialysis, per gallon		Diabetes	No	No	No	No
A4714	Treated water (deionized, distilled, or reverse osmosis) for peritoneal dialysis, per gallon		Diabetes	No	No	No	No
A4719	Y set" tubing for peritoneal dialysis		Diabetes	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
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
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
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
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
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
A4726	Dialysate solution, any concentration of dextrose, fluid volume greater than 5999 cc, for peritoneal dialysis		Diabetes	No	No	No	No
A4728	Dialysate solution, nondextrose containing, 500 ml		Diabetes	No	No	No	No
A4730	Fistula cannulation set for hemodialysis, each		Diabetes	No	No	No	No
A4736	Topical anesthetic, for dialysis, per g		Diabetes	No	No	No	No
A4737	Injectable anesthetic, for dialysis, per 10 ml		Diabetes	No	No	No	No
A4740	Shunt accessory, for hemodialysis, any type, each		Diabetes	No	No	No	No
A4750	Blood tubing, arterial or venous, for hemodialysis, each		Diabetes	No	No	No	No
A4755	Blood tubing, arterial and venous combined, for hemodialysis, each		Diabetes	No	No	No	No
A4760	Dialysate solution test kit, for peritoneal dialysis, any type, each		Diabetes	No	No	No	No
A4765	Dialysate concentrate, powder, additive for peritoneal dialysis, per packet		Diabetes	No	No	No	No
A4766	Dialysate concentrate, solution, additive for peritoneal dialysis, per 10 ml		Diabetes	No	No	No	No
A4770	Blood collection tube, vacuum, for dialysis, per 50		Diabetes	No	No	No	No
A4771	Serum clotting time tube, for dialysis, per 50		Diabetes	No	No	No	No
A4772	Blood glucose test strips, for dialysis, per 50		Diabetes	No	No	No	No
A4773	Occult blood test strips, for dialysis, per 50		Diabetes	No	No	No	No
A4774	Ammonia test strips, for dialysis, per 50		Diabetes	No	No	No	No
A4802	Protamine sulfate, for hemodialysis, per 50 mg		Diabetes	No	No	No	No
A4860	Protamine sulfate, for hemodialysis, per 50 mg		Diabetes	No	No	No	No
A4870	Plumbing and/or electrical work for home hemodialysis equipment		Diabetes	No	No	No	No
A4890	Contracts, repair and maintenance, for hemodialysis equipment		Diabetes	No	No	No	No
A4911	Drain bag/bottle, for dialysis, each		Diabetes	No	No	No	No
A4913	Miscellaneous dialysis supplies, not otherwise specified		Diabetes	No	No	No	No
A4918	Venous pressure clamp, for hemodialysis, each		Diabetes	No	No	No	No
A4927	Gloves, nonsterile, per 100		Diabetes	OTC	OTC	No	No
A4928	Surgical mask, per 20		Diabetes	OTC	OTC	No	No
A4929	Tourniquet for dialysis, each		Diabetes	No	No	No	No
A4930	Gloves, sterile, per pair		Diabetes	No	No	No	No
A4931	Oral thermometer, reusable, any type, each		Diabetes	OTC	OTC	No	No
A4932	Rectal thermometer, reusable, any type, each		Diabetes	OTC	OTC	No	No
A5051	Ostomy pouch, closed; with barrier attached (1 piece), each		Ostomy	No	No	No	No
A5052	Ostomy pouch, closed; without barrier attached (1 piece), each		Ostomy	No	No	No	No
A5053	Ostomy pouch, closed; for use on faceplate, each		Ostomy	No	No	No	No
A5054	Ostomy pouch, closed; for use on barrier with flange (2 piece), each		Ostomy	No	No	No	No
A5055	Ostomy, stoma cap		Ostomy	No	No	No	No
A5056	Ostomy pouch, drainable, with extended wear barrier attached, with filter, (1 piece), each		Ostomy	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
A5061	Ostomy pouch, drainable; with barrier attached, (1 piece), each		Ostomy	No	No	No	No
A5062	Ostomy pouch, drainable; without barrier attached (1 piece), each		Ostomy	No	No	No	No
A5063	Ostomy pouch, drainable; for use on barrier with flange (2-piece system), each		Ostomy	No	No	No	No
A5071	Ostomy pouch, urinary; with barrier attached (1 piece), each		Ostomy	No	No	No	No
A5072	Ostomy pouch, urinary; without barrier attached (1 piece), each		Ostomy	No	No	No	No
A5073	Ostomy pouch, urinary; for use on barrier with flange (2 piece), each		Ostomy	No	No	No	No
A5081	Stoma plug or seal, any type		Ostomy	No	No	No	No
A5082	Continent device; catheter for continent stoma		Catheter	No	No	No	No
A5083	Continent device, stoma absorptive cover for continent stoma		Ostomy	No	No	No	No
A5093	Ostomy accessory; convex insert		Ostomy	No	No	No	No
A5102	Bedside drainage bottle with or without tubing, rigid or expandable, each		Incontinence	No	No	No	No
A5105	Urinary suspensory with leg bag, with or without tube, each		Incontinence	No	No	No	No
A5112	Urinary drainage bag, leg or abdomen, latex, with or without tube, with straps, each		Incontinence	No	No	No	No
A5113	Leg strap; latex, replacement only, per set		Incontinence	No	No	No	No
A5114	Leg strap; foam or fabric, replacement only, per set		Incontinence	No	No	No	No
A5120	Skin barrier, wipes or swabs, each		Incontinence	No	No	No	No
A5121	Skin barrier; solid, 6 x 6 or equivalent, each		Incontinence	No	No	No	No
A5122	Skin barrier; solid, 8 x 8 or equivalent, each		Incontinence	No	No	No	No
A5126	Adhesive or nonadhesive; disk or foam pad		Incontinence	No	No	No	No
A5131	Appliance cleaner, incontinence and ostomy appliances, per 16 oz		Ostomy	No	No	No	No
A5200	Percutaneous catheter/tube anchoring device, adhesive skin attachment		Catheter	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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
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
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
A5504	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with wedge(s), per shoe		Diabetes	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
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
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
A5508	For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe		Diabetes	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
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 shore a 35 durometer or 3/16 inch material of shore a 40 durometer (or higher), prefabricated, each		Diabetes	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 shore a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each		Diabetes	No	No	No	No
A5514	For diabetics only, multiple density inserts, made by direct carving with 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 shore a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each		Diabetes	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
A6010	Collagen based wound filler, dry form, sterile, per g of collagen		Wound Care	No	No	No	No
A6011	Collagen based wound filler, gel/paste, per g of collagen		Wound Care	No	No	No	No
A6021	Collagen dressing, sterile, size 16 sq in or less, each		Wound Care	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
A6023	Collagen dressing, sterile, size more than 48 sq in, each		Wound Care	No	No	No	No
A6024	Collagen dressing wound filler, sterile, per 6 in		Wound Care	No	No	No	No
A6025	Gel sheet for dermal or epidermal application, (e.g., silicone, hydrogel, other), each		Wound Care	No	No	No	No
A6154	Wound pouch each		Wound Care	No	No	No	No
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
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
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
A6199	Alginate or other fiber gelling dressing, wound filler, sterile, per 6 in		Wound Care	No	No	No	No
A6203	Composite dressing, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing		Wound Care	No	No	No	No
A6204	Composite dressing, sterile, pad size more than 16 sq in, but less than or equal to 48 sq in, with any size adhesive border, each dressing		Wound Care	No	No	No	No
A6205	Composite dressing, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing		Wound Care	No	No	No	No
A6206	Contact layer, sterile, 16 sq in or less, each dressing		Wound Care	No	No	No	No
A6207	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
A6208	Contact layer, sterile, more than 48 sq in, each dressing		Wound Care	No	No	No	No
A6209	Foam dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing		Wound Care	No	No	No	No
A6210	Foam dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing		Wound Care	No	No	No	No
A6211	Foam dressing, wound cover, sterile, pad size more than 48 sq in, without adhesive border, each dressing		Wound Care	No	No	No	No
A6212	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
A6213	Foam dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing		Wound Care	No	No	No	No
A6214	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
A6215	Foam dressing, wound filler, sterile, per g		Wound Care	No	No	No	No
A6216	Gauze, nonimpregnated, nonsterile, pad size 16 sq in or less, without adhesive border, each dressing		Wound Care	No	No	No	No
A6217	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
A6218	Gauze, nonimpregnated, nonsterile, pad size more than 48 sq in, without adhesive border, each dressing		Wound Care	No	No	No	No
A6219	Gauze, nonimpregnated, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing		Wound Care	No	No	No	No
A6220	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
A6221	Gauze, nonimpregnated, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing		Wound Care	No	No	No	No
A6222	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
A6223	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 16 sq in, but less than or equal to 48 sq in, without adhesive border, each dressing		Wound Care	No	No	No	No
A6224	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
A6228	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
A6229	Gauze, impregnated, water or normal saline, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing		Wound Care	No	No	No	No
A6230	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
A6231	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size 16 sq in or less, each dressing		Wound Care	No	No	No	No
A6232	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size greater than 16 sq in, but less than or equal to 48 sq in, each dressing		Wound Care	No	No	No	No
A6233	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size more than 48 sq in, each dressing		Wound Care	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
A6234	Hydrocolloid dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing		Wound Care	No	No	No	No
A6235	Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing		Wound Care	No	No	No	No
A6236	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq in, without adhesive border, each dressing		Wound Care	No	No	No	No
A6237	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
A6238	Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing		Wound Care	No	No	No	No
A6239	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
A6240	Hydrocolloid dressing, wound filler, paste, sterile, per oz		Wound Care	No	No	No	No
A6241	Hydrocolloid dressing, wound filler, dry form, sterile, per g		Wound Care	No	No	No	No
A6242	Hydrogel dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing		Wound Care	No	No	No	No
A6243	Hydrogel dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing		Wound Care	No	No	No	No
A6244	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq in, without adhesive border, each dressing		Wound Care	No	No	No	No
A6245	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
A6246	Hydrogel dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing		Wound Care	No	No	No	No
A6247	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
A6248	Hydrogel dressing, wound filler, gel, per fl oz		Wound Care	No	No	No	No
A6250	Skin sealants, protectants, moisturizers, ointments, any type, any size		Wound Care	No	No	No	No
A6251	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing		Wound Care	No	No	No	No
A6252	Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing		Wound Care	No	No	No	No
A6253	Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq in, without adhesive border, each dressing		Wound Care	No	No	No	No
A6254	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing		Wound Care	No	No	No	No
A6255	Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing		Wound Care	No	No	No	No
A6256	Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing		Wound Care	No	No	No	No
A6257	Transparent film, sterile, 16 sq in or less, each dressing		Wound Care	No	No	No	No
A6258	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
A6259	Transparent film, sterile, more than 48 sq in, each dressing		Wound Care	No	No	No	No
A6260	Wound cleansers, any type, any size		Wound Care	No	No	No	No
A6261	Wound filler, gel/paste, per fl oz, not otherwise specified		Wound Care	No	No	No	No
A6262	Wound filler, dry form, per g, not otherwise specified		Wound Care	No	No	No	No
A6266	Gauze, impregnated, other than water, normal saline, or zinc paste, sterile, any width, per linear yd		Wound Care	No	No	No	No
A6402	Gauze, nonimpregnated, sterile, pad size 16 sq in or less, without adhesive border, each dressing		Wound Care	No	No	No	No
A6403	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
A6404	Gauze, nonimpregnated, sterile, pad size more than 48 sq in, without adhesive border, each dressing		Wound Care	No	No	No	No
A6407	Packing strips, nonimpregnated, sterile, up to 2 in in width, per linear yd		Wound Care	No	No	No	No
A6410	Eye pad, sterile, each		Vision	OTC	OTC	OTC	No
A6411	Eye pad, nonsterile, each		Vision	OTC	OTC	OTC	No
A6412	Eye patch, occlusive, each		Vision	OTC	OTC	OTC	No
A6413	Adhesive bandage, first aid type, any size, ea		Medical/Surgical Supplies	OTC	OTC	OTC	No
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
A6442	Conforming bandage, nonelastic, knitted/woven, nonsterile, width less than 3 in, per yd		Medical/Surgical Supplies	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
A6444	Conforming bandage, nonelastic, knitted/woven, nonsterile, width greater than or equal to 5 in, per yd		Medical/Surgical Supplies	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
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
A6447	Conforming bandage, nonelastic, knitted/woven, sterile, width greater than or equal to 5 in, per yd		Medical/Surgical Supplies	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
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
A6450	Light compression bandage, elastic, knitted/woven, width greater than or equal to 5 in, per yd		Medical/Surgical Supplies	No	No	No	No
A6451	Moderate compression bandage, elastic, knitted/woven, load resistance of 1.25 to 1.34 ft 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
A6452	High compression bandage, elastic, knitted/woven, load resistance greater than or equal to 1.35 ft 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
A6453	Self-adherent bandage, elastic, nonknitted/nonwoven, width less than 3 in, per yd		Medical/Surgical Supplies	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
A6455	Self-adherent bandage, elastic, nonknitted/nonwoven, width greater than or equal to 5 in, per yd		Medical/Surgical Supplies	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
A6457	Tubular dressing with or without elastic, any width, per linear yd		Medical/Surgical Supplies	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
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
A6501	Compression burn garment, bodysuit (head to foot), custom fabricated		Compression Garment	No	No	No	No
A6502	Compression burn garment, chin strap, custom fabricated		Compression Garment	No	No	No	No
A6503	Compression burn garment, facial hood, custom fabricated		Compression Garment	No	No	No	No
A6504	Compression burn garment, glove to wrist, custom fabricated		Compression Garment	No	No	No	No
A6505	Compression burn garment, glove to elbow, custom fabricated		Compression Garment	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
A6506	Compression burn garment, glove to axilla, custom fabricated		Compression Garment	No	No	No	No
A6507	Compression burn garment, foot to knee length, custom fabricated		Compression Garment	No	No	No	No
A6508	Compression burn garment, foot to thigh length, custom fabricated		Compression Garment	No	No	No	No
A6509	Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated		Compression Garment	No	No	No	No
A6510	Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated		Compression Garment	No	No	No	No
A6511	Compression burn garment, lower trunk including leg openings (panty), custom fabricated		Compression Garment	No	No	No	No
A6512	Compression burn garment, not otherwise classified		Compression Garment	No	No	No	No
A6513	Compression burn mask, face and/or neck, plastic or equal, custom fabricated		Compression Garment	No	No	No	No
A6520	Gradient compression garment, glove, padded, for nighttime use, each		Compression Garment	No	No	No	No
A6521	Gradient compression garment, glove, padded, for nighttime use, custom, each		Compression Garment	No	No	No	No
A6522	Gradient compression garment, arm, padded, for nighttime use, each		Compression Garment	No	No	No	No
A6523	Gradient compression garment, arm, padded, for nighttime use, custom, each		Compression Garment	No	No	No	No
A6524	Gradient compression garment, lower leg and foot, padded, for nighttime use, each		Compression Garment	No	No	No	No
A6525	Gradient compression garment, lower leg and foot, padded, for nighttime use, custom, each		Compression Garment	No	No	No	No
A6526	Gradient compression garment, full leg and foot, padded, for nighttime use, each		Compression Garment	No	No	No	No
A6527	Gradient compression garment, full leg and foot, padded, for nighttime use, custom, each		Compression Garment	No	No	No	No
A6528	Gradient compression garment, bra, for nighttime use, each		Compression Garment	No	No	No	No
A6529	Gradient compression garment, bra, for nighttime use, custom, each		Compression Garment	No	No	No	No
A6530	Gradient compression stocking, below knee, 18-30 mm Hg, each		Compression Garment	Yes	Yes	No	No
A6531	Gradient compression stocking, below knee, 30-40 mm Hg, each		Compression Garment	Yes	Yes	No	No
A6532	Gradient compression stocking, below knee, 40-50 mm Hg, each		Compression Garment	Yes	Yes	No	No
A6533	Gradient compression stocking, thigh length, 18-30 mm Hg, each		Compression Garment	Yes	Yes	No	No
A6534	Gradient compression stocking, thigh length, 30-40 mm Hg, each		Compression Garment	Yes	Yes	No	No
A6535	Gradient compression stocking, thigh length, 40-50 mm Hg, each		Compression Garment	Yes	Yes	No	No
A6536	Gradient compression stocking, full-length/chap style, 18-30 mm Hg, each		Compression Garment	Yes	Yes	No	No
A6537	Gradient compression stocking, full-length/chap style, 30-40 mm Hg, each		Compression Garment	Yes	Yes	No	No
A6538	Gradient compression stocking, full-length/chap style, 40-50 mm Hg, each		Compression Garment	Yes	Yes	No	No
A6539	Gradient compression stocking, waist length, 18-30 mm Hg, each		Compression Garment	Yes	Yes	No	No
A6540	Gradient compression stocking, waist length, 30-40 mm Hg, each		Compression Garment	Yes	Yes	No	No
A6541	Gradient compression stocking, waist length, 40-50 mm Hg, each		Compression Garment	Yes	Yes	No	No
A6544	Gradient compression stocking, garter belt		Compression Garment	Yes	Yes	No	No
A6545	Gradient compression wrap, nonelastic, below knee, 30-50 mm Hg, each		Compression Garment	Yes	Yes	No	No
A6549	Gradient compression stocking/sleeve, not otherwise specified		Compression Garment	Yes	Yes	No	No
A6550	Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories		Medical/Surgical Supplies	No	No	No	No
A6552	Gradient compression stocking, below knee, 30-40 mmhg, each		Compression Garment	No	No	No	No
A6553	Gradient compression stocking, below knee, 30-40 mmhg, custom, each		Compression Garment	No	No	No	No
A6554	Gradient compression stocking, below knee, 40 mmhg or greater, each		Compression Garment	No	No	No	No
A6555	Gradient compression stocking, below knee, 40 mmhg or greater, custom, each		Compression Garment	No	No	No	No
A6556	Gradient compression stocking, thigh length, 18-30 mmhg, custom, each		Compression Garment	No	No	No	No
A6557	Gradient compression stocking, thigh length, 30-40 mmhg, custom, each		Compression Garment	No	No	No	No
A6558	Gradient compression stocking, thigh length, 40 mmhg or greater, custom, each		Compression Garment	No	No	No	No
A6559	Gradient compression stocking, full length/chap style, 18-30 mmhg, custom, each		Compression Garment	No	No	No	No
A6560	Gradient compression stocking, full length/chap style, 30-40 mmhg, custom, each		Compression Garment	No	No	No	No
A6561	Gradient compression stocking, full length/chap style, 40 mmhg or greater, custom, each		Compression Garment	No	No	No	No
A6562	Gradient compression stocking, waist length, 18-30 mmhg, custom, each		Compression Garment	No	No	No	No
A6563	Gradient compression stocking, waist length, 30-40 mmhg, custom, each		Compression Garment	No	No	No	No
A6564	Gradient compression stocking, waist length, 40 mmhg or greater, custom, each		Compression Garment	No	No	No	No
A6565	Gradient compression gauntlet, custom, each		Compression Garment	No	No	No	No
A6566	Gradient compression garment, neck/head, each		Compression Garment	No	No	No	No
A6567	Gradient compression garment, neck/head, custom, each		Compression Garment	No	No	No	No
A6568	Gradient compression garment, torso and shoulder, each		Compression Garment	No	No	No	No
A6569	Gradient compression garment, torso/shoulder, custom, each		Compression Garment	No	No	No	No
A6570	Gradient compression garment, genital region, each		Compression Garment	No	No	No	No
A6571	Gradient compression garment, genital region, custom, each		Compression Garment	No	No	No	No
A6572	Gradient compression garment, toe caps, each		Compression Garment	No	No	No	No
A6573	Gradient compression garment, toe caps, custom, each		Compression Garment	No	No	No	No
A6574	Gradient compression arm sleeve and glove combination, custom, each		Compression Garment	No	No	No	No
A6575	Gradient compression arm sleeve and glove combination, each		Compression Garment	No	No	No	No
A6576	Gradient compression arm sleeve, custom, medium weight, each		Compression Garment	No	No	No	No
A6577	Gradient compression arm sleeve, custom, heavy weight, each		Compression Garment	No	No	No	No
A6578	Gradient compression arm sleeve, each		Compression Garment	No	No	No	No
A6579	Gradient compression glove, custom, medium weight, each		Compression Garment	No	No	No	No
A6580	Gradient compression glove, custom, heavy weight, each		Compression Garment	No	No	No	No
A6581	Gradient compression glove, each		Compression Garment	No	No	No	No
A6582	Gradient compression gauntlet, each		Compression Garment	No	No	No	No
A6583	Gradient compression wrap with adjustable straps, below knee, 30-50 mmhg, each		Compression Garment	No	No	No	No
A6584	Gradient compression wrap with adjustable straps, not otherwise specified		Compression Garment	No	No	No	No
A6585	Gradient pressure wrap with adjustable straps, above knee, each		Compression Garment	No	No	No	No
A6586	Gradient pressure wrap with adjustable straps, full leg, each		Compression Garment	No	No	No	No
A6587	Gradient pressure wrap with adjustable straps, foot, each		Compression Garment	No	No	No	No
A6588	Gradient pressure wrap with adjustable straps, arm, each		Compression Garment	No	No	No	No
A6589	Gradient pressure wrap with adjustable straps, bra, each		Compression Garment	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
A6591	External urinary catheter; non-disposable, for use with suction pump, per month		Medical/Surgical Supplies	No	No	No	No
A6593	Accessory for gradient compression garment or wrap with adjustable straps, not-otherwise specified		Compression Garment	No	No	No	No
A6594	Gradient compression bandaging supply, bandage liner, lower extremity, any size or length, each		Compression Garment	No	No	No	No
A6595	Gradient compression bandaging supply, bandage liner, upper extremity, any size or length, each		Compression Garment	No	No	No	No
A6596	Gradient compression bandaging supply, conforming gauze, per linear yard, any width, each		Compression Garment	No	No	No	No
A6597	Gradient compression bandage roll, elastic long stretch, linear yard, any width, each		Compression Garment	No	No	No	No
A6598	Gradient compression bandage roll, elastic medium stretch, per linear yard, any width, each		Compression Garment	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
A6599	Gradient compression bandage roll, inelastic short stretch, per linear yard, any width, each		Compression Garment	No	No	No	No
A6600	Gradient compression bandaging supply, high density foam sheet, per 250 square centimeters, each		Compression Garment	No	No	No	No
A6601	Gradient compression bandaging supply, high density foam pad, any size or shape, each		Compression Garment	No	No	No	No
A6602	Gradient compression bandaging supply, high density foam roll for bandage, per linear yard, any width, each		Compression Garment	No	No	No	No
A6603	Gradient compression bandaging supply, low density channel foam sheet, per 250 square centimeters, each		Compression Garment	No	No	No	No
A6604	Gradient compression bandaging supply, low density flat foam sheet, per 250 square centimeters, each		Compression Garment	No	No	No	No
A6605	Gradient compression bandaging supply, padded foam, per linear yard, any width, each		Compression Garment	No	No	No	No
A6606	Gradient compression bandaging supply, padded textile, per linear yard, any width, each		Compression Garment	No	No	No	No
A6607	Gradient compression bandaging supply, tubular protective absorption layer, per linear yard, any width, each		Compression Garment	No	No	No	No
A6608	Gradient compression bandaging supply, tubular protective absorption padded layer, per linear yard, any width, each		Compression Garment	No	No	No	No
A6609	Gradient compression bandaging supply, not otherwise specified		Compression Garment	No	No	No	No
A6610	Gradient compression stocking, below knee, 18-30 mmhg, custom, each		Compression Garment	No	No	No	No
A7000	Canister, disposable, used with suction pump, each		Respiratory	No	No	No	No
A7001	Canister, nondisposable, used with suction pump, each		Respiratory	No	No	No	No
A7002	Tubing, used with suction pump, each		Respiratory	No	No	No	No
A7003	Administration set, with small volume nonfiltered pneumatic nebulizer, disposable		Respiratory	No	No	No	No
A7004	Small volume nonfiltered pneumatic nebulizer, disposable		Respiratory	No	No	No	No
A7005	Administration set, with small volume nonfiltered pneumatic nebulizer, nondisposable		Respiratory	No	No	No	No
A7006	Administration set, with small volume filtered pneumatic nebulizer		Respiratory	No	No	No	No
A7007	Large volume nebulizer, disposable, unfilled, used with aerosol compressor		Respiratory	No	No	No	No
A7008	Large volume nebulizer, disposable, prefilled, used with aerosol compressor		Respiratory	No	No	No	No
A7009	Reservoir bottle, nondisposable, used with large volume ultrasonic nebulizer		Respiratory	No	No	No	No
A7010	Corrugated tubing, disposable, used with large volume nebulizer, 100 ft		Respiratory	No	No	No	No
A7012	Water collection device, used with large volume nebulizer		Respiratory	No	No	No	No
A7013	Filter, disposable, used with aerosol compressor or ultrasonic generator		Respiratory	No	No	No	No
A7014	Filter, nondisposable, used with aerosol compressor or ultrasonic generator		Respiratory	No	No	No	No
A7015	Aerosol mask, used with DME nebulizer		Respiratory	No	No	No	No
A7016	Dome and mouthpiece, used with small volume ultrasonic nebulizer		Respiratory	No	No	No	No
A7017	Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen		Respiratory	No	No	No	No
A7018	Water, distilled, used with large volume nebulizer, 1000 ml		Respiratory	No	No	No	No
A7020	Interface for cough stimulating device, includes all components, replacement only		Respiratory	No	No	No	No
A7023	Mechanical allergen particle barrier/inhalation filter, cream, nasal, topical		Respiratory	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
A7026	High frequency chest wall oscillation system hose, replacement for use with patient-owned equipment, each		Respiratory	Yes	Yes	No	No
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each		Sleep Apnea	Yes	Yes	No	No
A7028	Oral cushion for combination oral/nasal mask, replacement only, each		Sleep Apnea	Yes	Yes	No	No
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair		Sleep Apnea	Yes	Yes	No	No
A7030	Full face mask used with positive airway pressure device, each		Sleep Apnea	Yes	Yes	No	No
A7031	Face mask interface, replacement for full face mask, each		Sleep Apnea	Yes	Yes	No	No
A7032	Cushion for use on nasal mask interface, replacement only, each		Sleep Apnea	Yes	Yes	No	No
A7033	Pillow for use on nasal cannula type interface, replacement only, pair		Sleep Apnea	Yes	Yes	No	No
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap		Sleep Apnea	Yes	Yes	No	No
A7035	Headgear used with positive airway pressure device		Sleep Apnea	Yes	Yes	No	No
A7036	Chinstrap used with positive airway pressure device		Sleep Apnea	Yes	Yes	No	No
A7037	Tubing used with positive airway pressure device		Sleep Apnea	Yes	Yes	No	No
A7038	Filter, disposable, used with positive airway pressure device		Sleep Apnea	Yes	Yes	No	No
A7039	Filter, nondisposable, used with positive airway pressure device		Sleep Apnea	Yes	Yes	No	No
A7040	One way chest drain valve		Respiratory	No	No	No	No
A7041	Water seal drainage container and tubing for use with implanted chest tube		Respiratory	No	No	No	No
A7044	Oral interface used with positive airway pressure device, each		Sleep Apnea	Yes	Yes	No	No
A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only		Sleep Apnea	Yes	Yes	No	No
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each		Sleep Apnea	Yes	Yes	No	No
A7047	Oral interface used with respiratory suction pump, each		Respiratory	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
A7049	Expiratory positive airway pressure intranasal resistance valve		Respiratory	No	No	No	No
A7501	Tracheostoma valve, including diaphragm, each		Tracheostomy	No	No	No	No
A7502	Replacement diaphragm/faceplate for tracheostoma valve, each		Tracheostomy	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
A7504	Filter for use in a tracheostoma heat and moisture exchange system, each		Tracheostomy	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
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
A7507	Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each		Tracheostomy	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
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
A7520	Tracheostomy/laryngectomy tube, noncuffed, polyvinylchloride (PVC), silicone or equal, each		Tracheostomy	No	No	No	No
A7521	Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each		Tracheostomy	No	No	No	No
A7522	Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each		Tracheostomy	No	No	No	No
A7523	Tracheostomy shower protector, each		Tracheostomy	No	No	No	No
A7524	Tracheostoma stent/stud/button, each		Tracheostomy	No	No	No	No
A7525	Tracheostomy mask, each		Tracheostomy	No	No	No	No
A7526	Tracheostomy tube collar/holder, each		Tracheostomy	No	No	No	No
A7527	Tracheostomy/laryngectomy tube plug/stop, each		Tracheostomy	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
A8000	Helmet, protective, soft, prefabricated, includes all components and accessories		Medical/Surgical Supplies	No	No	No	No
A8001	Helmet, protective, hard, prefabricated, includes all components and accessories		Medical/Surgical Supplies	No	No	No	No
A8002	Helmet, protective, soft, custom fabricated, includes all components and accessories		Medical/Surgical Supplies	No	No	No	No
A8003	Helmet, protective, hard, custom fabricated, includes all components and accessories		Medical/Surgical Supplies	No	No	No	No
A8004	Soft interface for helmet, replacement only		Medical/Surgical Supplies	No	No	No	No
A9150	Nonprescription drugs		Medical/Surgical Supplies	OTC	OTC	OTC	No
A9152	Single vitamin/mineral/trace element, oral, per dose, not otherwise specified		Medical/Surgical Supplies	OTC	OTC	OTC	No
A9153	Multiple vitamins, with or without minerals and trace elements, oral, per dose, not otherwise specified		Medical/Surgical Supplies	OTC	OTC	OTC	No
A9155	Artificial saliva, 30 ml		Medical/Surgical Supplies	No	No	No	No
A9156	Oral mucoadhesive, any type (liquid, gel, paste, etc.) per 1 ml		Medical/Surgical Supplies	No	No	No	No
A9268	Programmer for transient, orally ingested capsule		Medical/Surgical Supplies	Yes	Yes	Yes	No
A9269	Prescription digital visual therapy, software-only, fda cleared, per course of treatment		Medical/Surgical Supplies	Yes	Yes	Yes	No
A9180	Pediculosis (lice infestation) treatment, topical, for administration by patient/caretaker		Medical/Surgical Supplies	OTC	OTC	OTC	No
A9270	Noncovered item or service		Medical/Surgical Supplies	Yes	Yes	No	No
A9272	Wound suction, disposable, includes dressing, all accessories and components, any type, each		Medical/Surgical Supplies	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
A9274	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories		Diabetes	No	No	No	No
A9275	Home glucose disposable monitor, includes test strips		Diabetes	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
A9277	Transmitter; external, for use with interstitial continuous glucose monitoring system		Diabetes	No	No	No	No
A9278	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system		Diabetes	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
A9280	Alert or alarm device, not otherwise classified		Medical/Surgical Supplies	No	No	No	No
A9281	Reaching/grabbing device, any type, any length, each		Medical/Surgical Supplies	No	No	No	No
A9282	Wig, any type, each		Medical/Surgical Supplies	No	No	No	No
A9283	Foot pressure off loading/supportive device, any type, each		Medical/Surgical Supplies	No	No	No	No
A9284	Spirometer, nonelectronic, includes all accessories		Respiratory	No	No	No	No
A9285	Inversion/eversion correction device		Medical/Surgical Supplies	No	No	No	No
A9286	Hygienic item or device, disposable or non-disposable, any type, each		Medical/Surgical Supplies	OTC	OTC	OTC	No
A9291	Prescription digital behavioral therapy, FDA-cleared, per course of treatment		Medical/Surgical Supplies	Yes	Yes	Yes	No
A9293	Fertility cycle (contraception & conception) tracking software application, fda cleared, per month, includes accessories (e.g., thermometer)		Medical/Surgical Supplies	No	No	No	No
A9300	Exercise equipment		Medical/Surgical Supplies	Yes	Yes	No	No
A9500	Technetium tc-99m sestamibi, diagnostic, per study dose		Diagnostic Radiological Drug	No	No	No	No
A9501	Technetium Tc-99m teboroxime, diagnostic, per study dose		Diagnostic Radiological Drug	No	No	No	No
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose		Diagnostic Radiological Drug	No	No	No	No
A9503	Technetium Tc-99m medronate, diagnostic, per study dose, up to 30 millicuries		Diagnostic Radiological Drug	No	No	No	No
A9504	Technetium Tc-99m apcitide, diagnostic, per study dose, up to 20 millicuries		Diagnostic Radiological Drug	No	No	No	No
A9505	Thallium Tl-201 thallous chloride, diagnostic, per millicurie		Diagnostic Radiological Drug	No	No	No	No
A9507	Indium In-111 capromab pendetide, diagnostic, per study dose, up to 10 millicuries		Diagnostic Radiological Drug	No	No	No	No
A9508	Iodine I-131 iobenguane sulfate, diagnostic, per 0.5 millicurie		Diagnostic Radiological Drug	No	No	No	No
A9509	Iodine I-123 sodium iodide, diagnostic, per millicurie		Diagnostic Radiological Drug	No	No	No	No
A9510	Technetium Tc-99m disofenin, diagnostic, per study dose, up to 15 millicuries		Diagnostic Radiological Drug	No	No	No	No
A9512	Technetium Tc-99m pertechnetate, diagnostic, per millicurie		Diagnostic Radiological Drug	No	No	No	No
A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi		Therapeutic Radiological Drug	No	No	No	Yes
A9515	Choline C-11, diagnostic, per study dose up to 20 millicuries		Diagnostic Radiological Drug	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
A9517	Iodine I-131 sodium iodide capsule(s), therapeutic, per millicurie		Therapeutic Radiological Drug	No	No	No	No
A9520	Technetium tc-99m, tilmanocept, diagnostic, up to 0.5 millicuries		Diagnostic Radiological Drug	No	No	No	No
A9521	Technetium Tc-99m exametazime, diagnostic, per study dose, up to 25 millicuries		Diagnostic Radiological Drug	No	No	No	No
A9524	Iodine I-131 iodinated serum albumin, diagnostic, per 5 microcuries		Diagnostic Radiological Drug	No	No	No	No
A9526	Nitrogen N-13 ammonia, diagnostic, per study dose, up to 40 millicuries		Diagnostic Radiological Drug	No	No	No	No
A9527	Iodine I-125, sodium iodide solution, therapeutic, per millicurie		Therapeutic Radiological Drug	No	No	No	No
A9528	Iodine I-131 sodium iodide capsule(s), diagnostic, per millicurie		Diagnostic Radiological Drug	No	No	No	No
A9529	Iodine I-131 sodium iodide solution, diagnostic, per millicurie		Diagnostic Radiological Drug	No	No	No	No
A9530	Iodine I-131 sodium iodide solution, therapeutic, per millicurie		Therapeutic Radiological Drug	No	No	No	No
A9531	Iodine I-131 sodium iodide, diagnostic, per microcurie (up to 100 microcuries)		Diagnostic Radiological Drug	No	No	No	No
A9532	Iodine I-125 serum albumin, diagnostic, per 5 microcuries		Diagnostic Radiological Drug	No	No	No	No
A9536	Technetium Tc-99m depreotide, diagnostic, per study dose, up to 35 millicuries		Diagnostic Radiological Drug	No	No	No	No
A9537	Technetium Tc-99m mebrofenin, diagnostic, per study dose, up to 15 millicuries		Diagnostic Radiological Drug	No	No	No	No
A9538	Technetium Tc-99m pyrophosphate, diagnostic, per study dose, up to 25 millicuries		Diagnostic Radiological Drug	No	No	No	No
A9539	Technetium Tc-99m pentetate, diagnostic, per study dose, up to 25 millicuries		Diagnostic Radiological Drug	No	No	No	No
A9540	Technetium Tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 millicuries		Diagnostic Radiological Drug	No	No	No	No
A9541	Technetium Tc-99m sulfur colloid, diagnostic, per study dose, up to 20 millicuries		Diagnostic Radiological Drug	No	No	No	No
A9542	Indium In-111 ibritumomab tiuxetan, diagnostic, per study dose, up to 5 millicuries		Diagnostic Radiological Drug	No	No	No	No
A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries		Therapeutic Radiological Drug	No	No	No	Yes
A9546	Cobalt Co-57/58, cyanocobalamin, diagnostic, per study dose, up to 1 microcurie		Diagnostic Radiological Drug	No	No	No	No
A9547	Indium In-111 oxyquinoline, diagnostic, per 0.5 millicurie		Diagnostic Radiological Drug	No	No	No	No
A9548	Indium In-111 pentetate, diagnostic, per 0.5 millicurie		Diagnostic Radiological Drug	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
A9551	Technetium Tc-99m succimer, diagnostic, per study dose, up to 10 millicuries		Diagnostic Radiological Drug	No	No	No	No
A9552	Fluorodeoxyglucose F-18 FDG, diagnostic, per study dose, up to 45 millicuries		Diagnostic Radiological Drug	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
A9553	Chromium Cr-51 sodium chromate, diagnostic, per study dose, up to 250 microcuries		Diagnostic Radiological Drug	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
A9555	Rubidium Rb-82, diagnostic, per study dose, up to 60 millicuries		Diagnostic Radiological Drug	No	No	No	No
A9556	Gallium Ga-67 citrate, diagnostic, per millicurie		Diagnostic Radiological Drug	No	No	No	No
A9557	Technetium Tc-99m bicisate, diagnostic, per study dose, up to 25 millicuries		Diagnostic Radiological Drug	No	No	No	No
A9558	Xenon Xe-133 gas, diagnostic, per 10 millicuries		Diagnostic Radiological Drug	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
A9560	Technetium Tc-99m labeled red blood cells, diagnostic, per study dose, up to 30 millicuries		Diagnostic Radiological Drug	No	No	No	No
A9561	Technetium Tc-99m oxidronate, diagnostic, per study dose, up to 30 millicuries		Diagnostic Radiological Drug	No	No	No	No
A9562	Technetium Tc-99m mertiatide, diagnostic, per study dose, up to 15 millicuries		Diagnostic Radiological Drug	No	No	No	No
A9563	Sodium phosphate P-32, therapeutic, per millicurie		Therapeutic Radiological Drug	No	No	No	No
A9564	Chromic phosphate P-32 suspension, therapeutic, per millicurie		Therapeutic Radiological Drug	No	No	No	No
A9566	Technetium Tc-99m fanolesomab, diagnostic, per study dose, up to 25 millicuries		Diagnostic Radiological Drug	No	No	No	No
A9567	Technetium Tc-99m pentetate, diagnostic, aerosol, per study dose, up to 75 millicuries		Diagnostic Radiological Drug	No	No	No	No
A9568	Technetium Tc-99m arcitumomab, diagnostic, per study dose, up to 45 millicuries		Diagnostic Radiological Drug	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
A9570	Indium In-111 labeled autologous white blood cells, diagnostic, per study dose		Diagnostic Radiological Drug	No	No	No	No
A9571	Indium In-111 labeled autologous platelets, diagnostic, per study dose		Diagnostic Radiological Drug	No	No	No	No
A9572	Indium In-111 pentetreotide, diagnostic, per study dose, up to 6 millicuries		Diagnostic Radiological Drug	No	No	No	No
A9573	Injection, gadopiclenol, 1 ml		Diagnostic Radiological Drug	No	No	No	No
A9575	Injection, gadoterate meglumine, 0.1 ml		Diagnostic Radiological Drug	No	No	No	No
A9576	Injection, gadoteridol, (ProHance multipack), per ml		Diagnostic Radiological Drug	No	No	No	No
A9577	Injection, gadobenate dimeglumine (MultiHance), per ml		Diagnostic Radiological Drug	No	No	No	No
A9578	Injection, gadobenate dimeglumine (MultiHance multipack), per ml		Diagnostic Radiological Drug	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
A9580	Sodium fluoride F-18, diagnostic, per study dose, up to 30 millicuries		Diagnostic Radiological Drug	No	No	No	No
A9581	Injection, gadoxetate disodium, 1 ml		Diagnostic Radiological Drug	No	No	No	No
A9582	Iodine I-123 iobenguane, diagnostic, per study dose, up to 15 millicuries		Diagnostic Radiological Drug	No	No	No	No
A9583	Injection, gadofosveset trisodium, 1 ml		Diagnostic Radiological Drug	No	No	No	No
A9584	Iodine I-123 ioflupane, diagnostic, per study dose, up to 5 millicuries		Diagnostic Radiological Drug	No	No	No	No
A9585	Injection, gadobutrol, 0.1 ml		Diagnostic Radiological Drug	No	No	No	No
A9586	Florbetapir F18, diagnostic, per study dose, up to 10 millicuries		Diagnostic Radiological Drug	No	No	No	No
A9587	Gallium ga-68, dotatate, diagnostic, 0.1 millicurie		Diagnostic Radiological Drug	No	No	No	No
A9588	Fluciclovine f-18, diagnostic, 1 millicurie		Diagnostic Radiological Drug	No	No	No	No
A9589	Instillation, hexaminolevulinate hydrochloride, 100 mg		Diagnostic Radiological Drug	No	No	No	No
A9590	Iodine I-131, iobenguane, 1 mCi		Diagnostic Radiological Drug	No	No	No	Yes
A9591	Fluoroestradiol f 18, diagnostic, 1 mCi		Diagnostic Radiological Drug	No	No	No	No
A9592	Copper Cu-64, dotatate, diagnostic, 1 mCi		Diagnostic Radiological Drug	No	No	No	No
A9593	Gallium Ga-68 PSMA-11, diagnostic, (UCSF), 1 mCi		Diagnostic Radiological Drug	No	No	No	No
A9594	Gallium Ga-68 PSMA-11, diagnostic, (UCLA), 1 mCi		Diagnostic Radiological Drug	No	No	No	No
A9595	Piflufolastat f-18, diagnostic1 mCi		Diagnostic Radiological Drug	No	No	No	No
A9596	Gallium GA-68 gozetotide, diagnostic, (Illuccix), 1 mCi		Diagnostic Radiological Drug	No	No	No	No
A9597	Positron emission tomography radiopharmaceutical, diagnostic, for tumor identification, not otherwise classified		Diagnostic Radiological Drug	Yes	Yes	No	No
A9598	Positron emission tomography radiopharmaceutical, diagnostic, for non-tumor identification, not otherwise classified		Diagnostic Radiological Drug	Yes	Yes	No	No
A9600	Strontium Sr-89 chloride, therapeutic, per millicurie		Diagnostic Radiological Drug	No	No	No	Yes
A9601	Flortaucipir F 18 injection, diagnostic, 1 mCi		Diagnostic Radiological Drug	No	No	No	No
A9603	Injection, pafolacainine, 0.1 mg		Diagnostic Radiological Drug	No	No	No	No
A9604	Strontium Sr-89 chloride, therapeutic, per millicurie		Diagnostic Radiological Drug	No	No	No	No
A9606	Radium RA-223 dichloride, therapeutic, per microcurie		Diagnostic Radiological Drug	No	No	yes	Yes
A9607	Lutetium lu 177 vipivotide tetraxetan, 1 millicurie		Diagnostic Radiological Drug	No	No	No	Yes
A9608	Flotufolastat f 18, diagnostic, 1 millicurie		Diagnostic Radiological Drug	No	No	No	No
A9609	Fludeoxyglucose f18 up to 15 millicuries		Diagnostic Radiological Drug	No	No	No	No
A9697	Injection, carboxydextran-coated superparamagnetic iron oxide, per study dose		Diagnostic Radiological Drug	No	No	No	No
A9698	Nonradioactive contrast imaging material, not otherwise classified, per study		Diagnostic Radiological Drug	No	No	No	No
A9699	Radiopharmaceutical, therapeutic, not otherwise classified		Diagnostic Radiological Drug	No	No	No	No
A9700	Supply of injectable contrast material for use in echocardiography, per study		Diagnostic Radiological Drug	No	No	No	No
A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code		Medical/Surgical Supplies	Yes	Yes	No	No
A9901	DME delivery, set up, and/or dispensing service component of another HCPCS code		Medical/Surgical Supplies	No	No	No	No
A9999	Miscellaneous DME supply or accessory, not otherwise specified		Medical/Surgical Supplies	Yes	Yes	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
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
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
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
B4081	Nasogastric tubing with stylet		Feeding Therapy	No	No	No	No
B4082	Nasogastric tubing without stylet		Feeding Therapy	No	No	No	No
B4083	Stomach tube - Levine type		Feeding Therapy	No	No	No	No
B4087	Gastrostomy/jejunostomy tube, standard, any material, any type, each		Feeding Therapy	No	No	No	No
B4088	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each		Feeding Therapy	No	No	No	No
B4100	Food thickener, administered orally, per oz		Feeding Therapy	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	No
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit		Feeding Therapy	Yes	Yes	Yes	No
B4104	Additive for enteral formula (e.g., fiber)		Feeding Therapy	Yes	Yes	Yes	No
B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, each		Feeding Therapy	Yes	Yes	Yes	No
B4148	Enteral feeding supply kid, elastomeric control fed, per day, includes but not limited to feeding/flushing syringe, administartion set tubing, dressings, tape		Feeding Therapy	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	No
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	No
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	No
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	No
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
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	No
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	No
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	No
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	No
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	No
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	No
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	No
B4164	Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 unit), home mix		Feeding Therapy	Yes	Yes	Yes	No
B4168	Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit) - home mix		Feeding Therapy	Yes	Yes	Yes	No
B4172	Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) - home mix		Feeding Therapy	Yes	Yes	Yes	No
B4176	Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit) - home mix		Feeding Therapy	Yes	Yes	Yes	No
B4178	Parenteral nutrition solution: amino acid, greater than 8.5% (500 ml = 1 unit), home mix		Feeding Therapy	Yes	Yes	Yes	No
B4180	Parenteral nutrition solution: carbohydrates (dextrose), greater than 50% (500 ml = 1 unit), home mix		Feeding Therapy	Yes	Yes	Yes	No
B4185	Parenteral nutrition solution, per 10 grams lipids		Feeding Therapy	Yes	Yes	Yes	No
B4187	Omegaven, 10 g lipids		Feeding Therapy	Yes	Yes	Yes	No
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	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
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	No
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	No
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	No
B4216	Parenteral nutrition; additives (vitamins, trace elements, Heparin, electrolytes), home mix, per day		Feeding Therapy	Yes	Yes	Yes	No
B4220	Parenteral nutrition supply kit; premix, per day		Feeding Therapy	No	No	No	No
B4222	Parenteral nutrition supply kit; home mix, per day		Feeding Therapy	No	No	No	No
B4224	Parenteral nutrition administration kit, per day		Feeding Therapy	No	No	No	No
B5000	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal - Amirosyn RF, NephrAmine, RenAmine - premix		Feeding Therapy	Yes	Yes	Yes	No
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	No
B5200	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress-branch chain amino acids-FreAmine-HBC-premix		Feeding Therapy	Yes	Yes	Yes	No
B9002	Enteral nutrition infusion pump, any type		Feeding Therapy	Yes	Yes	Yes	No
B9004	Parenteral nutrition infusion pump, portable		Feeding Therapy	Yes	Yes	Yes	No
B9006	Parenteral nutrition infusion pump, stationary		Feeding Therapy	Yes	Yes	Yes	No
B9998	NOC for enteral supplies		Feeding Therapy	Yes	Yes	Yes	No
B9999	NOC for parenteral supplies		Feeding Therapy	Yes	Yes	Yes	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non ASA Provider	Centra-Auth ASA Provider
C1052	Hemostatic agent, gastrointestinal, topical		Therapeutic Procedure	No	No	No	No
C1062	Intravertebral body fracture augmentation with implant (e.g., metal, polymer)		Therapeutic Procedure	No	No	Yes	No
C1600	Catheter, transluminal intravascular lesion preparation device, bladed, sheathed (insertable)		Catheter	No	No	No	No
C1601	Endoscope, single-use (i.e. disposable), pulmonary, imaging/illumination device (insertable)		Endoscopy	No	No	No	No
C1602	Orthopedic/device/drug matrix/absorbable bone void filler, antimicrobial-eluting (implantable)		Orthopedics	No	No	No	No
C1603	Retrieval device, insertable, laser (used to retrieve intravascular inferior vena cava filter)		Retrieval	No	No	No	No
C1604	Graft, transmural transvenous arterial bypass (implantable), with all delivery system components		Graft	No	No	No	No
C1605	Pacemaker, leadless, dual chamber (right atrial and right ventricular implantable components), rate-responsive, including all necessary components for implantation	New code effective 7/1/24	Pacemaker	No	No	No	No
C1606	Adapter, single-use (i.e. disposable), for attaching ultrasound system to upper gastrointestinal endoscope	New code effective 7/1/24	Medical/Surgical Supplies	No	No	No	No
C1713	Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)	packaged service; with Surgery	Orthopedics	No	No	No	No
C1714	Catheter, transluminal atherectomy, directional	packaged service	Catheter	No	No	Yes	No
C1715	Brachytherapy needle	packaged service	Brachytherapy	No	No	Yes	No
C1716	Brachytherapy source, nonstranded, gold-198, per source		Brachytherapy	Yes	Yes	Yes	No
C1717	Brachytherapy source, nonstranded, high dose rate iridium-192, per source		Brachytherapy	Yes	Yes	Yes	No
C1719	Brachytherapy source, nonstranded, nonhigh dose rate iridium-192, per source		Brachytherapy	Yes	Yes	Yes	No
C1721	Cardioverter-defibrillator, dual chamber (implantable)	packaged service--with Surgery	Cardiology	No	No	No	No
C1722	Cardioverter-defibrillator, single chamber (implantable)	packaged service	Cardiology	No	No	Yes	No
C1724	Catheter, transluminal atherectomy, rotational	packaged service	Catheter	No	No	Yes	No
C1725	Catheter, transluminal angioplasty, non-laser (may include guidance, infusion/perfusion capability)	packaged service	Catheter	No	No	Yes	No
C1726	Catheter, balloon dilatation, nonvascular	packaged service	Catheter	No	No	No	No
C1727	Catheter, balloon tissue dissector, nonvascular (insertable)	packaged service	Catheter	No	No	Yes	No
C1728	Catheter, brachytherapy seed administration	packaged service	Catheter	No	No	No	No
C1729	Catheter, drainage	packaged service	Catheter	No	No	Yes	No
C1730	Catheter, electrophysiology, diagnostic, other than 3D mapping (19 or fewer electrodes)	packaged service	Catheter	No	No	No	No
C1731	Catheter, electrophysiology, diagnostic, other than 3D mapping (20 or more electrodes)	packaged service	Catheter	No	No	Yes	No
C1732	Catheter, electrophysiology, diagnostic/ablation, 3D or vector mapping	packaged service	Catheter	No	No	Yes	No
C1733	Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, other than cool-tip	packaged service	Catheter	No	No	Yes	No
C1734	Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to bone (implantable)		Catheter	No	No	No	No
C1748	Endoscope, single-use (i.e. disposable), upper GI, imaging/illumination device (insertable)		Catheter	No	No	No	No
C1749	Endoscope, retrograde imaging/illumination colonoscope device (implantable)	packaged service	Catheter	No	No	Yes	No
C1750	Catheter, hemodialysis/peritoneal, long-term	packaged service	Catheter	No	No	Yes	No
C1751	Catheter, infusion, inserted peripherally, centrally or midline (other than hemodialysis)	packaged service	Catheter	No	No	No	No
C1752	Catheter, hemodialysis/peritoneal, short-term	packaged service	Catheter	No	No	No	No
C1753	Catheter, intravascular ultrasound	packaged service	Catheter	No	No	No	No
C1754	Catheter, intradiscal	packaged service	Catheter	No	No	No	No
C1755	Catheter, intraspinal	packaged service	Catheter	No	No	No	No
C1756	Catheter, pacing, transesophageal	packaged service	Catheter	No	No	No	No
C1757	Catheter, thrombectomy/embolectomy	packaged service	Catheter	No	No	No	No
C1758	Catheter, ureteral	packaged service	Catheter	No	No	No	No
C1759	Catheter, intracardiac echocardiography	packaged service	Catheter	No	No	No	No
C1760	Closure device, vascular (implantable/insertable)	packaged service	Cardiology	No	No	No	No
C1761	Catheter, transluminal intravascular lithotripsy, coronary		Catheter	No	No	No	No
C1762	Connective tissue, human (includes fascia lata)	packaged service	Urinary	No	No	No	No
C1763	Connective tissue, nonhuman (includes synthetic)	packaged service	Urinary	No	No	No	No
C1764	Event recorder, cardiac (implantable)	packaged service	Cardiology	yes	yes	Yes	No
C1765	Adhesion barrier	packaged service	Spine	No	No	No	No
C1766	Introducer/sheath, guiding, intracardiac electrophysiological, steerable, other than peel-away	packaged service	Cardiology	No	No	No	No
C1767	Generator, neurostimulator (implantable), nonrechargeable	packaged service	Stimulation Device	Yes	Yes	Yes	Yes
C1768	Graft, vascular	packaged service	Cardiology	No	No	No	No
C1769	Guide wire	packaged service	Cardiology	No	No	No	No
C1770	Imaging coil, magnetic resonance (insertable)	packaged service	MRI	No	No	No	No
C1771	Repair device, urinary, incontinence, with sling graft	packaged service	Urinary	No	No	No	No
C1772	Infusion pump, programmable (implantable)	packaged service	Infusion	No	No	No	No
C1773	Retrieval device, insertable (used to retrieve fractured medical devices)	packaged service	Cardiology	No	No	No	No
C1776	Joint device (implantable)	packaged service	Orthopedics	No	No	No	No
C1777	Lead, cardioverter-defibrillator, endocardial single coil (implantable)	packaged service	Cardiology	No	No	No	No
C1778	Lead, neurostimulator (implantable)	packaged service	Stimulation Device	No	No	Yes	No
C1779	Lead, pacemaker, transvenous VDD single pass	packaged service	Pacemaker	No	No	Yes	No
C1780	Lens, intraocular (new technology)	packaged service	Vision	No	No	No	No
C1781	Mesh (implantable)	packaged service	Medical/Surgical Supplies	No	No	No	No
C1782	Morcellator	packaged service	Medical/Surgical Supplies	No	No	Yes	No
C1783	Ocular implant, aqueous drainage assist device	packaged service	Vision	No	No	No	No
C1784	Ocular device, intraoperative, detached retina	packaged service	Vision	No	No	No	No
C1785	Pacemaker, dual chamber, rate-responsive (implantable)	packaged service	Pacemaker	No	No	Yes	No
C1786	Pacemaker, single chamber, rate-responsive (implantable)	packaged service	Pacemaker	No	No	Yes	No
C1787	Patient programmer, neurostimulator	packaged service	Stimulation Device	No	No	Yes	No
C1788	Port, indwelling (implantable)	packaged service	Catheter	No	No	No	No
C1789	Prosthesis, breast (implantable)	packaged service	Prosthesis	Yes	Yes	Yes	No
C1813	Prosthesis, penile, inflatable	packaged service	Prosthesis	Yes	Yes	Yes	No
C1814	Retinal tamponade device, silicone oil	packaged service	Vision	No	No	No	No
C1815	Prosthesis, urinary sphincter (implantable)	packaged service	Prosthesis	No	No	No	No
C1816	Receiver and/or transmitter, neurostimulator (implantable)	packaged service	Stimulation Device	No	No	Yes	Yes
C1817	Septal defect implant system, intracardiac	packaged service	Cardiology	No	No	No	No
C1818	Integrated keratoprosthesis	packaged service	Vision	No	No	No	No
C1819	Surgical tissue localization and excision device (implantable)	packaged service	Medical/Surgical Supplies	No	No	No	No
C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system	packaged service	Stimulation Device	Yes	Yes	Yes	Yes
C1821	Interspinous process distraction device (implantable)	packaged service	Spine	Yes	Yes	Yes	Yes
C1822	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system	packaged service	Stimulation Device	Yes	Yes	Yes	Yes
C1823	Generator, neurostimulator (implantable), non-rechargeable, with transvenous sensing and stimulation leads		Stimulation Device	Yes	Yes	No	No
C1824	Generator, cardiac contractility modulation (implantable)		Stimulation Device	Yes	Yes	No	No
C1825	Generator, neurostimulator (implantable), nonrechargeable with carotid sinus baroreceptor stimulation lead(s)		Stimulation Device	Yes	Yes	No	No
C1830	Powered bone marrow biopsy needle	packaged service	Biopsy	No	No	No	No
C1831	Personalized, anterior and lateral interbody cage (implantable)		Implantation	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non ASA Provider	Centra-Auth ASA Provider
C1832	Autograft suspension, including cell processing and application		Skin Graft	Yes	Yes	Yes	No
C1833	Monitor, cardiac, including intracardiac lead and all system components (implantable)		Cardiology	Yes	Yes	Yes	No
C1839	Iris prosthesis		Vision	No	No	No	No
C1840	Lens, intraocular (telescopic)	packaged service	Vision	No	No	No	No
C1841	Lens, intraocular (telescopic)		Vision	No	No	No	No
C1842	Retinal prosthesis, includes all internal and external components;		Vision	No	No	Yes	No
C1849	Skin substitute, synthetic, resorbable, per sq cm		Skin Graft/Substitute	Yes	Yes	Yes	No
C1874	Stent, coated/covered, with delivery system	packaged service	Stent	No	No	No	No
C1875	Stent, coated/covered, without delivery system	packaged service	Stent	No	No	No	No
C1876	Stent, coated/covered, without delivery system	packaged service	Stent	No	No	No	No
C1877	Stent, noncoated/noncovered, without delivery system	packaged service	Stent	No	No	No	No
C1878	Material for vocal cord medialization, synthetic (implantable)	packaged service	Speech	No	No	No	No
C1880	Vena cava filter	packaged service	Cardiology	No	No	No	No
C1881	Dialysis access system (implantable)	packaged service	Dialysis	No	No	No	No
C1882	Cardioverter-defibrillator, other than single or dual chamber (implantable)	packaged service	Cardiology	No	No	No	No
C1883	Adaptor/extension, pacing lead or neurostimulator lead (implantable)	packaged service	Stimulation Device	No	No	No	No
C1884	Embolization protective system	packaged service	Medical/Surgical Supplies	No	No	No	No
C1885	Catheter, transluminal angioplasty, laser	packaged service	Catheter	No	No	Yes	No
C1886	Catheter, extravascular tissue ablation, any modality (insertable)	packaged service	Catheter	No	No	No	No
C1887	Catheter, guiding (may include infusion/perfusion capability)	packaged service	Catheter	No	No	No	No
C1888	Catheter, ablation, noncardiac, endovascular (implantable)	packaged service	Catheter	No	No	No	No
C1889	Implantable/insertable device, not otherwise classified	packaged service	Medical/Surgical Supplies	Yes	Yes	Yes	No
C1890	No implantable/insertable device used with device-intensive procedures	packaged service	Medical/Surgical Supplies	No	No	No	No
C1891	Infusion pump, nonprogrammable, permanent (implantable)	packaged service	Infusion	No	No	No	No
C1892	Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, peel-away	packaged service	Medical/Surgical Supplies	No	No	Yes	No
C1893	Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, other than peel-away	packaged service	Medical/Surgical Supplies	No	No	Yes	No
C1894	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, nonlaser	packaged service	Medical/Surgical Supplies	No	No	Yes	No
C1895	Lead, cardioverter-defibrillator, endocardial dual coil (implantable)	packaged service	Cardiology	Yes	Yes	Yes	No
C1896	Lead, cardioverter-defibrillator, endocardial dual coil (implantable)	packaged service	Cardiology	Yes	Yes	Yes	No
C1897	Lead, neurostimulator test kit (implantable)	packaged service	Stimulation Device	Yes	Yes	Yes	No
C1898	Lead, pacemaker, other than transvenous VDD single pass	packaged service	Pacemaker	Yes	Yes	Yes	No
C1899	Lead, pacemaker, other than transvenous VDD single pass	packaged service	Pacemaker	Yes	Yes	Yes	No
C1900	Lead, left ventricular coronary venous system	packaged service	Cardiology	Yes	Yes	Yes	No
C1982	Catheter, pressure generating, one-way valve, intermittently occlusive		Catheter	No	No	No	No
C2596	Probe, image guided, robotic, waterjet ablation		Medical/Surgical Supplies	No	No	Yes	No
C2613	Lung biopsy plug with delivery system	packaged service	Biopsy	No	No	No	No
C2614	Probe, percutaneous lumbar discectomy	packaged service	Spine	No	No	Yes	No
C2615	Sealant, pulmonary, liquid	packaged service	Medical/Surgical Supplies	No	No	Yes	No
C2616	Brachytherapy source, nonstranded, yttrium-90, per source		Radiological Drug	Yes	Yes	Yes	No
C2617	Stent, noncoronary, temporary, without delivery system	packaged service	Stent	No	No	No	No
C2618	Probe/needle, cryoablation	packaged service	Cardiology	No	No	No	No
C2619	Pacemaker, dual chamber, nonrate-responsive (implantable)	packaged service	Pacemaker	No	No	No	No
C2620	Pacemaker, single chamber, nonrate-responsive (implantable)	packaged service	Pacemaker	No	No	No	No
C2621	Pacemaker, dual chamber, nonrate-responsive (implantable)	packaged service	Pacemaker	No	No	No	No
C2622	Prosthesis, penile, noninflatable	packaged service	Prosthesis	No	No	No	No
C2623	Catheter, transluminal angioplasty, drug-coated, non-laser	packaged service	Catheter	No	No	No	No
C2624	Implantable wireless pulmonary artery pressure sensor with delivery catheter, including all system components	packaged service	Medical/Surgical Supplies	No	No	No	No
C2625	Stent, noncoronary, temporary, with delivery system	packaged service	Stent	No	No	No	No
C2626	Infusion pump, nonprogrammable, temporary (implantable)	packaged service	Infusion	No	No	No	No
C2627	Catheter, suprapubic/cystoscopic	packaged service	Catheter	No	No	No	No
C2628	Catheter, occlusion	packaged service	Catheter	No	No	No	No
C2629	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, laser	packaged service	Medical/Surgical Supplies	No	No	No	No
C2630	Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, cool-tip	packaged service	Catheter	No	No	No	No
C2631	Repair device, urinary, incontinence, without sling graft	packaged service	Urinary	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
C2635	Brachytherapy source, nonstranded, high activity, palladium-103, greater than 2.2 mCi (NIST), per source		Brachytherapy	Yes	Yes	Yes	Yes
C2636	Brachytherapy linear source, nonstranded, palladium-103, per 1 mm		Brachytherapy	Yes	Yes	Yes	Yes
C2637	Brachytherapy source, nonstranded, ytterbium-169, per source		Brachytherapy	Yes	Yes	Yes	Yes
C2638	Brachytherapy source, stranded, iodine-125, per source		Brachytherapy	Yes	Yes	Yes	Yes
C2639	Brachytherapy source, nonstranded, iodine-125, per source		Brachytherapy	Yes	Yes	Yes	Yes
C2640	Brachytherapy source, stranded, palladium-103, per source		Brachytherapy	Yes	Yes	Yes	Yes
C2641	Brachytherapy source, nonstranded, palladium-103, per source		Brachytherapy	Yes	Yes	Yes	Yes
C2642	Brachytherapy source, stranded, cesium-131, per source		Brachytherapy	Yes	Yes	Yes	Yes
C2643	Brachytherapy source, nonstranded, cesium-131, per source		Brachytherapy	Yes	Yes	Yes	Yes
C2644	Brachytherapy source, nonstranded, cesium-131, per source		Brachytherapy	Yes	Yes	Yes	Yes
C2645	Brachytherapy planar source, palladium-103, per square millimeter		Brachytherapy	Yes	Yes	Yes	Yes
C2698	Brachytherapy source, stranded, not otherwise specified, per source		Brachytherapy	Yes	Yes	Yes	Yes
C2699	Brachytherapy source, stranded, not otherwise specified, per source		Brachytherapy	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
C5272	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	packaged service	Skin Graft/Substitute	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; first 100 sq cm wound surface area, or 1% of body area of infants and children	special coverage instructions	Skin Graft/Substitute	Yes	Yes	No	No
C5274	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	packaged service	Skin Graft/Substitute	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; first 25 sq cm or less wound surface area	special coverage instructions	Skin Graft/Substitute	Yes	Yes	No	No
C5276	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	packaged service	Skin Graft/Substitute	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; first 100 sq cm wound surface area, or 1% of body area of infants and children	special coverage instructions	Skin Graft/Substitute	Yes	Yes	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non ASA Provider	Centra-Auth ASA Provider
C5278	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	packaged service	Skin Graft/Substitute	No	No	No	No
C7556	Bronchoscopy, rigid or flexible, with bronchial alveolar lavage and transendoscopic endobronchial ultrasound (ebus) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s), including fluoroscopic guidance, when performed		Bronchoscopy	No	No	No	No
C7557	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 and intraprocedural coronary fractional flow reserve (ffr) with 3d functional mapping of color-coded ffr values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention		Cardiology	No	No	No	No
C7558	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed		Cardiology	No	No	No	No
C7560	Endoscopic retrograde cholangiopancreatography (ercp) with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s) and endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s)		ERCP	No	No	No	No
C7903	Group psychotherapy service for diagnosis, evaluation, or treatment of a mental health or substance use disorder provided remotely by hospital staff who are licensed to provide mental health services under applicable state law(s), when the patient is in their home, and there is no associated professional service		Behavioral Health	No	No	No	No
C8900	Magnetic resonance angiography with contrast, abdomen		MRA	Yes	Yes	Yes	Yes
C8901	Magnetic resonance angiography without contrast, abdomen		MRA	Yes	Yes	Yes	Yes
C8902	Magnetic resonance angiography without contrast followed by with contrast, abdomen		MRA	Yes	Yes	Yes	Yes
C8903	Magnetic resonance imaging with contrast, breast; unilateral		MRI	No	No	No	Yes
C8905	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral		MRI	No	No	No	Yes
C8906	Magnetic resonance imaging with contrast, breast; bilateral		MRI	No	No	No	Yes
C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral		MRI	No	No	No	Yes
C8909	Magnetic resonance angiography with contrast, chest (excluding myocardium)		MRA	Yes	Yes	Yes	Yes
C8910	Magnetic resonance angiography without contrast, chest (excluding myocardium)		MRA	Yes	Yes	Yes	Yes
C8911	Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium)		MRA	Yes	Yes	Yes	Yes
C8912	Magnetic resonance angiography with contrast, lower extremity		MRA	Yes	Yes	Yes	Yes
C8913	Magnetic resonance angiography without contrast, lower extremity		MRA	Yes	Yes	Yes	Yes
C8914	Magnetic resonance angiography without contrast followed by with contrast, lower extremity		MRA	Yes	Yes	Yes	Yes
C8918	Magnetic resonance angiography with contrast, pelvis		MRA	Yes	Yes	Yes	Yes
C8919	Magnetic resonance angiography without contrast, pelvis		MRA	Yes	Yes	Yes	Yes
C8920	Magnetic resonance angiography without contrast followed by with contrast, pelvis		MRA	Yes	Yes	Yes	Yes
C8921	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; complete		ECHO	No	No	No	No
C8922	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
C8923	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2d), includes m-mode recording, when performed, complete, without spectral or color doppler echocardiography		ECHO	No	No	No	No
C8924	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2d), includes m-mode recording, when performed, follow-up or limited study		ECHO	No	No	No	No
C8925	Transesophageal echocardiography (tee) with contrast, or without contrast followed by with contrast, real time with image documentation (2d) (with or without m-mode recording); including probe placement, image acquisition, interpretation and report		ECHO	No	No	No	No
C8926	Transesophageal echocardiography (tee) with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report		ECHO	No	No	No	No
C8927	Transesophageal echocardiography (tee) with contrast, or without contrast followed by with contrast, for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis		ECHO	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, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report		ECHO	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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non ASA Provider	Centra-Auth ASA Provider
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
C8931	Magnetic resonance angiography with contrast, spinal canal and contents		MRA	Yes	Yes	Yes	Yes
C8932	Magnetic resonance angiography without contrast, spinal canal and contents		MRA	Yes	Yes	Yes	Yes
C8933	Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents		MRA	Yes	Yes	Yes	Yes
C8934	Magnetic resonance angiography with contrast, upper extremity		MRA	Yes	Yes	Yes	Yes
C8935	Magnetic resonance angiography without contrast, upper extremity		MRA	Yes	Yes	Yes	Yes
C8936	Magnetic resonance angiography without contrast followed by with contrast, upper extremity		MRA	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
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	No
C9046	Cocaine HCl nasal solution for topical administration, 1 mg	COCAINE HCL	inhalation Drug	Yes	Yes	No	No
C9047	Injection, caplacizumab-yhdp, 1 mg	CABLIVI	Injectable Drug	Yes	Yes	Yes	Yes
C9067	Gallium Ga-68, Dotatoc, diagnostic, 0.01 mci		Radiological Drug	No	No	No	No
C9113	Injection, pantoprazole sodium, per vial	Code discontinued 7/1/24	Injectable Drug	N/A	N/A	N/A	N/A
C9145	Injection, aporivie, 1 mg		Injectable Drug	No	No	No	No
C9148	Injection, teclistamab-cqyv, 0.5 mg		Injectable Drug	Yes	Yes	Yes	No
C9149	Injection, teclistamab-cqyv, 5 mg		Injectable Drug	Yes	Yes	Yes	No
C9150	Xenon xe-129 hyperpolarized gas, diagnostic, per study dose		Diagnostic Radiological Drug	No	No	No	No
C9152	Injection, aripiprazole, (abilify asimtufii), 1 mg	Code discontinued 1/1/2024	Injectable Drug	No	No	No	No
C9153	Injection, amisulpride, 1 mg	Code discontinued 1/1/2024	Injectable Drug	No	No	No	No
C9154	Injection, buprenorphine extended-release (brixadi), 1 mg	Code discontinued 1/1/2024	Injectable Drug	No	No	No	No
C5155	Injection, epcoritamab-bysp, 0.16 mg	Code discontinued 1/1/2024	Injectable Drug	No	No	No	No
C9156	Flotufolastat f 18, diagnostic, 1 millicurie	Code discontinued 1/1/2024	Injectable Drug	No	No	No	No
C9157	Injection, tofersen, 1 mg	Code discontinued 1/1/2024	Injectable Drug	No	No	No	No
C9158	Injection, risperidone, (uzedy), 1 mg	Code discontinued 1/1/2024	Injectable Drug	No	No	No	No
C9166	Injection, secukinumab, intravenous, 1 mg	Code discontinued 7/1/24	Injectable Drug	N/A	N/A	N/A	N/A
C9167	Injection, apadamtase alfa, 10 units	Code discontinued 7/1/24	Injectable Drug	N/A	N/A	N/A	N/A
C9168	Injection, mirikizumab-mrkz, 1 mg	Code discontinued 7/1/24	Injectable Drug	N/A	N/A	N/A	N/A
C9793	3d predictive model generation for pre-planning of a cardiac procedure, using data from cardiac computed tomographic angiography with report		Cardiology	No	No	No	No
C9794	Therapeutic radiology simulation-aided field setting; complex, including acquisition of pet and ct imaging data required for radiopharmaceutical-directed radiation therapy treatment planning (i.e., modeling)		Radiology	No	No	No	No
C9795	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance and real-time positron emissions-based delivery adjustments to 1 or more lesions, entire course not to exceed 5 fractions		Radiation Therapy	No	No	No	No
C9796	Repair of enterocutaneous fistula small intestine or colon (excluding anorectal fistula) with plug (e.g., porcine small intestine submucosa [sis])		Repair	No	No	No	No
C9797	Vascular embolization or occlusion procedure with use of a pressure-generating catheter (e.g., one-way valve, intermittently occluding), inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction		Embolization	No	No	No	No
C9248	Injection, clevidipine butyrate, 1 mg	CLEVIPREX	Injectable Drug	No	No	No	No
C9250	Human plasma fibrin sealant, vapor-heated, solvent-detergent (Artiss), 2 ml	ARTISS	Skin Graft/Substitute	Yes	Yes	No	No
C9254	Injection, lacosamide, 1 mg	packaged service	Injectable Drug	No	No	No	No
C9257	Injection, bevacizumab, 0.25 mg	AVASTIN	Injectable Drug	No	No	No	No
C9285	Lidocaine 70 mg/tetracaine 70 mg, per patch	packaged service	Drug	No	No	No	No
C9290	Injection, bupivacaine liposome, 1 mg	EXPAREL	Injectable Drug	No	No	No	No
C9293	Injection, glucarpidase, 10 units	VORAXAZE	Injectable Drug	Yes	Yes	Yes	No
C9352	Microporous collagen implantable tube (NeuraGen Nerve Guide), per cm length	packaged service	Skin Graft/Substitute	Yes	Yes	Yes	No
C9353	Microporous collagen implantable slit tube (NeuraWrap Nerve Protector), per cm length	packaged service	Skin Graft/Substitute	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
C9355	Collagen nerve cuff (NeuroMatrix), per 0.5 cm length	packaged service	Skin Graft/Substitute	Yes	Yes	No	No
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
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
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
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
C9361	Collagen matrix nerve wrap (NeuroMend Collagen Nerve Wrap), per 0.5 cm length	packaged service	Skin Graft/Substitute	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	No
C9363	Skin substitute (Integra Meshed Bilayer Wound Matrix), per sq cm	packaged service	Skin Graft/Substitute	Yes	Yes	Yes	No
C9364	Skin substitute (Integra Meshed Bilayer Wound Matrix), per sq cm	packaged service	Skin Graft/Substitute	Yes	Yes	Yes	No
C9399	Unclassified drugs or biologicals		Drug	Yes	Yes	Yes	Yes
C9460	Injection, cangrelor, 1 mg	KENGREAL	Injectable Drug	Yes	Yes	Yes	No
C9462	Injection, delafloxacin, 1 mg	BAXDELA	Injectable Drug	No	No	Yes	No
C9482	Injection, sotalol hydrochloride, 1 mg	SOTALOL	Injectable Drug	No	No	Yes	No
C9488	Injection, conivaptan hydrochloride, 1 mg	VAPRISOL	Injectable Drug	Yes	Yes	Yes	No
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	No
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	No
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	No

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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	No
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	No
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	No
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	No
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	No
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	No
C9725	Placement of endorectal intracavitary applicator for high intensity brachytherapy		Brachytherapy	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
C9727	Insertion of implants into the soft palate; minimum of 3 implants		Minor Procedure	No	No	No	Yes
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	No
C9733	Nonophthalmic fluorescent vascular angiography	packaged service	Angiography	No	No	No	No
C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (MR) guidance		MRI	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
C9739	Cystourethroscopy, with insertion of transprostatic implant; 1 to 3 implants		Urinary	No	No	No	No
C9740	Cystourethroscopy, with insertion of transprostatic implant; 4 or more implants		Urinary	No	No	No	No
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 transtracheal 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
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
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	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	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
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
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
C9762	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging		MRI- cardiac	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
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	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
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	No
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	No
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
C9769	Cystourethroscopy, with insertion of temporary prostatic implant/stent with fixation/anchor and incisional struts		Cystourethroscopy	No	No	No	No
C9770	Vitrectomy, mechanical, pars plana approach, with subretinal injection of pharmacologic/biologic agent		Gene Therapy	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non ASA Provider	Centra-Auth ASA Provider
C9771	Nasal/sinus endoscopy, cryoablation nasal tissue(s) and/or nerve(s), unilateral or bilateral		Endoscopy	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
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
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
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
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
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
C9778	Colpopexy, vaginal; minimally invasive extraperitoneal approach (sacrospinous)		Gynocological	No	No	No	No
C9779	Endoscopic submucosal dissection (ESD), including endoscopy or colonoscopy, mucosal closure, when performed		ESD	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
C9781	Arthroscopy, shoulder, surgical; with implantation of subacromial spacer (e.g. balloon) omc;ides debrode,emt (e.g. limited or extensive), subacromial decompression, acromioplasty, and biceps denodesisi when performed	Grouped with surgery	Orthopedics	Yes	Yes	Yes	No
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 marow cells (eg., mononuclear) or placebo control, autologous bone marrow harvesting and preparation for transplantation, left heart catherization, 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	No
C9783	Blinded procedure for transcatheter implantation of coronary sinus reduction device or placebo control, including vascular access and closure, right heart catherization, venous and coronary sinus angiography, imaging guidance and supervision and interpretation when performed in an approved investigational device exemption (IDE) study		Cardiology	Yes	Yes	Yes	No
C9784	Gastric restrictive procedure, endoscopic sleeve gastroplasty, with esophagogastroduodenoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components		Gastric restrictive procedure	Yes	Yes	Yes	No
C9785	Endoscopic outlet reduction, gastric pouch application, with endoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components		Other therapeutic services and supplies	Yes	Yes	Yes	No
C9786	Echocardiography image post procesisng for computer aided detection of heart failure with preserved ejection fractioin, including interpretation and report		Other therapeutic services and supplies	No	No	No	No
C9787	Gastric electrophysiologiy mapping with simultaneous patient symptom profiling	Code discontinued 7/1/24	Other therapeutic services and supplies	N/A	N/A	N/A	N/A
C9788	Opto-acoustic imaging, breast (including axilla when performed), unilateral, with image documentation, analysis and report, obtained with ultrasound examination		Diagnostic radiology	No	No	No	No
C9789	Instillation of anti-neoplastic pharmacologic/biologic agent into renal pelvis, any method, including all imaging guidance, including volumetric measurement if performed		Instillation of anti-neoplastic agent	No	No	No	No
C9790	Histotripsy (ie-non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including image guidance	Code discontinued 7/1/24	Therapeutic radiology	N/A	N/A	N/A	N/A
C9791	Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent, chest including preparation and administration of agent		Other therapeutic services and supplies	Yes	Yes	Yes	No
C9792	Blinded or nonblinded procedure for symptomatic new york heart association (nyha) class ii, iii, iva 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)		Surgery	Yes	Yes	Yes	No
C9803	Hospital outpatient clinic visit specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), any specimen source		Other medical service or item	No	No	No	No
C9898	Radiolabeled product provided during a hospital inpatient stay		Radiological Drug	No	No	No	No
C9899	Radiolabeled product provided during a hospital inpatient stay		Radiological Drug	No	No	No	No
C9901	Endoscopic defect closure within the entire gastrointestinal tract, including upper endoscopy (including diagnostic, if performed) or colonoscopy (including diagnostic, if performed), with all system and tissue anchoring components	New code effective 7/1/24	Medical/Surgical Supplies	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non ASA Provider	Centra-Auth ASA Provider				
D7220	Removal of impacted tooth-soft tissue	if diagnosis is K01.1	Dental	Yes	Yes	Yes	No				
D7230	Removal of impacted tooth-partially bony	if diagnosis is K01.1	Dental	Yes	Yes	Yes	No				
D7240	Removal of impacted tooth-completely bony	if diagnosis is K01.1	Dental	Yes	Yes	Yes	No				
D7241	Removal of impacted tooth with unusual surgical complications	if diagnosis is K01.1	Dental	Yes	Yes	Yes	No				
Piedmont doesn't administer dental benefits. Most plans cover dental care if related to an accidentall injury to a member's jaw, moth, or face.											
If service requested is related to injury, please submit request for authorizaiton 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
E0100	Cane, includes canes of all materials, adjustable or fixed, with tip		Walking aids	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
E0110	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips		Walking aids	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
E0112	Crutches, underarm, wood, adjustable or fixed, pair, with pads, tips, and handgrips		Walking aids	No	No	No	No
E0113	Crutch, underarm, wood, adjustable or fixed, each, with pad, tip, and handgrip		Walking aids	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
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
E0117	Crutch, underarm, articulating, spring assisted, each		Walking aids	No	No	No	No
E0118	Crutch substitute, lower leg platform, with or without wheels, each		Walking aids	No	No	No	No
E0130	Walker, rigid (pickup), adjustable or fixed height		Walking aids	No	No	No	No
E0135	Walker, folding (pickup), adjustable or fixed height		Walking aids	No	No	No	No
E0140	Walker, with trunk support, adjustable or fixed height, any type		Walking aids	No	No	No	No
E0141	Walker, rigid, wheeled, adjustable or fixed height		Walking aids	No	No	No	No
E0143	Walker, folding, wheeled, adjustable or fixed height		Walking aids	No	No	No	No
E0144	Walker, enclosed, 4 sided framed, rigid or folding, wheeled with posterior seat		Walking aids	No	No	No	No
E0147	Walker, heavy-duty, multiple braking system, variable wheel resistance		Walking aids	No	No	No	No
E0148	Walker, heavy-duty, without wheels, rigid or folding, any type, each		Walking aids	No	No	No	No
E0149	Walker, heavy-duty, wheeled, rigid or folding, any type		Walking aids	No	No	No	No
E0152	Walker, battery powered, wheeled, folding, adjustable or fixed height		Walking aids	No	No	No	No
E0153	Platform attachment, forearm crutch, each		Walking aids	No	No	No	No
E0154	Platform attachment, walker, each		Walking aids	No	No	No	No
E0155	Wheel attachment, rigid pick-up walker, per pair		Walking aids	No	No	No	No
E0156	Seat attachment, walker		Walking aids	No	No	No	No
E0157	Crutch attachment, walker, each		Walking aids	No	No	No	No
E0158	Leg extensions for walker, per set of 4		Walking aids	No	No	No	No
E0159	Brake attachment for wheeled walker, replacement, each		Walking aids	No	No	No	No
E0160	Sitz type bath or equipment, portable, used with or without commode		DME	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
E0162	Sitz bath chair		DME	No	No	No	No
E0163	Commode chair, mobile or stationary, with fixed arms		DME	No	No	No	No
E0165	Commode chair, mobile or stationary, with detachable arms		DME	No	No	No	No
E0167	Pail or pan for use with commode chair, replacement only		DME	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
E0170	Commode chair with integrated seat lift mechanism, electric, any type		DME	No	No	No	No
E0171	Commode chair with integrated seat lift mechanism, nonelectric, any type		DME	No	No	No	No
E0172	Seat lift mechanism placed over or on top of toilet, any type		DME	No	No	No	No
E0175	Footrest, for use with commode chair, each		DME	No	No	No	No
E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy-duty		DME	No	No	No	No
E0182	Pump for alternating pressure pad, for replacement only		DME	No	No	No	No
E0184	Dry pressure mattress		DME	No	No	No	No
E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width		DME	No	No	No	No
E0186	Air pressure mattress		DME	No	No	No	No
E0187	Water pressure mattress		DME	No	No	No	No
E0188	Synthetic sheepskin pad		DME	No	No	No	No
E0189	Lambswool sheepskin pad, any size		DME	No	No	No	No
E0190	Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories		DME	No	No	No	No
E0191	Heel or elbow protector, each		DME	No	No	No	No
E0193	Powered air flotation bed (low air loss therapy)		DME	Yes	Yes	No	No
E0194	Air fluidized bed		DME	Yes	Yes	No	No
E0196	Gel pressure mattress		DME	No	No	No	No
E0197	Air pressure pad for mattress, standard mattress length and width		DME	No	No	No	No
E0198	Water pressure pad for mattress, standard mattress length and width		DME	No	No	No	No
E0199	Dry pressure pad for mattress, standard mattress length and width		DME	No	No	No	No
E0200	Heat lamp, without stand (table model), includes bulb, or infrared element		Light Therapy	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
E0202	Phototherapy (bilirubin) light with photometer		Light Therapy	No	No	No	No
E0203	Therapeutic lightbox, minimum 10,000 lux, table top model		Light Therapy	No	No	No	No
E0205	Heat lamp, with stand, includes bulb, or infrared element		Light Therapy	No	No	No	No
E0210	Electric heat pad, standard		Light Therapy	No	No	No	No
E0215	Electric heat pad, moist		Light Therapy	No	No	No	No
E0217	Water circulating heat pad with pump		Light Therapy	No	No	No	No
E0218	Water circulating cold pad with pump		Light Therapy	No	No	No	No
E0221	Infrared heating pad system		Light Therapy	No	No	No	No
E0225	Hydrocollator unit, includes pads		Light Therapy	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
E0232	Warming card for use with the noncontact wound-warming device and noncontact wound-warming wound cover		Light Therapy	No	No	No	No
E0235	Paraffin bath unit, portable (see medical supply code A4265 for paraffin)		Light Therapy	No	No	No	No
E0236	Pump for water circulating pad		Light Therapy	No	No	No	No
E0239	Hydrocollator unit, portable		Light Therapy	No	No	No	No
E0240	Bath/shower chair, with or without wheels, any size		DME	OTC	OTC	OTC	No
E0241	Bathtub wall rail, each		DME	OTC	OTC	OTC	No
E0242	Bathtub rail, floor base		DME	OTC	OTC	OTC	No
E0243	Toilet rail, each		DME	OTC	OTC	OTC	No
E0244	Raised toilet seat		DME	OTC	OTC	OTC	No
E0245	Tub stool or bench		DME	OTC	OTC	OTC	No
E0246	Transfer tub rail attachment		DME	OTC	OTC	OTC	No
E0247	Transfer bench for tub or toilet with or without commode opening		DME	OTC	OTC	OTC	No
E0248	Transfer bench, heavy-duty, for tub or toilet with or without commode opening		DME	OTC	OTC	OTC	No
E0249	Pad for water circulating heat unit, for replacement only		Compression Devices	No	No	No	No
E0250	Hospital bed, fixed height, with any type side rails, with mattress		Hospital beds	Yes	Yes	No	No
E0251	Hospital bed, fixed height, with any type side rails, without mattress		Hospital beds	Yes	Yes	No	No
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress		Hospital beds	Yes	Yes	No	No
E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress		Hospital beds	Yes	Yes	No	No
E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress		Hospital beds	Yes	Yes	No	No
E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress		Hospital beds	Yes	Yes	No	No
E0265	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress		Hospital beds	Yes	Yes	No	No
E0266	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress		Hospital beds	Yes	Yes	No	No
E0270	Hospital bed, institutional type includes: oscillating, circulating and Stryker frame, with mattress		Hospital beds	Yes	Yes	No	No
E0271	Mattress, innerspring		Hospital beds	Yes	Yes	No	No
E0272	Mattress, foam rubber		Hospital beds	Yes	Yes	No	No
E0273	Bed board		Hospital beds	Yes	Yes	No	No
E0274	Over-bed table		Hospital beds	Yes	Yes	No	No
E0275	Bed pan, standard, metal or plastic		Hospital beds	No	No	No	No
E0276	Bed pan, fracture, metal or plastic		Hospital beds	No	No	No	No
E0277	Powered pressure-reducing air mattress		Hospital beds	No	No	No	No
E0280	Bed cradle, any type		Hospital beds	No	No	No	No
E0290	Hospital bed, fixed height, without side rails, with mattress		Hospital beds	Yes	Yes	No	No
E0291	Hospital bed, fixed height, without side rails, without mattress		Hospital beds	Yes	Yes	No	No
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress		Hospital beds	Yes	Yes	No	No
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress		Hospital beds	Yes	Yes	No	No
E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress		Hospital beds	Yes	Yes	No	No
E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress		Hospital beds	Yes	Yes	No	No
E0296	Hospital bed, total electric (head, foot, and height adjustments), without side rails, with mattress		Hospital beds	Yes	Yes	No	No
E0297	Hospital bed, total electric (head, foot, and height adjustments), without side rails, without mattress		Hospital beds	Yes	Yes	No	No
E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure		Hospital beds	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
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
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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
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
E0305	Bedside rails, half-length		Hospital beds	No	No	No	No
E0310	Bedside rails, full-length		Hospital beds	No	No	No	No
E0315	Bed accessory: board, table, or support device, any type		Hospital beds	No	No	No	No
E0316	Safety enclosure frame/canopy for use with hospital bed, any type		Hospital beds	No	No	No	No
E0325	Urinal; male, jug-type, any material		Hospital beds	No	No	No	No
E0326	Urinal; female, jug-type, any material		Hospital beds	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
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
E0350	Control unit for electronic bowel irrigation/evacuation system		Hospital beds	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
E0370	Air pressure elevator for heel		Hospital beds	No	No	No	No
E0371	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width		Hospital beds	No	No	No	No
E0372	Powered air overlay for mattress, standard mattress length and width		Hospital beds	No	No	No	No
E0373	Nonpowered advanced pressure reducing mattress		Hospital beds	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
E0425	Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing		Respiratory	No	No	No	No
E0430	Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing		Respiratory	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
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
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
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
E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing		Respiratory	No	No	No	No
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
E0441	Stationary oxygen contents, gaseous, 1 month's supply = 1 unit		Respiratory	No	No	No	No
E0442	Stationary oxygen contents, liquid, 1 month's supply = 1 unit		Respiratory	No	No	No	No
E0443	Portable oxygen contents, gaseous, 1 month's supply = 1 unit		Respiratory	No	No	No	No
E0444	Portable oxygen contents, liquid, 1 month's supply = 1 unit		Respiratory	No	No	No	No
E0445	Oximeter device for measuring blood oxygen levels noninvasively		Respiratory	No	No	No	No
E0446	Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories		Respiratory	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
E0455	Oxygen tent, excluding croup or pediatric tents		Respiratory	Yes	Yes	No	No
E0457	Chest shell (cuirass)		Respiratory	Yes	Yes	No	No
E0459	Chest wrap		Respiratory	Yes	Yes	No	No
E0462	Rocking bed, with or without side rails		Respiratory	Yes	Yes	No	No
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)		Respiratory	Yes	Yes	No	No
E0466	Home ventilator, any type, used with noninvasive interface, (e.g., mask, chest shell)		Respiratory	Yes	Yes	No	No
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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
E0468	Home ventilator, dual-function respiratory device, also performs additional function of cough stimulation, includes all accessories, components and supplies for all functions		Respiratory	Yes	Yes	Yes	No
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
E0471	Respiratory assist device, bi-level pressure capability, with back-up 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
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
E0480	Percussor, electric or pneumatic, home model		Respiratory	No	No	No	No
E0481	Intrapulmonary percussive ventilation system and related accessories		Respiratory	Yes	Yes	No	No
E0482	Cough stimulating device, alternating positive and negative airway pressure		Respiratory	No	No	No	No
E0483	High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each		Respiratory	Yes	Yes	No	No
E0484	Oscillatory positive expiratory pressure device, nonelectric, any type, each		Respiratory	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
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, custom fabricated, includes fitting and adjustment		Respiratory	Yes	Yes	No	No
E0487	Spirometer, electronic, includes all accessories		Respiratory	No	No	No	No
E0492	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application		Respiratory	No	No	No	No
E0493	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply		Respiratory	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
E0530	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type		Respiratory	Yes	Yes	Yes	No
E0550	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery		Respiratory	No	No	No	No
E0555	Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter		Respiratory	No	No	No	No
E0560	Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery		Respiratory	No	No	No	No
E0561	Humidifier, nonheated, used with positive airway pressure device		Respiratory	No	No	No	No
E0562	Humidifier, heated, used with positive airway pressure device		Respiratory	No	No	No	No
E0565	Compressor, air power source for equipment which is not self-contained or cylinder driven		Respiratory	No	No	No	No
E0570	Nebulizer, with compressor		Respiratory	No	No	No	No
E0572	Aerosol compressor, adjustable pressure, light duty for intermittent use		Respiratory	No	No	No	No
E0574	Ultrasonic/electronic aerosol generator with small volume nebulizer		Respiratory	No	No	No	No
E0575	Nebulizer, ultrasonic, large volume		Respiratory	No	No	No	No
E0580	Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter		Respiratory	No	No	No	No
E0585	Nebulizer, with compressor and heater		Respiratory	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		DME	Yes	Yes	Yes	No
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		DME	Yes	Yes	Yes	No
E0600	Respiratory suction pump, home model, portable or stationary, electric		Respiratory	No	No	No	No
E0601	Continuous positive airway pressure (CPAP) device		CPAP	Yes	Yes	No	No
E0602	Breast pump, manual, any type		Breast Pump	No	No	No	No
E0603	Breast pump, electric (AC and/or DC), any type		Breast Pump	No	No	No	No
E0604	Breast pump, hospital grade, electric (AC and/or DC), any type		Breast Pump	No	No	No	No
E0605	Vaporizer, room type		Respiratory	OTC	OTC	OTC	No
E0606	Drainage board, postural		Respiratory	No	No	No	No
E0607	Blood glucose monitor, home		Diabetes	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
E0610	Pacemaker monitor, self-contained, (checks battery depletion, includes audible and visible check systems)		Monitoring	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
E0616	Implantable cardiac event recorder with memory, activator, and programmer		Implant	No	No	No	No
E0617	External defibrillator with integrated electrocardiogram analysis		DME	No	No	No	No
E0618	Apnea monitor, without recording feature		Sleep Apnea	No	No	No	No
E0619	Apnea monitor, with recording feature		Sleep Apnea	No	No	No	No
E0620	Skin piercing device for collection of capillary blood, laser, each		Diabetes	No	No	No	No
E0621	Sling or seat, patient lift, canvas or nylon		Patient Lifts/Support	Yes	Yes	Yes	No
E0625	Patient lift, bathroom or toilet, not otherwise classified		Patient Lifts/Support	Yes	Yes	Yes	No
E0627	Seat lift mechanism, electric, any type		Patient Lifts/Support	Yes	Yes	Yes	No
E0629	Seat lift mechanism, non-electric, any type		Patient Lifts/Support	Yes	Yes	Yes	No
E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s), or pad(s)		Patient Lifts/Support	No	No	No	No
E0635	Patient lift, electric, with seat or sling		Patient Lifts/Support	Yes	Yes	Yes	No
E0636	Multipositional patient support system, with integrated lift, patient accessible controls		Patient Lifts/Support	Yes	Yes	No	No
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
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
E0639	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories		Patient Lifts/Support	No	No	No	No
E0640	Patient lift, fixed system, includes all components/accessories		Patient Lifts/Support	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
E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric		Patient Lifts/Support	Yes	Yes	No	No
E0650	Pneumatic compressor, nonsegmental home model		Compression Devices	Yes	Yes	No	No
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure		Compression Devices	Yes	Yes	No	No
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure		Compression Devices	Yes	Yes	No	No
E0655	Nonsegmental pneumatic appliance for use with pneumatic compressor, half arm		Compression Devices	Yes	Yes	No	No
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk		Compression Devices	Yes	Yes	No	No
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest		Compression Devices	Yes	Yes	No	No
E0660	Nonsegmental pneumatic appliance for use with pneumatic compressor, full leg		Compression Devices	Yes	Yes	No	No
E0665	Nonsegmental pneumatic appliance for use with pneumatic compressor, full arm		Compression Devices	Yes	Yes	No	No
E0666	Nonsegmental pneumatic appliance for use with pneumatic compressor, half leg		Compression Devices	Yes	Yes	No	No
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg		Compression Devices	Yes	Yes	No	No
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm		Compression Devices	Yes	Yes	No	No
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg		Compression Devices	Yes	Yes	No	No
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk		Compression Devices	Yes	Yes	No	No
E0671	Segmental gradient pressure pneumatic appliance, full leg		Compression Devices	Yes	Yes	No	No
E0672	Segmental gradient pressure pneumatic appliance, full arm		Compression Devices	No	No	No	No
E0673	Segmental gradient pressure pneumatic appliance, half leg		Compression Devices	Yes	Yes	No	No
E0675	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system)		Compression Devices	Yes	Yes	No	No
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified		Compression Devices	Yes	Yes	No	No
E0677	Non-pneumatic sequential compression garment, trunk		Compression Devices	Yes	Yes	Yes	No
E0678	Non-pneumatic sequential compression garment, full leg		Compression Devices	No	No	No	No
E0679	Non-pneumatic sequential compression garment, half leg		Compression Devices	No	No	No	No
E0680	Non-pneumatic compression controller with sequential calibrated gradient pressure		Compression Devices	No	No	No	No
E0681	Non-pneumatic compression controller without calibrated gradient pressure		Compression Devices	No	No	No	No
E0682	Non-pneumatic sequential compression garment, full arm		Compression Devices	No	No	No	No
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
E0692	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 ft panel		Light Therapy	Yes	Yes	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 ft panel		Light Therapy	Yes	Yes	No	No
E0694	Ultraviolet multidirectional light therapy system in 6 ft cabinet, includes bulbs/lamps, timer, and eye protection		Light Therapy	Yes	Yes	No	No
E0700	Safety equipment, device or accessory, any type		DME	No	No	No	No
E0705	Transfer device, any type, each		DME	No	No	No	No
E0710	Restraints, any type (body, chest, wrist, or ankle)		DME	No	No	No	No
E0711	Upper extremity medical tubing/lines enclosure or covering device, restricts elbow range of motion		DME	No	No	No	No
E0720	Transcutaneous electrical nerve stimulation (TENS) device, 2 lead, localized stimulation		Stimulation Device	Yes	Yes	No	No
E0730	Transcutaneous electrical nerve stimulation (TENS) device, 4 or more leads, for multiple nerve stimulation		Stimulation Device	Yes	Yes	No	No
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
E0732	Cranial electrotherapy stimulation (ces) system, any type		Stimulation Device	No	No	No	No
E0733	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve		Stimulation Device	No	No	No	No
E0734	External upper limb tremor stimulator of the peripheral nerves of the wrist		Stimulation Device	No	No	No	No
E0735	Non-invasive vagus nerve stimulator		Stimulation Device	No	No	No	No
E0736	Transcutaneous tibial nerve stimulator		Stimulation Device	No	No	No	No
E0738	Upper extremity rehabilitation system providing active assistance to facilitate muscle re-education, include microprocessor, all components and accessories		Stimulation Device	No	No	No	No
E0739	Rehab system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, sensors		Stimulation Device	No	No	No	No
E0740	Non-implanted pelvic floor electrical stimulator, complete system		Stimulation Device	Yes	Yes	No	No
E0744	Neuromuscular stimulator for scoliosis		Stimulation Device	Yes	Yes	No	No
E0745	Neuromuscular stimulator, electronic shock unit		Stimulation Device	Yes	Yes	No	No
E0746	Electromyography (EMG), biofeedback device		EMG	Yes	Yes	No	No
E0747	Osteogenesis stimulator, electrical, noninvasive, other than spinal applications		Stimulation Device	Yes	Yes	No	No
E0748	Osteogenesis stimulator, electrical, noninvasive, spinal applications		Stimulation Device	Yes	Yes	No	No
E0749	Osteogenesis stimulator, electrical, surgically implanted		Stimulation Device	Yes	Yes	No	No
E0755	Electronic salivary reflex stimulator (intraoral/noninvasive)		Stimulation Device	Yes	Yes	No	No
E0760	Osteogenesis stimulator, low intensity ultrasound, noninvasive		Stimulation Device	Yes	Yes	No	No
E0761	Nonthermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device		Stimulation Device	Yes	Yes	No	No
E0762	Transcutaneous electrical joint stimulation device system, includes all accessories		Stimulation Device	Yes	Yes	No	No
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
E0765	FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting		Stimulation Device	Yes	Yes	No	No
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type		Stimulation Device	Yes	Yes	No	No
E0769	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified		Stimulation Device	Yes	Yes	No	No
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
E0776	IV pole		Infusion	No	No	No	No
E0779	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater		Infusion	No	No	No	No
E0780	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours		Infusion	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
E0782	Infusion pump, implantable, nonprogrammable (includes all components, e.g., pump, catheter, connectors, etc.)		Infusion	No	No	No	No
E0783	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)		Infusion	Yes	Yes	No	No
E0784	External ambulatory infusion pump, insulin		Infusion	No	No	No	No
E0785	Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement		Infusion	Yes	Yes	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
E0786	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)		Infusion	Yes	Yes	No	No
E0787	External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing		CGM	No	No	No	No
E0791	Parenteral infusion pump, stationary, single, or multichannel		Infusion	No	No	No	No
E0830	Ambulatory traction device, all types, each		Orthopedics	No	No	No	No
E0840	Traction frame, attached to headboard, cervical traction		Orthopedics	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
E0850	Traction stand, freestanding, cervical traction		Orthopedics	No	No	No	No
E0855	Cervical traction equipment not requiring additional stand or frame		Orthopedics	No	No	No	No
E0856	Cervical traction device, with inflatable air bladder(s)		Orthopedics	No	No	No	No
E0860	Traction equipment, overdoor, cervical		Orthopedics	No	No	No	No
E0870	Traction frame, attached to footboard, extremity traction (e.g., Buck's)		Orthopedics	No	No	No	No
E0880	Traction stand, freestanding, extremity traction (e.g., Buck's)		Orthopedics	No	No	No	No
E0890	Traction frame, attached to footboard, pelvic traction		Orthopedics	No	No	No	No
E0900	Traction stand, freestanding, pelvic traction (e.g., Buck's)		Orthopedics	No	No	No	No
E0910	Trapeze bars, also known as Patient Helper, attached to bed, with grab bar		Orthopedics	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
E0912	Trapeze bar, heavy-duty, for patient weight capacity greater than 250 pounds, freestanding, complete with grab bar		Orthopedics	No	No	No	No
E0920	Fracture frame, attached to bed, includes weights		Orthopedics	No	No	No	No
E0930	Fracture frame, freestanding, includes weights		Orthopedics	No	No	No	No
E0935	Continuous passive motion exercise device for use on knee only		Orthopedics	No	No	No	No
E0936	Continuous passive motion exercise device for use other than knee		Orthopedics	No	No	No	No
E0940	Trapeze bar, freestanding, complete with grab bar		Orthopedics	No	No	No	No
E0941	Gravity assisted traction device, any type		Orthopedics	No	No	No	No
E0942	Cervical head harness/halter		Orthopedics	No	No	No	No
E0944	Pelvic belt/harness/boot		Orthopedics	No	No	No	No
E0945	Extremity belt/harness		Orthopedics	No	No	No	No
E0946	Fracture, frame, dual with cross bars, attached to bed, (e.g., Balken, 4 Poster)		Orthopedics	No	No	No	No
E0947	Fracture frame, attachments for complex pelvic traction		Orthopedics	No	No	No	No
E0948	Fracture frame, attachments for complex cervical traction		Orthopedics	No	No	No	No
E0950	Wheelchair accessory, tray, each		Wheelchairs	No	No	No	No
E0951	Heel loop/holder, any type, with or without ankle strap, each		Wheelchairs	No	No	No	No
E0952	Toe loop/holder, any type, each		Wheelchairs	No	No	No	No
E0953	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each		Wheelchairs	Yes	Yes	No	No
E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot		Wheelchairs	Yes	Yes	No	No
E0955	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each		Wheelchairs	No	No	No	No
E0956	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each		Wheelchairs	No	No	No	No
E0957	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each		Wheelchairs	No	No	No	No
E0958	Manual wheelchair accessory, one-arm drive attachment, each		Wheelchairs	No	No	No	No
E0959	Manual wheelchair accessory, adapter for amputee, each		Wheelchairs	No	No	No	No
E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware		Wheelchairs	No	No	No	No
E0961	Manual wheelchair accessory, wheel lock brake extension (handle), each		Wheelchairs	No	No	No	No
E0966	Manual wheelchair accessory, headrest extension, each		Wheelchairs	No	No	No	No
E0967	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each		Wheelchairs	No	No	No	No
E0968	Commode seat, wheelchair		Wheelchairs	No	No	No	No
E0969	Narrowing device, wheelchair		Wheelchairs	No	No	No	No
E0970	No. 2 footplates, except for elevating legrest		Wheelchairs	Yes	Yes	No	No
E0971	Manual wheelchair accessory, antitipping device, each		Wheelchairs	No	No	No	No
E0973	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each		Wheelchairs	No	No	No	No
E0974	Manual wheelchair accessory, antirollback device, each		Wheelchairs	No	No	No	No
E0978	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each		Wheelchairs	No	No	No	No
E0980	Safety vest, wheelchair		Wheelchairs	No	No	No	No
E0981	Wheelchair accessory, seat upholstery, replacement only, each		Wheelchairs	No	No	No	No
E0982	Wheelchair accessory, back upholstery, replacement only, each		Wheelchairs	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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
E0984	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control		Wheelchairs	Yes	Yes	yes	Yes
E0985	Wheelchair accessory, seat lift mechanism		Wheelchairs	No	No	No	No
E0986	Manual wheelchair accessory, push-rim activated power assist system		Wheelchairs	Yes	Yes	No	No
E0988	Manual wheelchair accessory, lever-activated, wheel drive, pair		Wheelchairs	No	No	No	No
E0990	Wheelchair accessory, elevating legrest, complete assembly, each		Wheelchairs	No	No	No	No
E0992	Manual wheelchair accessory, solid seat insert		Wheelchairs	No	No	No	No
E0994	Armrest, each		Wheelchairs	No	No	No	No
E0995	Wheelchair accessory, calf rest/pad, replacement only, each		Wheelchairs	No	No	No	No
E1002	Wheelchair accessory, power seating system, tilt only		Wheelchairs	No	No	No	No
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction		Wheelchairs	No	No	No	No
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction		Wheelchairs	No	No	No	No
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction		Wheelchairs	Yes	Yes	No	No
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction		Wheelchairs	Yes	Yes	No	No
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction		Wheelchairs	Yes	Yes	yes	Yes
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction		Wheelchairs	Yes	Yes	yes	Yes
E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and legrest, each		Wheelchairs	No	No	No	No
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair		Wheelchairs	No	No	No	No
E1011	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)		Wheelchairs	No	No	No	No
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each		Wheelchairs	No	No	No	No
E1014	Reclining back, addition to pediatric size wheelchair		Wheelchairs	No	No	No	No
E1015	Shock absorber for manual wheelchair, each		Wheelchairs	No	No	No	No
E1016	Shock absorber for power wheelchair, each		Wheelchairs	No	No	No	No
E1017	Heavy-duty shock absorber for heavy-duty or extra heavy-duty manual wheelchair, each		Wheelchairs	No	No	No	No
E1018	Heavy-duty shock absorber for heavy-duty or extra heavy-duty power wheelchair, each		Wheelchairs	No	No	No	No
E1020	Residual limb support system for wheelchair, any type		Wheelchairs	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
E1029	Wheelchair accessory, ventilator tray, fixed		Wheelchairs	No	No	No	No
E1030	Wheelchair accessory, ventilator tray, gimbaled		Wheelchairs	No	No	No	No
E1031	Rollabout chair, any and all types with castors 5 in or greater		Wheelchairs	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
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
E1037	Transport chair, pediatric size		Wheelchairs	No	No	No	No
E1038	Transport chair, adult size, patient weight capacity up to and including 300 pounds		Wheelchairs	No	No	No	No
E1039	Transport chair, adult size, heavy-duty, patient weight capacity greater than 300 pounds		Wheelchairs	No	No	No	No
E1050	Fully-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests		Wheelchairs	No	No	No	No
E1060	Fully-reclining wheelchair, detachable arms, desk or full-length, swing-away detachable elevating legrests		Wheelchairs	No	No	No	No
E1070	Fully-reclining wheelchair, detachable arms (desk or full-length) swing-away detachable footrest		Wheelchairs	No	No	No	No
E1083	Hemi-wheelchair, fixed full-length arms, swing-away detachable elevating legrest		Wheelchairs	No	No	No	No
E1084	Hemi-wheelchair, detachable arms desk or full-length arms, swing-away detachable elevating legrests		Wheelchairs	No	No	No	No
E1085	Hemi-wheelchair, fixed full-length arms, swing-away detachable footrests		Wheelchairs	Yes	Yes	No	No
E1086	Hemi-wheelchair, detachable arms, desk or full-length, swing-away detachable footrests		Wheelchairs	Yes	Yes	No	No
E1087	High strength lightweight wheelchair, fixed full-length arms, swing-away detachable elevating legrests		Wheelchairs	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
E1089	High-strength lightweight wheelchair, fixed-length arms, swing-away detachable footrest		Wheelchairs	Yes	Yes	No	No

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E1090	High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests		Wheelchairs	Yes	Yes	No	No
E1092	Wide heavy-duty wheel chair, detachable arms (desk or full-length), swing-away detachable elevating legrests		Wheelchairs	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
E1100	Semi-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests		Wheelchairs	No	No	No	No
E1110	Semi-reclining wheelchair, detachable arms (desk or full-length) elevating legrest		Wheelchairs	No	No	No	No
E1130	Standard wheelchair, fixed full-length arms, fixed or swing-away detachable footrests		Wheelchairs	Yes	Yes	No	No
E1140	Wheelchair, detachable arms, desk or full-length, swing-away detachable footrests		Wheelchairs	Yes	Yes	No	No
E1150	Wheelchair, detachable arms, desk or full-length swing-away detachable elevating legrests		Wheelchairs	No	No	No	No
E1160	Wheelchair, fixed full-length arms, swing-away detachable elevating legrests		Wheelchairs	No	No	No	No
E1161	Manual adult size wheelchair, includes tilt in space		Wheelchairs	No	No	No	No
E1170	Amputee wheelchair, fixed full-length arms, swing-away detachable elevating legrests		Wheelchairs	No	No	No	No
E1171	Amputee wheelchair, fixed full-length arms, without footrests or legrest		Wheelchairs	No	No	No	No
E1172	Amputee wheelchair, detachable arms (desk or full-length) without footrests or legrest		Wheelchairs	No	No	No	No
E1180	Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable footrests		Wheelchairs	No	No	No	No
E1190	Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable elevating legrests		Wheelchairs	No	No	No	No
E1195	Heavy-duty wheelchair, fixed full-length arms, swing-away detachable elevating legrests		Wheelchairs	No	No	No	No
E1200	Amputee wheelchair, fixed full-length arms, swing-away detachable footrest		Wheelchairs	No	No	No	No
E1220	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification		Wheelchairs	Yes	Yes	No	No
E1221	Wheelchair with fixed arm, footrests		Wheelchairs	No	No	No	No
E1222	Wheelchair with fixed arm, elevating legrests		Wheelchairs	No	No	No	No
E1223	Wheelchair with detachable arms, footrests		Wheelchairs	No	No	No	No
E1224	Wheelchair with detachable arms, elevating legrests		Wheelchairs	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
E1226	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each		Wheelchairs	Yes	Yes	No	No
E1227	Special height arms for wheelchair		Wheelchairs	No	No	No	No
E1228	Special back height for wheelchair		Wheelchairs	No	No	No	No
E1229	Wheelchair, pediatric size, not otherwise specified		Wheelchairs	Yes	Yes	No	No
E1230	Power operated vehicle (3- or 4-wheel nonhighway), specify brand name and model number		Wheelchairs	Yes	Yes	Yes	Yes
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system		Wheelchairs	No	No	No	No
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system		Wheelchairs	No	No	No	No
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system		Wheelchairs	No	No	No	No
E1234	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system		Wheelchairs	No	No	No	No
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system		Wheelchairs	No	No	No	No
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system		Wheelchairs	No	No	No	No
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system		Wheelchairs	No	No	No	No
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system		Wheelchairs	No	No	No	No
E1239	Power wheelchair, pediatric size, not otherwise specified		Wheelchairs	Yes	Yes	No	No
E1240	Lightweight wheelchair, detachable arms, (desk or full-length) swing-away detachable, elevating legrest		Wheelchairs	No	No	No	No
E1250	Lightweight wheelchair, fixed full-length arms, swing-away detachable footrest		Wheelchairs	Yes	Yes	No	No
E1260	Lightweight wheelchair, detachable arms (desk or full-length) swing-away detachable footrest		Wheelchairs	Yes	Yes	No	No
E1270	Lightweight wheelchair, fixed full-length arms, swing-away detachable elevating legrests		Wheelchairs	No	No	No	No
E1280	Heavy-duty wheelchair, detachable arms (desk or full-length) elevating legrests		Wheelchairs	No	No	No	No
E1285	Heavy-duty wheelchair, fixed full-length arms, swing-away detachable footrest		Wheelchairs	Yes	Yes	No	No
E1290	Heavy-duty wheelchair, detachable arms (desk or full-length) swing-away detachable footrest		Wheelchairs	Yes	Yes	No	No
E1295	Heavy-duty wheelchair, fixed full-length arms, elevating legrest		Wheelchairs	No	No	No	No
E1296	Special wheelchair seat height from floor		Wheelchairs	No	No	No	No
E1297	Special wheelchair seat depth, by upholstery		Wheelchairs	No	No	No	No

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E1298	Special wheelchair seat depth and/or width, by construction		Wheelchairs	No	No	No	No
E1300	Whirlpool, portable (overtub type)		DME	Yes	Yes	No	No
E1301	Whirlpool tub, walk-in, portable		DME	Yes	Yes	No	No
E1310	Whirlpool, nonportable (built-in type)		DME	Yes	Yes	No	No
E1352	Oxygen accessory, flow regulator capable of positive inspiratory pressure		Respiratory	No	No	No	No
E1353	Regulator		Respiratory	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
E1355	Stand/rack		Respiratory	No	No	No	No
E1356	Oxygen accessory, battery pack/cartridge for portable concentrator, any type, replacement only, each		Respiratory	No	No	No	No
E1357	Oxygen accessory, battery charger for portable concentrator, any type, replacement only, each		Respiratory	No	No	No	No
E1358	Oxygen accessory, DC power adapter for portable concentrator, any type, replacement only, each		Respiratory	No	No	No	No
E1372	Immersion external heater for nebulizer		Respiratory	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
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
E1392	Portable oxygen concentrator, rental		Respiratory	No	No	No	No
E1399	Durable medical equipment, miscellaneous		Respiratory	Yes	Yes	No	No
E1405	Oxygen and water vapor enriching system with heated delivery		Respiratory	No	No	No	No
E1406	Oxygen and water vapor enriching system without heated delivery		Respiratory	No	No	No	No
E1500	CENTRIFUGE FOR DIALYSIS		Dialysis	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
E1520	HEPARIN INFUSION PUMP FOR HEMODIALYSIS		Dialysis	No	No	No	No
E1530	Air bubble detector for hemodialysis, each, replacement		Dialysis	No	No	No	No
E1540	Pressure alarm for hemodialysis, each, replacement		Dialysis	No	No	No	No
E1550	Bath conductivity meter for hemodialysis, each		Dialysis	No	No	No	No
E1560	Blood leak detector for hemodialysis, each, replacement		Dialysis	No	No	No	No
E1570	Adjustable chair, for ESRD patients		ESRD	No	No	No	No
E1575	Transducer protectors/fluid barriers, for hemodialysis, any size, per 10		Dialysis	No	No	No	No
E1580	Unipuncture control system for hemodialysis		Dialysis	No	No	No	No
E1590	Hemodialysis machine		Dialysis	No	No	No	No
E1592	Automatic intermittent peritoneal dialysis system		Dialysis	No	No	No	No
E1594	Cycler dialysis machine for peritoneal dialysis		Dialysis	No	No	No	No
E1600	Delivery and/or installation charges for hemodialysis equipment		Dialysis	No	No	No	No
E1610	Reverse osmosis water purification system, for hemodialysis		Dialysis	No	No	No	No
E1615	Deionizer water purification system, for hemodialysis		Dialysis	No	No	No	No
E1620	Blood pump for hemodialysis, replacement		Dialysis	No	No	No	No
E1625	Water softening system, for hemodialysis		Dialysis	No	No	No	No
E1630	Reciprocating peritoneal dialysis system		Dialysis	No	No	No	No
E1632	Wearable artificial kidney, each		Dialysis	No	No	No	No
E1634	Peritoneal dialysis clamps, each		Dialysis	No	No	No	No
E1635	Compact (portable) travel hemodialyzer system		Dialysis	No	No	No	No
E1636	Sorbent cartridges, for hemodialysis, per 10		Dialysis	No	No	No	No
E1637	Hemostats, each		Dialysis	No	No	No	No
E1639	Scale, each		Dialysis	No	No	No	No
E1699	Dialysis equipment, nos		Dialysis	No	No	No	No
E1700	Jaw motion rehab system		Rehab Systems	No	No	No	No
E1701	Replacement cushions for jaw motion rehabilitation system, package of 6		Rehab Systems	No	No	No	No
E1702	Replacement measuring scales for jaw motion rehabilitation system, package of 200		Rehab Systems	No	No	No	No
E1800	Dynamic adjustable elbow extension/flexion device, includes soft interface material		Rehab Systems	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
E1802	Dynamic adjustable forearm pronation/supination device, includes soft interface material		Rehab Systems	No	No	No	No
E1805	Dynamic adjustable wrist extension/flexion device, includes soft interface material		Rehab Systems	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
E1810	Dynamic adjustable knee extension/flexion device, includes soft interface material		Rehab Systems	No	No	No	No

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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
E1812	Dynamic knee, extension/flexion device with active resistance control		Rehab Systems	No	No	No	No
E1815	Dynamic adjustable ankle extension/flexion device, includes soft interface material		Rehab Systems	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
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
E1820	Replacement soft interface material, dynamic adjustable extension/flexion device		Rehab Systems	No	No	No	No
E1821	Replacement soft interface material/cuffs for bi-directional static progressive stretch device		Rehab Systems	No	No	No	No
E1825	Dynamic adjustable finger extension/flexion device, includes soft interface material		Rehab Systems	No	No	No	No
E1830	Dynamic adjustable toe extension/flexion device, includes soft interface material		Rehab Systems	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
E1840	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material		Rehab Systems	Yes	Yes	No	No
E1841	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories		Rehab Systems	No	No	No	No
E1902	Communication board, nonelectronic augmentative or alternative communication device		Speech	Yes	Yes	No	No
E1905	Virtual reality cognitive behavrioal therapy device including pre-programmed therapy software		Virtual reality	Yes	Yes	yes	No
E2000	Gastric suction pump, home model, portable or stationary, electric		DME	No	No	No	No
E2001	Suction pump, home model, portable or stationary, electric, any type, for use with external urine management system		DME	No	No	No	No
E2100	Blood glucose monitor with integrated voice synthesizer		Diabetes	Yes	Yes	No	No
E2101	Blood glucose monitor with integrated lancing/blood sample		Diabetes	No	No	No	No
E2104	Home blood glucose monitor for use with integrated lancing/blood sample testing cartridge		Diabetes	No	No	No	No
E2120	Pulse generator system for tympanic treatment of inner ear endolymphatic fluid		DME	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
E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 in		Wheelchairs	No	No	No	No
E2203	Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 in		Wheelchairs	No	No	No	No
E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 in		Wheelchairs	Yes	Yes	No	No
E2205	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each		Wheelchairs	No	No	No	No
E2206	Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each		Wheelchairs	No	No	No	No
E2207	Wheelchair accessory, crutch and cane holder, each		Wheelchairs	No	No	No	No
E2208	Wheelchair accessory, cylinder tank carrier, each		Wheelchairs	No	No	No	No
E2209	Accessory, arm trough, with or without hand support, each		Wheelchairs	No	No	No	No
E2210	Wheelchair accessory, bearings, any type, replacement only, each		Wheelchairs	No	No	No	No
E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each		Wheelchairs	No	No	No	No
E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each		Wheelchairs	No	No	No	No
E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each		Wheelchairs	No	No	No	No
E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each		Wheelchairs	No	No	No	No
E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each		Wheelchairs	No	No	No	No
E2216	Manual wheelchair accessory, foam filled propulsion tire, any size, each		Wheelchairs	No	No	No	No
E2217	Manual wheelchair accessory, foam filled caster tire, any size, each		Wheelchairs	No	No	No	No
E2218	Manual wheelchair accessory, foam propulsion tire, any size, each		Wheelchairs	No	No	No	No
E2219	Manual wheelchair accessory, foam caster tire, any size, each		Wheelchairs	No	No	No	No
E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each		Wheelchairs	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each		Wheelchairs	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
E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each		Wheelchairs	No	No	No	No
E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each		Wheelchairs	No	No	No	No
E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each		Wheelchairs	No	No	No	No
E2227	Manual wheelchair accessory, gear reduction drive wheel, each		Wheelchairs	No	No	No	No
E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each		Wheelchairs	No	No	No	No
E2230	Manual wheelchair accessory, manual standing system		Wheelchairs	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
E2291	Back, planar, for pediatric size wheelchair including fixed attaching hardware		Wheelchairs	Yes	Yes	yes	No
E2292	Seat, planar, for pediatric size wheelchair including fixed attaching hardware		Wheelchairs	Yes	Yes	yes	No
E2293	Back, contoured, for pediatric size wheelchair including fixed attaching hardware		Wheelchairs	Yes	Yes	yes	No
E2294	Seat, contoured, for pediatric size wheelchair including fixed attaching hardware		Wheelchairs	Yes	Yes	yes	No
E2295	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features		Wheelchairs	Yes	Yes	yes	No
E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type		Wheelchairs	Yes	Yes	Yes	No
E2300	Wheelchair accessory, power seat elevation system, any type	code discontinued as of 4/1/24	Wheelchairs	N/A	N/A	N/A	N/A
E2301	Wheelchair accessory, power standing system, any type		Wheelchairs	Yes	Yes	yes	No
E2310	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware		Wheelchairs	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
E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware		Wheelchairs	Yes	Yes	No	No
E2313	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each		Wheelchairs	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
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
E2323	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated		Wheelchairs	No	No	No	No
E2324	Power wheelchair accessory, chin cup for chin control interface		Wheelchairs	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
E2326	Power wheelchair accessory, breath tube kit for sip and puff interface		Wheelchairs	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
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
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
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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
E2331	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware		Wheelchairs	Yes	Yes	No	No
E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 in		Wheelchairs	Yes	Yes	No	No
E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 in		Wheelchairs	Yes	Yes	No	No
E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 in		Wheelchairs	Yes	Yes	No	No
E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 in		Wheelchairs	Yes	Yes	No	No
E2351	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface		Wheelchairs	Yes	Yes	No	No
E2358	Power wheelchair accessory, group 34 nonsealed lead acid battery, each		Wheelchairs	Yes	Yes	No	No
E2359	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)		Wheelchairs	No	No	No	No
E2360	Power wheelchair accessory, 22 NF nonsealed lead acid battery, each		Wheelchairs	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
E2362	Power wheelchair accessory, group 24 nonsealed lead acid battery, each		Wheelchairs	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
E2364	Power wheelchair accessory, U-1 nonsealed lead acid battery, each		Wheelchairs	No	No	No	No
E2365	Power wheelchair accessory, U-1 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)		Wheelchairs	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
E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or nonsealed, each		Wheelchairs	No	No	No	No
E2368	Power wheelchair component, drive wheel motor, replacement only		Wheelchairs	No	No	No	No
E2369	Power wheelchair component, drive wheel gear box, replacement only		Wheelchairs	No	No	No	No
E2370	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only		Wheelchairs	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
E2372	Power wheelchair accessory, group 27 nonsealed lead acid battery, each		Wheelchairs	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
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
E2375	Power wheelchair accessory, nonexpandable controller, including all related electronics and mounting hardware, replacement only		Wheelchairs	No	No	No	No
E2376	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only		Wheelchairs	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
E2378	Power wheelchair component, actuator, replacement only		Wheelchairs	No	No	No	No
E2381	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each		Wheelchairs	No	No	No	No
E2382	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each		Wheelchairs	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
E2384	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each		Wheelchairs	No	No	No	No
E2385	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each		Wheelchairs	No	No	No	No
E2386	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each		Wheelchairs	No	No	No	No
E2387	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each		Wheelchairs	No	No	No	No
E2388	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each		Wheelchairs	No	No	No	No
E2389	Power wheelchair accessory, foam caster tire, any size, replacement only, each		Wheelchairs	No	No	No	No
E2390	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each		Wheelchairs	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
E2391	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each		Wheelchairs	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
E2394	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each		Wheelchairs	No	No	No	No
E2395	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each		Wheelchairs	No	No	No	No
E2396	Power wheelchair accessory, caster fork, any size, replacement only, each		Wheelchairs	No	No	No	No
E2397	Power wheelchair accessory, lithium-based battery, each		Wheelchairs	No	No	No	No
E2398	Wheelchair accessory, dynamic positioning hardware for back		Wheelchairs	Yes	Yes	yes	No
E2402	Negative pressure wound therapy electrical pump, stationary or portable		DME	Yes	Yes	yes	No
E2500	Speech generating device, digitized speech, using prerecorded messages, less than or equal to 8 minutes recording time		Speech	Yes	Yes	No	No
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
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
E2506	Speech generating device, digitized speech, using prerecorded messages, greater than 40 minutes recording time		Speech	Yes	Yes	No	No
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device		Speech	Yes	Yes	No	No
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access		Speech	Yes	Yes	No	No
E2511	Speech generating software program, for personal computer or personal digital assistant		Speech	No	No	No	No
E2512	Accessory for speech generating device, mounting system		Speech	No	No	No	No
E2599	Accessory for speech generating device, not otherwise classified		Speech	Yes	Yes	No	No
E2601	General use wheelchair seat cushion, width less than 22 in, any depth		Wheelchairs	No	No	No	No
E2602	General use wheelchair seat cushion, width 22 in or greater, any depth		Wheelchairs	No	No	No	No
E2603	Skin protection wheelchair seat cushion, width less than 22 in, any depth		Wheelchairs	No	No	No	No
E2604	Skin protection wheelchair seat cushion, width 22 in or greater, any depth		Wheelchairs	No	No	No	No
E2605	Positioning wheelchair seat cushion, width less than 22 in, any depth		Wheelchairs	No	No	No	No
E2606	Positioning wheelchair seat cushion, width 22 in or greater, any depth		Wheelchairs	No	No	No	No
E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 in, any depth		Wheelchairs	No	No	No	No
E2608	Skin protection and positioning wheelchair seat cushion, width 22 in or greater, any depth		Wheelchairs	No	No	No	No
E2609	Custom fabricated wheelchair seat cushion, any size		Wheelchairs	Yes	Yes	No	No
E2610	Wheelchair seat cushion, powered		Wheelchairs	Yes	Yes	No	No
E2611	General use wheelchair back cushion, width less than 22 in, any height, including any type mounting hardware		Wheelchairs	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
E2613	Positioning wheelchair back cushion, posterior, width less than 22 in, any height, including any type mounting hardware		Wheelchairs	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
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 in, any height, including any type mounting hardware		Wheelchairs	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
E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware		Wheelchairs	Yes	Yes	No	No
E2619	Replacement cover for wheelchair seat cushion or back cushion, each		Wheelchairs	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
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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 in, any depth		Wheelchairs	No	No	No	No
E2623	Skin protection wheelchair seat cushion, adjustable, width 22 in or greater, any depth		Wheelchairs	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
E2625	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 in or greater, any depth		Wheelchairs	No	No	No	No
E2626	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable		Wheelchairs	Yes	Yes	No	No
E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable Rancho type		Wheelchairs	Yes	Yes	No	No
E2628	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining		Wheelchairs	Yes	Yes	No	No
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
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
E2631	Wheelchair accessory, addition to mobile arm support, elevating proximal arm		Wheelchairs	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
E2633	Wheelchair accessory, addition to mobile arm support, supinator		Wheelchairs	No	No	No	No
E3000	Speech volume modulation system, any type, including all components and accessories		DME	No	No	No	No
E8000	Gait trainer, pediatric size, posterior support, includes all accessories and components		DME	No	No	No	No
E8001	Gait trainer, pediatric size, upright support, includes all accessories and components		DME	No	No	No	No
E8002	Gait trainer, pediatric size, anterior support, includes all accessories and components		DME	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
G0008	Administration of influenza virus vaccine		Vaccine	No	No	No	No
G0009	Administration of pneumococcal vaccine		Vaccine	No	No	No	No
G0010	Administration of hepatitis B vaccine		Vaccine	No	No	No	No
G0011	Individual counseling for pre-exposure prophylaxis (prep) by physician or qualified health care professional (qhp)to prevent human immunodeficiency virus (hiv), includes hiv risk assessment (initial or continued assessment of risk), hiv risk reduction and medication adherence, 15-30 minutes		Secondary Codes	No	No	No	No
G0012	Injection of pre-exposure prophylaxis (prep) drug for hiv prevention, under skin or into muscle		Secondary Codes	No	No	No	No
G0013	Individual counseling for pre-exposure prophylaxis (prep) by clinical staff to prevent human immunodeficiency virus (hiv), includes: hiv risk assessment (initial or continued assessment of risk), hiv risk reduction and medication adherence		Secondary Codes	No	No	No	No
G0017	Psychotherapy for crisis furnished in an applicable site of service (any place of service at which the non-facility rate for psychotherapy for crisis services applies, other than the office setting); first 60 minutes		Secondary Codes	No	No	No	No
G0018	Psychotherapy for crisis furnished in an applicable site of service (any place of service at which the non-facility rate for psychotherapy for crisis services applies, other than the office setting); each additional 30 minutes (list separately in addition to code for primary service)		Secondary Codes	No	No	No	No
G0019	Community health integration services performed by certified or trained auxiliary personnel, including a community health worker, under the direction of a physician or other practitioner; 60 minutes per calendar month, in the following activities to address social determinants of health (sdoh) need(s) that are significantly limiting the ability to diagnose or treat problem(s) addressed in an initiating visit: person-centered assessment, performed to better understand the individualized context of the intersection between the sdoh need(s) and the problem(s) addressed in the initiating visit. ++ conducting a person-centered assessment to understand patient's life story, strengths, needs, goals, preferences and desired outcomes, including understanding cultural and linguistic factors and including unmet sdoh needs (that are not separately billed). ++ facilitating patient-driven goal-setting and establishing an action plan. ++ providing tailored support to the patient as needed to accomplish the practitioner's treatment plan. practitioner, home-, and community-based care coordination. ++ coordinating receipt of needed services from healthcare practitioners, providers, and facilities; and from home- and community-based service providers, social service providers, and caregiver (if applicable). ++ communication with practitioners, home- and community-based service providers, hospitals, and skilled nursing facilities (or other health care facilities) regarding the patient's psychosocial strengths and needs, functional deficits, goals, preferences, and desired outcomes, including cultural and linguistic factors. ++ coordination of care transitions between and among health care practitioners and settings, including transitions involving referral to other clinicians; follow-up after an emergency department visit; or follow-up after discharges from hospitals, skilled nursing facilities or other health care facilities. ++ facilitating access to community-based social services (e.g., housing, utilities, transportation, food assistance) to address the sdoh need(s). health education- helping the patient contextualize health education provided by the patient's treatment team with the patient's individual needs, goals, and preferences, in the context of the sdoh need(s), and educating the patient on how to best participate in medical decision-making. building patient self-advocacy skills, so that the patient can interact with members of the health care team and related community-based services addressing the sdoh need(s), in ways that are more likely to promote personalized and effective diagnosis or treatment. health care access / health system navigation. ++ helping the patient access healthcare, including identifying appropriate practitioners or providers for clinical care and helping secure appointments with them. facilitating behavioral change as necessary for meeting diagnosis and treatment goals, including promoting patient motivation to participate in care and reach person-centered diagnosis or treatment goals. facilitating and providing social and emotional support to help the patient cope with the problem(s) addressed in the initiating visit, the sdoh need(s), and adjust daily routines to better meet diagnosis and treatment goals. leveraging lived experience when applicable to provide support, mentorship, or inspiration to meet		Secondary Codes	No	No	No	No
G0022	Community health integration services, each additional 30 minutes per calendar month (list separately in addition to g0019)		Secondary Codes	No	No	No	No
G0023	Principal illness navigation services by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a patient navigator; 60 minutes per calendar month, in the following activities: person-centered assessment, performed to better understand the individual context of the serious, high-risk condition. ++ conducting a person-centered assessment to understand the patient's life story, strengths, needs, goals, preferences, and desired outcomes, including understanding cultural and linguistic factors and including unmet sdoh needs (that are not separately billed). ++ facilitating patient-driven goal setting and establishing an action plan. ++ providing tailored support as needed to accomplish the practitioner's treatment plan. identifying or referring patient (and caregiver or family, if applicable) to appropriate supportive services. practitioner, home, and community-based care coordination. ++ coordinating receipt of needed services from healthcare practitioners, providers, and facilities; home- and community-based service providers; and caregiver (if applicable). ++ communication with practitioners, home-, and community-based service providers, hospitals, and skilled nursing facilities (or other health care facilities) regarding the patient's psychosocial strengths and needs, functional deficits, goals, preferences, and desired outcomes, including cultural and linguistic factors. ++ coordination of care transitions between and among health care practitioners and settings, including transitions involving referral to other clinicians; follow-up after an emergency department visit; or follow-up after discharges from hospitals, skilled nursing facilities or other health care facilities. ++ facilitating access to community-based social services (e.g., housing, utilities, transportation, food assistance) as needed to address sdoh need(s). health education- helping the patient contextualize health education provided by the patient's treatment team with the patient's individual needs, goals, preferences, and sdoh need(s), and educating the patient (and caregiver if applicable) on how to best participate in medical decision-making. building patient self-advocacy skills, so that the patient can interact with members of the health care team and related community-based services (as needed), in ways that are more likely to promote personalized and effective treatment of their condition. health care access / health system navigation. ++ helping the patient access healthcare, including identifying appropriate practitioners or providers for clinical care, and helping secure appointments with them. ++ providing the patient with information/resources to consider participation in clinical trials or clinical research as applicable. facilitating behavioral change as necessary for meeting diagnosis and treatment goals, including promoting patient motivation to participate in care and reach person-centered diagnosis or treatment goals. facilitating and providing social and emotional support to help the patient cope with the condition, sdoh need(s), and adjust daily routines to better meet diagnosis and treatment goals. leverage knowledge of the serious, high-risk condition and/or lived experience when applicable to provide support, mentorship, or inspiration to meet treatment goals		Secondary Codes	No	No	No	No
G0024	Principal illness navigation services, additional 30 minutes per calendar month (list separately in addition to g0023)		Secondary Codes	No	No	No	No
G0027	Semen analysis; presence and/or motility of sperm excluding Huhner		Analysis	Yes	Yes	No	No
G0068	Professional services for the administration of antiinfective, 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 non covered	Infusion	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
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
G0071	Payment for communication technology-based services for 5 minutes or more of a virtual (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
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
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
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
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
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
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
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
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
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
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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
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
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
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
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
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
G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination		Screenings	No	No	No	No
G0102	Prostate cancer screening; digital rectal examination		Screenings	No	No	No	No
G0103	Prostate cancer screening; prostate specific antigen test (PSA)		Screenings	No	No	No	No
G0104	Colorectal cancer screening; flexible sigmoidoscopy		Screenings	No	No	No	No
G0105	Colorectal cancer screening; colonoscopy on individual at high risk		Screenings	No	No	No	No
G0106	Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema		Screenings	No	No	No	No
G0108	Diabetes outpatient self-management training services, individual, per 30 minutes		Diabetes	No	No	No	No
G0109	Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes		Diabetes	No	No	No	No
G0117	Glaucoma screening for high risk patients furnished by an optometrist or ophthalmologist		Vision	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
G0120	Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema		Screenings	No	No	No	No
G0121	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk		Screenings	No	No	No	No
G0122	Colorectal cancer screening; barium enema		Screenings	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
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
G0127	Trimming of dystrophic nails, any number		Minor Procedure	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 5 minutes		Rehab Services	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
G0130	Single energy x-ray absorptiometry (SEXA) bone density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)		Bone Density	No	No	No	No
G0136	Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5-15 minutes		Secondary Codes	No	No	No	No
G0137	Intensive outpatient services; weekly bundle, minimum of 9 services over a 7 contiguous day period, which can include individual and group therapy with physicians or psychologists (or other mental health professionals to the extent authorized under state law); occupational therapy requiring the skills of a qualified occupational therapist; services of social workers, trained psychiatric nurses, and other staff trained to work with psychiatric patients; individualized activity therapies that are not primarily recreational or diversionary; family counseling (the primary purpose of which is treatment of the individual's condition); patient training and education (to the extent that training and educational activities are closely and clearly related to individual's care and treatment); diagnostic services; and such other items and services (excluding meals and transportation) that are reasonable and necessary for the diagnosis or active treatment of the individual's condition, reasonably expected to improve or maintain the individual's condition and functional level and to prevent relapse or hospitalization, and furnished pursuant to such guidelines relating to frequency and duration of services in accordance with a physician certification and plan of treatment (provision of the services by a medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure		Secondary Codes	No	No	No	No
G0138	Intravenous infusion of cipaglucosidase alfa-atga, including provider/supplier acquisition and clinical supervision of oral administration of miglustat in preparation of receipt of cipaglucosidase alfa-atga		Secondary Codes	No	No	No	No
G0140	Principal illness navigation - peer support by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a certified peer specialist; 60 minutes per calendar month, in the following activities: person-centered interview, performed to better understand the individual context of the serious, high-risk condition. ++ conducting a person-centered interview to understand the patient's life story, strengths, needs, goals, preferences, and desired outcomes, including understanding cultural and linguistic factors, and including unmet sdoh needs (that are not billed separately). ++ facilitating patient-driven goal setting and establishing an action plan. ++ providing tailored support as needed to accomplish the person-centered goals in the practitioner's treatment plan. identifying or referring patient (and caregiver or family, if applicable) to appropriate supportive services. practitioner, home, and community-based care communication. ++ assist the patient in communicating with their practitioners, home-, and community-based service providers, hospitals, and skilled nursing facilities (or other health care facilities) regarding the patient's psychosocial strengths and needs, goals, preferences, and desired outcomes, including cultural and linguistic factors. ++ facilitating access to community-based social services (e.g., housing, utilities, transportation, food assistance) as needed to address sdoh need(s). health education. helping the patient contextualize health education provided by the patient's treatment team with the patient's individual needs, goals, preferences, and sdoh need(s), and educating the patient (and caregiver if applicable) on how to best participate in medical decision-making. building patient self-advocacy skills, so that the patient can interact with members of the health care team and related community-based services (as needed), in ways that are more likely to promote personalized and effective treatment of their condition. developing and proposing strategies to help meet person-centered treatment goals and supporting the patient in using chosen strategies to reach person-centered treatment goals. facilitating and providing social and emotional support to help the patient cope with the condition, sdoh need(s), and adjust daily routines to better meet person-centered diagnosis and treatment goals. leverage knowledge of the serious, high-risk condition and/or lived experience when applicable to provide support, mentorship, or inspiration to meet treatment goals		Secondary Codes	No	No	No	No
G0146	Principal illness navigation - peer support, additional 30 minutes per calendar month (list separately in addition to g0140)		Secondary Codes	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
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
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
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
G0147	Screening cytopathology smears, cervical or vaginal, performed by automated system under physician supervision		Screenings	No	No	No	No
G0148	Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening		Screenings	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
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes		Home Health	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
G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes		Home Health	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
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
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
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
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
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
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
G0166	External counterpulsation, per treatment session		Minor Procedure	No	No	No	No
G0168	Wound closure utilizing tissue adhesive(s) only		Minor Procedure	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
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
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
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

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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
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
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
G0186	Destruction of localized lesion of choroid (for example, choroidal neovascularization); photocoagulation, feeder vessel technique (one or more sessions)		Vision	No	No	No	No
G0219	PET imaging whole body; melanoma for noncovered indications		PET Scan	Yes	Yes	No	No
G0235	PET imaging, any site, not otherwise specified		PET Scan	Yes	Yes	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
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
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
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
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
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
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
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
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
G0252	PET imaging, full and partial-ring 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
G0255	Current perception threshold/sensory nerve conduction test, (SNCT) per limb, any nerve		Vision	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
G0259	Injection procedure for sacroiliac joint; arthrography		Injection	no	no	Yes	No
G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography		Injection	no	no	Yes	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
G0269	Placement of occlusive device into either a venous or arterial access site, postsurgical or interventional procedure (e.g., angioseal plug, vascular plug)		Placement	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		Nutririon Therapy	Yes	Yes	No	No
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		Nutririon Therapy	Yes	Yes	No	No
G0276	Blinded procedure for lumbar stenosis, percutaneous image-guided lumbar decompression (PILD) or placebo-control, performed in an approved coverage with evidence development (CED) clinical trial		Decompression	Yes	Yes	Yes	No
G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval		Hyperbaric	Yes	Yes	Yes	Yes
G0278	Iliac and/or femoral artery angiography, 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
G0279	Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to 77065 or 77066)		Diagnostic	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
G0282	Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281		Wound Care	Yes	Yes	No	No
G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care		Stimulation	No	No	No	No
G0288	Reconstruction, computed tomographic angiography of aorta for surgical planning for vascular surgery		Reconstruction	Yes	Yes	No	No
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
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
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
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
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
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
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
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
G0303	Preoperative pulmonary surgery services for preparation for LVRS, 10 to 15 days of services		Preoperative Services	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
G0305	Postdischarge pulmonary surgery services after LVRS, minimum of 6 days of services		Postdischarge Services	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
G0307	Complete (CBC), automated (HgB, Hct, RBC, WBC; without platelet count)		Pathology or Labs	No	No	No	No
G0327	Colorectal cancer screening; blood-based biomarker		Screenings	No	No	No	No
G0328	Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous determinations		Screenings	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
G0333	Pharmacy dispensing fee for inhalation drug(s); initial 30-day supply as a beneficiary		Pharmacy	No	No	No	No
G0337	Hospice evaluation and counseling services, preelection		Evaluation	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
G0340	Image guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum 5 sessions per course of treatment		Treatment	Yes	Yes	Yes	Yes
G0341	Percutaneous islet cell transplant, includes portal vein catheterization and infusion		Transplantation	Yes	Yes	No	No
G0342	Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion		Transplantation	Yes	Yes	No	No
G0343	Laparotomy for islet cell transplant, includes portal vein catheterization and infusion		Transplantation	Yes	Yes	No	No
G0372	Physician service required to establish and document the need for a power mobility device		Professional Services	No	No	No	No
G0378	Hospital Observation Service, per hour		E/M	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
G0379	Direct admission of patient for hospital observation care		Observation	No	No	No	No
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
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
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
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
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
G0390	Trauma response team associated with hospital critical care service		Critical Care	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	No
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	No
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
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
G0400	Home sleep test (HST) with type IV portable monitor, unattended; minimum of 3 channels		Sleep Study	Yes	Yes	No	No
G0402	Initial 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
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
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
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
G0406	Follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth		Telehealth	No	No	Yes	No
G0407	Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth		Telehealth	No	No	Yes	No
G0408	Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth		Telehealth	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
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
G0411	Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50 minutes		Psychological Services	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
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
G0414	Open treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, includes internal fixation when performed (includes pubic symphysis and/or superior/inferior rami)		Treatment	Yes	Yes	Yes	No
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	No
G0416	Surgical pathology, gross and microscopic examinations, for prostate needle biopsy, any method		Biopsy	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
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
G0422	Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, per session		Rehabilitation	Yes	Yes	No	No
G0423	Intensive cardiac rehabilitation; with or without continuous ECG monitoring; without exercise, per session		Rehabilitation	Yes	Yes	No	No
G0424	Pulmonary rehabilitation, including exercise (includes monitoring), one hour, per session, up to 2 sessions per day		Rehabilitation	Yes	Yes	No	No
G0425	Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth		Telehealth	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
G0427	Telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth		Telehealth	No	No	No	No
G0428	Collagen meniscus implant procedure for filling meniscal defects (e.g., CMI, collagen scaffold, Menaflex)		Implant	Yes	Yes	Yes	No
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
G0432	Infectious agent antibody detection by enzyme immunoassay (EIA) technique, HIV-1 and/or HIV-2, screening		Screenings	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
G0435	Infectious agent antigen detection by rapid antibody test of oral mucosa transudate, HIV-1 or HIV-2, screening		Screenings	No	No	No	No
G0438	Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit		Medicare	No	No	No	No
G0439	Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit		Medicare	No	No	No	No
G0442	Annual alcohol misuse screening, 15 minutes		Screenings	No	No	No	No
G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes		Counseling	Yes	Yes	Yes	Yes
G0444	Annual depression screening, 15 minutes		Screenings	No	No	No	No
G0445	Semiannual high intensity behavioral counseling to prevent STIs, individual, face-to-face, includes education skills training & guidance on how to change sexual behavior		Counseling	Yes	Yes	Yes	No
G0446	Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes		Behavioral Health	No	No	No	No
G0447	Face-to-face behavioral counseling for obesity, 15 minutes		Behavioral Health	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
G0451	Development testing, with interpretation and report, per standardized instrument form		Testing	No	No	No	No
G0452	Molecular pathology procedure; physician interpretation and report		Pathology or Labs	No	No	No	No
G0453	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure)		Monitoring	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
G0455	Preparation with instillation of fecal microbiota by any method, including assessment of donor specimen		Pathology or Labs	No	No	No	No
G0458	Low dose rate (LDR) prostate brachytherapy services, composite rate		Radiation Therapy	Yes	Yes	Yes	Yes

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
G0459	Inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy		Telehealth	Yes	Yes	No	No
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
G0463	Hospital outpatient clinic visit for assessment and management of a patient		Assessment	No	No	No	No
G0465	Autologous platelet rich plasma (prp) or other blood-derived product for diabetic chronic wounds/ulders, using an fda-cleared device for this indication		Wound Care	Yes	Yes	Yes	No
G0466	Federally qualified health center (FQHC) visit, new patient		Federally qualified health center (FQHC)	No	No	No	No
G0467	Federally qualified health center (FQHC) visit, established patient		Federally qualified health center (FQHC)	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
G0469	Federally qualified health center (FQHC) visit, mental health, new patient		Federally qualified health center (FQHC)	No	No	No	No
G0470	Federally qualified health center (FQHC) visit, mental health, established patient		Federally qualified health center (FQHC)	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
G0472	Hepatitis C antibody screening for individual at high risk and other covered indication(s)		Screenings	No	No	No	No
G0473	Face-to-face behavioral counseling for obesity, group (2-10), 30 minutes		Counseling	No	No	No	No
G0475	HIV antigen/antibody, combination assay, screening		Screenings	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
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
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
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
G0483	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; 22 or more drug class(es), including metabolite(s) if performed	no auth if done while inpatient, observation or ED	Drug Class Screening	Yes	Yes	No	No
G0490	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
G0491	Dialysis procedure at a Medicare certified ESRD facility for acute kidney injury without ESRD		Dialysis	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
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
G0494	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)		Observation	No	No	No	No
G0495	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
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
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
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
G0500	Moderate sedation services provided by the same physician or other qualified health care professional performing a gastrointestinal endoscopic service that sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intra-service time; patient age 5 years or older (additional time may be reported with 99153, as appropriate)		Sedation	No	No	No	No
G0501	Resource-intensive services for patients for whom the use of specialized mobility-assistive technology (such as adjustable height chairs or tables, patient lift, and adjustable padded leg supports) is medically necessary and used during the provision of an office/outpatient, evaluation and management visit (list separately in addition to primary service)		Professional Services	No	No	No	No
G0506	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
G0508	Telehealth consultation, critical care, initial, physicians typically spend 60 minutes communicating with the patient and providers via telehealth		Telehealth	No	No	No	No
G0509	Telehealth consultation, critical care, subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth		Telehealth	No	No	No	No
G0511	Rural health clinic or federally qualified health center (RHC or FQHC) only, general care management, 20 minutes or more of clinical staff time for chronic care management services or behavioral health integration services directed by an RHC or FQHC practitioner (physician, NP, PA, or CNM), per calendar month		Federally qualified health center (FQHC)	No	No	No	No
G0512	Rural health clinic or federally qualified health center (RHC/FQHC) only, psychiatric collaborative care model (psychiatric COCM), 60 minutes or more of clinical staff time for psychiatric COCM services directed by an RHC or FQHC practitioner (physician, NP, PA, or CNM) and including services furnished by a behavioral health care manager and consultation with a psychiatric consultant, per calendar month		Federally qualified health center (FQHC)	No	No	No	No
G0513	Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes (list separately in addition to code for preventive service)		Preventive Medicine Services	No	No	No	No
G0514	Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (list separately in addition to code G0513 for additional 30 minutes of preventive service)		Preventive Medicine Services	No	No	No	No
G0516	Insertion of non-biodegradable drug delivery implants, 4 or more (services for subdermal rod implant)		Insertion	No	No	No	No
G0517	Removal of non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)		Removal	No	No	No	No
G0518	Removal with reinsertion, non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)		Removal	No	No	No	No
G0519	Management of new patient-caregiver dyad with dementia, low complexity, for use in cmmi model	New code effective 7/1/24	Medicare-approved CMMI Model	No	No	No	No
G0520	Management of new patient-caregiver dyad with dementia, moderate complexity, for use in cmmi model	New code effective 7/1/24	Medicare-approved CMMI Model	No	No	No	No
G0521	Management of new patient-caregiver dyad with dementia, high complexity, for use in cmmi model	New code effective 7/1/24	Medicare-approved CMMI Model	No	No	No	No
G0522	Management of a new patient with dementia, low complexity, for use in cmmi model	New code effective 7/1/24	Medicare-approved CMMI Model	No	No	No	No
G0523	Management of a new patient with dementia, moderate to high complexity, for use in cmmi model	New code effective 7/1/24	Medicare-approved CMMI Model	No	No	No	No
G0524	Management of established patient-caregiver dyad with dementia, low complexity, for use in cmmi model	New code effective 7/1/24	Medicare-approved CMMI Model	No	No	No	No
G0525	Management of established patient-caregiver dyad with dementia, moderate complexity, for use in cmmi model	New code effective 7/1/24	Medicare-approved CMMI Model	No	No	No	No
G0526	Management of established patient-caregiver dyad with dementia, high complexity, for use in cmmi model	New code effective 7/1/24	Medicare-approved CMMI Model	No	No	No	No
G0527	Management of established patient with dementia, low complexity, for use in cmmi model	New code effective 7/1/24	Medicare-approved CMMI Model	No	No	No	No
G0528	Management of established patient with dementia, moderate to high complexity, for use in cmmi model	New code effective 7/1/24	Medicare-approved CMMI Model	No	No	No	No
G0529	In-home respite care, 4-hour unit, for use in cmmi model	New code effective 7/1/24	Medicare-approved CMMI Model	No	No	No	No
G0530	Adult day center, 8-hour unit, for use in cmmi model	New code effective 7/1/24	Medicare-approved CMMI Model	No	No	No	No
G0531	Facility-based respite, 24-hour unit, for use in cmmi model	New code effective 7/1/24	Medicare-approved CMMI Model	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
G0659	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
G0913	Improvement in visual function achieved within 90 days following cataract surgery		Quality Measures	No	No	No	No
G0914	Patient care survey was not completed by patient		Quality Measures	No	No	No	No
G0915	Improvement in visual function not achieved within 90 days following cataract surgery		Quality Measures	No	No	No	No
G0916	Satisfaction with care achieved within 90 days following cataract surgery		Quality Measures	No	No	No	No
G0917	Patient satisfaction survey was not completed by patient		Quality Measures	No	No	No	No
G0918	Satisfaction with care not achieved within 90 days following cataract surgery		Quality Measures	No	No	No	No
G1001	Clinical Decision Support Mechanism eviCore, as defined by the Medicare Appropriate Use Criteria Program		Quality Measures	No	No	No	No
G1002	Clinical Decision Support Mechanism MedCurrent, as defined by the Medicare Appropriate Use Criteria Program		Quality Measures	No	No	No	No
G1003	Clinical Decision Support Mechanism Medicalis, as defined by the Medicare Appropriate Use Criteria Program		Quality Measures	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
G1007	Clinical Decision Support Mechanism AIM Specialty Health, as defined by the Medicare Appropriate Use Criteria Program		Quality Measures	No	No	No	No
G1008	Clinical Decision Support Mechanism Cranberry Peak, as defined by the Medicare Appropriate Use Criteria Program		Quality Measures	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
G1010	Clinical Decision Support Mechanism Stanson, as defined by the Medicare Appropriate Use Criteria Program		Quality Measures	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
G1012	Clinical Decision Support Mechanism AgileMD, as defined by the Medicare Appropriate Use Criteria Program		Quality Measures	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
G1014	Clinical Decision Support Mechanism InveniQA Semantic Answers in Medicine, as defined by the Medicare Appropriate Use Criteria Program		Quality Measures	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
G1016	Clinical Decision Support Mechanism Speed of Care, as defined by the Medicare Appropriate Use Criteria Program		Quality Measures	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
G1018	Clinical Decision Support Mechanism INFINX, as defined by the Medicare Appropriate Use Criteria Program		Quality Measures	No	No	No	No
G1019	Clinical Decision Support Mechanism LogicNets, as defined by the Medicare Appropriate Use Criteria Program		Quality Measures	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
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
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
G1023	Clinical Decision Support Mechanism Persivia Clinical Decision Support, as defined by the Medicare Appropriate Use Criteria Program		Quality Measures	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
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
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
G2003	Moderate (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
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
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
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
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
G2008	Moderate (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
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
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
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	No
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
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
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
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
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
G2021	Health care practitioners rendering treatment in place (TIP)		Quality Measures	No	No	No	No
G2022	A model participant (ambulance supplier/provider), the beneficiary refuses services covered under the model (transport to an alternate destination/treatment in place)		Quality Measures	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
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
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 is 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		Care Management	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
G2066	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Discontinued as of 1/1/24	Evaluation	No	No	No	No
G2067	Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program)		Medication assisted treatment	No	No	No	No
G2068	Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)		Medication assisted treatment	No	No	No	No
G2069	Medication assisted treatment, buprenorphine (injectable); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)		Medication assisted treatment	No	No	No	No
G2070	Medication assisted treatment, buprenorphine (implant insertion); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)		Medication assisted treatment	No	No	No	No
G2071	Medication assisted treatment, buprenorphine (implant removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)		Medication assisted treatment	No	No	No	No
G2072	Medication assisted treatment, buprenorphine (implant insertion and removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)		Medication assisted treatment	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
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
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
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	No
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	No
G2078	Take home supply of methadone; up to 7 additional day supply (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure		Opioid Use Disorder	Yes	Yes	Yes	No
G2079	Take home supply of buprenorphine (oral); up to 7 additional day supply (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure		Opioid Use Disorder	Yes	Yes	Yes	No
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	No
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	No
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	No	No	No	No
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	No	No	No	No
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	No
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	No
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	No
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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	Discontinued as of 1/1/24	Functional Status	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	Discontinued as of 1/1/24	Functional Status	No	No	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	Discontinued as of 1/1/24	Functional Status	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
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
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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
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
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
G2121	Psychosis, depression, anxiety, apathy, and impulse control disorder assessed		Functional Status	No	No	No	No
G2122	Psychosis, depression, anxiety, apathy, and impulse control disorder not assessed		Functional Status	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
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
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
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, idiopathic thrombocytopenic purpura (ITP), gastric bypass or documentation of active anticoagulant use during the measurement period)		Functional Status	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
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
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
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
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
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
G2141	Leg pain measured by the visual analog scale (vas) at three months (6 - 20 weeks) postoperatively was greater than 3.0 and leg pain measured by the visual analog scale (vas) within three months preoperatively and at three months (6 - 20 weeks) postoperatively demonstrated less than an improvement of 5.0 points		Functional Status	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
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
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
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
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
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
G2148	Performance met: multimodal pain management was used		Functional Status	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
G2150	Performance not met: multimodal pain management was not used		Functional Status	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
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
G2167	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)		Performane Measure	No	No	No	No
G2168	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		Performane Measure	No	No	No	No
G2169	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		Performane Measure	No	No	No	No
G2170	Percutaneous arteriovenous fistula creation (AVF), direct, any site, by tissue approximation using thermal resistance energy, and secondary procedures to redirect blood flow (e.g., transluminal balloon angioplasty, coil embolization) when performed, and includes all imaging and radiologic guidance, supervision and interpretation, when performed		Performane Measure	No	No	No	No
G2171	Percutaneous arteriovenous fistula creation (AVF), direct, any site, using magnetic-guided arterial and venous catheters and radiofrequency energy, including flow-directing procedures (e.g., vascular coil embolization with radiologic supervision and interpretation, when performed) and fistulogram(s), angiography, venography, and/or ultrasound, with radiologic supervision and interpretation, when performed		Performane Measure	No	No	No	No
G2172	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
G2173	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
G2174	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
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	No	No	No	No
G2176	Outpatient, ED, or observation visits that result in an inpatient admission		Clinical Documentation	Yes	Yes	No	No
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		Clinical Documentation	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
G2179	Clinician documented that patient had medical reason for not performing lower extremity neurological exam		Clinical Documentation	No	No	No	No
G2180	Clinician documented that patient was not an eligible candidate for evaluation of footwear as patient is bilateral lower extremity amputee		Clinical Documentation	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
G2182	Patient receiving first-time biologic disease modifying antirheumatic drug therapy		Clinical Documentation	No	No	No	No
G2183	Documentation patient unable to communicate and informant not available		Clinical Documentation	No	No	No	No
G2184	Patient does not have a caregiver		Clinical Documentation	No	No	No	No
G2185	Documentation caregiver is trained and certified in dementia care		Clinical Documentation	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
G2187	Patients with clinical indications for imaging of the head: head trauma		Clinical Documentation	No	No	No	No
G2188	Patients with clinical indications for imaging of the head: new or change in headache above 50 years of age		Clinical Documentation	No	No	No	No
G2189	Patients with clinical indications for imaging of the head: abnormal neurologic exam		Clinical Documentation	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
G2191	Patients with clinical indications for imaging of the head: positional headaches		Clinical Documentation	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
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
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
G2195	Patients with clinical indications for imaging of the head: occipital headache in children		Clinical Documentation	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
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
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
G2199	Patient not screened for unhealthy alcohol use using a systematic screening method, reason not given		Clinical Documentation	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
G2200	Patient identified as an unhealthy alcohol user received brief counseling		Clinical Documentation	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
G2202	Patient did not receive brief counseling if identified as an unhealthy alcohol user, reason not given		Clinical Documentation	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
G2204	Patients between 50 and 85 years of age who received a screening colonoscopy during the performance period		Clinical Documentation	No	No	No	No
G2205	Patients with pregnancy during adjuvant treatment course		Clinical Documentation	No	No	No	No
G2206	Patient received adjuvant treatment course including both chemotherapy and HER2-targeted therapy		Clinical Documentation	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
G2208	Patient did not receive adjuvant treatment course including both chemotherapy and HER2-targeted therapy		Clinical Documentation	No	No	No	No
G2209	Patient refused to participate		Clinical Documentation	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
G2211	Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious condition or a complex condition. (add-on code, list separately in addition to office/outpatient evaluation and management visit, new or established)		E/M	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
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
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
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
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
G2250	Remote assessment of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment		Assessment	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 soonest available appointment; 5-10 minutes of clinical discussion		Telehealth	No	No	No	No
G2252	Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related 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		Telehealth	No	No	No	No
G6001	Ultrasonic guidance for placement of radiation therapy fields		Ultrasound	No	No	No	Yes
G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy		Radiological Guidance	Yes	Yes	No	Yes
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
G8395	Left ventricular ejection fraction (LVEF) >= 40% or documentation as normal or mildly depressed left ventricular systolic function		Quality Measures	No	No	No	No
G8396	Left ventricular ejection fraction (LVEF) not performed or documented		Quality Measures	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
G8399	Patient with documented results of a central dual-energy x-ray absorptiometry (DXA) ever being performed		Quality Measures	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
G8404	Lower extremity neurological exam performed and documented		Quality Measures	No	No	No	No
G8405	Lower extremity neurological exam not performed		Quality Measures	No	No	No	No
G8410	Footwear evaluation performed and documented		Quality Measures	No	No	No	No
G8415	Footwear evaluation was not performed		Quality Measures	No	No	No	No
G8416	Clinician documented that patient was not an eligible candidate for footwear evaluation measure		Quality Measures	No	No	No	No
G8417	BMI is documented above normal parameters and a follow-up plan is documented		Quality Measures	No	No	No	No
G8418	BMI is documented below normal parameters and a follow-up plan is documented		Quality Measures	No	No	No	No
G8419	BMI documented outside normal parameters, no follow-up plan documented, no reason given		Quality Measures	No	No	No	No
G8420	BMI is documented within normal parameters and no follow-up plan is required		Quality Measures	No	No	No	No
G8421	BMI not documented and no reason is given		Quality Measures	No	No	No	No
G8422	BMI not documented, documentation the patient is not eligible for BMI calculation		Quality Measures	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
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
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
G8431	Screening for depression is documented as being positive and a follow-up plan is documented		Quality Measures	No	No	No	No
G8432	Depression screening not documented, reason not given		Quality Measures	No	No	No	No
G8433	Screening for depression not completed, documented reason		Quality Measures	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
G8450	Beta-blocker therapy prescribed		Quality Measures	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
G8452	Beta-blocker therapy not prescribed		Quality Measures	No	No	No	No
G8465	High or very high risk of recurrence of prostate cancer		Quality Measures	No	No	No	No
G8473	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy prescribed		Quality Measures	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 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
G8475	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy not prescribed, reason not given		Quality Measures	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
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
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
G8478	Blood pressure measurement not performed or documented, reason not given		Quality Measures	No	No	No	No
G8482	Influenza immunization administered or previously received		Quality Measures	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 reasons)		Quality Measures	No	No	No	No
G8484	Influenza immunization was not administered, reason not given		Quality Measures	No	No	No	No
G8506	Patient receiving angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy		Quality Measures	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
G8511	Screening for depression documented as positive, follow-up plan not documented, reason not given		Quality Measures	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
G8536	No documentation of an elder maltreatment screen, reason not given		Quality Measures	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
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
G8541	Functional outcome assessment using a standardized tool, not documented, reason not given		Quality Measures	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
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
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
G8560	Patient has a history of active drainage from the ear within the previous 90 days		Quality Measures	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
G8562	Patient does not have a history of active drainage from the ear within the previous 90 days		Quality Measures	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
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
G8565	Verification and documentation of sudden or rapidly progressive hearing loss		Quality Measures	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
G8567	Patient does not have verification and documentation of sudden or rapidly progressive hearing loss		Quality Measures	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
G8569	Prolonged postoperative intubation (> 24 hrs) required		Quality Measures	No	No	No	No
G8570	Prolonged postoperative intubation (> 24 hrs) not required		Quality Measures	No	No	No	No
G8575	Developed postoperative renal failure or required dialysis		Quality Measures	No	No	No	No
G8576	No postoperative renal failure/dialysis not required		Quality Measures	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
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
G8598	Aspirin or another antiplatelet therapy used		Quality Measures	No	No	No	No
G8599	Aspirin or another antiplatelet therapy not used, reason not given		Quality Measures	No	No	No	No
G8600	IV tPA initiated within 3 hours (<= 180 minutes) of time last known well		Quality Measures	No	No	No	No
G8601	IV tPA not initiated within 3 hours (<= 180 minutes) of time last known well for reasons documented by clinician		Quality Measures	No	No	No	No
G8602	IV tPA not initiated within 3 hours (<= 180 minutes) of time last known well, reason not given		Quality Measures	No	No	No	No
G8633	Pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed		Quality Measures	No	No	No	No
G8635	Pharmacologic therapy for osteoporosis was not prescribed, reason not given		Quality Measures	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
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
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
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
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
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
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
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
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 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
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
G8660	Risk-adjusted functional status change residual score for the low back impairment successfully calculated and the score was less than zero (< 0)		Quality Measures - Risk Adjustment	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 FS status survey near discharge, patient not appropriate		Quality Measures - Risk Adjustment	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 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
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
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
G8666	Risk-adjusted functional status change residual score for the shoulder 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
G8667	Risk-adjusted functional status change residual score for the elbow, wrist or hand impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0)		Quality Measures - Risk Adjustment	No	No	No	No
G8668	Risk-adjusted functional status change residual score for the elbow, wrist or hand impairment successfully calculated and the score was less than zero (< 0)		Quality Measures - Risk Adjustment	No	No	No	No
G8670	Risk-adjusted functional status change residual score for the elbow, wrist or hand 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
G8694	Left ventricular ejection fraction (LVEF) < 40%		Quality Measures	No	No	No	No
G8708	Patient not prescribed or dispensed antibiotic		Quality Measures	No	No	No	No
G8709	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/adenoids, prostatitis, cellulitis, mastoiditis, or bone infections, acute lymphadenitis, impetigo, skin staph infections, pneumonia/gonococcal infections, venereal disease (syphilis, chlamydia, inflammatory diseases (female reproductive organs)), infections of the kidney, cystitis or UTI, and acne)		Quality Measures	No	No	No	No
G8710	Patient prescribed or dispensed antibiotic		Quality Measures	No	No	No	No
G8711	Prescribed or dispensed antibiotic		Quality Measures	No	No	No	No
G8712	Antibiotic not prescribed or dispensed		Quality Measures	No	No	No	No
G8721	PT category (primary tumor), PN category (regional lymph nodes), and histologic grade were documented in pathology report		Quality Measures	No	No	No	No
G8722	Documentation of medical reason(s) for not including the PT category, the PN category or the histologic grade in the pathology report (e.g., re-excision without residual tumor; non-carcinomasanal canal)		Quality Measures	No	No	No	No
G8723	Specimen site is other than anatomic location of primary tumor		Quality Measures	No	No	No	No
G8724	PT category, PN category and histologic grade were not documented in the pathology report, reason not given		Quality Measures	No	No	No	No
G8733	Elder maltreatment screen documented as positive and a follow-up plan is documented		Quality Measures	No	No	No	No
G8734	Elder maltreatment screen documented as negative, no follow-up required		Quality Measures	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
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
G8752	Most recent systolic blood pressure < 140 mm Hg		Quality Measures	No	No	No	No
G8753	Most recent systolic blood pressure >= 140 mm Hg		Quality Measures	No	No	No	No
G8754	Most recent diastolic blood pressure < 90 mm Hg		Quality Measures	No	No	No	No
G8755	Most recent diastolic blood pressure >= 90 mm Hg		Quality Measures	No	No	No	No
G8756	No documentation of blood pressure measurement, reason not given		Quality Measures	No	No	No	No
G8783	Normal blood pressure reading documented, follow-up not required		Quality Measures	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
G8785	Blood pressure reading not documented, reason not given		Quality Measures	No	No	No	No
G8797	Specimen site other than anatomic location of esophagus		Quality Measures	No	No	No	No
G8798	Specimen site other than anatomic location of prostate		Quality Measures	No	No	No	No
G8806	Performance of trans-abdominal or trans-vaginal ultrasound and pregnancy location documented		Quality Measures	No	No	No	No
G8807	Transabdominal or transvaginal 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
G8808	Trans-abdominal or trans-vaginal ultrasound not performed, reason not given		Quality Measures	No	No	No	No
G8815	Documented reason in the medical records for why the statin therapy was not prescribed (i.e., lower extremity bypass was for a patient with non-artherosclerotic disease)		Quality Measures	No	No	No	No
G8816	Statin medication prescribed at discharge		Quality Measures	No	No	No	No
G8817	Statin therapy not prescribed at discharge, reason not given		Quality Measures	No	No	No	No
G8818	Patient discharge to home no later than postoperative day #7	Discontinued as of 1/1/24	Quality Measures	No	No	No	No
G8825	Patient not discharged to home by postoperative day #7	Discontinued as of 1/1/24	Quality Measures	No	No	No	No
G8826	Patient discharged to home no later than postoperative day #2 following EVAR		Quality Measures	No	No	No	No
G8833	Patient not discharged to home by postoperative day #2 following EVAR		Quality Measures	No	No	No	No
G8834	Patient discharged to home no later than postoperative day #2 following CEA		Quality Measures	No	No	No	No
G8838	Patient not discharged to home by postoperative day #2 following CEA		Quality Measures	No	No	No	No
G8839	Sleep apnea symptoms assessed, including presence or absence of snoring and daytime sleepiness		Quality Measures	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
G8841	Sleep apnea symptoms not assessed, reason not given		Quality Measures	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
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
G8844	Apnea hypopna index (AHI) or respiratory disturbance index (RDI) not measured at the time of initial diagnosis, reason not given		Quality Measures	No	No	No	No
G8845	Positive airway pressure therapy prescribed		Quality Measures	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
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
G8850	Positive airway pressure therapy not prescribed, reason not given		Quality Measures	No	No	No	No
G8851	Objective measurement of adherence to positive airway pressure therapy, documented		Quality Measures	No	No	No	No
G8852	Positive airway pressure therapy prescribed	Discontinued as of 1/1/24	Quality Measures	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
G8855	Objective measurement of adherence to positive airway pressure therapy not performed, reason not given		Quality Measures	No	No	No	No
G8856	Referral to a physician for an otologic evaluation performed		Quality Measures	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
G8858	Referral to a physician for an otologic evaluation not performed, reason not given		Quality Measures	No	No	No	No
G8863	Patients not assessed for risk of bone loss, reason not given		Quality Measures	No	No	No	No
G8864	Pneumococcal vaccine administered or previously received		Quality Measures	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
G8866	Documentation of patient reason(s) for not administering or previously receiving pneumococcal vaccine (e.g., patient refusal)		Quality Measures	No	No	No	No
G8867	Pneumococcal vaccine not administered or previously received, reason not given		Quality Measures	No	No	No	No
G8869	Patient has documented immunity to hepatitis B and initiating anti-TNF therapy		Quality Measures	No	No	No	No
G8875	Clinician diagnosed breast cancer preoperatively by a minimally invasive biopsy method		Quality Measures	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
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
G8878	Sentinel lymph node biopsy procedure performed		Quality Measures	No	No	No	No
G8880	Documentation of reason(s) sentinel lymph node biopsy not performed (e.g., reasons could include but not limited to; non-invasive cancer, incidental discovery of breast cancer on prophylactic mastectomy, incidental discovery of breast cancer on reduction mammoplasty, pre-operative biopsy proven lymph node (LN) metastases, inflammatory carcinoma, stage 3 locally advanced cancer, recurrent invasive breast cancer, clinically node positive after neoadjuvant systemic therapy, patient refusal after informed consent, patient with significant age, comorbidities, or limited life expectancy and favorable tumor; adjuvant systemic therapy unlikely to change)		Quality Measures	No	No	No	No
G8881	Stage of breast cancer is greater than T1N0M0 or T2N0M0		Quality Measures	No	No	No	No
G8882	Sentinel lymph node biopsy procedure not performed, reason not given		Quality Measures	No	No	No	No
G8883	Biopsy results reviewed, communicated, tracked and documented	Discontnued as of 1/1/24	Quality Measures	No	No	No	No
G8884	Clinician documented reason that patient's biopsy results were not reviewed	Discontnued as of 1/1/24	Quality Measures	No	No	No	No
G8885	Biopsy results not reviewed, communicated, tracked or documented	Discontnued as of 1/1/24	Quality Measures	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
G8908	Patient documented to have received a burn prior to discharge		Quality Measures	No	No	No	No
G8909	Patient documented not to have received a burn prior to discharge		Quality Measures	No	No	No	No
G8910	Patient documented to have experienced a fall within ASC		Quality Measures	No	No	No	No
G8911	Patient documented not to have experienced a fall within ambulatory surgery center		Quality Measures	No	No	No	No
G8912	Patient documented to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant event		Quality Measures	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
G8914	Patient documented to have experienced a hospital transfer or hospital admission upon discharge from ASC		Quality Measures	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
G8916	Patient with preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis, antibiotic initiated on time		Quality Measures	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
G8918	Patient without preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis		Quality Measures	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
G8924	Spirometry test results demonstrate FEV1/FVC < 70%, FEV < 60% predicted and patient has COPD symptoms (e.g., dyspnea, cough/sputum, wheezing)		Quality Measures	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
G8926	Spirometry test not performed or documented, reason not given		Quality Measures	No	No	No	No
G8934	Left ventricular ejection fraction (LVEF) < 40% or documentation of moderately or severely depressed left ventricular systolic function		Quality Measures	No	No	No	No
G8935	Clinician prescribed angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy		Quality Measures	No	No	No	No
G8936	Clinician documented 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
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
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
G8941	Elder maltreatment screen documented as positive, follow-up plan not documented, documentation the patient is not eligible for follow-up plan at the time of the encounter	Discontinued as of 1/1/24	Quality Measures	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
G8944	AJCC melanoma cancer stage 0 through IIC melanoma		Quality Measures	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
G8950	Prehypertensive or hypertensive blood pressure reading documented, and the indicated follow-up is documented		Quality Measures	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
G8955	Prehypertensive or hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given		Quality Measures	No	No	No	No
G8956	Patient receiving maintenance hemodialysis in an outpatient dialysis facility		Quality Measures	No	No	No	No
G8958	Assessment of adequacy of volume management not documented, reason not given		Quality Measures	No	No	No	No
G8961	Cardiac stress imaging test primarily performed on low-risk surgery patient for preoperative evaluation within 30 days preceding this surgery		Quality Measures	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
G8963	Cardiac stress imaging performed primarily for monitoring of asymptomatic patient who had PCI wihin 2 years	Discontinued as of 1/1/24	Quality Measures	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
G8964	Cardiac stress imaging test performed primarily for any other reason than monitoring of asymptomatic patient who had PCI wthin 2 years (e.g., symptomatic patient, patient greater than 2 years since PCI, initial evaluation, etc.)	Discontinued as of 1/1/24	Quality Measures	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
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
G8967	Warfarin or another FDA-approved oral anticoagulant is prescribed		Quality Measures	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
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
G8970	No risk factors or one moderate risk factor for thromboembolism		Quality Measures	No	No	No	No
G9001	Coordinated care fee, initial rate	Medicare Only	MCCD - Medicare Coordinated Care Demonstration	No	No	No	No
G9002	Coordinated care fee (Level 1)	Medicare Only	MCCD - Medicare Coordinated Care Demonstration	No	No	No	No
G9003	Coordinated care fee, risk adjusted high, initial	Medicare Only	MCCD - Medicare Coordinated Care Demonstration	No	No	No	No
G9004	Coordinated care fee, risk adjusted low, initial	Medicare Only	MCCD - Medicare Coordinated Care Demonstration	No	No	No	No
G9005	Coordinated care fee risk adjusted maintenance	Medicare Only	MCCD - Medicare Coordinated Care Demonstration	No	No	No	No
G9006	Coordinated care fee, home monitoring	Medicare Only	MCCD - Medicare Coordinated Care Demonstration	No	No	No	No
G9007	Coordinated care fee, scheduled team conference	Medicare Only	MCCD - Medicare Coordinated Care Demonstration	No	No	No	No
G9008	Coordinated care fee, physician coordinated care oversight services	Medicare Only	MCCD - Medicare Coordinated Care Demonstration	No	No	No	No
G9009	Coordinated care fee, risk adjusted maintenance, level 3	Medicare Only	MCCD - Medicare Coordinated Care Demonstration	No	No	No	No
G9010	Coordinated care fee, risk adjusted maintenance, level 4	Medicare Only	MCCD - Medicare Coordinated Care Demonstration	No	No	No	No
G9011	Coordinated care fee, risk adjusted maintenance, Level 5	Medicare Only	MCCD - Medicare Coordinated Care Demonstration	No	No	No	No
G9012	Other specified case management service not elsewhere classified	Medicare Only	MCCD - Medicare Coordinated Care Demonstration	No	No	No	No
G9013	ESRD demo basic bundle Level I	Medicare Only	Medicare Demonstration Projects	No	No	No	No
G9014	ESRD demo expanded bundle including venous access and related services	Medicare Only	Medicare Demonstration Projects	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
G9037	Interprofessional telephone/internet/electronic health record clinical question/request for specialty recommendations by a treating/requesting physician or other qualified health care professional for the care of the patient (i.e. not for professional education or scheduling) and may include subsequent follow up on the specialist's recommendations; 30 minutes	New code effective 7/1/24	Care Management	No	No	No	No
G9038	Co-management services with the following elements: new diagnosis or acute exacerbation and stabilization of existing condition; condition which may benefit from joint care planning; condition for which specialist is taking a co-management role; condition expected to last at least 3 months; comprehensive care plan established, implemented, revised or monitored in partnership with co-managing clinicians; ongoing communication and care coordination between co-managing clinicians furnishing care	New code effective 7/1/24	Care Management	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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
G9065	Oncology; disease status; limited to nonsmall cell lung cancer; extent of disease initially established as Stage III a (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
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
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
G9068	Oncology; disease status; limited to small cell and combined small cell/nonsmall 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
G9069	Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/nonsmall 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
G9070	Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/nonsmall; 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
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-IIB; 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
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-IIB; or T3, N1, M0; and ER and PR negative; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	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 IIIA-IIIB; and not T3, N1, M0; and ER and/or PR positive; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	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 IIIA-IIIB; and not T3, N1, M0; and ER and PR negative; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	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
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
G9078	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; T2 or T3a Gleason 8-10 or PSA > 20 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No

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G9079	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; T3B-T4, any N; any T, N1 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No
G9080	Oncology; disease status; prostate cancer, limited to adenocarcinoma; after initial treatment with rising PSA or failure of PSA decline (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No
G9083	Oncology; disease status; prostate cancer, limited to adenocarcinoma; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No
G9084	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-3, N0, M0 with no evidence of disease progression, recurrence or metastases (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No
G9085	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T4, N0, M0 with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No
G9086	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-4, N1-2, M0 with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No
G9087	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive with current clinical, radiologic, or biochemical evidence of disease (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No
G9088	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive without current clinical, radiologic, or biochemical evidence of disease (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No
G9089	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress or not listed (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No
G9090	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-2, N0, M0 (prior to 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
G9091	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T3, N0, M0 (prior to 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
G9092	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-3, N1-2, M0 (prior to 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
G9093	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T4, any N, M0 (prior to 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
G9094	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No
G9095	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress or not listed (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No
G9096	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease initially established as T1-T3, N0-N1 or NX (prior to 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
G9097	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease initially established as T4, any N, M0 (prior to 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
G9098	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No
G9099	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No
G9100	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; post R0 resection (with or without neoadjuvant therapy) with no evidence of disease recurrence, progression, or metastases (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No
G9101	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; post R1 or R2 resection (with or without neoadjuvant therapy) with no evidence of disease progression, or metastases (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No
G9102	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; clinical or pathologic M0, unresectable with no evidence of disease progression, or metastases (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No
G9103	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; clinical or pathologic M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No
G9104	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No
G9105	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma as predominant cell type; post R0 resection without evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No
G9106	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; post R1 or R2 resection with no evidence of disease progression, or metastases (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No
G9107	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; unresectable at diagnosis, M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No
G9108	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No
G9109	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease initially established as T1-T2 and N0, M0 (prior to 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
G9110	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease initially established as T3-4 and/or N1-3, M0 (prior to 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
G9111	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No
G9112	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No
G9113	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage 1A-B (Grade 1) without evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No
G9114	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage IA-B (grade 2-3); or stage IC (all grades); or stage II; without evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No
G9115	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage III-IV; without evidence of progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No
G9116	Oncology; disease status; ovarian cancer, limited to epithelial cancer; evidence of disease progression, or recurrence, and/or platinum resistance (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No
G9117	Oncology; disease status; ovarian cancer, limited to epithelial cancer; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No
G9123	Oncology; disease status; chronic myelogenous leukemia, limited to Philadelphia chromosome positive and/or BCR-ABL positive; chronic phase not in hematologic, cytogenetic, or molecular remission (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	Yes	Yes	No	No
G9124	Oncology; disease status; chronic myelogenous leukemia, limited to Philadelphia chromosome positive and /or BCR-ABL positive; accelerated phase not in hematologic cytogenetic, or molecular remission (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No
G9125	Oncology; disease status; chronic myelogenous leukemia, limited to Philadelphia chromosome positive and/or BCR-ABL positive; blast phase not in hematologic, cytogenetic, or molecular remission (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No
G9126	Oncology; disease status; chronic myelogenous leukemia, limited to Philadelphia chromosome positive and/or BCR-ABL positive; in hematologic, cytogenetic, or molecular remission (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No
G9128	Oncology; disease status; limited to multiple myeloma, systemic disease; smoldering, stage I (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No
G9129	Oncology; disease status; limited to multiple myeloma, systemic disease; stage II or higher (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No
G9130	Oncology; disease status; limited to multiple myeloma, systemic disease; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
G9131	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No
G9132	Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone-refractory/androgen-independent (e.g., rising PSA on antiandrogen therapy or postorchiectomy); clinical metastases (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No
G9133	Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone-responsive; clinical metastases or M1 at diagnosis (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No
G9134	Oncology; disease status; non-Hodgkin's lymphoma, any cellular classification; Stage I, II at diagnosis, not relapsed, not refractory (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No
G9135	Oncology; disease status; non-Hodgkin's lymphoma, any cellular classification; Stage III, IV, not relapsed, not refractory (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No
G9136	Oncology; disease status; non-Hodgkin's lymphoma, transformed from original cellular diagnosis to a second cellular classification (for use in a medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No
G9137	Oncology; disease status; non-Hodgkin's lymphoma, any cellular classification; relapsed/refractory (for use in a medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No
G9138	Oncology; disease status; non-Hodgkin's lymphoma, any cellular classification; diagnostic evaluation, stage not determined, evaluation of possible relapse or nonresponse to therapy, or not listed (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No
G9139	Oncology; disease status; chronic myelogenous leukemia, limited to Philadelphia chromosome positive and/or BCR-ABL positive; extent of disease unknown, staging in progress, not listed (for use in a Medicare-approved demonstration project)	Medicare Only	Medicare Demonstration Projects	No	No	No	No
G9140	Frontier extended stay clinic demonstration; for a patient stay in a clinic approved for the CMS demonstration project; the following measures should be present: the stay must be equal to or greater than 4 hours; weather or other conditions must prevent transfer or the case falls into a category of monitoring and observation cases that are permitted by the rules of the demonstration; there is a maximum frontier extended stay clinic (FESC) visit of 48 hours, except in the case when weather or other conditions prevent transfer; payment is made on each period up to 4 hours, after the first 4 hours	Medicare Only	Medicare Demonstration Projects	No	No	No	No
G9143	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)		Testing	No	No	No	No
G9147	Outpatient Intravenous Insulin Treatment (OIVIT) either pulsatile or continuous, by any means, guided by the results of measurements for: respiratory quotient; and/or, urine urea nitrogen (UUN); and/or, arterial, venous or capillary glucose; and/or potassium concentration		Treatment	No	No	No	No
G9148	National Committee for Quality Assurance-Level 1 medical home		Quality Measures	No	No	No	No
G9149	National Committee for Quality Assurance-Level 2 medical home		Quality Measures	No	No	No	No
G9150	National Committee for Quality Assurance-Level 3 medical home		Quality Measures	No	No	No	No
G9151	MAPCP Demonstration-state provided services		Quality Measures	No	No	No	No
G9152	MAPCP Demonstration-Community Health Teams		Quality Measures	No	No	No	No
G9153	MAPCP Demonstration-Physician Incentive Pool		Quality Measures	No	No	No	No
G9156	Evaluation for wheelchair requiring face-to-face visit with physician		Evaluation	No	No	No	No
G9157	Transesophageal Doppler used for cardiac monitoring		Ultrasound	No	No	No	No
G9187	Bundled payments for care improvement initiative home visit for patient assessment performed by a qualified health care professional for individuals not considered homebound including, but not limited to, assessment of safety, falls, clinical status, fluid status, medication reconciliation/management, patient compliance with orders/plan of care, performance of activities of daily living, appropriateness of care setting; (for use only in the Medicare-approved bundled payments for care improvement initiative); may not be billed for a 30-day period covered by a transitional care management code		Bundled Payment	No	No	No	No
G9188	Beta-blocker therapy not prescribed, reason not given		Quality Measures	No	No	No	No
G9189	Beta-blocker therapy prescribed or currently being taken		Quality Measures	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
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
G9192	Documentation of system reason(s) for not prescribing beta-blocker therapy (e.g., other reasons attributable to the health care system)	Discontinued as of 1/1/24	Quality Measures	No	No	No	No
G9196	Documentation of medical reason(s) for not ordering a first or second generation cephalosporin for antimicrobial prophylaxis (e.g., patients enrolled in clinical trials, patients with documented infection prior to surgical procedure of interest, patients who were receiving antibiotics more than 24 hours prior to surgery [except colon surgery patients taking oral prophylactic antibiotics], patients who were receiving antibiotics within 24 hours prior to arrival [except colon surgery patients taking oral prophylactic antibiotics], other medical reason(s))		Quality Measures	No	No	No	No
G9197	Documentation of order for first or second generation cephalosporin for antimicrobial prophylaxis		Quality Measures	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
G9212	DSM-IVTM criteria for major depressive disorder documented at the initial evaluation		Quality Measures	No	No	No	No
G9213	DSM-IVTM criteria for major depressive disorder documented at the initial evaluation		Quality Measures	No	No	No	No
G9223	Pneumocystis jiroveci 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
G9225	Foot exam was not performed, reason not given		Quality Measures	No	No	No	No
G9226	Foot examination performed (includes examination through visual inspection, sensory exam with 10-g monofilament plus testing any one of the following: vibration using 128-Hz tuning fork, pinprick sensation, ankle reflexes, or vibration perception threshold, and pulse exam; report when all of the 3 components are completed)		Quality Measures	No	No	No	No
G9227	Functional outcome assessment documented, care plan not documented, documentation the patient is not eligible for a care plan at the time of the encounter		Quality Measures	No	No	No	No
G9228	Chlamydia, gonorrhea and syphilis screening results documented (report when results are present for all of the 3 screenings)		Quality Measures	No	No	No	No
G9229	Chlamydia, gonorrhea, and syphilis screening results not documented (patient refusal is the only allowed exception)	Discontinued as of 1/1/24	Quality Measures	No	No	No	No
G9230	Chlamydia, gonorrhea, and syphilis not screened, reason not given		Quality Measures	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
G9242	Documentation of viral load equal to or greater than 200 copies/ml or viral load not performed		Quality Measures	No	No	No	No
G9243	Documentation of viral load less than 200 copies/ml		Quality Measures	No	No	No	No
G9246	Patient did not have at least one medical visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between medical visits		Quality Measures	No	No	No	No
G9247	Patient had at least one medical visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between medical visits		Quality Measures	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
G9251	Documentation of patient with pain not brought to a comfortable level within 48 hours from initial assessment		Quality Measures	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
G9255	Documentation of patient discharged to home no later than post operative day 2 following CAS		Quality Measures	No	No	No	No
G9267	Documentation of patient with one or more complications or mortality within 30 days		Quality Measures	No	No	No	No
G9268	Documentation of patient with one or more complications within 90 days		Quality Measures	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
G9270	Documentation of patient without one or more complications within 90 days		Quality Measures	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
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
G9275	Documentation that patient is a current non-tobacco user		Quality Measures	No	No	No	No
G9276	Documentation that patient is a current tobacco user		Quality Measures	No	No	No	No
G9277	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
G9278	Documentation that the patient is not on daily aspirin or antiplatelet regimen		Quality Measures	No	No	No	No
G9279	Pneumococcal screening performed and documentation of vaccination received prior to discharge		Quality Measures	No	No	No	No
G9280	Pneumococcal vaccination not administered prior to discharge, reason not specified		Quality Measures	No	No	No	No
G9281	Screening performed and documentation that vaccination not indicated/patient refusal		Quality Measures	No	No	No	No
G9282	Documentation of medical reason(s) for not reporting the histological type or NSCLC-NOS classification with an explanation (e.g., biopsy taken for other purposes in a patient with a history of non-small cell lung cancer or other documented medical reasons)		Quality Measures	No	No	No	No
G9283	Non-small cell lung cancer biopsy and cytology specimen report documents classification into specific histologic type or classified as NSCLC-NOS with an explanation		Quality Measures	No	No	No	No
G9284	Non-small cell lung cancer biopsy and cytology specimen report does not document classification into specific histologic type or classified as NSCLC-NOS with an explanation		Quality Measures	No	No	No	No
G9285	Specimen site other than anatomic location of lung or is not classified as non-small cell lung cancer		Quality Measures	No	No	No	No
G9286	Antibiotic regimen prescribed within 10 days after onset of symptoms		Quality Measures	No	No	No	No
G9287	Antibiotic regimen not prescribed within 10 days after onset of symptoms		Quality Measures	No	No	No	No
G9288	Documentation of medical reason(s) for not reporting the histological type or nsclc-nos classification with an explanation (e.g., a solitary fibrous tumor in a person with a history of non-small cell carcinoma or other documented medical reasons)		Quality Measures	No	No	No	No
G9289	Non-small cell lung cancer biopsy and cytology specimen report documents classification into specific histologic type or classified as NSCLC-NOS with an explanation		Quality Measures	No	No	No	No
G9290	Non-small cell lung cancer biopsy and cytology specimen report does not document classification into specific histologic type or classified as NSCLC-NOS with an explanation		Quality Measures	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
G9291	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
G9292	Documentation of medical reason(s) for not reporting PT category and a statement on thickness and ulceration and for PT1, mitotic rate (e.g., negative skin biopsies in a patient with a history of melanoma or other documented medical reasons)		Quality Measures	No	No	No	No
G9293	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
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
G9295	Specimen site other than anatomic cutaneous location		Quality Measures	No	No	No	No
G9296	Patients with documented shared decision-making including discussion of conservative (non-surgical) therapy (e.g., NSAIDs, analgesics, weight loss, exercise, injections) prior to the procedure		Quality Measures	No	No	No	No
G9297	Shared decision-making including discussion of conservative (non-surgical) therapy (e.g., NSAIDs, analgesics, weight loss, exercise, injections) prior to the procedure, not documented, reason not given		Quality Measures	No	No	No	No
G9298	Patients who are evaluated for venous thromboembolic and cardiovascular risk factors within 30 days prior to the procedure (e.g., history of DVT, PE, MI, arrhythmia and stroke)		Quality Measures	No	No	No	No
G9299	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
G9305	Intervention for presence of leak of endoluminal contents through an anastomosis not required		Quality Measures	No	No	No	No
G9306	Intervention for presence of leak of endoluminal contents through an anastomosis required		Quality Measures	No	No	No	No
G9307	No return to the operating room for a surgical procedure, for complications of the principal operative procedure, within 30 days of the principal operative procedure		Quality Measures	No	No	No	No
G9308	Unplanned return to the operating room for a surgical procedure, for complications of the principal operative procedure, within 30 days of the principal operative procedure		Quality Measures	No	No	No	No
G9309	No unplanned hospital readmission within 30 days of principal procedure		Quality Measures	No	No	No	No
G9310	Unplanned hospital readmission within 30 days of principal procedure		Quality Measures	No	No	No	No
G9311	No surgical site infection		Quality Measures	No	No	No	No
G9312	Surgical site infection		Quality Measures	No	No	No	No
G9313	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
G9314	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
G9315	Documentation amoxicillin, with or without clavulanate, prescribed as a first line antibiotic at the time of diagnosis		Quality Measures	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		Quality Measures	No	No	No	No
G9317	Documentation of patient-specific risk assessment with a risk calculator based on multi-institutional clinical data, the specific risk calculator used, and communication of risk assessment from risk calculator with the patient or family not completed		Quality Measures	No	No	No	No
G9318	Imaging study named according to standardized nomenclature		Quality Measures	No	No	No	No
G9319	Imaging study not named according to standardized nomenclature, reason not given		Quality Measures	No	No	No	No
G9321	Count of previous CT (any type of CT) and cardiac nuclear medicine (myocardial perfusion) studies documented in the 12-month period prior to the current study		Quality Measures	No	No	No	No
G9322	Count of previous CT and cardiac nuclear medicine (myocardial perfusion) studies not documented in the 12-month period prior to the current study, reason not given		Quality Measures	No	No	No	No
G9341	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
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
G9344	Due to system reasons search not conducted for DICOM 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
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
G9347	Follow-up recommendations not documented according to recommended guidelines for incidentally detected pulmonary nodules, reason not given		Quality Measures	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
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
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
G9351	More than one CT scan of the paranasal sinuses ordered or received within 90 days after diagnosis		Quality Measures	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
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
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
G9355	Elective delivery or early induction not performed		Quality Measures	No	No	No	No
G9356	Elective delivery or early induction performed		Quality Measures	No	No	No	No
G9357	Post-partum screenings, evaluations and education performed		Quality Measures	No	No	No	No
G9358	Post-partum screenings, evaluations and education not performed		Quality Measures	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
G9360	No documentation of negative or managed positive TB screen		Quality Measures	No	No	No	No
G9361	Medical indication for induction [documentation of reason(s) 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
G9364	Sinusitis caused by, or presumed to be caused by, bacterial infection		Quality Measures	No	No	No	No
G9367	At least two orders for the same high-risk medication		Quality Measures	No	No	No	No
G9368	At least two orders for the same high-risk medications not ordered		Quality Measures	No	No	No	No
G9380	Patient offered assistance with end of life issues during the measurement period		Quality Measures	No	No	No	No
G9382	Patient not offered assistance with end of life issues during the measurement period		Quality Measures	No	No	No	No
G9383	Patient received screening for HCV infection within the 12 month reporting period		Quality Measures	No	No	No	No
G9384	Documentation of medical reason(s) for not receiving annual screening for HCV infection (e.g., decompensated cirrhosis indicating advanced disease [i.e., ascites, esophageal variceal bleeding, hepatic encephalopathy], hepatocellular carcinoma, waitlist for organ transplant, limited life expectancy, other medical reasons)		Quality Measures	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
G9386	Screening for HCV infection not received within the 12 month reporting period, reason not given		Quality Measures	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
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
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
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
G9399	Documentation in the patient record of a discussion between the physician/clinician 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
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
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
G9402	Patient received follow-up on the date of discharge or within 30 days after discharge		Quality Measures	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-compliant for visit follow-up)		Quality Measures	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
G9405	Patient received follow-up within 7 days from discharge		Quality Measures	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
G9407	Patient did not receive follow-up on or within 7 days after discharge		Quality Measures	No	No	No	No
G9408	Patients with cardiac tamponade and/or pericardiocentesis occurring within 30 days		Quality Measures	No	No	No	No
G9409	Patients without cardiac tamponade and/or pericardiocentesis occurring within 30 days		Quality Measures	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
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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
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
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
G9414	Patient had one dose of meningococcal vaccine on or between the patient's 11th and 13th birthdays		Quality Measures	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
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
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
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
G9419	Documentation of medical reason(s) for not including the histological type or NSCLC-NOS classification with an explanation (e.g., biopsy taken for other purposes in a patient with a history of primary nonsmall cell lung cancer or other documented medical reasons)		Quality Measures	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
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
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
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
G9424	Specimen site other than anatomic location of lung, or classified as NSCLC-NOS		Quality Measures	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
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
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
G9428	Pathology report includes the PT category and a statement on thickness, ulceration and mitotic rate		Quality Measures	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
G9430	Specimen site other than anatomic cutaneous location		Quality Measures	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
G9432	Asthma well-controlled based on the ACT, C-ACT, ACQ, or ATAQ score and results documented		Quality Measures	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
G9448	Patients who were born in the years 1945-1965		Quality Measures	No	No	No	No
G9449	History of receiving blood transfusions prior to 1992		Quality Measures	No	No	No	No
G9450	History of injection drug use		Quality Measures	No	No	No	No
G9451	Patient received one-time screening for HCV infection	Discontinued as of 1/1/24	Quality Measures	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
G9453	Documentation of patient reason(s) for not receiving one-time screening for HCV infection (e.g., patient declined, other patient reasons)	Discontinued as of 1/1/24	Quality Measures	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	Discontinued as of 1/1/24	Quality Measures	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
G9456	Documentation of medical or patient reason(s) for not ordering or performing screening for HCC. Medical reason: comorbid medical conditions with expected survival < 5 years, hepatic decompensation and not a candidate for liver transplantation, or other medical reasons; patient reasons: patient declined or other patient reasons (e.g., cost of tests, time related to accessing testing equipment)		Quality Measures	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
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
G9459	Currently a tobacco non-user		Quality Measures	No	No	No	No
G9460	Tobacco assessment or tobacco cessation intervention not performed, reason not given		Quality Measures	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
G9470	Patients not receiving corticosteroids greater than or equal to 10 mg/day of prednisone equivalents for 60 or greater consecutive days or a single prescription equating to 600 mg prednisone or greater for all fills		Quality Measures	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
G9473	Services performed by chaplain in the hospice setting, each 15 minutes		Quality Measures	No	No	No	No
G9474	Services performed by dietary counselor in the hospice setting, each 15 minutes		Quality Measures	No	No	No	No
G9475	Services performed by other counselor in the hospice setting, each 15 minutes		Quality Measures	No	No	No	No
G9476	Services performed by volunteer in the hospice setting, each 15 minutes		Quality Measures	No	No	No	No
G9477	Services performed by care coordinator in the hospice setting, each 15 minutes		Quality Measures	No	No	No	No
G9478	Services performed by other qualified therapist in the hospice setting, each 15 minutes		Quality Measures	No	No	No	No
G9479	Services performed by qualified pharmacist in the hospice setting, each 15 minutes		Quality Measures	No	No	No	No
G9480	Admission to Medicare care choice model program (MCCM)		Quality Measures	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
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
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
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
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
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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
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
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
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
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 orders/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
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
G9498	Antibiotic regimen prescribed		Quality Measures	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
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
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
G9504	Documented reason for not assessing hepatitis B virus (HBV) status (e.g., patient not initiating anti TNF therapy, patient declined) prior to initiating anti TNF therapy		Quality Measures	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
G9506	Biologic immune response modifier prescribed		Quality Measures	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 myostitis or toxic myopathy related to drugs)		Quality Measures	No	No	No	No
G9508	Documentation that the patient is not on a statin medication		Quality Measures	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
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
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
G9512	Individual had a PDC of 0.8 or greater		Quality Measures	No	No	No	No
G9513	Individual did not have a PDC of 0.8 or greater		Quality Measures	No	No	No	No
G9514	Patient required a return to the operating room within 90 days of surgery		Quality Measures	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
G9516	Patient achieved an improvement in visual acuity, from their preoperative level, within 90 days of surgery		Quality Measures	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
G9518	Documentation of active injection drug use		Quality Measures	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
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
G9521	Total number of emergency department visits and inpatient hospitalizations less than two in the past 12 months		Quality Measures	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
G9529	Patient with minor blunt head trauma had an appropriate indication(s) for a head CT		Quality Measures	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		Quality Measures	No	No	No	No
G9531	Patient has documentation of ventricular shunt, brain tumor, multisystem trauma, pregnancy, or is currently taking an antiplatelet medication including: abciximab, cangrelor, cilostazol, clopidogrel, eptifibatide, prasugrel, ticlopidine, ticagrelor, tirofiban, or vorapaxar		Quality Measures	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
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 clinician ordered the study)		Quality Measures	No	No	No	No
G9539	Intent for potential removal at time of placement		Quality Measures	No	No	No	No
G9540	Patient alive 3 months post procedure		Quality Measures	No	No	No	No
G9541	Filter removed within 3 months of placement		Quality Measures	No	No	No	No
G9542	Documented reassessment for the appropriateness of filter removal within 3 months of placement		Quality Measures	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
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
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
G9548	Final reports for abdominal imaging studies with follow-up imaging recommended		Quality Measures	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
G9550	Final reports for abdominal imaging studies with follow-up imaging not recommended		Quality Measures	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
G9552	Incidental thyroid nodule < 1.0 cm noted in report		Quality Measures	No	No	No	No
G9553	Prior thyroid disease diagnosis		Quality Measures	No	No	No	No
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
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
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
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
G9561	Patients prescribed opiates for longer than six weeks		Quality Measures	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
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
G9577	Patients prescribed opiates for longer than six weeks		Quality Measures	No	No	No	No
G9578	Documentation of signed opioid treatment agreement at least once during opioid therapy		Quality Measures	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
G9580	Door to puncture time of less than 2 hours		Quality Measures	No	No	No	No
G9582	Door to puncture time of greater than 2 hours, no reason given		Quality Measures	No	No	No	No
G9583	Patients prescribed opiates for longer than six weeks		Quality Measures	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
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
G9593	Pediatric patient with minor blunt head trauma classified as low risk according to the PECARN prediction rules		Quality Measures	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
G9595	Patient has documentation of ventricular shunt, brain tumor, coagulopathy, including thrombocytopenia		Quality Measures	No	No	No	No
G9596	Pediatric patient had a head CT for trauma ordered by someone other than an emergency care provider or was ordered for a reason other than trauma	Discontinued as of 1/1/24	Quality Measures	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
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
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
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
G9603	Patient survey score improved from baseline following treatment		Quality Measures	No	No	No	No
G9604	Patient survey results not available		Quality Measures	No	No	No	No
G9605	Patient survey score did not improve from baseline following treatment		Quality Measures	No	No	No	No
G9606	Intraoperative cystoscopy performed to evaluate for lower tract injury		Quality Measures	No	No	No	No
G9607	Documented medical reasons for not performing intraoperative cystoscopy (e.g., urethral pathology precluding cystoscopy, any patient who has a congenital or acquired absence of the urethra) or in the case of patient death		Quality Measures	No	No	No	No
G9608	Intraoperative cystoscopy not performed to evaluate for lower tract injury		Quality Measures	No	No	No	No
G9609	Documentation of an order for antiplatelet agents		Quality Measures	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
G9611	Order for antiplatelet agents was not documented in the patient's record, reason not given		Quality Measures	No	No	No	No
G9612	Photodocumentation of two or more cecal landmarks to establish a complete examination	Discontinued as of 1/1/24	Quality Measures	No	No	No	No
G9613	Documentation of postsurgical anatomy (e.g., right hemicolectomy, ileocecal resection, etc.)	Discontinued as of 1/1/24	Quality Measures	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	Discontinued as of 1/1/24	Quality Measures	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
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
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
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
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
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
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
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
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
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
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
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
G9631	Patient sustained ureter injury at the time of surgery or discovered subsequently up to 30 days postsurgery		Quality Measures	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
G9633	Patient did not sustain ureter injury at the time of surgery nor discovered subsequently up to 30 days postsurgery		Quality Measures	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
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 inability to read and/or write in order to complete the HRQOL questionnaire)		Quality Measures	No	No	No	No
G9636	Health-related quality of life not assessed with tool during at least two visits or quality of life score declined		Quality Measures	No	No	No	No
G9637	Final reports with documentation of one or more dose reduction techniques (e.g., automated exposure control, adjustment of the mA and/or kV according to patient size, use of iterative reconstruction technique)		Quality Measures	No	No	No	No
G9638	Final reports without documentation of one or more dose reduction techniques (e.g., automated exposure control, adjustment of the mA and/or kV according to patient size, use of iterative reconstruction technique)		Quality Measures	No	No	No	No
G9639	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
G9640	Documentation of planned hybrid or staged procedure		Quality Measures	No	No	No	No
G9641	Major amputation or open surgical bypass required within 48 hours of the index endovascular lower extremity revascularization procedure		Quality Measures	No	No	No	No
G9642	Current smokers (e.g., cigarette, cigar, pipe, e-cigarette or marijuana)		Quality Measures	No	No	No	No
G9643	Elective surgery		Quality Measures	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
G9645	Patients who did not abstain from smoking prior to anesthesia on the day of surgery or procedure		Quality Measures	No	No	No	No
G9646	Patients with 90 day MRS score of 0 to 2		Quality Measures	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
G9648	Patients with 90 day MRS score greater than 2		Quality Measures	No	No	No	No
G9649	Psoriasis assessm ent tool documented meeting any one of the specified benchmarks (e.g., (PGA; 5-point or 6-point scale), body surface area (BSA), psoriasis area and severity index (PASI) and/or dermatology life quality index (DLQI))		Quality Measures	No	No	No	No
G9651	Psoriasis assessment tool documented not meeting any one of the specified benchmarks (e.g., (PGA; 5-point or 6-point scale), body surface area (BSA), psoriasis area and severity index (PASI) and/or dermatology life quality index (DLQI)) or psoriasis assessment tool not documented		Quality Measures	No	No	No	No
G9654	Monitored anesthesia care (MAC)		Quality Measures	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
G9656	Patient transferred directly from anesthetizing location to PACE or other non-ICU location		Quality Measures	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
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
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
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
G9662	Previously diagnosed or have an active diagnosis of clinical ASCVD		Quality Measures	No	No	No	No
G9663	Any fasting or direct LDL-C laboratory test result = 190 mg/dl		Quality Measures	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
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
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
G9674	Patients with clinical ASCVD diagnosis		Quality Measures	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
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
G9678	Oncology Care Model (OCM) Monthly Enhanced Oncology Services (MEOS) payment for enhanced care management services for OCM beneficiaries. MEOS covers 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
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
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
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
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
G9683	Facility service(s) 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
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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
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
G9687	Hospice services provided to patient any time during the measurement period		Quality Measures	No	No	No	No
G9688	Patients using hospice services any time during the measurement period		Quality Measures	No	No	No	No
G9689	Patient admitted for performance of elective carotid intervention		Quality Measures	No	No	No	No
G9690	Patient receiving hospice services any time during the measurement period		Quality Measures	No	No	No	No
G9691	Patient had hospice services any time during the measurement period		Quality Measures	No	No	No	No
G9692	Hospice services received by patient any time during the measurement period		Quality Measures	No	No	No	No
G9693	Patient use of hospice services any time during the measurement period		Quality Measures	No	No	No	No
G9694	Hospice services utilized by patient any time during the measurement period		Quality Measures	No	No	No	No
G9695	Long-acting inhaled bronchodilator prescribed		Quality Measures	No	No	No	No
G9696	Documentation of medical reason(s) for not prescribing a long-acting inhaled bronchodilator		Quality Measures	No	No	No	No
G9697	Documentation of patient reason(s) for not prescribing a long-acting inhaled bronchodilator	Discontinued as of 1/1/24	Quality Measures	No	No	No	No
G9698	Documentation of system reason(s) for not prescribing a long-acting inhaled bronchodilator		Quality Measures	No	No	No	No
G9699	Long-acting inhaled bronchodilator not prescribed, reason not otherwise specified		Quality Measures	No	No	No	No
G9702	Patients who use hospice services any time during the measurement period		Quality Measures	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
G9704	AJCC breast cancer stage I: T1 mic or T1a documented		Quality Measures	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
G9706	Low (or very low) risk of recurrence, prostate cancer		Quality Measures	No	No	No	No
G9707	Patient received hospice services any time during the measurement period		Quality Measures	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
G9709	Hospice services used by patient any time during the measurement period		Quality Measures	No	No	No	No
G9710	Patient was provided hospice services any time during the measurement period		Quality Measures	No	No	No	No
G9711	Patients with a diagnosis or past history of total colectomy or colorectal cancer		Quality Measures	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/tonsils/adenoids, prostatitis, cellulitis/mastoiditis/bone infections, acute lymphadenitis, impetigo, skin staph infections, pneumonia, gonococcal infections/venereal disease (syphilis, chlamydia, inflammatory diseases [female reproductive organs]), infections of the kidney, cystitis/UTI, acne, HIV disease/asymptomatic HIV, cystic fibrosis, disorders of the immune system, malignancy neoplasms, chronic bronchitis, emphysema, bronchiectasis, extrinsic allergic alveolitis, chronic airway obstruction, chronic obstructive asthma, pneumoconiosis and other lung disease due to external agents, other diseases of the respiratory system, and tuberculosis		Quality Measures	No	No	No	No
G9713	Patients who use hospice services any time during the measurement period		Quality Measures	No	No	No	No
G9714	Patient is using hospice services any time during the measurement period		Quality Measures	No	No	No	No
G9715	Patients who use hospice services any time during the measurement period	Discontinued as of 1/1/24	Quality Measures	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
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
G9718	Hospice services for patient provided any time during the measurement period		Quality Measures	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
G9720	Hospice services for patient occurred any time during the measurement period		Quality Measures	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
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
G9723	Hospice services for patient received any time during the measurement period		Quality Measures	No	No	No	No
G9724	Patients who had documentation of use of anticoagulant medications overlapping the measurement year		Quality Measures	No	No	No	No
G9725	Patients who use hospice services any time during the measurement period	Discontinued as of 1/1/24	Quality Measures	No	No	No	No
G9726	Patient refused to participate		Quality Measures	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
G9728	Patient refused to participate		Quality Measures	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
G9730	Patient refused to participate		Quality Measures	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
G9732	Patient refused to participate		Quality Measures	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
G9734	Patient refused to participate		Quality Measures	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
G9736	Patient refused to participate		Quality Measures	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
G9740	Hospice services given to patient any time during the measurement period		Quality Measures	No	No	No	No
G9741	Patients who use hospice services any time during the measurement period		Quality Measures	No	No	No	No
G9744	Patient not eligible due to active diagnosis of hypertension		Quality Measures	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
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
G9751	Patient died at any time during the 24-month measurement period		Quality Measures	No	No	No	No
G9752	Emergency surgery		Quality Measures	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
G9754	A finding of an incidental pulmonary nodule		Quality Measures	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
G9756	Surgical procedures that included the use of silicone oil		Quality Measures	No	No	No	No
G9757	Surgical procedures that included the use of silicone oil		Quality Measures	No	No	No	No
G9758	Patient in hospice at any time during the measurement period		Quality Measures	No	No	No	No
G9760	Patients who use hospice services any time during the measurement period		Quality Measures	No	No	No	No
G9761	Patients who use hospice services any time during the measurement period		Quality Measures	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
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
G9764	Patient has been treated with a systemic medication for psoriasis vulgaris		Quality Measures	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, PASI, or DLQI		Quality Measures	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
G9767	Hospitalized patients with newly diagnosed CVA considered for endovascular stroke treatment		Quality Measures	No	No	No	No
G9768	Patients who utilize hospice services any time during the measurement period		Quality Measures	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
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
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
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
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
G9774	Patients who have had a hysterectomy		Quality Measures	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
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
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
G9778	Patients who have a diagnosis of pregnancy		Quality Measures	No	No	No	No
G9779	Patients who are breastfeeding		Quality Measures	No	No	No	No
G9780	Patients who have a diagnosis of rhabdomyolysis		Quality Measures	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
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
G9782	History of or active diagnosis of familial or pure hypercholesterolemia		Quality Measures	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
G9784	Pathologists/dermatopathologists providing a second opinion on a biopsy		Quality Measures	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 biopsying clinician for review within 7 days from the time when the tissue specimen was received by the pathologist		Quality Measures	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 biopsying clinician for review within 7 days from the time when the tissue specimen was received by the pathologist		Quality Measures	No	No	No	No
G9787	Patient alive as of the last day of the measurement year		Quality Measures	No	No	No	No
G9788	Most recent BP is less than or equal to 140/90 mm Hg		Quality Measures	No	No	No	No
G9789	Blood pressure recorded during inpatient stays, emergency room visits, urgent care visits, and patient self-reported BP's (home and health fair BP results)		Quality Measures	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
G9791	Most recent tobacco status is tobacco free		Quality Measures	No	No	No	No
G9792	Most recent tobacco status is not tobacco free		Quality Measures	No	No	No	No
G9793	Patient is currently on a daily aspirin or other antiplatelet		Quality Measures	No	No	No	No
G9794	Documentation of medical reason(s) for not on a daily aspirin or other antiplatelet (e.g., history of gastrointestinal bleed, intra-cranial bleed, idiopathic thrombocytopenic purpura (ITP), gastric bypass or documentation of active anticoagulant use during the measurement period)		Quality Measures	No	No	No	No
G9795	Patient is not currently on a daily aspirin or other antiplatelet		Quality Measures	No	No	No	No
G9796	Patient is currently on a statin therapy		Quality Measures	No	No	No	No
G9797	Patient is not on a statin therapy		Quality Measures	No	No	No	No
G9805	Patients who use hospice services any time during the measurement period		Quality Measures	No	No	No	No
G9806	Patients who received cervical cytology or an HPV test		Quality Measures	No	No	No	No
G9807	Patients who did not receive cervical cytology or an HPV test		Quality Measures	No	No	No	No
G9808	Any patients who had no asthma controller medications dispensed during the measurement year		Quality Measures	No	No	No	No
G9809	Patients who use hospice services any time during the measurement period		Quality Measures	No	No	No	No
G9810	Patient achieved a PDC of at least 75% for their asthma controller medication		Quality Measures	No	No	No	No
G9811	Patient did not achieve a PDC of at least 75% for their asthma controller medication		Quality Measures	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
G9813	Patient did not die within 30 days of the procedure or during the index hospitalization		Quality Measures	No	No	No	No
G9818	Documentation of sexual activity		Quality Measures	No	No	No	No
G9819	Patients who use hospice services any time during the measurement period		Quality Measures	No	No	No	No
G9820	Documentation of a chlamydia screening test with proper follow-up		Quality Measures	No	No	No	No
G9821	No documentation of a chlamydia screening test with proper follow-up		Quality Measures	No	No	No	No
G9822	Women who had an endometrial ablation procedure during the year prior to the index date (exclusive of the index date)		Quality Measures	No	No	No	No
G9823	Endometrial sampling or hysteroscopy with biopsy and results documented		Quality Measures	No	No	No	No
G9824	Endometrial sampling or hysteroscopy with biopsy and results not documented		Quality Measures	No	No	No	No
G9830	HER2/neu positive		Quality Measures	No	No	No	No
G9831	AJCC stage at breast cancer diagnosis = II or III		Quality Measures	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
G9838	Patient has metastatic disease at diagnosis		Quality Measures	No	No	No	No
G9839	Anti-EGFR monoclonal antibody therapy		Quality Measures	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
G9841	RAS (KRAS and NRAS) gene mutation testing not performed before initiation of anti-EGFR MoAb		Quality Measures	No	No	No	No
G9842	Patient has metastatic disease at diagnosis		Quality Measures	No	No	No	No
G9843	RAS (KRAS or NRAS) gene mutation		Quality Measures	No	No	No	No
G9844	Patient did not receive anti-EGFR monoclonal antibody therapy		Quality Measures	No	No	No	No
G9845	Patient received anti-EGFR monoclonal antibody therapy		Quality Measures	No	No	No	No
G9846	Patients who died from cancer		Quality Measures	No	No	No	No
G9847	Patient received chemotherapy in the last 14 days of life		Quality Measures	No	No	No	No
G9848	Patient did not receive chemotherapy in the last 14 days of life		Quality Measures	No	No	No	No
G9852	Patients who died from cancer	Discontinued as of 1/1/24	Quality Measures	No	No	No	No
G9853	Patient admitted to the ICU in the last 30 days of life	Discontinued as of 1/1/24	Quality Measures	No	No	No	No
G9854	Patient was not admitted to the ICU in the last 30 days of life	Discontinued as of 1/1/24	Quality Measures	No	No	No	No
G9858	Patient enrolled in hospice		Quality Measures	No	No	No	No
G9859	Patients who died from cancer		Quality Measures	No	No	No	No
G9860	Patient spent less than three days in hospice care		Quality Measures	No	No	No	No
G9861	Patient spent greater than or equal to three days in hospice care		Quality Measures	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 is = 66 years old, or life expectancy < 10 years old, other medical reasons)		Quality Measures	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
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
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
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
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
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
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
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
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
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
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
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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
G9882	Two Medicare Diabetes Prevention Program (MDPP) ongoing 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
G9883	Two Medicare Diabetes Prevention Program (MDPP) ongoing 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
G9884	Two Medicare Diabetes Prevention Program (MDPP) ongoing 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
G9885	Two Medicare Diabetes Prevention Program (MDPP) ongoing 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
G9886	Behavioral counseling for diabetes prevention, in-person, group, 60 minutes		Quality Measures	No	No	No	No
G9887	Behavioral counseling for diabetes prevention, distance learning, 60 minutes		Quality Measures	No	No	No	No
G9888	Maintenance 5% wl from baseline weight in months 7-12		Quality Measures	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
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
G9892	Documentation of patient reason(s) for not performing a dilated macular examination		Quality Measures	No	No	No	No
G9893	Dilated macular exam was not performed, reason not otherwise specified		Quality Measures	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
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
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
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
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
G9899	Screening, diagnostic, film, digital or digital breast tomosynthesis (3D) mammography results documented and reviewed		Screenings	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
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
G9902	Patient screened for tobacco use and identified as a tobacco user		Tobacco Services	No	No	No	No
G9903	Patient screened for tobacco use and identified as a tobacco non-user		Tobacco Services	No	No	No	No
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
G9905	Patient not screened for tobacco use, reason not given		Tobacco Services	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
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
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
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
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
G9911	Clinically node negative (T1N0N0 or T2N0N0) invasive breast cancer before or after neoadjuvant systemic therapy		Screenings			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
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
G9914	Patient receiving an anti-TNF agent		Status	No	No	No	No
G9915	No record of HBV results documented		Status	No	No	No	No
G9916	Functional status performed once in the last 12 months		Status	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
G9918	Functional status not performed, reason not otherwise specified		Status	No	No	No	No
G9919	Screening performed and positive and provision of recommendations		Screenings	No	No	No	No
G9920	Screening performed and negative		Screenings	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
G9922	Safety concerns screen provided and if positive then documented mitigation recommendations		Screenings	No	No	No	No
G9923	Safety concerns screen provided and negative		Screenings	No	No	No	No
G9925	Safety concerns screening not provided, reason not otherwise specified		Screenings	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
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	Discontinued as of 1/1/24	Screenings	No	No	No	No
G9928	Warfarin or another FDA-approved anticoagulant not prescribed, reason not given		Screenings	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
G9930	Patients who are receiving comfort care only		Screenings	No	No	No	No
G9931	Documentation of CHA2DS2-VASc risk score of 0 or 1		Screenings	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
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
G9939	Pathologist(s)/dermatopathologist(s) is the same clinician who performed the biopsy		Geriatric Management	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
G9942	Patient had any additional spine procedures performed on the same date as the lumbar discectomy/laminotomy		Pain Assessment	No	No	No	No
G9943	Back pain was not measured by the visual analog scale (VAS) within three months preoperatively and at three months (6 - 20 weeks) postoperatively		Pain Assessment	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
G9946	Back pain was not measured by the visual analog scale (VAS) within three months preoperatively and at one year (9 to 15 months) postoperatively		Pain Assessment	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
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
G9954	Patient exhibits 2 or more risk factors for postoperative vomiting		Medication	No	No	No	No
G9955	Cases in which an inhalational anesthetic is used only for induction		Medication	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
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
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
G9959	Systemic antimicrobials not prescribed		Medication	Yes	Yes	No	No
G9960	Documentation of medical reason(s) for prescribing systemic antimicrobials		Medication	No	No	No	No
G9961	Systemic antimicrobials prescribed		Medication	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
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
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
G9964	Patient received at least one well-child visit with a PCP during the performance period		Quality Measures	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
G9968	Patient was referred to another provider or specialist during the performance period		Quality Measures	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
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
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
G9975	Documentation of medical reason(s) for not performing a dilated macular examination		Assessment	No	No	No	No
G9976	Documentation of patient reason(s) for not performing a dilated macular examination		Assessment	No	No	No	No
G9977	Dilated macular exam was not performed, reason not otherwise specified		Assessment	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 self limited or minor. 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
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
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 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
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 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		Home Care	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
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 self limited or minor. 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
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
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
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
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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
H0001	Alcohol and/or drug assessment		Assessment	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
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	No
H0004	Behavioral health counseling and therapy, per 15 minutes		Alcohol or Drug Abuse Treatment	No	No	No	No
H0005	Alcohol and/or drug services; group counseling by a clinician		Alcohol or Drug Abuse Treatment	No	No	No	No
H0006	Alcohol and/or drug services; case management		Alcohol or Drug Abuse Treatment	No	No	No	No
H0007	Alcohol and/or drug services; crisis intervention (outpatient)		Alcohol or Drug Abuse Treatment	No	No	No	No
H0008	Alcohol and/or drug services; subacute detoxification (hospital inpatient)		Alcohol or Drug Abuse Treatment	Yes	Yes	Yes	Yes
H0009	Alcohol and/or drug services; acute detoxification (hospital inpatient)		Alcohol or Drug Abuse Treatment	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
H0011	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)		Alcohol or Drug Abuse Treatment	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
H0013	Alcohol and/or drug services; acute detoxification (residential addiction program outpatient)		Alcohol or Drug Abuse Treatment	Yes	Yes	Yes	Yes
H0014	Alcohol and/or drug services; ambulatory detoxification		Alcohol or Drug Abuse Treatment	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
H0016	Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting)		Alcohol or Drug Abuse Treatment	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
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
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
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
H0021	Alcohol and/or drug training service (for staff and personnel not employed by providers)		Alcohol or Drug Abuse Treatment	Yes	Yes	No	No
H0022	Alcohol and/or drug intervention service (planned facilitation)		Alcohol or Drug Abuse Treatment	Yes	Yes	No	No
H0023	Behavioral health outreach service (planned approach to reach a targeted population)		Alcohol or Drug Abuse Treatment	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
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
H0026	Alcohol and/or drug prevention process service, community-based (delivery of services to develop skills of impactors)		Alcohol or Drug Abuse Treatment	Yes	Yes	No	No
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
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
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
H0030	Behavioral health hotline service		Alcohol or Drug Abuse Treatment	No	No	No	No
H0031	Mental health assessment, by nonphysician		Mental Health	Yes	No	No	No
H0032	Mental health service plan development by nonphysician		Mental Health	Yes	No	No	No
H0033	Oral medication administration, direct observation		Medication	Denied Not Covered	Denied Not Covered	NC	No
H0034	Medication training and support, per 15 minutes		Medication	Denied Not Covered	Denied Not Covered	NC	No
H0035	Mental health partial hospitalization, treatment, less than 24 hours		Alcohol or Drug Abuse Treatment	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
H0037	Community psychiatric supportive treatment program, per diem		Mental Health	Denied Not Covered	Denied Not Covered	NC	No
H0038	Self-help/peer services, per 15 minutes		Behavioral Health	Denied Not Covered	Denied Not Covered	NC	No
H0039	Self-help/peer services, per 15 minutes		Behavioral Health	Denied Not Covered	Denied Not Covered	NC	No
H0040	Self-help/peer services, per 15 minutes		Behavioral Health	Denied Not Covered	Denied Not Covered	NC	No
H0041	Foster care, child, nontherapeutic, per diem		Foster Care	Denied Not Covered	Denied Not Covered	NC	No
H0042	Foster care, child, nontherapeutic, per month		Foster Care	Denied Not Covered	Denied Not Covered	NC	No
H0043	Supported housing, per diem		Supported Housing	Denied Not Covered	Denied Not Covered	NC	No
H0044	Supported housing, per month		Supported Housing	Denied Not Covered	Denied Not Covered	NC	No
H0045	Respite care services, not in the home, per diem		Alcohol or Drug Abuse Treatment	Yes	Yes	Yes	Yes
H0046	Mental health services, not otherwise specified		Alcohol or Drug Abuse Treatment	Yes	Yes	Yes	No
H0047	Alcohol and/or other drug abuse services, not otherwise specified		Alcohol or Drug Abuse Treatment	Yes	Yes	Yes	No
H0048	Alcohol and/or other drug testing: collection and handling only, specimens other than blood		Alcohol or Drug Abuse Treatment	Yes	Yes	Yes	No
H0049	Alcohol and/or drug screening		Alcohol or Drug Abuse Treatment	Yes	Yes	No	No
H0050	Alcohol and/or drug services, brief intervention, per 15 minutes		Alcohol or Drug Abuse Treatment	Yes	Yes	No	No
H0051	Traditional healing service		Evaluation	No	No	No	No
H1000	Prenatal care, at-risk assessment		Prenatal Services	No	No	No	No
H1001	Prenatal care, at-risk enhanced service; antepartum management		Prenatal Services	No	No	No	No
H1002	Prenatal care, at risk enhanced service; care coordination		Prenatal Services	No	No	No	No
H1003	Prenatal care, at-risk enhanced service; education		Prenatal Services	No	No	No	No
H1004	Prenatal care, at-risk enhanced service; follow-up home visit		Prenatal Services	No	No	No	No
H1005	Prenatal care, at-risk enhanced service package (includes H1001-H1004)		Prenatal Services	No	No	No	No
H1010	Nonmedical family planning education, per session		Family Planning	Denied Not Covered	Denied Not Covered	NC	No
H1011	Family assessment by licensed behavioral health professional for state defined purposes		Family Planning	Denied Not Covered	Denied Not Covered	NC	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
H2000	Comprehensive multidisciplinary evaluation		Evaluation	No	No	No	No
H2001	Rehabilitation program, per 1/2 day		Rehabilitation	Yes	Yes	No	No
H2010	Comprehensive medication services, per 15 minutes		Medication	No	No	No	No
H2011	Crisis intervention service, per 15 minutes		Behavioral Health	No	No	No	No
H2012	Behavioral health day treatment, per hour		Behavioral Health	Yes	Yes	No	No
H2013	Psychiatric health facility service, per diem		Mental Health	Yes	Yes	No	No
H2014	Skills training and development, per 15 minutes		Education	Yes	Yes	No	No
H2015	Comprehensive community support services, per 15 minutes		Community Services	Yes	Yes	No	No
H2016	Comprehensive community support services, per diem		Community Services	Yes	Yes	No	No
H2017	Psychosocial rehabilitation services, per 15 minutes		Rehabilitation	Yes	Yes	No	No
H2018	Psychosocial rehabilitation services, per diem		Rehabilitation	Yes	Yes	No	No
H2019	Therapeutic behavioral services, per 15 minutes		Behavioral Health	Yes	No	No	No
H2020	Therapeutic behavioral services, per diem		Behavioral Health	Yes	No	No	No
H2021	Community-based wrap-around services, per 15 minutes		Community Services	Denied Not Covered	Denied Not Covered	NC	No
H2022	Community-based wrap-around services, per diem		Community Services	Denied Not Covered	Denied Not Covered	NC	No
H2023	Supported employment, per 15 minutes		Behavioral Health	Denied Not Covered	Denied Not Covered	NC	No
H2024	Supported employment, per diem		Behavioral Health	Denied Not Covered	Denied Not Covered	NC	No
H2025	Ongoing support to maintain employment, per 15 minutes		Behavioral Health	Denied Not Covered	Denied Not Covered	NC	No
H2026	Ongoing support to maintain employment, per diem		Behavioral Health	Denied Not Covered	Denied Not Covered	NC	No
H2027	Psychoeducational service, per 15 minutes		Behavioral Health	Denied Not Covered	Denied Not Covered	NC	No
H2028	Sexual offender treatment service, per 15 minutes		Behavioral Health	Denied Not Covered	Denied Not Covered	NC	No
H2029	Sexual offender treatment service, per diem		Behavioral Health	Denied Not Covered	Denied Not Covered	NC	No
H2030	Mental health clubhouse services, per 15 minutes		Mental Health	Denied Not Covered	Denied Not Covered	NC	No
H2031	Mental health clubhouse services, per diem		Mental Health	Denied Not Covered	Denied Not Covered	NC	No
H2032	Activity therapy, per 15 minutes		Behavioral Health	Denied Not Covered	Denied Not Covered	NC	No
H2033	Multisystemic therapy for juveniles, per 15 minutes		Behavioral Health	Yes	No	NC	No
H2034	Alcohol and/or drug abuse halfway house services, per diem		Alcohol or Drug Abuse Treatment	Yes	Yes	Yes	Yes
H2035	Alcohol and/or other drug treatment program, per hour		Alcohol or Drug Abuse Treatment	Yes	Yes	Yes	Yes
H2036	Alcohol and/or other drug treatment program, per diem		Alcohol or Drug Abuse Treatment	Yes	Yes	Yes	Yes
H2037	Developmental delay prevention activities, dependent child of client, per 15 minutes		Behavioral Health	Denied Not Covered	Denied Not Covered	NC	No
H2040	Coordinated specialty care, team-based, for first episode psychosis, per month		Behavioral Health	No	No	No	No
H2041	Coordinated specialty care, team-based, for first episode psychosis, per encounter		Behavioral Health	No	No	No	No

CPT	Description	Notes	Code Group	Commercial	Commercial PPO-	Centra-Auth Non-ASA	Centra-Auth ASA Provider
J0120	Injection, tetracycline, up to 250 mg		Injectable Drug	No	No	No	No
J0121	Injection, omadacycline, 1 mg	contractor discretion	Injectable Drug	No	No	No	No
J0122	Injection, eravacycline, 1 mg	packaged service	Injectable Drug	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, Orencia, Orencia Clickject	Injectable Drug	Yes	Yes	Yes	Yes
J0130	Injection abciximab, 10 mg	Reopro	Injectable Drug	No	No	No	No
J0131	Injection, acetaminophen, 10 mg		Injectable Drug	No	No	No	No
J0132	Injection, acetylcysteine, 100 mg	Acetadote	Injectable Drug	No	No	No	No
J0133	Injection, acyclovir, 5 mg	Acyclovir Sodium	Injectable Drug	No	No	No	No
J0135	Injection, adalimumab, 20 mg		Injectable Drug	Yes	Yes	Yes	No
J0137	Injection, acetaminophen, not therapeutically equivalent to j0131, 10 mg		Injectable Drug	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
J0171	Injection, Adrenalin, epinephrine, 0.1 mg		Injectable Drug	No	No	No	No
J0172	Injection, aducanumab-avwa, 2 mg		Injectable Drug	Yes	Yes	Yes	Yes
J0174	Injection, lecanemab-irmb, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes
J0177	Injection, aflibercept hd, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes
J0178	Injection, aflibercept, 1 mg	Eyela	Injectable Drug	Yes	Yes	Yes	Yes
J0179	Injection, brolucizumab-dbll, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes
J0180	Injection, agalsidase beta, 1 mg	Fabrazyme	Injectable Drug	Yes	Yes	Yes	Yes
J0184	Injection, amisulpride, 1 mg		Injectable Drug	No	No	No	No
J0185	Injection, aprepitant, 1 mg		Injectable Drug	No	No	No	No
J0190	Injection, biperiden lactate, per 5 mg	not available in US	Injectable Drug	No	No	No	No
J0200	Injection, alatrofloxacin mesylate, 100 mg		Injectable Drug	No	No	No	No
J0202	Injection, alemtuzumab, 1 mg	Lemtrada	Injectable Drug	Yes	Yes	Yes	Yes
J0205	Injection, alglucerase, per 10 units	not available in US	Injectable Drug	Yes	Yes	No	No
J0206	Injection, allopurinol sodium, 1 mg		Injectable Drug	No	No	No	No
J0207	Injection, amifostine, 500 mg	Ethyol	Injectable Drug	Yes	Yes	No	No
J0208	Injection, sodium thiosulfate, 100 mg		Injectable Drug	No	No	No	Yes
J0209	Injection, sodium thiosulfate (hope), 100 mg		Injectable Drug	No	No	No	No
J0210	Injection, methyldopate HCl, up to 250 mg		Injectable Drug	No	No	No	No
J0211	Injection, sodium nitrite 3 mg and sodium thiosulfate 125 mg (nithiodote)	New effective 7/1/24	Injectable Drug	No	No	No	No
J0215	Injection, alefacept, 0.5 mg	not available in US	Injectable Drug	Yes	Yes	No	No
J0216	Injection, alfentanil hydrocholoride, 500 micrograms		Injectable Drug	No	No	No	No
J0217	Injection, velmanase alfa-tycv, 1 mg		Injectable Drug	No	No	No	No
J0218	Injection, olipudase alfa-rpcp, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes
J0219	Injection, avalglucosidase alfa-ngpt, 4 mg		Injectable Drug	Yes	Yes	Yes	Yes
J0220	Injection, alglucosidase alfa, 10 mg, not otherwise specified		Injectable Drug	Yes	Yes	Yes	Yes
J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg YME, 10 MG	Lumizyme	Injectable Drug	Yes	Yes	Yes	Yes
J0222	Injection, patisiran, 0.1 mg	paid separate when integral to a surgical procedure	Injectable Drug	Yes	Yes	Yes	Yes
J0223	Injection, givosiran, 0.5 mg	paid separate when integral to a surgical procedure	Injectable Drug	Yes	Yes	Yes	Yes
J0224	Injection, lumasiran, 0.5 mg		Injectable Drug	Yes	Yes	Yes	Yes
J0225	Injection, vutrisiran (Amvuttra)		Injectable Drug	Yes	Yes	Yes	Yes
J0248	Injection, remdesivir, 1 mg		Injectable Drug	Yes	Yes	Yes	No
J0256	Injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg	Aralast NP, Prolastin-c, Zemaira	Injectable Drug	Yes	Yes	Yes	Yes
J0257	Injection, alpha 1 proteinase inhibitor (human), (GLASSIA), 10 mg	Glassia	Injectable Drug	Yes	Yes	No	Yes
J0270	Injection, alprostadil, 1.25 mcg		Injectable Drug	No	No	No	No
J0275	Alprostadil urethral suppository		Injectable Drug	No	No	No	No
J0278	Injection, amikacin sulfate, 100 mg		Injectable Drug	No	No	No	No
J0280	Injection, aminophyllin, up to 250 mg	Aminophylline, Novaplus Aminophylline	Injectable Drug	No	No	No	No
J0282	Injection, amiodarone HCl, 30 mg		Injectable Drug	No	No	No	No
J0285	Injection, amphotericin B, 50 mg		Injectable Drug	No	No	No	No
J0287	Injection, amphotericin B lipid complex, 10 mg	Abelcet	Injectable Drug	No	No	No	No
J0288	Injection, amphotericin B cholesteryl sulfate complex, 10 mg		Injectable Drug	No	No	No	No
J0289	Injection, amphotericin B liposome, 10 mg	Ambisome	Injectable Drug	No	No	No	No

CPT	Description	Notes	Code Group	Commercial	Commercial PPO-	Centra-Auth Non-ASA	Centra-Auth ASA Provider
J0290	Injection, ampicillin sodium, 500 mg		Injectable Drug	No	No	No	No
J0291	Injection, plazomicin, 5 mg	paid separate when integral to a surgical procedure	Injectable Drug	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
J0300	Injection, amobarbital, up to 125 mg		Injectable Drug	No	No	No	No
J0330	Injection, succinylcholine chloride, up to 20 mg		Injectable Drug	No	No	No	No
J0348	Injection, anidulafungin, 1 mg	Eraxis	Injectable Drug	No	No	No	No
J0349	Injection, rezafungin, 1 mg		Injectable Drug	No	No	No	No
J0350	Injection, anistreplase, per 30 units		Injectable Drug	No	No	No	No
J0360	Injection, hydralazine HCL, up to 20 mg		Injectable Drug	No	No	No	No
J0364	Injection, apomorphine HCL, 1 mg		Injectable Drug	No	No	No	No
J0365	Injection, aprotinin, 10,000 kiu		Injectable Drug	No	No	No	No
J0380	Injection, metaraminol bitartrate, per 10 mg		Injectable Drug	No	No	No	No
J0390	Injection, chloroquine HCl, up to 250 mg		Injectable Drug	No	No	No	No
J0391	Injection, artesunate, 1 mg		Injectable Drug	No	No	No	No
J0395	Injection, arbutamine HCl, 1 mg		Injectable Drug	No	No	No	No
J0400	Injection, aripiprazole, intramuscular, 0.25 mg		Injectable Drug	No	No	No	No
J0401	Injection, aripiprazole, extended release, 1 mg	Ability Maintena	Injectable Drug	No	No	No	No
J0402	Injection, aripiprazole (abilify asimtufii), 1 mg		Injectable Drug	No	No	No	No
J0456	Injection, azithromycin, 500 mg	Zithromax	Injectable Drug	No	No	No	No
J0457	Injection, aztreonam, 100 mg		Injectable Drug	No	No	No	No
J0461	Injection, atropine sulfate, 0.01 mg		Injectable Drug	No	No	No	No
J0470	Injection, dimercaprol, per 100 mg	Bal in Oil	Injectable Drug	No	No	No	No
J0475	Injection, baclofen, 10 mg	Gablofen, Lioresal	Injectable Drug	No	No	No	No
J0476	Injection, baclofen, 50 mcg for intrathecal trial	Gablofen, Lioresal	Injectable Drug	No	No	No	No
J0480	Injection, basiliximab, 20 mg	Simulect	Injectable Drug	No	No	No	No
J0485	Injection, belatacept, 1 mg	Nulojix	Injectable Drug	No	No	No	No
J0490	Injection, belimumab, 10 mg	Benlysta	Injectable Drug	Yes	Yes	Yes	Yes
J0491	Injection, anifrolumab-fnia, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes
J0500	Injection, dicyclomine HCl, up to 20 mg	Bentyl, Dicyclomine HCL	Injectable Drug	No	No	No	No
J0515	Injection, benztropine mesylate, per 1 mg	Benztropine, Cogentin	Injectable Drug	No	No	No	No
J0517	Injection, benralizumab, 1 mg	paid separate when integral to a surgical procedure	Injectable Drug	Yes	Yes	Yes	Yes
J0520	Injection, bethanechol chloride, Myotonachol or Urecholine, up to 5 mg		Injectable Drug	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
J0561	Injection, penicillin G benzathine, 100,000 units	Bicillin L-A	Injectable Drug	No	No	No	No
J0565	Injection, bezlotoxumab, 10 mg		Injectable Drug	Yes	Yes	No	No
J0567	Injection, cerliponase alfa, 1 mg	packaged service	Injectable Drug	Yes	Yes	Yes	Yes
J0570	Buprenorphine implant, 74.2 mg	Probuphine system kit	Injectable Drug	No	No	No	No
J0571	Buprenorphine, oral, 1 mg		Oral Drug	No	No	No	No
J0572	Buprenorphine/naloxone, oral, less than or equal to 3 mg buprenorphine		Oral Drug	No	No	No	No
J0573	Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg buprenorphine		Oral Drug	No	No	No	No
J0574	Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg buprenorphine		Oral Drug	No	No	No	No
J0575	Buprenorphine/naloxone, oral, greater than 10 mg buprenorphine		Oral Drug	No	No	No	No
J0576	Injection, buprenorphine extended-release (brixadi), 1 mg		Injectable Drug	No	No	No	No
J0577	Injection, buprenorphine extended-release (brixadi), less than or equal to 7 days of therapy		Injectable Drug	No	No	No	No
J0578	Injection, buprenorphine extended-release (brixadi), greater than 7 days and up to 28 days of therapy		Injectable Drug	No	No	No	No
J0583	Injection, bivalirudin, 1 mg	Angiomax, Bivalirudin	Injectable Drug	No	No	No	No
J0584	Injection, burosumab-twza, 1 mg	paid separate when integral to a surgical procedure	Injectable Drug	Yes	Yes	Yes	Yes
J0585	Injection, onabotulinumtoxinA, 1 unit	Botox, Botox Cosmetic	Injectable Drug	Yes	Yes	Yes	Yes
J0586	Injection, abobotulinumtoxinA, 5 units	Dysport	Injectable Drug	Yes	Yes	Yes	Yes
J0587	Injection, rimabotulinumtoxinB, 100 units	Myobloc	Injectable Drug	Yes	Yes	Yes	Yes
J0588	Injection, incobotulinumtoxinA, 1 unit	Xeomin	Injectable Drug	Yes	Yes	Yes	Yes
J0589	Injection, daxibotulinumtoxina-lanm, 1 unit		Injectable Drug	Yes	Yes	Yes	Yes
J0591	Injection, deoxycholic acid, 1 mg	non covered-for cosmetic use	Injectable Drug	Denied not	Denied not	Yes	No

CPT	Description	Notes	Code Group	Commercial	Commercial PPO-	Centra-Auth Non-ASA	Centra-Auth ASA Provider
J0592	Injection, buprenorphine HCl, 0.1 mg	Buprenex, Buprenorphine HCL,	Injectable Drug	No	No	No	No
J0593	Injection, lanadelumab-flyo, 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
J0594	Injection, busulfan, 1 mg	Busulfan	Injectable Drug	No	No	No	No
J0595	Injection, butorphanol tartrate, 1 mg		Injectable Drug	No	No	No	No
J0596	Injection, C1 esterase inhibitor (recombinant), Ruconest, 10 units	Ruconest	Injectable Drug	Yes	Yes	Yes	Yes
J0597	Injection, C-1 esterase inhibitor (human), Berinert, 10 units	Berinert	Injectable Drug	Yes	Yes	Yes	Yes
J0598	Injection, C-1 esterase inhibitor (human), Cinryze, 10 units	Cinryze	Injectable Drug	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
J0600	Injection, edetate calcium disodium, up to 1,000 mg	Calcium Disodium Versenate	Injectable Drug	No	No	No	No
J0604	Cinacalcet, oral, 1 mg, (for ESRD on dialysis)		ESRD	No	No	No	No
J0606	Injection, etelcalcetide, 0.1 mg		Injectable Drug	Yes	Yes	Yes	Yes
J0612	Injectiion, calcium gluconate (fresenius kabi), per 10 mg		Injectable Drug	No	No	No	No
J0613	Injection, calcium gluconate (wg critical care), per 10 mg		Injectable Drug	No	No	No	No
J0620	Injection, calcium glycerophosphate and calcium lactate, per 10 ml		Injectable Drug	No	No	No	No
J0630	Injection, calcitonin salmon, up to 400 units	Miacalcin	Injectable Drug	No	No	No	No
J0636	Injection, calcitriol, 0.1 mcg		Injectable Drug	No	No	No	No
J0637	Injection, caspofungin acetate, 5 mg	Cancidas, Caspofungin	Injectable Drug	No	No	No	No
J0638	Injection, canakinumab, 1 mg	Ilaris	Injectable Drug	Yes	Yes	Yes	Yes
J0640	Injection, leucovorin calcium, per 50 mg		Injectable Drug	No	No	No	No
J0641	Injection, levoleucovorin calcium, 0.5 mg		Injectable Drug	Yes	Yes	Yes	Yes
J0642	Injection, levoleucovorin, 0.5 mg	Khapzory	Injectable Drug	Yes	Yes	Yes	Yes
J0650	Injection, levothyroxine sodium, not otherwise specified, 10 mcg		Injectable Drug	No	No	No	No
J0651	Injection, levothyroxine sodium (fresenius kabi) not therapeutically equivalent to j0650, 10 mcg		Injectable Drug	No	No	No	No
J0652	Injection, levothyroxine sodium (hikma) not therapeutically equivalent to j0650, 10 mcg		Injectable Drug	No	No	No	No
J0665	Injection, bupivicaine, not otherwise specificed 0.5 mg		Injectable Drug	No	No	No	No
J0670	Injection, mepivacaine HCl, per 10 ml	Polocaine, Polocaine-MPF	Injectable Drug	No	No	No	No
J0687	Injection, cefazolin sodium (wg critical care), not therapeutically equivalent to j0690, 500 mg	New effective 7/1/24	Injectable Drug	No	No	No	No
J0688	Injection, cefazolin sodium (hikma), not therapeutically equivalent to j0690, 500 mg		Injectable Drug	No	No	No	No
J0690	Injection, cefazolin sodium, 500 mg		Injectable Drug	No	No	No	No
J0691	Injection, lefamulin, 1 mg	paid separate when integral to a surgical procedure	Injectable Drug	No	No	No	No
J0692	Injection, cefepime HCl, 500 mg		Injectable Drug	No	No	No	No
J0694	Injection, cefoxitin sodium, 1 g	Premierpro Rx Cefoxitin Sodium	Injectable Drug	No	No	No	No
J0695	Injection, ceftolozane 50 mg and tazobactam 25 mg		Injectable Drug	No	No	No	No
J0696	Injection, ceftriaxone sodium, per 250 mg		Injectable Drug	No	No	No	No
J0697	Injection, sterile cefuroxime sodium, per 750 mg	Zinacef	Injectable Drug	No	No	No	No
J0698	Injection, cefotaxime sodium, per g		Injectable Drug	No	No	No	No
J0699	Injection, cefiderocol, 10 mg		Injectable Drug	No	No	No	No
J0702	Injection, betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg	Celestone Soluspan	Injectable Drug	No	No	No	No
J0706	Injection, caffeine citrate, 5 mg		Injectable Drug	No	No	No	No
J0710	Injection, cephapirin sodium, up to 1 g		Injectable Drug	No	No	No	No
J0712	Injection, ceftaroline fosamil, 10 mg	Teflaro	Injectable Drug	No	No	No	No
J0713	Injection, ceftazidime, per 500 mg	Fortaz, Fortaz ADD-V, Tazicef	Injectable Drug	No	No	No	No
J0714	Injection, ceftazidime and avibactam, 0.5 g/0.125 g		Injectable Drug	No	No	No	No
J0715	Injection, ceftizoxime sodium, per 500 mg		Injectable Drug	No	No	No	No
J0716	Injection, Centruroides immune f(ab)2, up to 120 mg		Injectable Drug	No	No	No	No
J0717	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	Cimzia	Injectable Drug	Yes	Yes	Yes	Yes
J0720	Injection, chloramphenicol sodium succinate, up to 1 g		Injectable Drug	No	No	No	No
J0725	Injection, chorionic gonadotropin, per 1,000 USP units	Novarel	Injectable Drug	Yes	Yes	Kindbody	Kindbody
J0735	Injection, clonidine HCl, 1 mg	Duraclon	Injectable Drug	No	No	No	No
J0736	Injection, clindamycin phosphate, 300 mg		Injectable Drug	No	No	No	No
J0737	Injection, clindamycin phosphate, not therapeutically equivalent to j0736, 300 mg		Injectable Drug	No	No	No	No
J0740	Injection, cidofovir, 375 mg		Injectable Drug	No	No	No	No
J0741	Injection, cabotegravir and rilpivirine, 2 mg/3 mg		Injectable Drug	No	No	No	No

CPT	Description	Notes	Code Group	Commercial	Commercial PPO-	Centra-Auth Non-ASA	Centra-Auth ASA Provider
J0742	Injection, imipenem 4 mg, cilastatin 4 mg and relebactam 2 mg		Injectable Drug	No	No	No	No
J0743	Injection, cilastatin sodium; imipenem, per 250 mg	Imipenem and Cilastatin, Primaxin IV	Injectable Drug	No	No	No	No
J0744	Injection, ciprofloxacin for intravenous infusion, 200 mg	Cipro	Infusion Drug	No	No	No	No
J0745	Injection, codeine phosphate, per 30 mg	Discontinued product	Injectable Drug	No	No	No	No
J0750	Emtricitabine 200mg and tenofovir disoproxil fumarate 300mg, oral, fda approved prescription, only for use as hiv pre-exposure prophylaxis (not for use as treatment of hiv)		Oral Drug	No	No	No	No
J0751	Emtricitabine 200mg and tenofovir alafenamide 25mg, oral, fda approved prescription, only for use as hiv pre-exposure prophylaxis (not for use as treatment of hiv)		Oral Drug	No	No	No	No
J0770	Injection, colistimethate sodium, up to 150 mg	Colymycin M Parenteral	Injectable Drug	No	No	No	No
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg	Xiaflex	Injectable Drug	Yes	Yes	No	No
J0780	Injection, prochlorperazine, up to 10 mg	Prochlorperazine Edisylate	Injectable Drug	No	No	No	No
J0791	Injection, crizanlizumab-tmca, 5 mg		Injectable Drug	Yes	Yes	Yes	Yes
J0795	Injection, corticorelin ovine triflutate, 1 mcg	Acthrel	Injectable Drug	No	No	No	No
J0799	Fda approved prescription drug, only for use as hiv pre-exposure prophylaxis (not for use as treatment of hiv), not otherwise classified		Oral Drug	No	No	No	No
J0800	Injection, corticotropin, up to 40 units	H.P. Acthar	Injectable Drug	Yes	Yes	Yes	No
J0801	Injection, corticotropin (acthar gel), up to 40 units		Injectable Drug	No	No	No	Yes
J0802	Injection, corticotropin (ani), up to 40 units		Injectable Drug	No	No	No	Yes
J0834	Injection, cosyntropin (Cortrosyn), 0.25 mg	Cortrosyn, Cosyntropin Novaplus	Injectable Drug	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
J0841	Injection, crotalidae immune F(ab')2 (equine), 120 mg		Injectable Drug	No	No	No	No
J0850	Injection, cytomegalovirus immune globulin intravenous (human), per vial	Cytogam	Immune Globulin	Yes	Yes	No	No
J0872	Injection, daptomycin (xellia), unrefrigerated, not therapeutically equivalent to j0878 or j0873, 1 mg	New effective 7/1/24	Injectable Drug	No	No	No	No
J0873	Injection, daptomycin (xellia) not therapeutically equivalent to j0878, 1 mg		Injectable Drug	No	No	No	No
J0874	Injection, daptomycin (baxter), not therapeutically equivalent to j0878, 1 mg		Injectable Drug	No	No	No	No
J0875	Injection, dalbavancin, 5 mg	Dalvance	Injectable Drug	No	No	No	No
J0878	Injection, daptomycin, 1 mg	Cubicin	Injectable Drug	No	No	No	No
J0879	Injection, difelikefalin, 0.1 mcg, (for ESRD on dialysis)		Injectable Drug	Yes	Yes	Yes	Yes
J0881	Injection, darbepoetin alfa, 1 mcg (non-ESRD use)	Aranesp	Injectable Drug	Yes	Yes	Yes	Yes
J0882	Injection, darbepoetin alfa, 1 mcg (for ESRD on dialysis)	Aranesp	Injectable Drug	No	No	No	Yes
J0883	Injection, argatroban, 1 mg (for non-ESRD use)		Injectable Drug	Yes	Yes	No	No
J0884	Injection, argatroban, 1 mg (for ESRD on dialysis)		Injectable Drug	Yes	Yes	No	No
J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units	Epogen, Procrit	Injectable Drug	Yes	Yes	Yes	Yes
J0887	Injection, epoetin beta, 1 microgram, (for ESRD on dialysis)	Mircera	Injectable Drug	Yes	Yes	Yes	Yes
J0888	Injection, epoetin beta, 1 microgram, (for non-ESRD use)	Mircera	Injectable Drug	Yes	Yes	Yes	Yes
J0889	Daprodustat, oral, 1 mg (for esrd on dialysis)		Injectable Drug	No	No	No	No
J0890	Injection, peginesatide, 0.1 mg (for ESRD on dialysis)		Injectable Drug	No	No	No	No
J0892	Injection, argatroban (accord), not therapeutically equivalent to j0884, 1 mg (for ESRD on dialysis)		Injectable Drug	No	No	No	No
J0894	Injection, decitabine, 1 mg	Dacogen	Injectable Drug	Yes	Yes	No	No
J0895	Injection, deferoxamine mesylate, 500 mg	Desferal	Injectable Drug	Yes	Yes	No	No
J0896	Injection, luspatercept-aamt, 0.25 mg		Injectable Drug	Yes	Yes	Yes	Yes
J0897	Injection, denosumab, 1 mg	Prolia, Xgeva	Injectable Drug	Yes	Yes	Yes	Yes
J0899	Injection, agrgatroban (auromedics), not therapeutically equivalent to j0884, 1 mg (for ESRD on dialysis)		Injectable Drug	No	No	No	No
J0911	Instillation, taurolidine 1.35 mg and heparin sodium 100 units (central venous catheter lock for adult patients receiving chronic hemodialysis)	New effective 7/1/24	Infusion Drug	No	No	No	No
J0945	Injection, brompheniramine maleate, per 10 mg		Injectable Drug	No	No	No	No
J1000	Injection, depo-estradiol cypionate, up to 5 mg		Injectable Drug	No	No	No	No
J1010	Injection, methylprednisolone acetate, 1 mg		Injectable Drug	No	No	No	No
J1020	Injection, methylprednisolone acetate, 20 mg	Depo-Medrol; code discontinued as of 4/1/24	Injectable Drug	No	No	No	No
J1030	Injection, methylprednisolone acetate, 40 mg	Depo-Medrol; code discontinued as of 4/1/24	Injectable Drug	No	No	No	No
J1040	Injection, methylprednisolone acetate, 80 mg	Depo-Medrol; code discontinued as of 4/1/24	Injectable Drug	No	No	No	No
J1050	Injection, medroxyprogesterone acetate, 1 mg	Depo-Provera	Injectable Drug	No	No	No	No
J1071	Injection, testosterone cypionate, 1 mg	Depo-testosterone	Injectable Drug	Yes	Yes	No	No
J1094	Injection, dexamethasone acetate, 1 mg		Injectable Drug	Yes	Yes	No	No
J1095	Injection, dexamethasone 9%, intraocular, 1 mcg		Injectable Drug	No	No	No	No
J1096	Dexamethasone, lacrimal ophthalmic insert, 0.1 mg		Drug	No	No	No	No
J1097	Phenylephrine 10.16 mg/ml and ketorolac 2.88 mg/ml ophthalmic irrigation solution, 1 ml		Solution	No	No	No	No

CPT	Description	Notes	Code Group	Commercial	Commercial PPO-	Centra-Auth Non-ASA	Centra-Auth ASA Provider
J1100	Injection, dexamethasone sodium phosphate, 1 mg		Injectable Drug	No	No	No	No
J1105	Dexmedetomidine, oral, 1 mcg		Oral Drug	No	No	No	No
J1110	Injection, dihydroergotamine mesylate, per 1 mg	D.H.E. 45	Injectable Drug	No	No	No	No
J1120	Injection, acetazolamide sodium, up to 500 mg		Injectable Drug	No	No	No	No
J1130	Injection, diclofenac sodium, 0.5 mg		Injectable Drug	No	No	No	No
J1160	Injection, digoxin, up to 0.5 mg	Digoxin, Lanoxin	Injectable Drug	No	No	No	No
J1162	Injection, digoxin immune fab (ovine), per vial	Digifab	Injectable Drug	No	No	No	No
J1165	Injection, phenytoin sodium, per 50 mg		Injectable Drug	No	No	No	No
J1170	Injection, hydromorphone, up to 4 mg	Dilaudid (PFSYR), Hydromorphone Hydrochloride	Injectable Drug	No	No	No	No
J1180	Injection, dyphylline, up to 500 mg		Injectable Drug	No	No	No	No
J1190	Injection, dexrazoxane HCl, per 250 mg	Totect, Zincard	Injectable Drug	No	No	No	No
J1200	Injection, diphenhydramine HCl, up to 50 mg	Benadryl	Injectable Drug	No	No	No	No
J1201	Injection, cetirizine HCl, 0.5 mg		Injectable Drug	No	No	No	No
J1202	Miglustat, oral, 65 mg		Oral Drug	No	No	No	No
J1203	Injection, cipaglucosidase alfa-atga, 5 mg		Injectable Drug	Yes	Yes	Yes	Yes
J1205	Injection, chlorothiazide sodium, per 500 mg	Diuril IV	Injectable Drug	No	No	No	No
J1212	Injection, DMSO, dimethyl sulfoxide, 50%, 50 ml	Rimso-50	Injectable Drug	No	No	No	No
J1230	Injection, methadone HCl, up to 10 mg		Injectable Drug	No	No	No	No
J1240	Injection, dimenhydrinate, up to 50 mg		Injectable Drug	No	No	No	No
J1245	Injection, dipyridamole, per 10 mg		Injectable Drug	No	No	No	No
J1250	Injection, Dobutamine HCl, per 250 mg		Injectable Drug	No	No	No	No
J1260	Injection, dolasetron mesylate, 10 mg		Injectable Drug	No	No	No	No
J1265	Injection, dopamine HCl, 40 mg		Injectable Drug	No	No	No	No
J1267	Injection, doripenem, 10 mg	Doribax	Injectable Drug	No	No	No	No
J1270	Injection, doxercalciferol, 1 mcg	Hectorol	Injectable Drug	No	No	No	No
J1290	Injection, ecallantide, 1 mg	Kalbitor	Injectable Drug	Yes	Yes	Yes	Yes
J1300	Injection, eculizumab, 10 mg	Soliris	Injectable Drug	Yes	Yes	Yes	Yes
J1301	Injection, edaravone, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes
J1302	Injection, sutimlimab-jome, 10 mg		Injectable Drug	Yes	Yes	Yes	Yes
J1303	Injection, ravulizumab-cwvz, 10 mg		Injectable Drug	Yes	Yes	Yes	Yes
J1304	Injection, tofersen, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes
J1305	Injection, evinacumab-dgnb, 5 mg		Injectable Drug	Yes	Yes	Yes	Yes
J1306	Injection, inclisiran, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes
J1320	Injection, amitriptyline HCl, up to 20 mg		Injectable Drug	No	No	No	No
J1322	Injection, elosulfase alfa, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes
J1323	Injection, elranatamab-bcmm, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes
J1324	Injection, enfuvirtide, 1 mg		Injectable Drug	No	No	No	No
J1325	Injection, epoprostenol, 0.5 mg	Flolan	Injectable Drug	Yes	Yes	Yes	Yes
J1327	Injection, eptifibatide, 5 mg		Injectable Drug	No	No	No	No
J1330	Injection, ergonovine maleate, up to 0.2 mg		Injectable Drug	No	No	No	No
J1335	Injection, ertapenem sodium, 500 mg	Invaz	Injectable Drug	No	No	No	No
J1364	Injection, erythromycin lactobionate, per 500 mg		Injectable Drug	No	No	No	No
J1380	Injection, estradiol valerate, up to 10 mg	Delestrogen	Injectable Drug	No	No	No	No
J1410	Injection, estrogen conjugated, per 25 mg	Premarin	Injectable Drug	No	No	No	No
J1411	Injection, etranacogene dezaparvovec-drlb, per therapeutic does		Injectable Drug	Yes	Yes	Yes	Yes
J1412	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10^13 vector genomes		Injectable Drug	No	No	No	No
J1413	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose		Injectable Drug	No	No	No	No
J1426	Injection, casimersen, 10 mg		Injectable Drug	Yes	Yes	Yes	Yes
J1427	Injection, viltolarsen, 10 mg		Injectable Drug	Yes	Yes	Yes	Yes
J1428	Injection, eteplirsen, 10 mg		Injectable Drug	Yes	Yes	Yes	Yes
J1429	Injection, golodirsen, 10 mg		Injectable Drug	Yes	Yes	Yes	Yes
J1430	Injection, ethanolamine oleate, 100 mg		Injectable Drug	No	No	No	No
J1434	Injection, fosaprepitant (focinvez), 1 mg		Injectable Drug	No	No	No	No

CPT	Description	Notes	Code Group	Commercial	Commercial PPO-	Centra-Auth Non-ASA	Centra-Auth ASA Provider
J1435	Injection, estrone, per 1 mg		Injectable Drug	No	No	No	No
J1436	Injection, etidronate disodium, per 300 mg		Injectable Drug	No	No	No	No
J1437	Injection, ferric derisomaltose, 10 mg		Injectable Drug	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	No
J1439	Injection, ferric carboxymaltose, 1 mg	Injectafer	Injectable Drug	Yes	Yes	Yes	Yes
J1440	Fecal microbiota, live-jslm, 1 ml		Drug	Yes	Yes	No	No
J1442	Injection, filgrastim (G-CSF), excludes biosimilars, 1 microgram	Neupogen	Injectable Drug	Yes	Yes	Yes	Yes
J1443	Injection, ferric pyrophosphate citrate solution, 0.1 mg of iron		Injectable Drug	No	No	No	No
J1444	Injection, ferric pyrophosphate citrate powder, 0.1 mg of iron		Injectable Drug	No	No	No	No
J1445	Injection, ferric pyrophosphate citrate solution (Triferic AVNU), 0.1 mg of iron		Injectable Drug	No	No	No	No
J1447	Injection, tbo-filgrastim, 1 microgram	Granix	Injectable Drug	Yes	Yes	Yes	Yes
J1448	Injection, trilaciclib, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes
J1449	Injection, eflapegrastim-xnst, 0.1 mg		Injectable Drug	Yes	Yes	Yes	Yes
J1450	Injection, fluconazole, 200 mg	Diflucan	Injectable Drug	No	No	No	No
J1451	Injection, fomepizole, 15 mg		Injectable Drug	No	No	No	No
J1452	Injection, fomivirsen sodium, intraocular, 1.65 mg		Injectable Drug	No	No	No	No
J1453	Injection, fosaprepitant, 1 mg		Injectable Drug	No	No	No	No
J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg		Injectable Drug	Yes	Yes	No	No
J1455	Injection, foscarnet sodium, per 1,000 mg		Injectable Drug	No	No	No	No
J1457	Injection, gallium nitrate, 1 mg		Injectable Drug	No	No	No	No
J1458	Injection, galsulfase, 1 mg	Naglazyme	Injectable Drug	Yes	Yes	Yes	Yes
J1459	Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg	Privigen	Immune Globulin	Yes	Yes	Yes	Yes
J1460	Injection, gamma globulin, intramuscular, 1 cc	Gamastan S/D	Immune Globulin	Yes	Yes	Yes	Yes
J1551	Injection, immune globulin (Cutaquig), 100 mg		Immune Globulin	Yes	Yes	Yes	Yes
J1554	Injection, immune globulin (Asceniv), 500 mg	Asceniv	Injectable Drug	Yes	Yes	Yes	Yes
J1555	Injection, immune globulin (Cuvitru), 100 mg	Cuvitru	Immune Globulin	Yes	Yes	Yes	Yes
J1556	Injection, immune globulin (Bivigam), 500 mg	Bivigam	Immune Globulin	Yes	Yes	Yes	Yes
J1557	Injection, immune globulin, (Gammaplex), intravenous, nonlyophilized (e.g., liquid), 500 mg	Gammaplex	Immune Globulin	Yes	Yes	Yes	Yes
J1558	Injection, immune globulin (xembify), 100 mg		Injectable Drug	Yes	Yes	Yes	Yes
J1559	Injection, immune globulin (Hizentra), 100 mg	Hizentra	Immune Globulin	Yes	Yes	Yes	Yes
J1560	Injection, gamma globulin, intramuscular, over 10 cc	Gamastan S/D	Immune Globulin	Yes	Yes	Yes	Yes
J1561	Injection, immune globulin, (Gamunex/Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg	Gammaked, Gamunex-C	Immune Globulin	Yes	Yes	Yes	Yes
J1562	Injection, immune globulin (Vivaglobin), 100 mg		Immune Globulin	Yes	Yes	No	No
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	Carimune NF, Gammagard S/D	Immune Globulin	Yes	Yes	No	No
J1568	Injection, immune globulin, (Octagam), intravenous, nonlyophilized (e.g., liquid), 500 mg	Octagam	Immune Globulin	Yes	Yes	Yes	Yes
J1569	Injection, immune globulin, (Gammagard liquid), nonlyophilized, (e.g., liquid), 500 mg	Gammagard Liquid	Immune Globulin	Yes	Yes	Yes	Yes
J1570	Injection, ganciclovir sodium, 500 mg	Cytovene	Injectable Drug	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
J1572	Injection, immune globulin, (Flebogamma/Flebogamma Dif), intravenous, nonlyophilized (e.g., liquid), 500 mg	Flebogama 10% DIF, Flebogama DIF	Immune Globulin	Yes	Yes	Yes	Yes
J1573	Injection, hepatitis B immune globulin (Hepagam B), intravenous, 0.5 ml		Immune Globulin	No	No	No	No
J1575	Injection, immune globulin/hyaluronidase, 100 mg immunoglobulin	Hyqvia	Immune Globulin	Yes	Yes	Yes	Yes
J1576	Injection, immune globulin (panzyga), intravenous, non-lyophilized, 500 mg		Immune Globulin	Yes	Yes	Yes	No
J1580	Injection, garamycin, gentamicin, up to 80 mg	Gentamicin Sulfate	Injectable Drug	No	No	No	No
J1595	Injection, glatiramer acetate, 20 mg		Injectable Drug	Yes	Yes	Yes	Yes
J1596	Injection, glycopyrrolate, 0.1 mg		Injectable Drug	No	No	No	No
J1597	Injection, glycopyrrolate (glyrx-pf), 0.1 mg	New effective 7/1/24	Injectable Drug	No	No	No	No
J1598	Injection, glycopyrrolate (fresenius kabi), not therapeutically equivalent to j1596, 0.1 mg	New effective 7/1/24	Injectable Drug	No	No	No	No
J1599	Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500 mg		Immune Globulin	Yes	Yes	Yes	No
J1600	Injection, gold sodium thiomalate, up to 50 mg		Injectable Drug	No	No	No	No
J1602	Injection, golimumab, 1 mg, for intravenous use	Simponi Aria	Injectable Drug	Yes	Yes	Yes	Yes
J1610	Injection, glucagon HCl, per 1 mg	Glucagen	Injectable Drug	No	No	No	No
J1620	Injection, gonadorelin HCl, per 100 mcg		Injectable Drug	No	No	No	No
J1626	Injection, granisetron HCl, 100 mcg		Injectable Drug	No	No	No	No

CPT	Description	Notes	Code Group	Commercial	Commercial PPO-	Centra-Auth Non-ASA	Centra-Auth ASA Provider
J1627	Injection, granisetron, extended-release, 0.1 mg	Sustol	Injectable Drug	No	No	No	No
J1628	Injection, guselkumab, 1 mg		Injectable Drug	Yes	Yes	Yes	NO
J1630	Injection, haloperidol, up to 5 mg	Haldol, Haloperidol Lactate	Injectable Drug	No	No	No	No
J1631	Injection, haloperidol decanoate, per 50 mg	Haldol Decanoate	Injectable Drug	No	No	No	No
J1632	Injection, brexanolone, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes
J1640	Injection, hemin, 1 mg	Panhematin	Injectable Drug	No	No	No	No
J1642	Injection, heparin sodium, (heparin lock flush), per 10 units		Injectable Drug	No	No	No	No
J1644	Injection, Heparin sodium, per 1000 units		Injectable Drug	No	No	No	No
J1645	Injection, dalteparin sodium, per 2500 IU	Fragmin	Injectable Drug	No	No	No	No
J1650	Injection, enoxaparin sodium, 10 mg	Lovenox	Injectable Drug	No	No	No	No
J1652	Injection, fondaparinux sodium, 0.5 mg	Arixtra	Injectable Drug	No	No	No	No
J1655	Injection, tinzaparin sodium, 1000 IU		Injectable Drug	No	No	No	No
J1670	Injection, tetanus immune globulin, human, up to 250 units	Hypertet S/D	Immune Globulin	No	No	No	No
J1675	Injection, histrelin acetate, 10 mcg		Injectable Drug	No	No	No	No
J1700	Injection, hydrocortisone acetate, up to 25 mg		Injectable Drug	No	No	No	No
J1710	Injection, hydrocortisone sodium phosphate, up to 50 mg		Injectable Drug	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
J1726	Injection, hydroxyprogesterone caproate, (Makena), 10 mg		Injectable Drug	No	No	Yes	No
J1729	Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg		Injectable Drug	No	No	No	No
J1730	Injection, diazoxide, up to 300 mg		Injectable Drug	No	No	No	No
J1738	Injection, meloxicam, 1 mg		Injectable Drug	No	No	No	No
J1740	Injection, ibandronate sodium, 1 mg	Boniva	Injectable Drug	Yes	Yes	No	No
J1741	Injection, ibuprofen, 100 mg		Injectable Drug	No	No	No	No
J1742	Injection, ibutilide fumarate, 1 mg	Corvert	Injectable Drug	No	No	No	No
J1743	Injection, idursulfase, 1 mg	Elaprase	Injectable Drug	No	No	Yes	Yes
J1744	Injection, icatibant, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes
J1745	Injection, infliximab, excludes biosimilar, 10 mg	Remicade	Injectable Drug	Yes	Yes	Yes	Yes
J1746	Injection, ibalizumab-uiyk, 10 mg		Injectable Drug	Yes	Yes	No	No
J1747	Injection, spesolimab-sbzo, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes
J1748	Injection, infliximab-dyyb (zymfentra), 10 mg	New effective 7/1/24	Injectable Drug	No	No	No	No
J1750	Injection, iron dextran, 50 mg	Infed	Injectable Drug	No	No	No	No
J1756	Injection, iron sucrose, 1 mg	Venofer	Injectable Drug	No	No	No	No
J1786	Injection, imiglucerase, 10 units	Cerezyme	Injectable Drug	Yes	Yes	Yes	Yes
J1790	Injection, droperidol, up to 5 mg		Injectable Drug	No	No	No	No
J1800	Injection, propranolol HCl, up to 1 mg		Injectable Drug	No	No	No	No
J1805	Injection, esmolol hydrochloride, 10 mg		Injectable Drug	No	No	No	No
J1806	Injection, esmolol hydrochloride, not therapeutically equivalent to j1805, 10 mg		Injectable Drug	No	No	No	No
J1810	Injection, droperidol and fentanyl citrate, up to 2 ml ampule		Injectable Drug	No	No	No	No
J1811	Insulin for administration through dme per 50 units		Injectable Drug	No	No	No	No
J1812	Insulin (fiasp), per 5 units		Injectable Drug	No	No	No	No
J1813	Insulin (lyumjev) for administration through dme, per 50 units		Injectable Drug	No	No	No	No
J1814	Insulin (lyumjev), per 5 units		Injectable Drug	No	No	No	No
J1815	Injection, insulin, per 5 units		Injectable Drug	No	No	No	No
J1817	Insulin for administration through DME (i.e., insulin pump) per 50 units		Injectable Drug	No	No	No	No
J1823	Injection, inebilizumab-cdon, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes
J1826	Injection, interferon beta-1a, 30 mcg		Injectable Drug	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
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
J1835	Injection, itraconazole, 50 mg		Injectable Drug	No	No	No	No
J1836	Injection, metronidazole, 10 mg		Injectable Drug	No	No	No	No
J1840	Injection, kanamycin sulfate, up to 500 mg	code discontinued as of 4/1/24	Injectable Drug	No	No	No	No
J1850	Injection, kanamycin sulfate, up to 75 mg	code discontinued as of 4/1/24	Injectable Drug	No	No	No	No

CPT	Description	Notes	Code Group	Commercial	Commercial PPO-	Centra-Auth Non-ASA	Centra-Auth ASA Provider
J1885	Injection, ketorolac tromethamine, per 15 mg		Injectable Drug	No	No	No	No
J1890	Injection, cephalothin sodium, up to 1 g		Injectable Drug	No	No	No	No
J1920	Injection, labetalol hydrochloride, 5 mg		Injectable Drug	No	No	No	No
J1921	Injection, labetalol hydrochloride not therapeutically equivalent to j1820, 5 mg		Injectable Drug	No	No	No	No
J1930	Injection, lanreotide, 1 mg	Somatuline Depot	Injectable Drug	Yes	Yes	Yes	Yes
J1931	Injection, laronidase, 0.1 mg	Aldurazyme	Injectable Drug	Yes	Yes	Yes	Yes
J1932	Injection, cipla) Lanreotide		Injectable Drug	Yes	Yes	Yes	Yes
J1939	Injection, bumetanide, 0.5 mg		Injectable Drug	No	No	No	No
J1940	Injection, furosemide, up to 20 mg		Injectable Drug	No	No	No	No
J1941	Injection, furosemide, 20 mg		Injectable Drug	No	No	No	No
J1943	Injection, aripiprazole lauroxil, (Aristada Initio), 1 mg		Injectable Drug	No	No	No	No
J1944	Injection, aripiprazole lauroxil, (Aristada), 1 mg		Injectable Drug	No	No	No	No
J1945	Injection, lepirudin, 50 mg	withdrawn from market	Injectable Drug	No	No	No	No
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	Lupron Depot	Injectable Drug	Yes	Yes	No	No
J1951	Injection, leuprolide acetate for depot suspension (Fensolvi), 0.25 mg		Injectable Drug	Yes	Yes	No	No
J1952	Leuprolide injectable, camcevi, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes
J1953	Injection, levetiracetam, 10 mg	Keppra	Injectable Drug	No	No	No	No
J1954	Injection, leuprolide acetate) Lutrate		Injectable Drug	Yes	Yes	Yes	Yes
J1955	Injection, levocarnitine, per 1 g	Carnitor	Injectable Drug	Yes	Yes	No	No
J1956	Injection, levofloxacin, 250 mg	Levaquin	Injectable Drug	No	No	No	No
J1960	Injection, levorphanol tartrate, up to 2 mg		Injectable Drug	No	No	No	No
J1961	Injection, lenacapavir, 1 mg		Injectable Drug	No	No	No	No
J1980	Injection, hyoscyamine sulfate, up to 0.25 mg	Levsin	Injectable Drug	No	No	No	No
J1990	Injection, chlordiazepoxide HCl, up to 100 mg		Injectable Drug	No	No	No	No
J2001	Injection, lidocaine HCl for intravenous infusion, 10 mg		Infusion Drug	No	No	No	No
J2010	Injection, lincomycin HCl, up to 300 mg	Lincocin	Injectable Drug	No	No	No	No
J2020	Injection, linezolid, 200 mg	Zyvox	Injectable Drug	No	No	No	No
J2060	Injection, lorazepam, 2 mg	Ativan	Injectable Drug	No	No	No	No
J2062	Loxapine for inhalation, 1 mg		Injectable Drug	No	No	No	No
J2150	Injection, mannitol, 25% in 50 ml		Injectable Drug	No	No	No	No
J2170	Injection, mecasermin, 1 mg		Injectable Drug	Yes	Yes	Yes	No
J2175	Injection, meperidine HCl, per 100 mg	Demerol	Injectable Drug	No	No	No	No
J2180	Injection, meperidine and promethazine HCl, up to 50 mg		Injectable Drug	No	No	No	No
J2182	Injection, mepolizumab, 1 mg	Nucala	Injectable Drug	Yes	Yes	Yes	Yes
J2183	Injection, meropenem (wg critical care), not therapeutically equivalent to j2185, 100 mg	New effective 7/1/24	Injectable Drug	No	No	No	No
J2185	Injection, meropenem, 100 mg	Merrem	Injectable Drug	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
J2210	Injection, methylergonovine maleate, up to 0.2 mg		Injectable Drug	No	No	No	No
J2212	Injection, methylnaltrexone, 0.1 mg		Injectable Drug	No	No	No	No
J2246	Injection, micafungin in sodium (baxter), not therapeutically equivalent to j2248, 1 mg	New effective 7/1/24	Injectable Drug	No	No	No	No
J2248	Injection, micafungin sodium, 1 mg	Mycamine	Injectable Drug	No	No	No	No
J2249	Injection, remimazolam, 1 mg		Injectable Drug	No	No	No	No
J2250	Injection, midazolam HCl, per 1 mg		Injectable Drug	No	No	No	No
J2260	Injection, milrinone lactate, 5 mg		Injectable Drug	No	No	No	No
J2265	Injection, minocycline HCl, 1 mg		Injectable Drug	No	No	No	No
J2267	Injection, mirikizumab-mrkz, 1 mg	New effective 7/1/24	Injectable Drug	No	No	Yes	Yes
J2270	Injection, morphine sulfate, up to 10 mg		Injectable Drug	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
J2277	Injection, motixafortide, 0.25 mg		Injectable Drug	No	No	No	No
J2278	Injection, ziconotide, 1 mcg	Prialt	Injectable Drug	Yes	Yes	No	No
J2280	Injection, moxifloxacin, 100 mg	Avelox	Injectable Drug	No	No	No	No
J2300	Injection, nalbuphine HCl, per 10 mg		Injectable Drug	No	No	No	No
J2305	Injection, nitroglycerin, 5 mg		Injectable Drug	No	No	No	No

CPT	Description	Notes	Code Group	Commercial	Commercial PPO-	Centra-Auth Non-ASA	Centra-Auth ASA Provider
J2310	Injection, naloxone HCl, per 1 mg		Injectable Drug	No	No	No	No
J2315	Injection, naltrexone, depot form, 1 mg	Vivitrol	Injectable Drug	No	No	No	No
J2320	Injection, nandrolone decanoate, up to 50 mg		Injectable Drug	No	No	No	No
J2323	Injection, natalizumab, 1 mg	Tysabri	Injectable Drug	Yes	Yes	Yes	Yes
J2325	Injection, nesiritide, 0.1 mg		Injectable Drug	No	No	No	No
J2326	Injection, nusinersen, 0.1 mg		Injectable Drug	Yes	Yes	Yes	Yes
J2327	Injection, risankizumab-rzaa) Skyrizi		Injectable Drug	Yes	Yes	Yes	No
J2329	Injection, ublituximab-xiiy, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes
J2350	Injection, ocrelizumab, 1 mg	Ocrevus	Injectable Drug	Yes	Yes	Yes	Yes
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	Sandostatin LAR Depot	Injectable Drug	Yes	Yes	Yes	Yes
J2354	Injection, octreotide, nondepot form for subcutaneous or intravenous injection, 25 mcg	Sandostatin	Injectable Drug	Yes	Yes	Yes	Yes
J2355	Injection, oprelvekin, 5 mg	manufacturer discontinued	Injectable Drug	No	No	No	No
J2356	Injection, tezepelumab-ekko, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes
J2357	Injection, omalizumab, 5 mg	Xolair	Injectable Drug	Yes	Yes	Yes	Yes
J2358	Injection, olanzapine, long-acting, 1 mg	Zyprexa Relprevv	Injectable Drug	No	No	No	No
J2359	Injection, olanzapine, 0.5 mg		Injectable Drug	No	No	No	No
J2360	Injection, orphenadrine citrate, up to 60 mg		Injectable Drug	No	No	No	No
J2371	Injection, phenylephrine hydrochloride, 20 micrograms		Injectable Drug	No	No	No	No
J2372	Injection, phenylephrine hydrocholride, 20 micrograms		Injectable Drug	No	No	No	No
J2373	Injection, phenylephrine hydrochloride (immphentiv), 20 micrograms	New effective 7/1/24	Injectable Drug	No	No	No	No
J2400	Injection, chloroprocaine HCl, per 30 ml	Nesacaine, Nesacaine-MPF	Injectable Drug	No	No	No	No
J2403	Chloroprocaine hcl ophthalmic, 35 gel, 1 mg		Drug	No	No	No	No
J2404	Injection, nicardipine, 0.1 mg		Injectable Drug	No	No	No	No
J2405	Injection, ondansetron HCl, per 1 mg		Injectable Drug	No	No	No	No
J2406	Injection, oritavancin, 10 mg	Kimyrsa	Injectable Drug	No	No	No	No
J2407	Injection, oritavancin, 10 mg	Orbactiv	Injectable Drug	No	No	No	No
J2410	Injection, oxymorphone HCl, up to 1 mg		Injectable Drug	No	No	No	No
J2425	Injection, palifermin, 50 mcg	Kepivance	Injectable Drug	No	No	No	No
J2426	Injection, paliperidone palmitate extended release, 1 mg	Invega Sustenna	Injectable Drug	No	No	No	No
J2427	Injection, paliperidone palmitate extended release, 1 mg		Injectable Drug	No	No	No	No
J2430	Injection, pamidronate disodium, per 30 mg		Injectable Drug	No	No	No	No
J2440	Injection, papaverine HCl, up to 60 mg		Injectable Drug	No	No	No	No
J2460	Injection, oxytetracycline HCl, up to 50 mg		Injectable Drug	No	No	No	No
J2468	Injection, palonosetron hydrochloride (avyxa), not therapeutically equivalent to j2469, 25 micrograms	New effective 7/1/24	Injectable Drug	No	No	No	No
J2469	Injection, palonosetron HCl, 25 mcg	Aloxi	Injectable Drug	No	No	No	No
J2470	Injection, pantoprazole sodium, 40 mg	New effective 7/1/24	Injectable Drug	No	No	No	No
J2471	Injection, pantoprazole (hikma), not therapeutically equivalent to j2470, 40 mg	New effective 7/1/24	Injectable Drug	No	No	No	No
J2501	Injection, paricalcitol, 1 mcg	Zemplar	Injectable Drug	No	No	No	No
J2502	Injection, pasireotide long acting, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes
J2503	Injection, pegaptanib sodium, 0.3 mg	Macugen	Injectable Drug	Yes	Yes	Yes	Yes
J2504	Injection, pegademase bovine, 25 IU	Adagen	Injectable Drug	No	No	No	No
J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg		Injectable Drug	Yes	Yes	Yes	Yes
J2507	Injection, pegloticase, 1 mg		Injectable Drug	Yes	Yes	Yes	No
J2508	Injection, pegunigalsidase alfa-iwxj, 1 mg		Injectable Drug	No	No	No	No
J2510	Injection, penicillin G procaine, aqueous, up to 600,000 units		Injectable Drug	No	No	No	No
J2513	Injection, pentastarch, 10% solution, 100 ml		Injectable Drug	No	No	No	No
J2515	Injection, pentobarbital sodium, per 50 mg		Injectable Drug	No	No	No	No
J2540	Injection, penicillin G potassium, up to 600,000 units		Injectable Drug	No	No	No	No
J2543	Injection, piperacillin sodium/tazobactam sodium, 1 g/0.125 g (1.125 g)		Injectable Drug	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
J2547	Injection, peramivir, 1 mg		Inhalation Drug	No	No	No	No
J2550	Injection, promethazine HCl, up to 50 mg		Injectable Drug	No	No	No	No
J2560	Injection, phenbarbital sodium, up to 120 mg		Injectable Drug	No	No	No	No

CPT	Description	Notes	Code Group	Commercial	Commercial PPO-	Centra-Auth Non-ASA	Centra-Auth ASA Provider
J2561	Injection, phenobarbital sodium, 1 mg		Injectable Drug	No	No	No	No
J2562	Injection, plerixafor, 1 mg		Injectable Drug	No	No	No	No
J2590	Injection, oxytocin, up to 10 units		Injectable Drug	No	No	No	No
J2597	Injection, desmopressin acetate, per 1 mcg		Injectable Drug	No	No	No	No
J2598	Injection, vasopressin, 1 unit		Injectable Drug	No	No	No	No
J2599	Injection, vasopressin not therapeutically equivalent to j2598, 1 unit		Injectable Drug	No	No	No	No
J2650	Injection, prednisolone acetate, up to 1 ml		Injectable Drug	No	No	No	No
J2670	Injection, tolazoline HCl, up to 25 mg		Injectable Drug	No	No	No	No
J2675	Injection, progesterone, per 50 mg		Injectable Drug	No	No	No	No
J2679	Injection, fluphenazine hcl, 1.25 mg		Injectable Drug	No	No	No	No
J2680	Injection, fluphenazine decanoate, up to 25 mg		Injectable Drug	No	No	No	No
J2690	Injection, procainamide HCl, up to 1 g		Injectable Drug	No	No	No	No
J2700	Injection, oxacillin sodium, up to 250 mg		Injectable Drug	No	No	No	No
J2704	Injection propofol, 10 mg		Injectable Drug	No	No	No	No
J2710	Injection, neostigmine methylsulfate, up to 0.5 mg		Injectable Drug	No	No	No	No
J2720	Injection, protamine sulfate, per 10 mg		Injectable Drug	No	No	No	No
J2724	Injection, protein C concentrate, intravenous, human, 10 IU		Injectable Drug	Yes	Yes	No	No
J2725	Injection, protirelin, per 250 mcg		Injectable Drug	No	No	No	No
J2730	Injection pralidoxime chloride, up to 1 g		Injectable Drug	No	No	No	No
J2760	Injection, phentolamine mesylate, up to 5 mg		Injectable Drug	No	No	No	No
J2765	Injection, metoclopramide HCl, up to 10 mg		Injectable Drug	No	No	No	No
J2770	Injection, quinupristin/dalfopristin, 500 mg (150/350)		Injectable Drug	No	No	No	No
J2777	Injection, faricimab-svoa) Vabysmo		Injectable Drug	Yes	Yes	Yes	Yes
J2778	Injection, ranibizumab, 0.1 mg		Injectable Drug	Yes	Yes	Yes	Yes
J2779	Injection, ranibizumab, via intravitreal implant, 01. mg		Injectable Drug	Yes	Yes	Yes	Yes
J2780	Injection, ranitidine HCl, 25 mg	code discontinued as of 7/1/24	Injectable Drug	N/A	N/A	N/A	N/A
J2781	Injection, pegcetacoplan, intravitreal, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes
J2782	Injection, avacincaptad pegol, 0.1 mg		Injectable Drug	Yes	Yes	Yes	Yes
J2783	Injection, rasburicase, 0.5 mg		Injectable Drug	Yes	Yes	No	No
J2785	Injection, regadenoson, 0.1 mg		Injectable Drug	No	No	No	No
J2786	Injection, reslizumab, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes
J2787	Riboflavin 5'-phosphate, ophthalmic solution, up to 3 mL		Injectable Drug	No	No	No	No
J2788	Injection, Rho D immune globulin, human, minidose, 50 mcg (250 i.u.)		Injectable Drug	No	No	No	No
J2790	Injection, Rho D immune globulin, human, full dose, 300 mcg (1500 i.u.)		Immune Globulin	No	No	No	No
J2791	Injection, Rho (D) immune globulin (human), (Rhophylac), intramuscular or intravenous 100iu		Immune Globulin	No	No	No	No
J2792	Injection, Rho D immune globulin, intravenous, human, solvent detergent, 100 IU	Winrho SDF	Immune Globulin	No	No	No	No
J2793	Injection, rilonacept, 1 mg		Injectable Drug	No	No	No	No
J2794	Injection, risperidone, long acting, 0.5 mg	Risperdal Consta	Injectable Drug	No	No	No	No
J2795	Injection, ropivacaine HCl, 1 mg	Naropin	Injectable Drug	No	No	No	No
J2796	Injection, romiplostim, 10 mcg	Nplate	Injectable Drug	Yes	Yes	No	No
J2797	Injection, rolapitant, 0.5 mg		Injectable Drug	No	No	No	No
J2798	Injection, risperidone, (Perseris), 0.5 mg		Injectable Drug	No	No	No	No
J2799	Injection, risperidone (uzedy), 1 mg		Injectable Drug	No	No	No	No
J2800	Injection, methocarbamol, up to 10 ml	Robaxin	Injectable Drug	No	No	No	No
J2801	Injection, risperidone (rykindo), 0.5 mg		Injectable Drug	No	No	No	No
J2805	Injection, sincalide, 5 mcg		Injectable Drug	No	No	No	No
J2806	Injection, sincalide not therapeutically equivalent to j2805, 5 micrograms		Injectable Drug	No	No	No	No
J2810	Injection, theophylline, per 40 mg		Injectable Drug	No	No	No	No
J2820	Injection, sargramostim (GM-CSF), 50 mcg	Leukine (LYO PWD)	Injectable Drug	Yes	Yes	Yes	Yes
J2840	Injection, sebelipase alfa, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes
J2850	Injection, secretin, synthetic, human, 1 mcg		Injectable Drug	No	No	No	No
J2860	Injection, siltuximab, 10 mg		Injectable Drug	No	No	No	No
J2910	Injection, aurothioglucose, up to 50 mg		Injectable Drug	No	No	No	No

CPT	Description	Notes	Code Group	Commercial	Commercial PPO-	Centra-Auth Non-ASA	Centra-Auth ASA Provider
J2916	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg	Ferrlecit	Injectable Drug	No	No	No	No
J2919	Injection, methylprednisolone sodium succinate, 5 mg		Injectable Drug	No	No	No	No
J2920	Injection, methylprednisolone sodium succinate, up to 40 mg	Solu-Medrol; code discontinued as of 4/1/24	Injectable Drug	No	No	No	No
J2930	Injection, methylprednisolone sodium succinate, up to 125 mg	Solu-Medrol; code discontinued as of 4/1/24	Injectable Drug	No	No	No	No
J2940	Injection, somatrem, 1 mg		Injectable Drug	No	No	No	No
J2941	Injection, somatropin, 1 mg		Injectable Drug	Yes	Yes	Yes	No
J2950	Injection, promazine HCl, up to 25 mg		Injectable Drug	No	No	No	No
J2993	Injection, reteplase, 18.1 mg		Injectable Drug	No	No	No	No
J2995	Injection, streptokinase, per 250,000 IU		Injectable Drug	No	No	No	No
J2997	Injection, alteplase recombinant, 1 mg		Injectable Drug	No	No	No	No
J2998	Injection, plasminogen, human-tvmh, mg		Injectable Drug	Yes	Yes	Yes	Yes
J3000	Injection, streptomycin, up to 1 g		Injectable Drug	No	No	No	No
J3010	Injection, fentanyl citrate, 0.1 mg	Sublimaze	Injectable Drug	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-		Injectable Drug	No	No	No	No
J3031	Injection, fremanezumab-vfrm, 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)		Injectable Drug	No	No	No	No
J3032	Injection, eptinezumab-jjmr, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes
J3055	Injection, talquetamab-tgvs, 0.25 mg		Injectable Drug	No	No	No	No
J3060	Injection, taliglucerase alfa, 10 units	Elelyso	Injectable Drug	Yes	Yes	Yes	Yes
J3070	Injection, pentazocine, 30 mg	Talwin Lactate	Injectable Drug	No	No	No	No
J3090	Injection, tedizolid phosphate, 1 mg	Sivextro	Injectable Drug	No	No	No	No
J3095	Injection, telavancin, 10 mg	Vibativ	Injectable Drug	No	No	No	No
J3101	Injection, tenecteplase, 1 mg	Tnkase	Injectable Drug	No	No	No	No
J3105	Injection, terbutaline sulfate, up to 1 mg		Injectable Drug	No	No	No	No
J3110	Injection, teriparatide, 10 mcg		Injectable Drug	No	No	No	No
J3111	Injection, romosozumab-aqqg, 1 mg		Injectable Drug	Yes	Yes	Yes	No
J3121	Injection, testosterone enanthate, 1 mg		Injectable Drug	Yes	Yes	No	No
J3145	Injection, testosterone undecanoate, 1 mg	Aveed	Injectable Drug	Yes	Yes	Yes	Yes
J3230	Injection, chlorpromazine HCl, up to 50 mg		Injectable Drug	No	No	No	No
J3240	Injection, thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial	Thyrogen	Injectable Drug	No	No	No	No
J3241	Injection, teprotumumab-trbw, 10 mg		Injectable Drug	Yes	Yes	Yes	Yes
J3243	Injection, tigecycline, 1 mg		Injectable Drug	No	No	No	No
J3245	Injection, tildrakizumab, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes
J3246	Injection, tirofiban HCl, 0.25 mg		Injectable Drug	No	No	No	No
J3247	Injection, secukinumab, intravenous, 1 mg	New effective 7/1/24	Injectable Drug	Yes	Yes	Yes	Yes
J3250	Injection, trimethobenzamide HCl, up to 200 mg	Tigan	Injectable Drug	No	No	No	No
J3260	Injection, tobramycin sulfate, up to 80 mg		Injectable Drug	No	No	No	No
J3262	Injection, tocilizumab, 1 mg	Actemra	Injectable Drug	Yes	Yes	Yes	Yes
J3263	Injection, toripalimab-tpzi, 1 mg	New effective 7/1/24	Injectable Drug	Yes	Yes	Yes	Yes
J3265	Injection, torsemide, 10 mg/ml		Injectable Drug	No	No	No	No
J3280	Injection, thiethylperazine maleate, up to 10 mg		Injectable Drug	No	No	No	No
J3285	Injection, treprostinil, 1 mg	Remodulin	Injectable Drug	Yes	Yes	Yes	Yes
J3299	Injection, triamcinolone acetonide, 1 mg	Xipere	Injectable Drug	Yes	Yes	Yes	No
J3300	Injection, triamcinolone acetonide, preservative free, 1 mg		Injectable Drug	No	No	No	No
J3301	Injection, triamcinolone acetonide, not otherwise specified, 10 mg	Kenalog	Injectable Drug	No	No	No	No
J3302	Injection, triamcinolone diacetate, per 5 mg		Injectable Drug	No	No	No	No
J3303	Injection, triamcinolone hexacetonide, per 5 mg		Injectable Drug	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
J3305	Injection, trimetrexate glucuronate, per 25 mg		Injectable Drug	No	No	No	No
J3310	Injection, perphenazine, up to 5 mg		Injectable Drug	No	No	No	No
J3315	Injection, triptorelin pamoate, 3.75 mg	Trelstar	Injectable Drug	Yes	Yes	Yes	Yes
J3316	Injection, triptorelin, extended-release, 3.75 mg		Injectable Drug	Yes	Yes	No	No
J3320	Injection, spectinomycin dihydrochloride, up to 2 g		Injectable Drug	No	No	No	No

CPT	Description	Notes	Code Group	Commercial	Commercial PPO-	Centra-Auth Non-ASA	Centra-Auth ASA Provider
J3350	Injection, urea, up to 40 g		Injectable Drug	No	No	No	No
J3355	Injection, urofollitropin, 75 IU	not available in US	Injectable Drug	No	No	Kindbody	Kindbody
J3357	Ustekinumab, for subcutaneous injection, 1 mg	Stelara	Injectable Drug	Yes	Yes	Yes	Yes
J3358	Ustekinumab, for intravenous injection, 1 mg	Stelara	Injectable Drug	Yes	Yes	Yes	Yes
J3360	Injection, diazepam, up to 5 mg		Injectable Drug	No	No	No	No
J3364	Injection, urokinase, 5,000 IU vial	not available in US	Injectable Drug	No	No	No	No
J3365	Injection, IV, urokinase, 250,000 IU vial	not available in US	Injectable Drug	No	No	No	No
J3370	Injection, vancomycin HCl, 500 mg		Injectable Drug	No	No	No	No
J3380	Injection, vedolizumab, 1 mg	Entyvio	Injectable Drug	Yes	Yes	Yes	Yes
J3385	Injection, velaglucerase alfa, 100 units	Vpriv	Injectable Drug	Yes	Yes	Yes	Yes
J3393	Injection, betibeglogene autotemcel, per treatment	New effective 7/1/24	Injectable Drug	Yes	Yes	Yes	Yes
J3394	Injection, lovotibeglogene autotemcel, per treatment	New effective 7/1/24	Injectable Drug	Yes	Yes	Yes	Yes
J3396	Injection, verteporfin, 0.1 mg	Visudyne	Injectable Drug	No	No	No	No
J3397	Injection, vestronidase alfa-vjbk, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes
J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes		Injectable Drug	Yes	Yes	Yes	Yes
J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10		Injectable Drug	Yes	Yes	Yes	Yes
J3400	Injection, triflupromazine HCl, up to 20 mg		Injectable Drug	No	No	No	No
J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10^9 pfu/ml vector genomes, per 0.1 ml		Topical Drug	No	No	No	No
J3410	Injection, hydroxyzine HCl, up to 25 mg		Injectable Drug	No	No	No	No
J3411	Injection, thiamine HCl, 100 mg		Injectable Drug	No	No	No	No
J3415	Injection, pyridoxine HCl, 100 mg		Injectable Drug	No	No	No	No
J3420	Injection, vitamin B-12 cyanocobalamin, up to 1,000 mcg		Injectable Drug	No	No	No	No
J3424	Injection, hydroxocobalamin, intravenous, 25 mg		Injectable Drug	No	No	No	No
J3425	Injection, hydroxocobalamin, 10 mcg		Injectable Drug	No	No	No	No
J3430	Injection, phytonadione (vitamin K), per 1 mg		Injectable Drug	No	No	No	No
J3465	Injection, voriconazole, 10 mg	Vfend IV	Injectable Drug	No	No	No	No
J3470	Injection, hyaluronidase, up to 150 units		Injectable Drug	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
J3472	Injection, hyaluronidase, ovine, preservative free, per 1,000 USP units		Injectable Drug	No	No	No	No
J3473	Injection, hyaluronidase, recombinant, 1 USP unit	Hylenex	Injectable Drug	No	No	No	No
J3475	Injection, magnesium sulfate, per 500 mg		Injectable Drug	No	No	No	No
J3480	Injection, potassium chloride, per 2 mEq		Injectable Drug	No	No	No	No
J3485	Injection, zidovudine, 10 mg	Retrovir	Injectable Drug	No	No	No	No
J3486	Injection, ziprasidone mesylate, 10 mg	Geodon	Injectable Drug	No	No	No	No
J3489	Injection, zoledronic acid, 1 mg	Zometa	Injectable Drug	No	No	No	No
J3490	Unclassified drugs	Auth required only if greater than $250 billed amount	Injectable Drug	Yes	Yes	Yes	Yes
J3520	Edetate disodium, per 150 mg		Injectable Drug	No	No	No	No
J3530	Nasal vaccine inhalation		Inhalation Drug	No	No	No	No
J3535	Drug administered through a metered dose inhaler		Inhalation Drug	No	No	No	No
J3570	Laetrile, amygdalin, vitamin B-17		Injectable Drug	No	No	No	No
J3590	Unclassified biologics		Injectable Drug	Yes	Yes	Yes	Yes
J3591	Unclassified drug or biological used for ESRD on dialysis		Injectable Drug	Yes	Yes	No	No
J7030	Infusion, normal saline solution, 1,000 cc	Sodium Chloride	Infusion Drug	No	No	No	No
J7040	Infusion, normal saline solution, sterile (500 ml=1 unit)		Infusion Drug	No	No	No	No
J7042	5% dextrose/normal saline (500 ml = 1 unit)		Injectable Drug	No	No	No	No
J7050	Infusion, normal saline solution, 250 cc		Infusion Drug	No	No	No	No
J7060	5% dextrose/water (500 ml = 1 unit)		Injectable Drug	No	No	No	No
J7070	Infusion, D-5-W, 1,000 cc		Infusion Drug	No	No	No	No
J7100	Infusion, dextran 40, 500 ml		Infusion Drug	No	No	No	No
J7110	Infusion, dextran 75, 500 ml		Infusion Drug	No	No	No	No
J7120	Ringers lactate infusion, up to 1,000 cc	Lactate Ringers	Infusion Drug	No	No	No	No
J7121	5% dextrose in lactated ringers infusion, up to 1000 cc		Infusion Drug	No	No	No	No
J7131	Hypertonic saline solution, 1 ml		Injectable Drug	No	No	No	No

CPT	Description	Notes	Code Group	Commercial	Commercial PPO-	Centra-Auth Non-ASA	Centra-Auth ASA Provider
J7165	Injection, prothrombin complex concentrate, human-lans, per i.u. of factor ix activity		Injectable Drug	No	No	No	No
J7168	Prothrombin complex concentrate (human), Kcentra, per IU of Factor IX activity		Factor Drug	Yes	Yes	No	No
J7169	Injection, coagulation Factor Xa (recombinant), inactivated-zhzo (Andexxa), 10 mg		Injectable Drug	Yes	Yes	No	No
J7170	Injection, emicizumab-kxwh, 0.5 mg	Crossover from Q9995	Injectable Drug	Yes	Yes	Yes	Yes
J7171	Injection, adamts13, recombinant-krhn, 10 iu	New effective 7/1/24	Injectable Drug	Yes	Yes	Yes	Yes
J7175	Injection, Factor X, (human), 1 IU		Infusion Drug	Yes	Yes	Yes	Yes
J7177	Injection, human fibrinogen concentrate (Fibryga), 1 mg		Clotting Factor Drug	Yes	Yes	Yes	Yes
J7178	Injection, human fibrinogen concentrate, 1 mg		Clotting Factor Drug	Yes	Yes	Yes	Yes
J7179	Injection, von Willebrand factor (recombinant), (Vonvendi), 1 IU VWF:RCo		Clotting Factor Drug	Yes	Yes	Yes	Yes
J7180	Injection, Factor XIII (antihemophilic factor, human), 1 IU	Corifact	Clotting Factor Drug	Yes	Yes	Yes	Yes
J7181	Injection, Factor XIII A-subunit, (recombinant), per IU		Clotting Factor Drug	Yes	Yes	Yes	Yes
J7182	Injection, Factor VIII, (antihemophilic factor, recombinant), (NovoEight), per IU	Novoeight	Clotting Factor Drug	Yes	Yes	Yes	Yes
J7183	Injection, von Willebrand factor complex (human), Wilate, 1 IU vWF:RCo	Wilate	Clotting Factor Drug	Yes	Yes	Yes	Yes
J7185	Injection, Factor VIII (antihemophilic factor, recombinant) (Xyntha), per IU	Xyntha	Clotting Factor Drug	Yes	Yes	Yes	Yes
J7186	Injection, antihemophilic factor VIII/von Willebrand factor complex (human), per factor VIII i.u.	Alphanate/Von Willebrand Factor Complex	Clotting Factor Drug	Yes	Yes	Yes	Yes
J7187	Injection, von Willebrand factor complex (Humate-P), per IU VWF:RCO	Humate-P Low Diluent	Clotting Factor Drug	Yes	Yes	Yes	Yes
J7188	Injection, Factor VIII (antihemophilic factor, recombinant), per IU		Clotting Factor Drug	Yes	Yes	Yes	Yes
J7189	Factor VIIa (antihemophilic factor, recombinant), per 1 mcg	Novoseven RT	Clotting Factor Drug	Yes	Yes	Yes	Yes
J7190	Factor VIII (antihemophilic factor, human) per IU	Hemofil M, Koate, Koate-DVI, Monoclate-P	Clotting Factor Drug	Yes	Yes	Yes	Yes
J7191	Factor VIII (antihemophilic factor (porcine)), per IU		Clotting Factor Drug	Yes	Yes	Yes	Yes
J7192	Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified	Advate, Helixate FS,	Clotting Factor Drug	Yes	Yes	Yes	Yes
J7193	Factor IX (antihemophilic factor, purified, nonrecombinant) per IU	Alphanine SD, Mononine	Clotting Factor Drug	Yes	Yes	Yes	Yes
J7194	Factor IX complex, per IU	Bebulin, Profilnnine SD FX	Clotting Factor Drug	Yes	Yes	Yes	Yes
J7195	Injection, Factor IX (antihemophilic factor, recombinant) per IU, not otherwise specified	Benefix	Clotting Factor Drug	Yes	Yes	Yes	Yes
J7196	Injection, antithrombin recombinant, 50 IU		Clotting Factor Drug	Yes	Yes	Yes	Yes
J7197	Antithrombin III (human), per IU	Thrombate II	Clotting Factor Drug	Yes	Yes	Yes	Yes
J7198	Antiinhibitor, per IU	Feiba NF	Clotting Factor Drug	Yes	Yes	Yes	Yes
J7199	Hemophilia clotting factor, not otherwise classified		Clotting Factor Drug	Yes	Yes	Yes	Yes
J7200	Injection, Factor IX, (antihemophilic factor, recombinant), Rixubis, per IU	Rixubis	Clotting Factor Drug	Yes	Yes	Yes	Yes
J7201	Injection, Factor IX, Fc fusion protein, (recombinant), Alprolix, 1 IU		Clotting Factor Drug	Yes	Yes	Yes	Yes
J7202	Injection, Factor IX, albumin fusion protein, (recombinant), Idelvion, 1 IU	Idelvion	Clotting Factor Drug	Yes	Yes	Yes	Yes
J7203	Injection Factor IX, (antihemophilic factor, recombinant), glycopegylated, (Rebinyn), 1 IU		Clotting Factor Drug	Yes	Yes	Yes	Yes
J7204	Injection, Factor VIII, antihemophilic factor (recombinant), (Esperoct), glycopegylated-exei, per IU		Clotting Factor Drug	Yes	Yes	Yes	Yes
J7205	Injection, Factor VIII Fc fusion protein (recombinant), per IU	Eloctate	Clotting Factor Drug	Yes	Yes	Yes	Yes
J7207	Injection, Factor VIII, (antihemophilic factor, recombinant), PEGylated, 1 IU	Adynovate	Clotting Factor Drug	Yes	Yes	Yes	Yes
J7208	Injection, Factor VIII, (antihemophilic factor, recombinant), PEGylated-aucl, (Jivi), 1 IU		Clotting Factor Drug	Yes	Yes	Yes	Yes
J7209	Injection, Factor VIII, (antihemophilic factor, recombinant), (Nuwiq), 1 IU		Clotting Factor Drug	Yes	Yes	Yes	Yes
J7210	Injection, Factor VIII, (antihemophilic factor, recombinant), (Afstyla), 1 IU		Clotting Factor Drug	Yes	Yes	Yes	Yes
J7211	Injection, Factor VIII, (antihemophilic factor, recombinant), (Kovaltry), 1 IU		Clotting Factor Drug	Yes	Yes	Yes	Yes
J7212	Factor VIIa (antihemophilic factor, recombinant)-jncw (Sevenfact), 1 mcg		Clotting Factor Drug	Yes	Yes	Yes	Yes
J7213	Injection, coagulation factor ix (recombinant), ixinity, 1 i.u.		Clotting Factor Drug	Yes	Yes	Yes	Yes
J7214	Injection, factor vii/von willebrand factor complex, recombinant (altuviio), per factor viii, i.u.		Injectable Drug	Yes	Yes	Yes	Yes
J7294	Segesterone acetate and ethinyl estradiol 0.15 mg, 0.013 mg per 24 hours; yearly vaginal system, ea		Contraceptive Drug	Yes	Yes	Yes	No
J7295	Ethinyl estradiol and etonogestrel 0.015 mg, 0.12 mg per 24 hours; monthly vaginal ring, ea		Contraceptive Drug	Yes	Yes	Yes	No
J7296	Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg		Contraceptive Drug	No	No	No	No
J7297	Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 52 mg		Contraceptive Drug	No	No	No	No
J7298	Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52 mg		Contraceptive Drug	No	No	No	No
J7300	Intrauterine copper contraceptive		Contraceptive Drug	No	No	No	No
J7301	Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg		Contraceptive Drug	No	No	No	No
J7304	Contraceptive supply, hormone containing patch, each		Contraceptive Drug	No	No	No	No
J7306	Levonorgestrel (contraceptive) implant system, including implants and supplies		Contraceptive Drug	No	No	No	No
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies		Contraceptive Drug	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

CPT	Description	Notes	Code Group	Commercial	Commercial PPO-	Centra-Auth Non-ASA	Centra-Auth ASA Provider
J7309	Methyl aminolevulinate (MAL) for topical administration, 16.8%, 1 g		Drug	No	No	No	No
J7310	Ganciclovir, 4.5 mg, long-acting implant	not available in US	Implantable Drug	Yes	Yes	No	No
J7311	Fluocinolone acetonide, intravitreal implant		Implantable Drug	No	No	No	No
J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg	Ozurdex	Implantable Drug	No	No	No	No
J7313	Injection, fluocinolone acetonide, intravitreal implant, 0.01 mg	Iluvein	Implantable Drug	No	No	No	No
J7314	Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg		Injectable Drug	No	No	No	No
J7315	Mitomycin, opthalmic, 0.2 mg		Drug	No	No	No	No
J7316	Injection, ocriplasmin, 0.125 mg	not available in US	Injectable Drug	No	No	No	No
J7318	Hyaluronan or derivative, Durolane, for intra-articular injection, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes
J7320	Hyaluronan or derivative, GenVisc 850, for intra-articular injection, 1 mg		Injectable Drug	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
J7322	Hyaluronan or derivative, Hymovis, for intra-articular injection, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes
J7323	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose		Injectable Drug	Yes	Yes	Yes	Yes
J7324	Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose		Injectable Drug	Yes	Yes	Yes	Yes
J7325	Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg	Synviscone	Injectable Drug	Yes	Yes	Yes	Yes
J7326	Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose		Injectable Drug	Yes	Yes	Yes	Yes
J7327	Hyaluronan or derivative, Monovisc, for intra-articular injection, per dose		Injectable Drug	Yes	Yes	Yes	Yes
J7328	Hyaluronan or derivative, GELSYN-3, for intra-articular injection, 0.1 mg		Injectable Drug	Yes	Yes	Yes	Yes
J7329	Hyaluronan or derivative, Trivisc, for intra-articular injection, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes
J7330	Autologous cultured chondrocytes, implant		Drug	No	No	Yes	Yes
J7331	Hyaluronan or derivative, SYNOJOYNT, for intra-articular injection, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes
J7332	Hyaluronan or derivative, Triluron, for intra-articular injection, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes
J7336	Capsaicin 8% patch, per sq cm	Qutenza	Drug	No	No	No	No
J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml		Drug	No	No	No	No
J7342	Instillation, ciprofloxacin otic suspension, 6 mg		Drug	No	No	No	No
J7345	Aminolevulinic acid HCl for topical administration, 10% gel, 10 mg		Drug	No	No	No	No
J7351	Injection, bimatoprost, intracameral implant, 1 mcg		Injectable Drug	Yes	Yes	No	No
J7352	Afamelanotide implant, 1 mg		Implantable Drug	Yes	Yes	No	No
J7353	Anacaulase-bcdb, 8.8% gel, 1 gram		Drug	No	No	No	No
J7354	Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)		Drug	No	No	No	No
J7355	Injection, travoprost, intracameral implant, 1 microgram	New effective 7/1/24	Injectable Drug	No	No	No	No
J7402	Mometasone furoate sinus implant, (Sinuva), 10 mcg		Implantable Drug	No	No	No	No
J7500	Azathioprine, oral, 50 mg	Azasan	Immunosuppressive Drug	No	No	No	No
J7501	Azathioprine, parenteral, 100 mg		Immunosuppressive Drug	No	No	No	No
J7502	Cyclosporine, oral, 100 mg	Gengraf, Neoral, Sandimmune	Immunosuppressive Drug	No	No	No	No
J7503	Tacrolimus, extended release, oral, 0.25 mg	Envarsus XR	Immunosuppressive Drug	No	No	No	No
J7504	Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg	Atgam	Immunosuppressive Drug	Yes	Yes	No	No
J7505	Muromonab-CD3, parenteral, 5 mg		Immunosuppressive Drug	No	No	No	No
J7507	Tacrolimus, immediate release, oral, 1 mg	Prograf	Immunosuppressive Drug	No	No	No	No
J7508	Tacrolimus, extended release, (Astagraf XL), oral, 0.1 mg		Immunosuppressive Drug	No	No	No	No
J7509	Methylprednisolone, oral, per 4 mg	Medrol	Immunosuppressive Drug	No	No	No	No
J7510	Prednisolone, oral, per 5 mg		Immunosuppressive Drug	No	No	No	No
J7511	Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25 mg	Thymoglobulin	Immunosuppressive Drug	Yes	Yes	No	No
J7512	Prednisone, immediate release or delayed release, oral, 1 mg		Immunosuppressive Drug	No	No	No	No
J7513	Daclizumab, parenteral, 25 mg	not available in US	Immunosuppressive Drug	No	No	No	No
J7515	Cyclosporine, oral, 25 mg	Gengraf, Neoral, Sandimmune	Immunosuppressive Drug	No	No	No	No
J7516	Cyclosporine, parenteral, 250 mg	Sandimmune	Immunosuppressive Drug	No	No	No	No
J7517	Mycophenolate mofetil, oral, 250 mg	Cellcept	Immunosuppressive Drug	No	No	No	No
J7518	Mycophenolic acid, oral, 180 mg	Myfortic	Immunosuppressive Drug	No	No	No	No
J7519	Injection, mycophenolate mofetil, 10 mg		Immunosuppressive Drug	No	No	No	No
J7520	Sirolimus, oral, 1 mg	Rapamune	Immunosuppressive Drug	No	No	No	No
J7525	Tacrolimus, parenteral, 5 mg	Zortress	Immunosuppressive Drug	No	No	No	No
J7527	Everolimus, oral, 0.25 mg		Immunosuppressive Drug	No	No	No	No

CPT	Description	Notes	Code Group	Commercial	Commercial PPO-	Centra-Auth Non-ASA	Centra-Auth ASA Provider
J7599	Immunosuppressive drug, not otherwise classified		Immunosuppressive Drug	No	No	No	No
J7604	Acetylcysteine, inhalation solution, compounded product, administered through DME, unit dose form, per g		Inhalation Drug	Yes	Yes	No	No
J7605	Arformoterol, inhalation solution, FDA approved final product, noncompounded, administered through DME, unit dose form, 15 mcg		Inhalation Drug	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
J7607	Levalbuterol, inhalation solution, compounded product, administered through DME, concentrated form, 0.5 mg		Inhalation Drug	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
J7609	Albuterol, inhalation solution, compounded product, administered through DME, unit dose, 1 mg		Inhalation Drug	No	No	No	No
J7610	Albuterol, inhalation solution, compounded product, administered through DME, concentrated form, 1 mg		Inhalation Drug	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
J7612	Levalbuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, 0.5 mg		Inhalation Drug	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
J7614	Levalbuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 0.5 mg	Xopenex	Inhalation Drug	No	No	No	No
J7615	Levalbuterol, inhalation solution, compounded product, administered through DME, unit dose, 0.5 mg		Inhalation Drug	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
J7622	Beclomethasone, inhalation solution, compounded product, administered through DME, unit dose form, per mg		Inhalation Drug	No	No	No	No
J7624	Betamethasone, inhalation solution, compounded product, administered through DME, unit dose form, per mg		Inhalation Drug	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
J7627	Budesonide, inhalation solution, compounded product, administered through DME, unit dose form, up to 0.5 mg		Inhalation Drug	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
J7629	Bitolterol mesylate, inhalation solution, compounded product, administered through DME, unit dose form, per mg		Inhalation Drug	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
J7632	Cromolyn sodium, inhalation solution, compounded product, administered through DME, unit dose form, per 10 mg		Inhalation Drug	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
J7634	Budesonide, inhalation solution, compounded product, administered through DME, concentrated form, per 0.25 mg		Inhalation Drug	No	No	No	No
J7635	Atropine, inhalation solution, compounded product, administered through DME, concentrated form, per mg		Inhalation Drug	No	No	No	No
J7636	Atropine, inhalation solution, compounded product, administered through DME, unit dose form, per mg		Inhalation Drug	No	No	No	No
J7637	Dexamethasone, inhalation solution, compounded product, administered through DME, concentrated form, per mg		Inhalation Drug	No	No	No	No
J7638	Dexamethasone, inhalation solution, compounded product, administered through DME, unit dose form, per mg		Inhalation Drug	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
J7640	Formoterol, inhalation solution, compounded product, administered through DME, unit dose form, 12 mcg		Inhalation Drug	No	No	No	No
J7641	Flunisolide, inhalation solution, compounded product, administered through DME, unit dose, per mg		Inhalation Drug	No	No	No	No
J7642	Glycopyrrolate, inhalation solution, compounded product, administered through DME, concentrated form, per mg		Inhalation Drug	No	No	No	No
J7643	Glycopyrrolate, inhalation solution, compounded product, administered through DME, unit dose form, per mg		Inhalation Drug	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
J7645	Ipratropium bromide, inhalation solution, compounded product, administered through DME, unit dose form, per mg		Inhalation Drug	No	No	No	No
J7647	Isoetharine HCl, inhalation solution, compounded product, administered through DME, concentrated form, per mg		Inhalation Drug	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
J7649	Isoetharine HCl, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg		Inhalation Drug	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
J7657	Isoproterenol HCl, inhalation solution, compounded product, administered through DME, concentrated form, per mg		Inhalation Drug	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
J7659	Isoproterenol HCl, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg		Inhalation Drug	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
J7665	Mannitol, administered through an inhaler, 5 mg		Inhalation Drug	No	No	No	No
J7667	Metaproterenol sulfate, inhalation solution, compounded product, concentrated form, per 10 mg		Inhalation Drug	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
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
J7670	Metaproterenol sulfate, inhalation solution, compounded product, administered through DME, unit dose form, per 10 mg		Inhalation Drug	No	No	No	No
J7674	Methacholine chloride administered as inhalation solution through a nebulizer, per 1 mg	Provocholine	Inhalation Drug	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
J7677	Revefenacin inhalation solution, FDA-approved final product, noncompounded, administered through DME, 1 mcg	Should go through Rx not medical	Inhalation Drug	No	No	No	No
J7680	Terbutaline sulfate, inhalation solution, compounded product, administered through DME, concentrated form, per mg		Inhalation Drug	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

CPT	Description	Notes	Code Group	Commercial	Commercial PPO-	Centra-Auth Non-ASA	Centra-Auth ASA Provider
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
J7683	Triamcinolone, inhalation solution, compounded product, administered through DME, concentrated form, per mg		Inhalation Drug	No	No	No	No
J7684	Triamcinolone, inhalation solution, compounded product, administered through DME, unit dose form, per mg		Inhalation Drug	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
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
J7699	NOC drugs, inhalation solution administered through DME		Inhalation Drug	Yes	Yes	Yes	Yes
J7799	NOC drugs, other than inhalation drugs, administered through DME		Drug	Yes	Yes	No	No
J7999	Compounded drug, not otherwise classified		Drug	Yes	Yes	No	No
J8498	Antiemetic drug, rectal/suppository, not otherwise specified		Chemotherapy Drug	No	No	No	No
J8499	Prescription drug, oral, nonchemotherapeutic, NOS		Oral Drug	Yes	Yes	Yes	Yes
J8501	Aprepitant, oral, 5 mg	Emend	Chemotherapy Drug	No	No	No	No
J8501	Busulfan, oral, 2 mg	Myleran	Chemotherapy Drug	No	No	No	No
J8515	Cabergoline, oral, 0.25 mg		Chemotherapy Drug	No	No	No	No
J8520	Capecitabine, oral, 150 mg	Xeloda	Chemotherapy Drug	No	No	No	No
J8521	Capecitabine, oral, 500 mg	Xeloda	Chemotherapy Drug	No	No	No	No
J8530	Cyclophosphamide, oral, 25 mg		Chemotherapy Drug	No	No	No	No
J8540	Dexamethasone, oral, 0.25 mg		Chemotherapy Drug	No	No	No	No
J8560	Etoposide, oral, 50 mg		Chemotherapy Drug	No	No	No	No
J8562	Fludarabine phosphate, oral, 10 mg		Chemotherapy Drug	No	No	No	No
J8565	Gefitinib, oral, 250 mg		Chemotherapy Drug	Yes	Yes	No	No
J8597	Antiemetic drug, oral, not otherwise specified		Chemotherapy Drug	No	No	No	No
J8600	Melphalan, oral, 2 mg	Alkeran	Chemotherapy Drug	No	No	No	No
J8610	Methotrexate, oral, 2.5 mg	Rheumatrex, Trexall	Chemotherapy Drug	No	No	No	No
J8611	Methotrexate (jylamvo), oral, 2.5 mg	New effective 7/1/24	Oral Drug	No	No	No	No
J8612	Methotrexate (xatmep), oral, 2.5 mg	New effective 7/1/24	Oral Drug	No	No	No	No
J8650	Nabilone, oral, 1 mg		Chemotherapy Drug	No	No	No	No
J8655	Netupitant 300 mg and palonosetron 0.5 mg	Akynzeo	Chemotherapy Drug	No	No	No	No
J8670	Rolapitant, oral, 1 mg	Varubi Oral	Chemotherapy Drug	No	No	No	No
J8700	Temozolomide, oral, 5 mg	Temodar	Chemotherapy Drug	No	No	No	No
J8705	Topotecan, oral, 0.25 mg	Hycamtin	Chemotherapy Drug	No	No	No	No
J8999	Prescription drug, oral, chemotherapeutic, NOS		Chemotherapy Drug	Yes	Yes	No	No
J9000	Injection, doxorubicin HCl, 10 mg	Adriamycin	Chemotherapy Drug	No	No	No	No
J9000	Injection, porfimer sodium, 75 mg		Chemotherapy Drug	No	No	No	No
J9015	Injection, aldesleukin, per single use vial		Chemotherapy Drug	Yes	Yes	No	No
J9017	Injection, arsenic trioxide, 1 mg	Trisenox	Chemotherapy Drug	Yes	Yes	No	No
J9019	Injection, asparaginase (Erwinaze), 1,000 IU	not available in US	Chemotherapy Drug	No	No	No	No
J9020	Injection, asparaginase, not otherwise specified, 10,000 units		Chemotherapy Drug	Yes	Yes	No	No
J9021	Injection, asparaginase, recombinant, (Rylaze), 0.1 mg		Chemotherapy Drug	Yes	Yes	No	No
J9022	Injection, atezolizumab, 10 mg	Tecentriq	Chemotherapy Drug	Yes	Yes	Yes	Yes
J9023	Injection, avelumab, 10 mg	Bavencio	Chemotherapy Drug	Yes	Yes	Yes	Yes
J9025	Injection, azacitidine, 1 mg	Vidaza	Chemotherapy Drug	No	No	No	No
J9027	Injection, clofarabine, 1 mg	Clolar	Chemotherapy Drug	No	No	No	No
J9029	Injection, nadofaragene firadenovec-vncg, per therapeutic dose		Chemotherapy Drug	Yes	Yes	Yes	Yes
J9030	BCG live intravesical instillation, 1 mg		Chemotherapy Drug	No	No	No	No
J9032	Injection, belinostat, 10 mg	Beleodaq	Chemotherapy Drug	No	No	No	No
J9033	Injection, bendamustine HCl (Treanda), 1 mg		Chemotherapy Drug	Yes	Yes	Yes	Yes
J9034	Injection, bendamustine HCl (Bendeka), 1 mg		Chemotherapy Drug	Yes	Yes	Yes	Yes
J9035	Injection, bevacizumab, 10 mg	Avastin (precert for oncology only)	Chemotherapy Drug	No	No	Yes	Yes
J9036	Injection, bendamustine hydrochloride, (Belrapzo/bendamustine), 1 mg		Injectable Drug	Yes	Yes	Yes	Yes
J9037	Injection, belantamab mafodontin-blmf, 0.5 mg		Injectable Drug	Yes	Yes	Yes	No
J9039	Injection, blinatumomab, 1 microgram	Blincyto	Chemotherapy Drug	No	No	No	No
J9040	Injection, bleomycin sulfate, 15 units	Bleo 15K	Chemotherapy Drug	No	No	No	No
J9041	Injection, bortezomib, 0.1 mg	precert for multiple myeloma only	Chemotherapy Drug	Yes	Yes	Yes	Yes

CPT	Description	Notes	Code Group	Commercial	Commercial PPO-	Centra-Auth Non-ASA	Centra-Auth ASA Provider
J9042	Injection, brentuximab vedotin, 1 mg	Adcetris	Chemotherapy Drug	Yes	Yes	No	Yes
J9043	Injection, cabazitaxel, 1 mg	Jevtana	Chemotherapy Drug	No	No	No	No
J9044	Injection, bortezomib, not otherwise specified, 0.1 mg		Chemotherapy	Yes	Yes	Yes	No
J9045	Injection, carboplatin, 50 mg		Chemotherapy Drug	No	No	No	No
J9046	Bortezomib		Chemotherapy Drug	Yes	Yes	Yes	Yes
J9047	Injection, carfilzomib, 1 mg	Kyprolis; ASA provider precertification only for multiple myeloma	Chemotherapy Drug	Yes	Yes	Yes	Yes
J9048	Bortezomib		Chemotherapy Drug	Yes	Yes	Yes	Yes
J9049	Bortezombi (Hospira)		Drug	Yes	Yes	Yes	Yes
J9050	Injection, carmustine, 100 mg	Bicnu	Chemotherapy Drug	No	No	No	No
J9051	Injection, bortezomib (maia), not therapeutically equivalent to j9041, 0.1 mg		Chemotherapy Drug	No	No	No	No
J9052	Injection, carmustine (accord), not therapeutically equivalent to j9050, 100 mg		Injectable Drug	No	No	No	No
J9055	Injection, cetuximab, 10 mg	Erbitux	Chemotherapy Drug	Yes	Yes	Yes	No
J9056	Injection, bendamustine hydrochloride (vivimusta), 1 mg		Chemotherapy Drug	Yes	Yes	Yes	Yes
J9057	Injection, copanlisib, 1 mg		Chemotherapy	Yes	Yes	Yes	No
J9058	Injection, bendamustine hydrochloride (apotex), 1 mg		Chemotherapy Drug	Yes	Yes	Yes	Yes
J9059	Injection, bendamustine hydrochloride (baxter), 1 mg		Chemotherapy Drug	Yes	Yes	Yes	Yes
J9060	Injection, cisplatin, powder or solution, 10 mg		Chemotherapy	No	No	No	No
J9061	Injection, amivantamab-vmjw, 2 mg		Chemotherapy Drug	Yes	Yes	Yes	Yes
J9063	Injection, mirvetuximab soravtansine-gynx, 1 mg		Chemotherapy Drug	Yes	Yes	Yes	Yes
J9064	Injection, cabazitaxel, (sandoz), not therapeutically equivalent to j9043, 1 mg		Chemotherapy Drug	No	No	No	No
J9065	Injection, cladribine, per 1 mg		Chemotherapy Drug	Yes	Yes	No	No
J9070	Cyclophosphamide, 100 mg	AuroMedics; code discontinued as of 4/1/24	Chemotherapy	No	No	No	No
J9071	Injection, cyclophosphamide, (AuroMedics), 5 mg		Chemotherapy Drug	No	No	No	No
J9072	Injection, cyclophosphamide, (dr. reddy's), 5 mg		Injectable Drug	No	No	No	No
J9073	Injection, cyclophosphamide (ingenus), 5 mg		Injectable Drug	No	No	No	No
J9074	Injection, cyclophosphamide (sandoz), 5 mg		Injectable Drug	No	No	No	No
J9075	Injection, cyclophosphamide, not otherwise specified, 5 mg		Injectable Drug	No	No	No	No
J9098	Injection, cytarabine liposome, 10 mg	Discontinued product	Chemotherapy Drug	No	No	No	No
J9100	Injection, cytarabine, 100 mg		Chemotherapy Drug	No	No	No	No
J9118	Injection, calaspargase pegol-mknl, 10 units		Injectable Drug	Yes	Yes	No	No
J9119	Injection, cemiplimab-rwlc, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes
J9120	Injection, dactinomycin, 0.5 mg	Cosmegen	Chemotherapy Drug	No	No	No	No
J9130	Dacarbazine, 100 mg		Chemotherapy Drug	No	No	No	No
J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj		Injectable Drug	Yes	Yes	Yes	Yes
J9145	Injection, daratumumab, 10 mg	Darzelex	Chemotherapy Drug	Yes	Yes	Yes	Yes
J9150	Injection, daunorubicin, 10 mg		Chemotherapy Drug	No	No	No	No
J9151	Injection, daunorubicin citrate, liposomal formulation, 10 mg		Chemotherapy Drug	No	No	No	No
J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine		Chemotherapy	Yes	Yes	Yes	No
J9154	Injection, buprenorphine extended-release (brixadi), 1 mg		Chemotherapy Drug	Yes	Yes	Yes	Yes
J9155	Injection, degarelix, 1 mg	Firmagon	Chemotherapy Drug	Yes	Yes	Yes	Yes
J9160	Injection, denileukin diftitox, 300 mcg	Discontinued as of 1/1/24	Chemotherapy Drug	No	No	No	No
J9165	Injection, diethylstilbestrol diphosphate, 250 mg		Chemotherapy Drug	No	No	No	No
J9171	Injection, docetaxel, 1 mg	Taxotere	Chemotherapy Drug	No	No	No	No
J9172	Injection, docetaxel (ingenus) not therapeutically equivalent to j9171, 1 mg		Injectable Drug	No	No	No	No
J9173	Injection, durvalumab, 10 mg		Chemotherapy	Yes	Yes	Yes	Yes
J9175	Injection, Elliotts' B solution, 1 ml		Chemotherapy Drug	No	No	No	No
J9176	Injection, elotuzumab, 1 mg	Empliciti	Chemotherapy Drug	Yes	Yes	Yes	Yes
J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg		Injectable Drug	Yes	Yes	Yes	Yes
J9178	Injection, epirubicin HCl, 2 mg	Ellence	Chemotherapy Drug	No	No	No	No
J9179	Injection, eribulin mesylate, 0.1 mg	Halaven	Chemotherapy Drug	No	No	No	No
J9181	Injection, etoposide, 10 mg	Etopophos, Toposar	Chemotherapy Drug	No	No	No	No
J9185	Injection, fludarabine phosphate, 50 mg		Chemotherapy Drug	No	No	No	No
J9190	Injection, fluorouracil, 500 mg	Adrucil	Chemotherapy Drug	No	No	No	No

CPT	Description	Notes	Code Group	Commercial	Commercial PPO-	Centra-Auth Non-ASA	Centra-Auth ASA Provider
J9196	Injection, gemcitabine hydrochloride (accord), not therapeutically equivalent to j9201, 200 mg		Chemotherapy drug	No	No	No	No
J9198	Injection, gemcitabine hydrochloride, (Infugem), 100 mg		Injectable Drug	No	No	No	No
J9200	Injection, floxuridine, 500 mg		Chemotherapy Drug	No	No	No	No
J9202	Goserelin acetate implant, per 3.6 mg	Gemzar	Chemotherapy Drug	Yes	Yes	Yes	Yes
J9203	Injection, gentuzumab ozogamicin, 0.1 mg	Zoladex	Chemotherapy Drug	No	No	No	No
J9204	Injection, mogamulizumab-kpkc, 1 mg		Injectable Drug	No	No	No	No
J9205	Injection, irinotecan liposome, 1 mg	Onivyde	Chemotherapy Drug	No	No	No	No
J9206	Injection, irinotecan, 20 mg	Camptosar	Chemotherapy Drug	No	No	No	No
J9207	Injection, ixabepilone, 1 mg	Ixempra	Chemotherapy Drug	No	No	No	No
J9208	Injection, ifosfamide, 1 g	Ifex	Chemotherapy Drug	No	No	No	No
J9209	Injection, mesna, 200 mg	Mesnex	Chemotherapy Drug	No	No	No	No
J9210	Injection, emapalumab-lzsg, 1 mg		Injectable Drug	No	No	No	No
J9211	Injection, idarubicin HCl, 5 mg	Idamycin PFS	Chemotherapy Drug	No	No	No	No
J9212	Injection, interferon alfacon-1, recombinant, 1 mcg		Chemotherapy Drug	No	No	No	No
J9213	Injection, interferon, alfa-2a, recombinant, 3 million units		Chemotherapy Drug	No	No	No	No
J9214	Injection, interferon, alfa-2b, recombinant, 1 million units	Intron-A	Chemotherapy Drug	No	No	No	No
J9215	Injection, interferon, alfa-N3, (human leukocyte derived), 250,000 IU		Chemotherapy Drug	No	No	No	No
J9216	Injection, interferon, gamma 1-b, 3 million units		Chemotherapy Drug	No	No	No	No
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	Eligard, Lupron	Chemotherapy Drug	Yes	Yes	Yes	Yes
J9218	Leuprolide acetate, per 1 mg		Chemotherapy Drug	No	No	No	No
J9219	Leuprolide acetate implant, 65 mg		Chemotherapy Drug	No	No	No	No
J9223	Injection, lurbinectedin, 0.1 mg		Injectable Drug	No	No	No	No
J9225	Histrelin implant (Vantas), 50 mg	Discontinued product	Chemotherapy Drug	No	No	No	No
J9226	Histrelin implant (Supprelin LA), 50 mg		Chemotherapy Drug	Yes	Yes	No	No
J9227	Injection, isatuximab-irfc, 10 mg		Injectable Drug	Yes	Yes	Yes	Yes
J9228	Injection, ipilimumab, 1 mg	Yervoy	Chemotherapy Drug	Yes	Yes	Yes	Yes
J9229	Injection, inotuzumab ozogamicin, 0.1 mg		Chemotherapy	Yes	Yes	Yes	Yes
J9230	Injection, mechlorethamine HCl, (nitrogen mustard), 10 mg	manufacturer discontinued	Chemotherapy Drug	No	No	No	No
J9245	Injection, melphalan hydrochloride, not otherwise specified, 50 mg		Chemotherapy Drug	No	No	No	No
J9246	Injection, melphalan HCl, 1 mg	Alkeran, Evomela, Melphalan	Chemotherapy Drug	No	No	No	No
J9247	Injection, melphalan flufenamide, 1 mg		Injectable Drug	Yes	Yes	Yes	No
J9248	Injection, melphalan (hepzato), 1 mg		Injectable Drug	No	No	No	No
J9249	Injection, melphalan (apotex), 1 mg		Injectable Drug	No	No	No	No
J9250	Methotrexate sodium, 5 mg	code discontinued as of 4/1/24	Chemotherapy Drug	No	No	No	No
J9255	Injection, methotrexate (accord) not therapeutically equivalent to j9250 and j9260, 50 mg		Injectable Drug	No	No	No	No
J9258	Injection, paclitaxel protein-bound particles (teva) not therapeutically equivalent to j9264, 1 mg		Injectable Drug	No	No	No	No
J9259	Injection, paclitaxel protein-bound particles not therapeutically equivalent to j9264, 1 mg		Chemotherapy drug	No	No	No	No
J9260	Methotrexate sodium, 50 mg		Chemotherapy Drug	No	No	No	No
J9261	Injection, nelarabine, 50 mg	Arranon	Chemotherapy Drug	No	No	No	No
J9262	Injection, omacetaxine mepesuccinate, 0.01 mg		Chemotherapy Drug	No	No	No	No
J9263	Injection, oxaliplatin, 0.5 mg		Chemotherapy Drug	No	No	No	No
J9264	Injection, paclitaxel protein-bound particles, 1 mg	Abraxane	Chemotherapy Drug	Yes	Yes	Yes	No
J9266	Injection, pegaspargase, per single dose vial	Oncaspar	Chemotherapy Drug	No	No	No	No
J9267	Injection, paclitaxel, 1 mg		Chemotherapy Drug	No	No	No	No
J9268	Injection, pentostatin, 10 mg	Nipent	Chemotherapy Drug	No	No	No	No
J9269	Injection, tagraxofusp-erzs, 10 mcg		Injectable Drug	No	No	No	No
J9270	Injection, plicamycin, 2.5 mg		Chemotherapy Drug	No	No	No	No
J9271	Injection, pembrolizumab, 1 mg	Keytruda	Chemotherapy Drug	Yes	Yes	Yes	Yes
J9272	Injection, dostarimab-gxly, 10 mg		Chemotherapy Drug	Yes	Yes	Yes	Yes
J9273	Injection, tisotumab vedotim-tflv, 1 mg		Chemotherapy Drug	Yes	Yes	Yes	Yes
J9274	Injection, tebentafusp-tebn, 1 mcg		Injectable Drug	Yes	Yes	Yes	Yes
J9280	Injection, mitomycin, 5 mg		Chemotherapy Drug	No	No	No	No
J9281	Mitomycin pyelocalyceal instillation, 1 mg		Chemotherapy Drug	Yes	Yes	Yes	Yes

CPT	Description	Notes	Code Group	Commercial	Commercial PPO-	Centra-Auth Non-ASA	Centra-Auth ASA Provider
J9285	Injection, olaratumab, 10 mg	Lartruvo	Chemotherapy Drug	Yes	Yes	Yes	No
J9286	Injection, glofitamab-gxbm, 2.5 mg		Injectable Drug	No	No	No	No
J9293	Injection, mitoxantrone HCl, per 5 mg		Chemotherapy Drug	No	No	No	No
J9294	Injection, pemetrexed (hospira) not therapeutically equivalent to j9305, 10 mg		Chemotherapy Drug	No	No	No	No
J9295	Injection, necitumumab, 1 mg	Portrazza	Chemotherapy Drug	Yes	Yes	No	No
J9296	Injection, pemetrexed (accord) not therapeutically equivalent to j9305, 10 mg		Injectable Drug	No	No	No	No
J9297	Injection, premetrexed (sandoz), not therapeutically equivalent to j9305, 10 mg		Injectable Drug	No	No	No	No
J9298	Injection, nivolumab and relatlimab-rmbw), Opdualag		Injectable Drug	Yes	Yes	Yes	Yes
J9299	Injection, nivolumab, 1 mg	Opdivo	Chemotherapy Drug	Yes	Yes	Yes	Yes
J9301	Injection, obinutuzumab, 10 mg	Gazyva	Chemotherapy Drug	Yes	Yes	Yes	No
J9302	Injection, ofatumumab, 10 mg	Arzerra	Chemotherapy Drug	Yes	Yes	No	No
J9303	Injection, panitumumab, 10 mg		Chemotherapy Drug	Yes	Yes	Yes	Yes
J9304	Injection, pemetrexed (Pemfexy), 10 mg		Injectable Drug	No	No	No	No
J9305	Injection, pemetrexed, NOS, 10 mg	Alimta	Chemotherapy Drug	No	No	No	No
J9306	Injection, pertuzumab, 1 mg	Perjeta	Chemotherapy Drug	Yes	Yes	Yes	Yes
J9307	Injection, pralatrexate, 1 mg	Folotyn	Chemotherapy Drug	No	No	No	No
J9308	Injection, ramucirumab, 5 mg	Cyramza	Chemotherapy Drug	Yes	Yes	Yes	Yes
J9309	Injection, polatuzumab vedotin-piiq, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes
J9311	Injection, rituximab, 10 mg and hyaluronidase		Chemotherapy	Yes	Yes	Yes	Yes
J9312	Injection, rituximab, 10 mg		Chemotherapy	Yes	Yes	Yes	Yes
J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg		Injectable Drug	Yes	Yes	Yes	No
J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg		Injectable Drug	Yes	Yes	Yes	Yes
J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg		Injectable Drug	Yes	Yes	Yes	Yes
J9318	Injection, romidepsin, nonlyophilized, 0.1 mg		Injectable Drug	Yes	Yes	Yes	No
J9319	Injection, romidepsin, lyophilized, 0.1 mg		Injectable Drug	Yes	Yes	Yes	No
J9320	Injection, streptozocin, 1 g	Zanosar	Chemotherapy Drug	No	No	No	No
J9321	Injection, epcoritamab-bysp, 0.16 mg		Injectable Drug	Yes	Yes	Yes	Yes
J9322	Injection, pemetrexed (bluepoint), not therapeutically equivalent to j9305, 10 mg		Chemotherapy Drug	No	No	No	No
J9323	Injection, pemetrexed ditromethamine, 10 mg		Chemotherapy Drug	No	No	No	No
J9324	Injection, pemetrexed (pemrydi rtu), 10 mg		Injectable Drug	No	No	No	No
J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units	Imlygic	Chemotherapy Drug	Yes	Yes	Yes	Yes
J9328	Injection, temozolomide, 1 mg	Temodar IV	Chemotherapy Drug	No	No	No	No
J9330	Injection, temsirolimus, 1 mg		Chemotherapy Drug	Yes	Yes	Yes	No
J9331	Injection, sirolimus protein-bound particles, 1 mg		Chemotherapy Drug	Yes	Yes	Yes	Yes
J9332	Injection, efgartigimod alfa-fcab, 2 mg		Chemotherapy Drug	Yes	Yes	Yes	Yes
J9333	Injection, rozanolixizumab-noli, 1 mg		Injectable Drug	No	No	No	No
J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc		Injectable Drug	No	No	No	No
J9340	Injection, thiotepa, 15 mg		Chemotherapy Drug	No	No	No	No
J9345	Injection, retifanlimab-dlwr, 1 mg		Chemotherapy Drug	No	No	No	No
J9347	Injection, tremelimumab-actl, 1 mg		Chemotherapy Drug	Yes	Yes	Yes	Yes
J9348	Injection, naxitamab-gqgk, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes
J9349	Injection, tafasitamab-cxix, 2 mg		Injectable Drug	Yes	Yes	Yes	Yes
J9350	Injection, mosunetuzumab-axgb, 1 mg		Chemotherapy Drug	Yes	Yes	Yes	Yes
J9351	Injection, topotecan, 0.1 mg	Hycamtin	Chemotherapy Drug	No	No	No	No
J9352	Injection, trabectedin, 0.1 mg	Yondelis	Chemotherapy Drug	No	No	No	No
J9353	Injection, margetuximab-cmkb, 5 mg		Injectable Drug	Yes	Yes	Yes	Yes
J9354	Injection, ado-trastuzumab emtansine, 1 mg	Kadcyla	Chemotherapy Drug	Yes	Yes	Yes	Yes
J9355	Injection, trastuzumab, 10 mg	Herceptin	Chemotherapy Drug	Yes	Yes	Yes	Yes
J9356	Injection, trastuzumab, 10 mg and hyaluronidase-oysk		Injectable Drug	Yes	Yes	Yes	Yes
J9357	Injection, valrubicin, intravesical, 200 mg	Valstar	Chemotherapy Drug	Yes	Yes	No	No
J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg		Chemotherapy Drug	Yes	Yes	Yes	Yes
J9359	Injection, loncastuximab tesirine-lpyl, 0.075 mg		Injectable Drug	Yes	Yes	Yes	Yes
J9360	Injection, vinblastine sulfate, 1 mg		Chemotherapy Drug	Yes	Yes	No	No

CPT	Description	Notes	Code Group	Commercial	Commercial PPO-	Centra-Auth Non-ASA	Centra-Auth ASA Provider
J9361	Injection, efbemalenograstim alfa-vuxw, 0.5 mg		Injectable Drug	Yes	Yes	Yes	Yes
J9370	Vincristine sulfate, 1 mg		Chemotherapy Drug	No	No	No	No
J9371	Injection, vincristine sulfate liposome, 1 mg	code discontinued as of 7/1/24	Chemotherapy Drug	N/A	N/A	N/A	N/A
J9376	Injection, pozelimab-bbfg, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes
J9380	Injection, teclistamab-cqyv, 0.5 mg		Chemotherapy Drug	Yes	Yes	Yes	Yes
J9381	Injection, teplizumab-mzwv, 5 mcg		Chemotherapy Drugs	Yes	Yes	Yes	Yes
J9390	Injection, vinorelbine tartrate, 10 mg	Navelbine	Chemotherapy Drug	No	No	No	No
J9395	Injection, fulvestrant, 25 mg	Faslodex	Chemotherapy Drug	No	No	No	No
J9400	Injection, ziv-aflibercept, 1 mg	Zaltrap	Chemotherapy Drug	No	No	No	No
J9999	Not otherwise classified, antineoplastic drugs		Chemotherapy Drug	Yes	Yes	Yes	Yes

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
K0001	Standard wheelchair		Wheelchairs	No	No	No	No
K0002	Standard hemi (low seat) wheelchair		Wheelchairs	No	No	No	No
K0003	Lightweight wheelchair		Wheelchairs	No	No	No	No
K0004	High strength, lightweight wheelchair		Wheelchairs	No	No	No	No
K0005	Ultralightweight wheelchair		Wheelchairs	No	No	No	No
K0006	Heavy-duty wheelchair		Wheelchairs	No	No	No	No
K0007	Extra heavy-duty wheelchair		Wheelchairs	No	No	No	No
K0008	Custom manual wheelchair/base		Wheelchairs	Yes	Yes	No	No
K0009	Other manual wheelchair/base		Wheelchairs	Yes	Yes	No	No
K0010	Standard-weight frame motorized/power wheelchair		Wheelchairs	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
K0012	Lightweight portable motorized/power wheelchair		Wheelchairs	Yes	Yes	Yes	Yes
K0013	Custom motorized/power wheelchair base		Wheelchairs	Yes	Yes	Yes	Yes
K0014	Other motorized/power wheelchair base		Wheelchairs	Yes	Yes	Yes	Yes
K0015	Detachable, nonadjustable height armrest, each		Wheelchairs	No	No	No	No
K0017	Detachable, adjustable height armrest, base, replacement only, each		Wheelchairs	No	No	No	No
K0018	Detachable, adjustable height armrest, upper portion, replacement only, each		Wheelchairs	No	No	No	No
K0019	Arm pad, replacement only, each		Wheelchairs	No	No	No	No
K0020	Fixed, adjustable height armrest, pair		Wheelchairs	No	No	No	No
K0037	High mount flip-up footrest, replacement only, each		Wheelchairs	No	No	No	No
K0038	Leg strap, each		Wheelchairs	No	No	No	No
K0039	Leg strap, H style, each		Wheelchairs	No	No	No	No
K0040	Adjustable angle footplate, each		Wheelchairs	No	No	No	No
K0041	Large size footplate, each		Wheelchairs	No	No	No	No
K0042	Standard size footplate, replacement only, each		Wheelchairs	No	No	No	No
K0043	Footrest, lower extension tube, replacement only, each		Wheelchairs	No	No	No	No
K0044	Footrest, upper hanger bracket, replacement only, each		Wheelchairs	No	No	No	No
K0045	Footrest, complete assembly, replacement only, each		Wheelchairs	No	No	No	No
K0046	Elevating legrest, lower extension tube, replacement only, each		Wheelchairs	No	No	No	No
K0047	Elevating legrest, upper hanger bracket, replacement only, each		Wheelchairs	No	No	No	No
K0050	Ratchet assembly, replacement only		Wheelchairs	No	No	No	No
K0051	Cam release assembly, footrest or legrest, replacement only, each		Wheelchairs	No	No	No	No
K0052	Swingaway, detachable footrests, replacement only, each		Wheelchairs	No	No	No	No
K0053	Elevating footrests, articulating (telescoping), each		Wheelchairs	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
K0065	Spoke protectors, each		Wheelchairs	No	No	No	No
K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each		Wheelchairs	No	No	No	No
K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each		Wheelchairs	No	No	No	No
K0071	Front caster assembly, complete, with pneumatic tire, replacement only, each		Wheelchairs	No	No	No	No
K0072	Front caster assembly, complete, with semipneumatic tire, replacement only, each		Wheelchairs	No	No	No	No
K0073	Caster pin lock, each		Wheelchairs	No	No	No	No
K0077	Front caster assembly, complete, with solid tire, replacement only, each		Wheelchairs	No	No	No	No
K0098	Drive belt for power wheelchair, replacement only		Wheelchairs	No	No	No	No
K0105	IV hanger, each		Wheelchairs	No	No	No	No
K0108	Wheelchair component or accessory, not otherwise specified		Wheelchairs	Yes	Yes	No	No
K0195	Elevating legrests, pair (for use with capped rental wheelchair base)		Wheelchairs	No	No	No	No
K0455	Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol)		Infusion	No	No	No	No
K0462	Temporary replacement for patient-owned equipment being repaired, any type		Infusion	Yes	Yes	No	No
K0552	Supplies for external non-insulin drug infusion pump, syringe type cartridge, sterile, each		Infusion	No	No	No	No
K0553	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
K0554	Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system		Infusion	No	No	No	No
K0601	Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each		Infusion	No	No	No	No
K0602	Replacement battery for external infusion pump owned by patient, silver oxide, 3 volt, each		Infusion	No	No	No	No
K0603	Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each		Infusion	No	No	No	No
K0604	Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt, each		Infusion	No	No	No	No
K0605	Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt, each		Infusion	No	No	No	No
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type		DME	Yes	Yes	No	No
K0607	Replacement battery for automated external defibrillator, garment type only, each		Replacement	Yes	Yes	No	No
K0608	Replacement garment for use with automated external defibrillator, each		Replacement	No	No	No	No
K0609	Replacement electrodes for use with automated external defibrillator, garment type only, each		Replacement	Yes	Yes	No	No
K0669	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	No
K0672	Addition to lower extremity orthotic, removable soft interface, all components, replacement only, each		Orthotics	No	No	No	No
K0730	Controlled dose inhalation drug delivery system		Respiratory	No	No	No	No
K0733	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)		Wheelchairs	No	No	No	No
K0738	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
K0739	Repair or nonroutine 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
K0740	Repair or nonroutine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes		Respiratory	No	No	No	No
K0743	Suction pump, home model, portable, for use on wounds		Wound Care	No	No	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	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	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
K0746	Absorptive wound dressing for use with suction pump, home model, portable, pad size greater than 48 sq in		Wound Care	No	No	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
K0801	Power operated vehicle, group 1 heavy-duty, patient weight capacity 301 to 450 pounds		Power Operated Vehicle	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
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds		Power Operated Vehicle	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
K0808	Power operated vehicle, group 2 very heavy-duty, patient weight capacity 451 to 600 pounds		Power Operated Vehicle	Yes	Yes	Yes	Yes
K0812	Power operated vehicle, not otherwise classified		Power Operated Vehicle	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
K0814	Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds		Wheelchairs	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
K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds		Wheelchairs	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
K0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds		Wheelchairs	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
K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds		Wheelchairs	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
K0825	Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds		Wheelchairs	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
K0827	Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds		Wheelchairs	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
K0829	Power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more		Wheelchairs	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
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
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
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
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
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
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
K0840	Power wheelchair, group 2 extra heavy-duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more		Wheelchairs	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
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
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
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds		Wheelchairs	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
K0850	Power wheelchair, group 3 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds		Wheelchairs	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
K0852	Power wheelchair, group 3 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds		Wheelchairs	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
K0854	Power wheelchair, group 3 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more		Wheelchairs	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
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
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
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
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
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
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
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
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
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
K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds		Wheelchairs	Yes	Yes	Yes	Yes

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
K0869	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds		Wheelchairs	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
K0871	Power wheelchair, group 4 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds		Wheelchairs	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
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
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
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
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
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
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
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
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
K0898	Power wheelchair, not otherwise classified		Wheelchairs	Yes	Yes	Yes	Yes
K0899	Power mobility device, not coded by DME PDAC or does not meet criteria		Wheelchairs	Yes	Yes	Yes	Yes
K0900	Customized durable medical equipment, other than wheelchair		DME	Yes	Yes	Yes	Yes
K1001	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type	Discontinued as of 1/1/24	CPAP	N/A	N/A	N/A	N/A
K1002	Cranial electrotherapy stimulation (CES) system, includes all supplies and accessories, any type	Discontinued as of 1/1/24	Stimulation	N/A	N/A	N/A	N/A
K1003	Whirlpool tub, walk in, portable	Discontinued as of 1/1/24	Accessories	N/A	N/A	N/A	N/A
K1004	Low frequency ultrasonic diathermy treatment device for home use, includes all components and accessories		Stimulation	Yes	Yes	No	No
K1005	Disposable collection and storage bag for breast milk, any size, any type, each	Discontinued as of 1/1/24	Breast Pump	No	No	No	No
K1006	Suction pump, home model, portable or stationary, electric, any type, for use with external urine management system	Discontinued as of 1/1/24	Pump	Yes	Yes	No	No
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	No
K1009	Speech volume modulation system, any type, including all components and accessories	Discontinued as of 1/1/24	Speech	N/A	N/A	N/A	N/A
K1013	Enema tube, any type, replacement only, each	Discontinued as of 1/1/24	Supply	N/A	N/A	N/A	N/A
K1014	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	Discontinued as of 1/1/24	Prosthesis	N/A	N/A	N/A	N/A
K1015	Foot, adductus positioning device, adjustable	Discontinued as of 1/1/24	Orthotics	N/A	N/A	N/A	N/A
K1016	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve	Discontinued as of 1/1/24	Stimulation	N/A	N/A	N/A	N/A
K1017	Monthly supplies for use of device coded at K1016	Discontinued as of 1/1/24	Stimulation	N/A	N/A	N/A	N/A
K1018	External upper limb tremor stimulator of the peripheral nerves of the wrist	of 1/1/24	Stimulation	N/A	N/A	N/A	N/A
K1019	Monthly supplies for use of device coded at K1018	Discontinued as of 1/1/24	Stimulation	N/A	N/A	N/A	N/A
K1020	Noninvasive vagus nerve stimulator	Discontinued as of 1/1/24	Stimulation	N/A	N/A	N/A	N/A
K1021	Exsufflation belt, includes all supplies and accessories	Discontinued as of 1/1/24	Urology Supply	N/A	N/A	N/A	N/A
K1022	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type	Discontinued as of 1/1/24	Prosthesis	N/A	N/A	N/A	N/A
K1023	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm	Discontinued as of 1/1/24	Stimulation	N/A	N/A	N/A	N/A
K1024	Nonpneumatic compression controller with sequential calibrated gradient pressure	Discontinued as of 1/1/24	Compression	N/A	Yes	N/A	N/A
K1025	Nonpneumatic sequential compression garment, full arm	Discontinued as of 1/1/24	Compression	N/A	Yes	N/A	N/A
K1026	Mechanical allergen particle barrier/inhalation filter, cream, nasal, topical	Discontinued as of 1/1/24	Supply	N/A	Yes	N/A	N/A
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
K1035	Molecular diagnostic test reader, nonprescription self-administered and self-collected use, fda approved, authoirzed or cleared		Diagnostic test	Yes	Yes	Yes	No
K1036	Supplies and accessories (e.g. tranducer) for low frequency ultrasonic diathermy treatment device, per month		DME	Yes	Yes	Yes	No
K1037	Docking station for use with oral device/appliance used to reduce upper airway collapsibility		DME	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
L0112	Cranial cervical orthotic, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated		Spinal Orthotics	Yes	Yes	No	No
L0113	Cranial cervical orthotic, torticollis type, with or without joint, with or without soft interface material, prefabricated, includes fitting and adjustment		Spinal Orthotics	No	No	No	No
L0120	Cervical, flexible, nonadjustable, prefabricated, off-the-shelf (foam collar)		Spinal Orthotics	No	No	No	No
L0130	Cervical, flexible, thermoplastic collar, molded to patient		Spinal Orthotics	No	No	No	No
L0140	Cervical, semi-rigid, adjustable (plastic collar)		Spinal Orthotics	No	No	No	No
L0150	Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)		Spinal Orthotics	No	No	No	No
L0160	Cervical, semi-rigid, wire frame occipital/mandibular support, prefabricated, off-the-shelf		Spinal Orthotics	No	No	No	No
L0170	Cervical, collar, molded to patient model		Spinal Orthotics	No	No	No	No
L0172	Cervical, collar, semi-rigid thermoplastic foam, two-piece, prefabricated, off-the-shelf		Spinal Orthotics	No	No	No	No
L0174	Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension, prefabricated, off-the-shelf		Spinal Orthotics	No	No	No	No
L0180	Cervical, multiple post collar, occipital/mandibular supports, adjustable		Spinal Orthotics	No	No	No	No
L0190	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (SOMI, Guilford, Taylor types)		Spinal Orthotics	No	No	No	No
L0200	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars, and thoracic extension		Spinal Orthotics	No	No	No	No
L0220	Thoracic, rib belt, custom fabricated		Spinal Orthotics	No	No	No	No
L0450	TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, off-the-shelf		Spinal Orthotics	Yes	Yes	No	No
L0452	Thoracic-lumbar-sacral orthotic (TLSO), flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, custom fabricated		Spinal Orthotics	Yes	Yes	No	No
L0454	TLSO flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise		Spinal Orthotics	Yes	Yes	No	No
L0455	TLSO, flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, off-the-shelf		Spinal Orthotics	Yes	Yes	No	No
L0456	TLSO, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise		Spinal Orthotics	Yes	Yes	No	No
L0457	TLSO, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated, off-the-shelf		Spinal Orthotics	Yes	Yes	No	No
L0458	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, modular segmented spinal system, 2 rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment		Spinal Orthotics	Yes	Yes	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
L0460	TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise		Spinal Orthotics	Yes	Yes	No	No
L0462	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, modular segmented spinal system, 3 rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment		Spinal Orthotics	Yes	Yes	No	No
L0464	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, modular segmented spinal system, 4 rigid plastic shells, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment		Spinal Orthotics	Yes	Yes	No	No
L0466	TLSO, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise		Spinal Orthotics	Yes	Yes	No	No
L0467	TLSO, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated, off-the-shelf		Spinal Orthotics	Yes	Yes	No	No
L0468	TLSO, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal, and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise		Spinal Orthotics	Yes	Yes	No	No
L0469	TLSO, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated, off-the-shelf		Spinal Orthotics	Yes	Yes	No	No
L0470	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding extends from sacrococcygeal junction to scapula, lateral strength provided by pelvic, thoracic, and lateral frame pieces, rotational strength provided by subclavicular extensions, restricts gross trunk motion in sagittal, coronal, and transverse planes, provides intracavitary pressure to reduce load on the intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment		Spinal Orthotics	Yes	Yes	No	No
L0472	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, hyperextension, rigid anterior and lateral frame extends from symphysis pubis to sternal notch with 2 anterior components (one pubic and one sternal), posterior and lateral pads with straps and closures, limits spinal flexion, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment		Spinal Orthotics	Yes	Yes	No	No
L0480	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 1 piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated		Spinal Orthotics	Yes	Yes	No	No
L0482	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 1 piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated		Spinal Orthotics	Yes	Yes	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
L0484	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 2 piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated		Spinal Orthotics	Yes	Yes	No	No
L0486	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 2 piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated		Spinal Orthotics	Yes	Yes	No	No
L0488	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 1 piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, prefabricated, includes fitting and adjustment		Spinal Orthotics	Yes	Yes	No	No
L0490	Thoracic-lumbar-sacral orthotic (TLSO), sagittal-coronal control, 1 piece rigid plastic shell, with overlapping reinforced anterior, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates at or before the T-9 vertebra, anterior extends from symphysis pubis to xiphoid, anterior opening, restricts gross trunk motion in sagittal and coronal planes, prefabricated, includes fitting and adjustment		Spinal Orthotics	Yes	Yes	No	No
L0491	Thoracic-lumbar-sacral orthotic (TLSO), sagittal-coronal control, modular segmented spinal system, 2 rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment		Spinal Orthotics	Yes	Yes	No	No
L0492	Thoracic-lumbar-sacral orthotic (TLSO), sagittal-coronal control, modular segmented spinal system, 3 rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment		Spinal Orthotics	Yes	Yes	No	No
L0621	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, off-the-shelf		Spinal Orthotics	No	No	No	No
L0622	Sacroiliac orthotic, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated		Spinal Orthotics	No	No	No	No
L0623	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, off-the-shelf		Spinal Orthotics	No	No	No	No
L0624	Sacroiliac orthotic, provides pelvic-sacral support, with rigid or semi-rigid panels placed over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated		Spinal Orthotics	No	No	No	No
L0625	Lumbar orthosis, flexible, provides lumbar support, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pendulous abdomen design, shoulder straps, stays, prefabricated, off-the-shelf		Spinal Orthotics	No	No	No	No
L0626	Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise		Spinal Orthotics	No	No	No	No
L0627	Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise		Spinal Orthotics	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
L0628	Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf		Spinal Orthotics	No	No	No	No
L0629	Lumbar-sacral orthotic, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, custom fabricated		Spinal Orthotics	No	No	No	No
L0630	Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise		Spinal Orthotics	No	No	No	No
L0631	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise		Spinal Orthotics	Yes	Yes	No	No
L0632	Lumbar-sacral orthotic (LSO), sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated		Spinal Orthotics	No	No	No	No
L0633	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise		Spinal Orthotics	Yes	Yes	No	No
L0634	Lumbar-sacral orthotic (LSO), sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated		Spinal Orthotics	No	No	No	No
L0635	Lumbar-sacral orthotic (LSO), sagittal-coronal control, lumbar flexion, rigid posterior frame/panel(s), lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment		Spinal Orthotics	Yes	Yes	No	No
L0636	Lumbar-sacral orthotic (LSO), sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated		Spinal Orthotics	Yes	Yes	No	No
L0637	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise		Spinal Orthotics	Yes	Yes	No	No
L0638	Lumbar-sacral orthotic (LSO), sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated		Spinal Orthotics	Yes	Yes	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
L0639	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise		Spinal Orthotics	Yes	Yes	No	No
L0640	Lumbar-sacral orthotic (LSO), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated		Spinal Orthotics	Yes	Yes	No	No
L0641	Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf		Spinal Orthotics	No	No	No	No
L0642	Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf		Spinal Orthotics	No	No	No	No
L0643	Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf		Spinal Orthotics	No	No	No	No
L0648	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf		Spinal Orthotics	Yes	Yes	No	No
L0649	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf		Spinal Orthotics	Yes	Yes	No	No
L0650	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf		Spinal Orthotics	Yes	Yes	No	No
L0651	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, off-the-shelf		Spinal Orthotics	Yes	Yes	No	No
L0700	Cervical-thoracic-lumbar-sacral orthotic (CTLSO), anterior-posterior-lateral control, molded to patient model, (Minerva type)		Spinal Orthotics	Yes	Yes	No	No
L0710	Cervical-thoracic-lumbar-sacral orthotic (CTLSO), anterior-posterior-lateral-control, molded to patient model, with interface material, (Minerva type)		Spinal Orthotics	Yes	Yes	No	No
L0810	Halo procedure, cervical halo incorporated into jacket vest		Spinal Orthotics	Yes	Yes	No	No
L0820	Halo procedure, cervical halo incorporated into plaster body jacket		Spinal Orthotics	Yes	Yes	No	No
L0830	Halo procedure, cervical halo incorporated into Milwaukee type orthotic		Spinal Orthotics	Yes	Yes	No	No
L0859	Addition to halo procedure, magnetic resonance image compatible systems, rings and pins, any material		Spinal Orthotics	Yes	Yes	No	No
L0861	Addition to halo procedure, replacement liner/interface material		Spinal Orthotics	No	No	No	No

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L0970	Thoracic-lumbar-sacral orthotic (TLSO), corset front		Spinal Orthotics	Yes	Yes	No	No
L0972	Lumbar-sacral orthotic (LSO), corset front		Spinal Orthotics	Yes	Yes	No	No
L0974	Thoracic-lumbar-sacral orthotic (TLSO), full corset		Spinal Orthotics	No	No	No	No
L0976	Lumbar-sacral orthotic (LSO), full corset		Spinal Orthotics	No	No	No	No
L0978	Axillary crutch extension		Walking Aids	No	No	No	No
L0980	Peroneal straps, prefabricated, off-the-shelf, pair		Spinal Orthotics	No	No	No	No
L0982	Stocking supporter grips, prefabricated, off-the-shelf, set of four (4)		Compression Garment	No	No	No	No
L0984	Protective body sock, prefabricated, off-the-shelf, each		Spinal Orthotics	No	No	No	No
L0999	Addition to spinal orthotic, not otherwise specified		Spinal Orthotics	Yes	Yes	No	No
L1000	Cervical-thoracic-lumbar-sacral orthotic (CTLSO) (Milwaukee), inclusive of furnishing initial orthotic, including model		Spinal Orthotics	Yes	Yes	No	No
L1001	Cervical-thoracic-lumbar-sacral orthotic (CTLSO), immobilizer, infant size, prefabricated, includes fitting and adjustment		Spinal Orthotics	No	No	No	No
L1005	Tension based scoliosis orthotic and accessory pads, includes fitting and adjustment		Spinal Orthotics	Yes	Yes	No	No
L1010	Addition to cervical-thoracic-lumbar-sacral orthotic (CTLSO) or scoliosis orthotic, axilla sling		Spinal Orthotics	No	No	No	No
L1020	Addition to cervical-thoracic-lumbar-sacral orthotic (CTLSO) or scoliosis orthotic, kyphosis pad		Spinal Orthotics	No	No	No	No
L1025	Addition to cervical-thoracic-lumbar-sacral orthotic (CTLSO) or scoliosis orthotic, kyphosis pad, floating		Spinal Orthotics	No	No	No	No
L1030	Addition to cervical-thoracic-lumbar-sacral orthotic (CTLSO) or scoliosis orthotic, lumbar bolster pad		Spinal Orthotics	No	No	No	No
L1040	Addition to cervical-thoracic-lumbar-sacral orthotic (CTLSO) or scoliosis orthotic, lumbar or lumbar rib pad		Spinal Orthotics	No	No	No	No
L1050	Addition to cervical-thoracic-lumbar-sacral orthotic (CTLSO) or scoliosis orthotic, sternal pad		Spinal Orthotics	No	No	No	No
L1060	Addition to cervical-thoracic-lumbar-sacral orthotic (CTLSO) or scoliosis orthotic, thoracic pad		Spinal Orthotics	No	No	No	No
L1070	Addition to cervical-thoracic-lumbar-sacral orthotic (CTLSO) or scoliosis orthotic, trapezius sling		Spinal Orthotics	No	No	No	No
L1080	Addition to cervical-thoracic-lumbar-sacral orthotic (CTLSO) or scoliosis orthotic, outrigger		Spinal Orthotics	No	No	No	No
L1085	Addition to cervical-thoracic-lumbar-sacral orthotic (CTLSO) or scoliosis orthotic, outrigger, bilateral with vertical extensions		Spinal Orthotics	No	No	No	No
L1090	Addition to cervical-thoracic-lumbar-sacral orthotic (CTLSO) or scoliosis orthotic, lumbar sling		Spinal Orthotics	No	No	No	No
L1100	Addition to cervical-thoracic-lumbar-sacral orthotic (CTLSO) or scoliosis orthotic, ring flange, plastic or leather		Spinal Orthotics	No	No	No	No
L1110	Addition to cervical-thoracic-lumbar-sacral orthotic (CTLSO) or scoliosis orthotic, ring flange, plastic or leather, molded to patient model		Spinal Orthotics	No	No	No	No
L1120	Addition to cervical-thoracic-lumbar-sacral orthotic (CTLSO), scoliosis orthotic, cover for upright, each		Spinal Orthotics	No	No	No	No
L1200	Thoracic-lumbar-sacral orthotic (TLSO), inclusive of furnishing initial orthotic only		Spinal Orthotics	Yes	Yes	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
L1210	Addition to thoracic-lumbar-sacral orthotic (TLSO), (low profile), lateral thoracic extension		Spinal Orthotics	No	No	No	No
L1220	Addition to thoracic-lumbar-sacral orthotic (TLSO), (low profile), anterior thoracic extension		Spinal Orthotics	No	No	No	No
L1230	Addition to thoracic-lumbar-sacral orthotic (TLSO), (low profile), Milwaukee type superstructure		Spinal Orthotics	Yes	Yes	No	No
L1240	Addition to thoracic-lumbar-sacral orthotic (TLSO), (low profile), lumbar derotation pad		Spinal Orthotics	No	No	No	No
L1250	Addition to thoracic-lumbar-sacral orthotic (TLSO), (low profile), anterior ASIS pad		Spinal Orthotics	No	No	No	No
L1260	Addition to thoracic-lumbar-sacral orthotic (TLSO), (low profile), anterior thoracic derotation pad		Spinal Orthotics	No	No	No	No
L1270	Addition to thoracic-lumbar-sacral orthotic (TLSO), (low profile), abdominal pad		Spinal Orthotics	No	No	No	No
L1280	Addition to thoracic-lumbar-sacral orthotic (TLSO), (low profile), rib gusset (elastic), each		Spinal Orthotics	No	No	No	No
L1290	Addition to thoracic-lumbar-sacral orthotic (TLSO), (low profile), lateral trochanteric pad		Spinal Orthotics	No	No	No	No
L1300	Other scoliosis procedure, body jacket molded to patient model		Spinal Orthotics	Yes	Yes	No	No
L1310	Other scoliosis procedure, postoperative body jacket		Spinal Orthotics	Yes	Yes	No	No
L1320	Thoracic, pectus carinatum orthosis, sternal compression, rigid circumferential frame with anterior and posterior rigid pads, custom fabricated		Spinal Orthotics				
L1499	Spinal orthotic, not otherwise specified		Spinal Orthotics	Yes	Yes	No	No
L1600	Hip orthosis, abduction control of hip joints, flexible, Frejka type with cover, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an inidividual with expertise		Lower Extremity Orthotic	Yes	Yes	No	No
L1610	Hip orthosis, abduction control of hip joints, flexible, (Frejka cover only), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise		Lower Extremity Orthotic	Yes	Yes	No	No
L1620	Hip orthosis, abduction control of hip joints, flexible, (Pavlik harness), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise		Lower Extremity Orthotic	Yes	Yes	No	No
L1630	Hip orthotic (HO), abduction control of hip joints, semi-flexible (Von Rosen type), custom fabricated		Lower Extremity Orthotic	Yes	Yes	No	No
L1640	Hip orthotic (HO), abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated		Lower Extremity Orthotic	Yes	Yes	No	No
L1650	Hip orthotic (HO), abduction control of hip joints, static, adjustable, (Ilfled type), prefabricated, includes fitting and adjustment		Lower Extremity Orthotic	No	No	No	No
L1652	Hip orthotic, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, includes fitting and adjustment, any type		Lower Extremity Orthotic	No	No	No	No
L1660	Hip orthotic (HO), abduction control of hip joints, static, plastic, prefabricated, includes fitting and adjustment		Lower Extremity Orthotic	No	No	No	No
L1680	Hip orthotic (HO), abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated		Lower Extremity Orthotic	Yes	Yes	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
L1681	Hip orthosis, bilateral hip joints and thigh cuffs, adjustable flexion, extension, abduction control of hip joint, postoperative hip abduction type, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise		Lower Extremity Orthosis	Yes	Yes	Yes	No
L1685	Hip orthosis (HO), abduction control of hip joint, postoperative hip abduction type, custom fabricated		Lower Extremity Orthotic	Yes	Yes	No	No
L1686	Hip orthotic (HO), abduction control of hip joint, postoperative hip abduction type, prefabricated, includes fitting and adjustment		Lower Extremity Orthotic	Yes	Yes	No	No
L1690	Combination, bilateral, lumbo-sacral, hip, femur orthotic providing adduction and internal rotation control, prefabricated, includes fitting and adjustment		Lower Extremity Orthotic	Yes	Yes	No	No
L1700	Legg Perthes orthotic, (Toronto type), custom fabricated		Lower Extremity Orthotic	Yes	Yes	No	No
L1710	Legg Perthes orthotic, (Newington type), custom fabricated		Lower Extremity Orthotic	Yes	Yes	No	No
L1720	Legg Perthes orthotic, trilateral, (Tachdijan type), custom fabricated		Lower Extremity Orthotic	Yes	Yes	No	No
L1730	Legg Perthes orthotic, (Scottish Rite type), custom fabricated		Lower Extremity Orthotic	Yes	Yes	No	No
L1755	Legg Perthes orthotic, (Patten bottom type), custom fabricated		Lower Extremity Orthotic	Yes	Yes	No	No
L1810	Knee orthosis, elastic with joints, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise		Lower Extremity Orthotic	No	No	No	No
L1812	Knee orthosis, elastic with joints, prefabricated, off-the-shelf		Lower Extremity Orthotic	No	No	No	No
L1820	Knee orthotic, elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment		Lower Extremity Orthotic	No	No	No	No
L1830	Knee orthosis, immobilizer, canvas longitudinal, prefabricated, off-the-shelf		Lower Extremity Orthotic	No	No	No	No
L1831	Knee orthotic, locking knee joint(s), positional orthotic, prefabricated, includes fitting and adjustment		Lower Extremity Orthotic	No	No	No	No
L1832	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise		Lower Extremity Orthotic	Yes	Yes	No	No
L1833	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf		Lower Extremity Orthotic	No	No	No	No
L1834	Knee orthotic (KO), without knee joint, rigid, custom fabricated		Lower Extremity Orthotic	Yes	Yes	No	No
L1836	Knee orthosis, rigid, without joint(s), includes soft interface material, prefabricated, off-the-shelf		Lower Extremity Orthotic	No	No	No	No
L1840	Knee orthotic (KO), derotation, medial-lateral, anterior cruciate ligament, custom fabricated		Lower Extremity Orthotic	Yes	Yes	No	No
L1843	Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise		Lower Extremity Orthotic	Yes	Yes	No	No
L1844	Knee orthotic (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated		Lower Extremity Orthotic	Yes	Yes	No	No
L1845	Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise		Lower Extremity Orthotic	Yes	Yes	No	No
L1846	Knee orthotic, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated		Lower Extremity Orthotic	Yes	Yes	No	No

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L1847	Knee orthosis, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise		Lower Extremity Orthotic	Yes	Yes	No	No
L1848	Knee orthosis, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, off-the-shelf		Lower Extremity Orthotic	No	No	No	No
L1850	Knee orthosis, swedish type, prefabricated, off-the-shelf		Lower Extremity Orthotic	No	No	No	No
L1851	Knee orthosis (ko), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf		Lower Extremity Orthotic	Yes	Yes	No	No
L1852	Knee orthosis (ko), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf		Lower Extremity Orthotic	Yes	Yes	No	No
L1860	Knee orthotic (KO), modification of supracondylar prosthetic socket, custom fabricated (SK)		Lower Extremity Orthotic	Yes	Yes	No	No
L1900	Ankle-foot orthotic (AFO), spring wire, dorsiflexion assist calf band, custom fabricated		Lower Extremity Orthotic	Yes	Yes	No	No
L1902	Ankle orthosis, ankle gauntlet or similar, with or without joints, prefabricated, off-the-shelf		Lower Extremity Orthotic	No	No	No	No
L1904	Ankle orthosis, ankle gauntlet or similar, with or without joints, custom fabricated		Lower Extremity Orthotic	No	No	No	No
L1906	Ankle foot orthosis, multiligamentous ankle support, prefabricated, off-the-shelf		Lower Extremity Orthotic	No	No	No	No
L1907	Ankle orthosis, supramalleolar with straps, with or without interface/pads, custom fabricated		Lower Extremity Orthotic	Yes	Yes	No	No
L1910	Ankle-foot orthotic (AFO), posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment		Lower Extremity Orthotic	No	No	No	No
L1920	Ankle-foot orthotic (AFO), single upright with static or adjustable stop (Phelps or Perlstein type), custom fabricated		Lower Extremity Orthotic	Yes	Yes	No	No
L1930	Ankle-foot orthotic (AFO), plastic or other material, prefabricated, includes fitting and adjustment		Lower Extremity Orthotic	No	No	No	No
L1932	Ankle-foot orthotic (AFO), rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment		Lower Extremity Orthotic	No	No	No	No
L1940	Ankle-foot orthotic (AFO), plastic or other material, custom fabricated		Lower Extremity Orthotic	Yes	Yes	No	No
L1945	Ankle-foot orthotic (AFO), plastic, rigid anterior tibial section (floor reaction), custom fabricated		Lower Extremity Orthotic	Yes	Yes	No	No
L1950	Ankle-foot orthotic (AFO), spiral, (Institute of Rehabilitative Medicine type), plastic, custom fabricated		Lower Extremity Orthotic	Yes	Yes	No	No
L1951	Ankle-foot orthotic (AFO), spiral, (Institute of rehabilitative Medicine type), plastic or other material, prefabricated, includes fitting and adjustment		Lower Extremity Orthotic	No	No	No	No
L1960	Ankle-foot orthotic (AFO), posterior solid ankle, plastic, custom fabricated		Lower Extremity Orthotic	Yes	Yes	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
L1970	Ankle-foot orthotic (AFO), plastic with ankle joint, custom fabricated		Lower Extremity Orthotic	Yes	Yes	No	No
L1971	Ankle-foot orthotic (AFO), plastic or other material with ankle joint, prefabricated, includes fitting and adjustment		Lower Extremity Orthotic	No	No	No	No
L1980	Ankle-foot orthotic (AFO), single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar 'BK' orthotic), custom fabricated		Lower Extremity Orthotic	Yes	Yes	No	No
L1990	Ankle-foot orthotic (AFO), double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar 'BK' orthotic), custom fabricated		Lower Extremity Orthotic	Yes	Yes	No	No
L2000	Knee-ankle-foot orthotic (KAFO), single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthotic), custom fabricated		Lower Extremity Orthotic	Yes	Yes	No	No
L2005	Knee-ankle-foot orthotic (KAFO), any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated		Lower Extremity Orthotic	Yes	Yes	No	No
L2006	Knee ankle foot device, any material, single or double upright, swing and stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated		Orthotics	Yes	Yes	No	No
L2010	Knee-ankle-foot orthotic (KAFO), single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthotic), without knee joint, custom fabricated		Lower Extremity Prosthesis	Yes	Yes	No	No
L2020	Knee-ankle-foot orthotic (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar 'AK' orthotic), custom fabricated		Lower Extremity Prosthesis	No	No	No	No
L2030	Knee-ankle-foot orthotic (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar 'AK' orthotic), without knee joint, custom fabricated		Prosthesis	Yes	Yes	No	No
L2034	Knee-ankle-foot orthotic (KAFO), full plastic, single upright, with or without free motion knee, medial-lateral rotation control, with or without free motion ankle, custom fabricated		Prosthesis	Yes	Yes	No	No
L2035	Knee-ankle-foot orthotic (KAFO), full plastic, static (pediatric size), without free motion ankle, prefabricated, includes fitting and adjustment		Prosthesis	Yes	Yes	No	No
L2036	Knee-ankle-foot orthotic (KAFO), full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated		Prosthesis	Yes	Yes	No	No
L2037	Knee-ankle-foot orthotic (KAFO), full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated		Prosthesis	Yes	Yes	No	No
L2038	Knee-ankle-foot orthotic (KAFO), full plastic, with or without free motion knee, multi-axis ankle, custom fabricated		Lower Extremity Orthotic	Yes	Yes	Yes	No
L2040	Hip-knee-ankle-foot orthotic (HKAFO), torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated		Lower Extremity Orthotic	Yes	Yes	Yes	No
L2050	Hip-knee-ankle-foot orthotic (HKAFO), torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated		Lower Extremity Orthotic	Yes	Yes	Yes	No
L2060	Hip-knee-ankle-foot orthotic (HKAFO), torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/ belt, custom fabricated		Lower Extremity Orthotic	Yes	Yes	Yes	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
L2070	Hip-knee-ankle-foot orthotic (HKAFO), torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated		Lower Extremity Orthotic	Yes	Yes	Yes	No
L2080	Hip-knee-ankle-foot orthotic (HKAFO), torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated		Lower Extremity Orthotic	Yes	Yes	Yes	No
L2090	Hip-knee-ankle-foot orthotic (HKAFO), torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/ belt, custom fabricated		Lower Extremity Orthotic	Yes	Yes	Yes	No
L2106	Ankle-foot orthotic (AFO), fracture orthotic, tibial fracture cast orthotic, thermoplastic type casting material, custom fabricated		Lower Extremity Orthotic	Yes	Yes	Yes	No
L2108	Ankle-foot orthotic (AFO), fracture orthotic, tibial fracture cast orthotic, custom fabricated		Lower Extremity Orthotic	Yes	Yes	Yes	No
L2112	Ankle-foot orthotic (AFO), fracture orthotic, tibial fracture orthotic, soft, prefabricated, includes fitting and adjustment		Lower Extremity Orthotic	No	No	No	No
L2114	Ankle-foot orthotic (AFO), fracture orthotic, tibial fracture orthotic, semi-rigid, prefabricated, includes fitting and adjustment		Lower Extremity Orthotic	No	No	No	No
L2116	Ankle-foot orthotic (AFO), fracture orthotic, tibial fracture orthotic, rigid, prefabricated, includes fitting and adjustment		Lower Extremity Orthotic	No	No	Yes	No
L2126	Knee-ankle-foot orthotic (KAFO), fracture orthotic, femoral fracture cast orthotic, thermoplastic type casting material, custom fabricated		Lower Extremity Orthotic	Yes	Yes	Yes	No
L2128	Knee-ankle-foot orthotic (KAFO), fracture orthotic, femoral fracture cast orthotic, custom fabricated		Lower Extremity Orthotic	Yes	Yes	No	No
L2132	Knee-ankle-foot orthotic (KAFO), fracture orthotic, femoral fracture cast orthotic, soft, prefabricated, includes fitting and adjustment		Lower Extremity Orthotic	Yes	Yes	No	No
L2134	Knee-ankle-foot orthotic (KAFO), fracture orthotic, femoral fracture cast orthotic, semi-rigid, prefabricated, includes fitting and adjustment		Lower Extremity Orthotic	Yes	Yes	No	No
L2136	Knee-ankle-foot orthotic (KAFO), fracture orthotic, femoral fracture cast orthotic, rigid, prefabricated, includes fitting and adjustment		Lower Extremity Orthotic	Yes	Yes	Yes	No
L2180	Addition to lower extremity fracture orthotic, plastic shoe insert with ankle joints		Lower Extremity Orthotic	No	No	Yes	No
L2182	Addition to lower extremity fracture orthotic, drop lock knee joint		Lower Extremity Orthotic	No	No	Yes	No
L2184	Addition to lower extremity fracture orthotic, limited motion knee joint		Lower Extremity Orthotic	No	No	Yes	No
L2186	Addition to lower extremity fracture orthotic, adjustable motion knee joint, Lerman type		Lower Extremity Orthotic	No	No	Yes	No
L2188	Addition to lower extremity fracture orthotic, quadrilateral brim		Lower Extremity Orthotic	No	No	Yes	No
L2190	Addition to lower extremity fracture orthotic, waist belt		Lower Extremity Orthotic	No	No	Yes	No
L2192	Addition to lower extremity fracture orthotic, hip joint, pelvic band, thigh flange, and pelvic belt		Lower Extremity Orthotic	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
L2200	Addition to lower extremity, limited ankle motion, each joint		Lower Extremity Orthotic	No	No	No	No
L2210	Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint		Lower Extremity Orthotic	No	No	No	No
L2220	Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint		Lower Extremity Orthotic	No	No	No	No
L2230	Addition to lower extremity, split flat caliper stirrups and plate attachment		Lower Extremity Orthotic	No	No	No	No
L2232	Addition to lower extremity orthotic, rocker bottom for total contact ankle-foot orthotic (AFO), for custom fabricated orthotic only		Lower Extremity Orthotic	No	No	No	No
L2240	Addition to lower extremity, round caliper and plate attachment		Lower Extremity Orthotic	No	No	No	No
L2250	Addition to lower extremity, foot plate, molded to patient model, stirrup attachment		Lower Extremity Orthotic	No	No	No	No
L2260	Addition to lower extremity, reinforced solid stirrup (Scott-Craig type)		Lower Extremity Orthotic	No	No	No	No
L2265	Addition to lower extremity, long tongue stirrup		Lower Extremity Orthotic	No	No	No	No
L2270	Addition to lower extremity, varus/valgus correction (T) strap, padded/lined or malleolus pad		Lower Extremity Orthotic	No	No	No	No
L2275	Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined		Lower Extremity Orthotic	No	No	No	No
L2280	Addition to lower extremity, molded inner boot		Lower Extremity Orthotic	No	No	No	No
L2300	Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable		Lower Extremity Orthotic	No	No	No	No
L2310	Addition to lower extremity, abduction bar, straight		Lower Extremity Orthotic	No	No	No	No
L2320	Addition to lower extremity, nonmolded lacer, for custom fabricated orthotic only		Lower Extremity Orthotic	No	No	No	No
L2330	Addition to lower extremity, lacer molded to patient model, for custom fabricated orthotic only		Lower Extremity Orthotic	No	No	No	No
L2335	Addition to lower extremity, anterior swing band		Lower Extremity Orthotic	No	No	No	No
L2340	Addition to lower extremity, pretibial shell, molded to patient model		Lower Extremity Orthotic	No	No	No	No
L2350	Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model, (used for PTB, AFO orthoses)		Lower Extremity Orthotic	Yes	Yes	No	No
L2360	Addition to lower extremity, extended steel shank		Lower Extremity Orthotic	No	No	No	No
L2370	Addition to lower extremity, Patten bottom		Lower Extremity Orthotic	No	No	No	No
L2375	Addition to lower extremity, torsion control, ankle joint and half solid stirrup		Lower Extremity Orthotic	No	No	No	No
L2380	Addition to lower extremity, torsion control, straight knee joint, each joint		Lower Extremity Orthotic	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
L2385	Addition to lower extremity, straight knee joint, heavy-duty, each joint		Lower Extremity Orthotic	No	No	No	No
L2387	Addition to lower extremity, polycentric knee joint, for custom fabricated knee-ankle-foot orthotic (KAFO), each joint		Lower Extremity Orthotic	No	No	No	No
L2390	Addition to lower extremity, offset knee joint, each joint		Lower Extremity Orthotic	No	No	No	No
L2395	Addition to lower extremity, offset knee joint, heavy-duty, each joint		Lower Extremity Orthotic	No	No	No	No
L2397	Addition to lower extremity orthotic, suspension sleeve		Lower Extremity Orthotic	No	No	No	No
L2405	Addition to knee joint, drop lock, each		Lower Extremity Orthotic	No	No	No	No
L2415	Addition to knee lock with integrated release mechanism (bail, cable, or equal), any material, each joint		Lower Extremity Orthotic	No	No	No	No
L2425	Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint		Lower Extremity Orthotic	No	No	No	No
L2430	Addition to knee joint, ratchet lock for active and progressive knee extension, each joint		Lower Extremity Orthotic	No	No	No	No
L2492	Addition to knee joint, lift loop for drop lock ring		Lower Extremity Orthotic	No	No	No	No
L2500	Addition to lower extremity, thigh/weight bearing, gluteal/ischial weight bearing, ring		Lower Extremity Orthotic	No	No	No	No
L2510	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, molded to patient model		Lower Extremity Orthotic	No	No	No	No
L2520	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, custom fitted		Lower Extremity Orthotic	No	No	No	No
L2525	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model		Lower Extremity Orthotic	Yes	Yes	No	No
L2526	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted		Lower Extremity Orthotic	Yes	Yes	No	No
L2530	Addition to lower extremity, thigh/weight bearing, lacer, nonmolded		Lower Extremity Orthotic	No	No	No	No
L2540	Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model		Lower Extremity Orthotic	No	No	No	No
L2550	Addition to lower extremity, thigh/weight bearing, high roll cuff		Lower Extremity Orthotic	No	No	No	No
L2570	Addition to lower extremity, pelvic control, hip joint, Clevis type 2 position joint, each		Lower Extremity Orthotic	No	No	No	No
L2580	Addition to lower extremity, pelvic control, pelvic sling		Lower Extremity Orthotic	No	No	No	No
L2600	Addition to lower extremity, pelvic control, hip joint, Clevis type, or thrust bearing, free, each		Lower Extremity Orthotic	No	No	No	No
L2610	Addition to lower extremity, pelvic control, hip joint, Clevis or thrust bearing, lock, each		Lower Extremity Orthotic	No	No	No	No
L2620	Addition to lower extremity, pelvic control, hip joint, heavy-duty, each		Lower Extremity Orthotic	No	No	No	No
L2622	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, each		Lower Extremity Orthotic	No	No	No	No
L2624	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each		Lower Extremity Orthotic	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
L2627	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables		Lower Extremity Orthotic	Yes	Yes	No	No
L2628	Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables		Lower Extremity Orthotic	Yes	Yes	No	No
L2630	Addition to lower extremity, pelvic control, band and belt, unilateral		Lower Extremity Orthotic	No	No	No	No
L2640	Addition to lower extremity, pelvic control, band and belt, bilateral		Lower Extremity Orthotic	No	No	No	No
L2650	Addition to lower extremity, pelvic and thoracic control, gluteal pad, each		Lower Extremity Orthotic	No	No	No	No
L2660	Addition to lower extremity, thoracic control, thoracic band		Lower Extremity Orthotic	No	No	No	No
L2670	Addition to lower extremity, thoracic control, paraspinal uprights		Lower Extremity Orthotic	No	No	No	No
L2680	Addition to lower extremity, thoracic control, lateral support uprights		Lower Extremity Orthotic	No	No	No	No
L2750	Addition to lower extremity orthotic, plating chrome or nickel, per bar		Lower Extremity Orthotic	No	No	No	No
L2755	Addition to lower extremity orthotic, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthotic only		Lower Extremity Orthotic	No	No	No	No
L2760	Addition to lower extremity orthotic, extension, per extension, per bar (for lineal adjustment for growth)		Lower Extremity Orthotic	No	No	No	No
L2768	Orthotic side bar disconnect device, per bar		Lower Extremity Orthotic	No	No	No	No
L2780	Addition to lower extremity orthotic, noncorrosive finish, per bar		Lower Extremity Orthotic	No	No	No	No
L2785	Addition to lower extremity orthotic, drop lock retainer, each		Lower Extremity Orthotic	No	No	No	No
L2795	Addition to lower extremity orthotic, knee control, full kneecap		Lower Extremity Orthotic	No	No	No	No
L2800	Addition to lower extremity orthotic, knee control, knee cap, medial or lateral pull, for use with custom fabricated orthotic only		Lower Extremity Orthotic	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
L2810	Addition to lower extremity orthotic, knee control, condylar pad		Lower Extremity Orthotic	No	No	No	No
L2820	Addition to lower extremity orthotic, soft interface for molded plastic, below knee section		Lower Extremity Orthotic	No	No	No	No
L2830	Addition to lower extremity orthotic, soft interface for molded plastic, above knee section		Lower Extremity Orthotic	No	No	No	No
L2840	Addition to lower extremity orthotic, tibial length sock, fracture or equal, each		Lower Extremity Orthotic	No	No	No	No
L2850	Addition to lower extremity orthotic, femoral length sock, fracture or equal, each		Lower Extremity Orthotic	No	No	No	No
L2861	Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each		Lower Extremity Orthotic	No	No	No	No
L2999	Lower extremity orthotic, not otherwise specified		Lower Extremity Orthotic	No	No	No	No
L3000	Foot insert, removable, molded to patient model, UCB type, Berkeley shell, each		Lower Extremity Orthotic	No	No	No	No
L3001	Foot, insert, removable, molded to patient model, Spenco, each		Lower Extremity Orthotic	No	No	No	No
L3002	Foot insert, removable, molded to patient model, Plastazote or equal, each		Lower Extremity Orthotic	No	No	No	No
L3003	Foot insert, removable, molded to patient model, silicone gel, each		Lower Extremity Orthotic	No	No	No	No
L3010	Foot insert, removable, molded to patient model, longitudinal arch support, each		Lower Extremity Orthotic	No	No	No	No
L3020	Foot insert, removable, molded to patient model, longitudinal/metatarsal support, each		Lower Extremity Orthotic	Yes	Yes	No	No
L3030	Foot insert, removable, formed to patient foot, each		Lower Extremity Orthotic	No	No	No	No
L3031	Foot, insert/plate, removable, addition to lower extremity orthotic, high strength, lightweight material, all hybrid lamination/prepreg composite, each		Lower Extremity Orthotic	No	No	No	No
L3040	Foot, arch support, removable, premolded, longitudinal, each		Lower Extremity Orthotic	No	No	No	No
L3050	Foot, arch support, removable, premolded, metatarsal, each		Lower Extremity Orthotic	No	No	No	No
L3060	Foot, arch support, removable, premolded, longitudinal/metatarsal, each		Lower Extremity Orthotic	No	No	No	No
L3070	Foot, arch support, nonremovable, attached to shoe, longitudinal, each		Lower Extremity Orthotic	No	No	No	No
L3080	Foot, arch support, nonremovable, attached to shoe, metatarsal, each		Lower Extremity Orthotic	No	No	No	No
L3090	Foot, arch support, nonremovable, attached to shoe, longitudinal/metatarsal, each		Lower Extremity Orthotic	No	No	No	No
L3100	Hallus-valgus night dynamic splint, prefabricated, off-the-shelf		Lower Extremity Orthotic	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
L3140	Foot, abduction rotation bar, including shoes		Lower Extremity Orthotic	No	No	No	No
L3150	Foot, abduction rotation bar, without shoes		Lower Extremity Orthotic	No	No	No	No
L3160	Foot, adjustable shoe-styled positioning device		Lower Extremity Orthotic	No	No	No	No
L3161	Foot, adductus position, adj		Lower Extremity Orthotic	No	No	No	No
L3170	Foot, plastic, silicone or equal, heel stabilizer, prefabricated, off-the-shelf, each		Lower Extremity Orthotic	No	No	No	No
L3201	Orthopedic shoe, Oxford with supinator or pronator, infant		Lower Extremity Orthotic	No	No	No	No
L3202	Orthopedic shoe, Oxford with supinator or pronator, child		Lower Extremity Orthotic	No	No	No	No
L3203	Orthopedic shoe, Oxford with supinator or pronator, junior		Lower Extremity Orthotic	No	No	No	No
L3204	Orthopedic shoe, hightop with supinator or pronator, infant		Lower Extremity Orthotic	No	No	No	No
L3206	Orthopedic shoe, hightop with supinator or pronator, child		Lower Extremity Orthotic	No	No	No	No
L3207	Orthopedic shoe, hightop with supinator or pronator, junior		Lower Extremity Orthotic	No	No	No	No
L3208	Surgical boot, each, infant		Lower Extremity Orthotic	No	No	No	No
L3209	Surgical boot, each, child		Lower Extremity Orthotic	No	No	No	No
L3211	Surgical boot, each, junior		Lower Extremity Orthotic	No	No	No	No
L3212	Benesch boot, pair, infant		Lower Extremity Orthotic	No	No	No	No
L3213	Benesch boot, pair, child		Lower Extremity Orthotic	No	No	No	No
L3214	Benesch boot, pair, junior		Lower Extremity Orthotic	No	No	No	No
L3215	Orthopedic footwear, ladies shoe, oxford, each		Lower Extremity Orthotic	No	No	No	No
L3216	Orthopedic footwear, ladies shoe, depth inlay, each		Lower Extremity Orthotic	No	No	No	No
L3217	Orthopedic footwear, ladies shoe, hightop, depth inlay, each		Lower Extremity Orthotic	No	No	No	No
L3219	Orthopedic footwear, mens shoe, oxford, each		Lower Extremity Orthotic	No	No	No	No
L3221	Orthopedic footwear, mens shoe, depth inlay, each		Lower Extremity Orthotic	No	No	No	No
L3222	Orthopedic footwear, mens shoe, hightop, depth inlay, each		Lower Extremity Orthotic	No	No	No	No
L3224	Orthopedic footwear, woman's shoe, oxford, used as an integral part of a brace (orthotic)		Lower Extremity Orthotic	No	No	No	No
L3225	Orthopedic footwear, man's shoe, oxford, used as an integral part of a brace (orthotic)		Lower Extremity Orthotic	No	No	No	No
L3230	Orthopedic footwear, custom shoe, depth inlay, each		Lower Extremity Orthotic	No	No	No	No
L3250	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each		Lower Extremity Orthotic	No	No	No	No
L3251	Foot, shoe molded to patient model, silicone shoe, each		Lower Extremity Orthotic	No	No	No	No
L3252	Foot, shoe molded to patient model, Plastazote (or similar), custom fabricated, each		Lower Extremity Orthotic	No	No	No	No
L3253	Foot, molded shoe, Plastazote (or similar), custom fitted, each		Lower Extremity Orthotic	No	No	No	No
L3254	Nonstandard size or width		Lower Extremity Orthotic	No	No	No	No
L3255	Nonstandard size or length		Lower Extremity Orthotic	No	No	No	No
L3257	Orthopedic footwear, additional charge for split size		Lower Extremity Orthotic	No	No	No	No
L3260	Surgical boot/shoe, each		Lower Extremity Orthotic	No	No	No	No
L3265	Plastazote sandal, each		Lower Extremity Orthotic	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
L3300	Lift, elevation, heel, tapered to metatarsals, per in		Lower Extremity Orthotic	No	No	No	No
L3310	Lift, elevation, heel and sole, neoprene, per in		Lower Extremity Orthotic	No	No	No	No
L3320	Lift, elevation, heel and sole, cork, per in		Lower Extremity Orthotic	No	No	No	No
L3330	Lift, elevation, metal extension (skate)		Lower Extremity Orthotic	No	No	No	No
L3332	Lift, elevation, inside shoe, tapered, up to one-half in		Lower Extremity Orthotic	No	No	No	No
L3334	Lift, elevation, heel, per in		Lower Extremity Orthotic	No	No	No	No
L3340	Heel wedge, SACH		Lower Extremity Orthotic	No	No	No	No
L3350	Heel wedge		Lower Extremity Orthotic	No	No	No	No
L3360	Sole wedge, outside sole		Lower Extremity Orthotic	No	No	No	No
L3370	Sole wedge, between sole		Lower Extremity Orthotic	No	No	No	No
L3380	Clubfoot wedge		Lower Extremity Orthotic	No	No	No	No
L3390	Outflare wedge		Lower Extremity Orthotic	No	No	No	No
L3400	Metatarsal bar wedge, rocker		Lower Extremity Orthotic	No	No	No	No
L3410	Metatarsal bar wedge, between sole		Lower Extremity Orthotic	No	No	No	No
L3420	Full sole and heel wedge, between sole		Lower Extremity Orthotic	No	No	No	No
L3430	Heel, counter, plastic reinforced		Lower Extremity Orthotic	No	No	No	No
L3440	Heel, counter, leather reinforced		Lower Extremity Orthotic	No	No	No	No
L3450	Heel, SACH cushion type		Lower Extremity Orthotic	No	No	No	No
L3455	Heel, new leather, standard		Lower Extremity Orthotic	No	No	No	No
L3460	Heel, new rubber, standard		Lower Extremity Orthotic	No	No	No	No
L3465	Heel, Thomas with wedge		Lower Extremity Orthotic	No	No	No	No
L3470	Heel, Thomas extended to ball		Lower Extremity Orthotic	Yes	Yes	No	No
L3480	Heel, pad and depression for spur		Lower Extremity Orthotic	Yes	Yes	No	No
L3485	Heel, pad, removable for spur		Lower Extremity Orthotic	No	No	No	No
L3500	Orthopedic shoe addition, insole, leather		Lower Extremity Orthotic	No	No	No	No
L3510	Orthopedic shoe addition, insole, rubber		Lower Extremity Orthotic	No	No	No	No
L3520	Orthopedic shoe addition, insole, felt covered with leather		Lower Extremity Orthotic	No	No	No	No
L3530	Orthopedic shoe addition, sole, half		Lower Extremity Orthotic	No	No	No	No
L3540	Orthopedic shoe addition, sole, full		Lower Extremity Orthotic	No	No	No	No
L3550	Orthopedic shoe addition, toe tap, standard		Lower Extremity Orthotic	No	No	No	No
L3560	Orthopedic shoe addition, toe tap, horseshoe		Lower Extremity Orthotic	No	No	No	No
L3570	Orthopedic shoe addition, special extension to instep (leather with eyelets)		Lower Extremity Orthotic	No	No	No	No
L3580	Orthopedic shoe addition, convert instep to Velcro closure		Lower Extremity Orthotic	Yes	Yes	No	No
L3590	Orthopedic shoe addition, convert firm shoe counter to soft counter		Lower Extremity Orthotic	No	No	No	No
L3595	Orthopedic shoe addition, March bar		Lower Extremity Orthotic	No	No	No	No
L3600	Orthopedic shoe addition, March bar		Lower Extremity Orthotic	No	No	No	No
L3610	Transfer of an orthosis from one shoe to another, caliper plate, new		Lower Extremity Orthotic	No	No	No	No
L3620	Transfer of an orthosis from one shoe to another, solid stirrup, existing		Lower Extremity Orthotic	No	No	No	No
L3630	Transfer of an orthosis from one shoe to another, solid stirrup, new		Lower Extremity Orthotic	No	No	No	No
L3640	Transfer of an orthosis from one shoe to another, solid stirrup, new		Lower Extremity Orthotic	No	No	No	No
L3649	Orthopedic shoe, modification, addition or transfer, not otherwise specified		Lower Extremity Orthotic	No	No	No	No
L3650	Shoulder orthosis, figure of eight design abduction restrainer, prefabricated, off-the-shelf		Upper Extremity Orthotic	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
L3660	Shoulder orthosis, figure of eight design abduction restrainer, canvas and webbing, prefabricated, off-the-shelf		Upper Extremity Orthotic	No	No	No	No
L3670	Shoulder orthosis, acromio/clavicular (canvas and webbing type), prefabricated, off-the-shelf		Upper Extremity Orthotic	No	No	No	No
L3671	Shoulder orthotic (SO), shoulder joint design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment		Upper Extremity Orthotic	Yes	Yes	No	No
L3674	Shoulder orthotic, abduction positioning (airplane design), thoracic component and support bar, with or without nontorsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment		Upper Extremity Orthotic	Yes	Yes	No	No
L3675	Shoulder orthosis, vest type abduction restrainer, canvas webbing type or equal, prefabricated, off-the-shelf		Upper Extremity Orthotic	No	No	No	No
L3677	Shoulder orthosis, shoulder joint design, without joints, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise		Upper Extremity Orthotic	No	No	No	No
L3678	Shoulder orthosis, shoulder joint design, without joints, may include soft interface, straps, prefabricated, off-the-shelf		Upper Extremity Orthotic	No	No	No	No
L3702	Elbow orthotic (EO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment		Upper Extremity Orthotic	No	No	No	No
L3710	Elbow orthosis, elastic with metal joints, prefabricated, off-the-shelf		Upper Extremity Orthotic	No	No	No	No
L3720	Elbow orthotic (EO), double upright with forearm/arm cuffs, free motion, custom fabricated		Upper Extremity Orthotic	No	No	No	No
L3730	Elbow orthotic (EO), double upright with forearm/arm cuffs, extension/ flexion assist, custom fabricated		Upper Extremity Orthotic	Yes	Yes	No	No
L3740	Elbow orthotic (EO), double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated		Upper Extremity Orthotic	No	No	No	No
L3760	Elbow orthosis (EO), with adjustable position locking joint(s), prefabricated, item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise		Upper Extremity Orthotic	No	No	No	No
L3761	Elbow orthosis (EO), with adjustable position locking joint(s), prefabricated, off-the-shelf		Upper Extremity Orthotic	No	No	No	No
L3762	Elbow orthosis, rigid, without joints, includes soft interface material, prefabricated, off-the-shelf		Upper Extremity Orthotic	No	No	No	No
L3763	Elbow-wrist-hand orthotic (EWHO), rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment		Upper Extremity Orthotic	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
L3764	Elbow-wrist-hand orthotic (EWHO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment		Upper Extremity Orthotic	Yes	Yes	No	No
L3765	Elbow-wrist-hand-finger orthotic (EWHFO), rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment		Upper Extremity Orthotic	Yes	Yes	No	No
L3766	Elbow-wrist-hand-finger orthotic (EWHFO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment		Upper Extremity Orthotic	Yes	Yes	No	No
L3806	Wrist-hand-finger orthotic (WHFO), includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, custom fabricated, includes fitting and adjustment		Upper Extremity Orthotic	No	No	No	No
L3807	Wrist hand finger orthosis, without joint(s), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise		Upper Extremity Orthotic	No	No	No	No
L3808	Wrist-hand-finger orthotic (WHFO), rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment		Upper Extremity Orthotic	No	No	No	No
L3809	Wrist hand finger orthosis, without joint(s), prefabricated, off-the-shelf, any type		Upper Extremity Orthotic	No	No	No	No
L3891	Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each		Upper Extremity Orthotic	No	No	No	No
L3900	Wrist-hand-finger orthotic (WHFO), dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, wrist or finger driven, custom fabricated		Upper Extremity Orthotic	Yes	Yes	No	No
L3901	Wrist-hand-finger orthotic (WHFO), dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, cable driven, custom fabricated		Upper Extremity Orthotic	Yes	Yes	No	No
L3904	Wrist-hand-finger orthotic (WHFO), external powered, electric, custom fabricated		Upper Extremity Orthotic	Yes	Yes	No	No
L3905	Wrist-hand orthotic (WHO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment		Upper Extremity Orthotic	Yes	Yes	No	No
L3906	Wrist-hand orthosis (WHO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment		Upper Extremity Orthotic	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
L3908	Wrist hand orthosis, wrist extension control cock-up, non molded, prefabricated, off-the-shelf		Upper Extremity Orthotic	No	No	No	No
L3912	Hand finger orthosis (HFO), flexion glove with elastic finger control, prefabricated, off-the-shelf		Upper Extremity Orthotic	No	No	No	No
L3913	Hand finger orthotic (HFO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment		Upper Extremity Orthotic	No	No	No	No
L3915	Wrist hand orthosis, includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise		Upper Extremity Orthotic	No	No	No	No
L3916	Wrist hand orthosis, includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated, off-the-shelf		Upper Extremity Orthotic	No	No	No	No
L3917	Hand orthosis, metacarpal fracture orthosis, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise		Upper Extremity Orthotic	No	No	No	No
L3918	Hand orthosis, metacarpal fracture orthosis, prefabricated, off-the-shelf		Upper Extremity Orthotic	No	No	No	No
L3919	Hand orthotic (HO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment		Upper Extremity Orthotic	No	No	No	No
L3921	Hand finger orthotic (HFO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment		Upper Extremity Orthotic	No	No	No	No
L3923	Hand finger orthosis, without joints, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise		Upper Extremity Orthotic	No	No	No	No
L3924	Hand finger orthosis, without joints, may include soft interface, straps, prefabricated, off-the-shelf		Upper Extremity Orthotic	No	No	No	No
L3925	Finger orthosis, proximal interphalangeal (PIP)/distal interphalangeal (DIP), non-torsion joint/spring, extension/flexion, may include soft interface material, prefabricated, off-the-shelf		Upper Extremity Orthotic	No	No	No	No
L3927	Finger orthosis, proximal interphalangeal (PIP)/distal interphalangeal (DIP), without joint/spring, extension/flexion (e.g., static or ring type), may include soft interface material, prefabricated, off-the-shelf		Upper Extremity Orthotic	No	No	No	No
L3929	Hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise		Upper Extremity Orthotic	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
L3930	Hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, off-the-shelf		Upper Extremity Orthotic	No	No	No	No
L3931	Wrist-hand-finger orthotic (WHFO), includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, includes fitting and adjustment		Upper Extremity Orthotic	No	No	No	No
L3933	Finger orthotic (FO), without joints, may include soft interface, custom fabricated, includes fitting and adjustment		Upper Extremity Orthotic	No	No	No	No
L3935	Finger orthotic, nontorsion joint, may include soft interface, custom fabricated, includes fitting and adjustment		Upper Extremity Orthotic	No	No	No	No
L3956	Addition of joint to upper extremity orthotic, any material; per joint		Upper Extremity Orthotic	Yes	Yes	No	No
L3960	Shoulder-elbow-wrist-hand orthotic (SEWHO), abduction positioning, airplane design, prefabricated, includes fitting and adjustment		Upper Extremity Orthotic	No	No	No	No
L3961	Shoulder elbow wrist hand orthotic (SEWHO), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment		Upper Extremity Orthotic	Yes	Yes	No	No
L3962	Shoulder-elbow-wrist-hand orthotic (SEWHO), abduction positioning, Erb's palsy design, prefabricated, includes fitting and adjustment		Upper Extremity Orthotic	No	No	No	No
L3967	Shoulder-elbow-wrist-hand orthotic (SEWHO), abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment		Upper Extremity Orthotic	Yes	Yes	No	No
L3971	Shoulder-elbow-wrist-hand orthotic (SEWHO), shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment		Upper Extremity Orthotic	Yes	Yes	No	No
L3973	Shoulder-elbow-wrist-hand orthotic (SEWHO), abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment		Upper Extremity Orthotic	Yes	Yes	No	No
L3975	Shoulder-elbow-wrist-hand-finger orthotic (SEWHO), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment		Upper Extremity Orthotic	Yes	Yes	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
L3976	Shoulder-elbow-wrist-hand-finger orthotic (SEWHO), abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment		Upper Extremity Orthotic	Yes	Yes	No	No
L3977	Shoulder-elbow-wrist-hand-finger orthotic (SEWHO), shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment		Upper Extremity Orthotic	Yes	Yes	No	No
L3978	Shoulder-elbow-wrist-hand-finger orthotic (SEWHO), abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment		Upper Extremity Orthotic	Yes	Yes	No	No
L3980	Upper extremity fracture orthotic, humeral, prefabricated, includes fitting and adjustment		Upper Extremity Orthotic	No	No	No	No
L3981	Upper extremity fracture orthosis, humeral, prefabricated, includes shoulder cap design, with or without joints, forearm section, may include soft interface, straps, includes fitting and adjustments		Upper Extremity Orthotic	No	No	No	No
L3982	Upper extremity fracture orthotic, radius/ulnar, prefabricated, includes fitting and adjustment		Upper Extremity Orthotic	No	No	No	No
L3984	Upper extremity fracture orthotic, wrist, prefabricated, includes fitting and adjustment		Upper Extremity Orthotic	No	No	No	No
L3995	Addition to upper extremity orthotic, sock, fracture or equal, each		Upper Extremity Orthotic	No	No	No	No
L3999	Upper limb orthotic, not otherwise specified		Upper Extremity Orthotic	No	No	No	No
L4000	Replace girdle for spinal orthotic (cervical-thoracic-lumbar-sacral orthotic (CTLSO) or spinal orthotic SO)		Spinal Orthotics	Yes	Yes	No	No
L4002	Replacement strap, any orthotic, includes all components, any length, any type		Orthotics	No	No	No	No
L4010	Replace trilateral socket brim		Lower Extremity Orthotic	No	No	No	No
L4020	Replace quadrilateral socket brim, molded to patient model		Lower Extremity Orthotic	No	No	No	No
L4030	Replace quadrilateral socket brim, custom fitted		Lower Extremity Orthotic	No	No	No	No
L4040	Replace molded thigh lacer, for custom fabricated orthotic only		Lower Extremity Orthotic	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
L4045	Replace nonmolded thigh lacer, for custom fabricated orthotic only		Lower Extremity Orthotic	No	No	No	No
L4050	Replace molded calf lacer, for custom fabricated orthotic only		Lower Extremity Orthotic	No	No	No	No
L4055	Replace nonmolded calf lacer, for custom fabricated orthotic only		Lower Extremity Orthotic	No	No	No	No
L4060	Replace high roll cuff		Lower Extremity Orthotic	No	No	No	No
L4070	Replace proximal and distal upright for KAFO		Lower Extremity Orthotic	No	No	No	No
L4080	Replace metal bands KAFO, proximal thigh		Lower Extremity Orthotic	No	No	No	No
L4090	Replace metal bands KAFO-AFO, calf or distal thigh		Lower Extremity Orthotic	No	No	No	No
L4100	Replace leather cuff KAFO, proximal thigh		Lower Extremity Orthotic	No	No	No	No
L4110	Replace leather cuff KAFO-AFO, calf or distal thigh		Lower Extremity Orthotic	No	No	No	No
L4130	Replace pretibial shell		Lower Extremity Orthotic	No	No	No	No
L4205	Repair of orthotic device, labor component, per 15 minutes		Orthotics	Yes	Yes	No	No
L4210	Repair of orthotic device, repair or replace minor parts		Orthotics	Yes	Yes	No	No
L4350	Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g., pneumatic, gel), prefabricated, off-the-shelf		Lower Extremity Orthotic	No	No	No	No
L4360	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise		Lower Extremity Orthotic	No	No	No	No
L4361	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf		Lower Extremity Orthotic	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
L4370	Pneumatic full leg splint, prefabricated, off-the-shelf		Lower Extremity Orthotic	No	No	No	No
L4386	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise		Lower Extremity Orthotic	No	No	No	No
L4387	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, off-the-shelf		Lower Extremity Orthotic	No	No	No	No
L4392	Replacement, soft interface material, static AFO		Lower Extremity Orthotic	No	No	No	No
L4394	Replace soft interface material, foot drop splint		Lower Extremity Orthotic	No	No	No	No
L4396	Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise		Lower Extremity Orthotic	No	No	No	No
L4397	Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated, off-the-shelf		Lower Extremity Orthotic	No	No	No	No
L4398	Foot drop splint, recumbent positioning device, prefabricated, off-the-shelf		Lower Extremity Orthotic	No	No	No	No
L4631	Ankle-foot orthotic, walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated		Lower Extremity Orthotic	No	No	No	No
L5000	Partial foot, shoe insert with longitudinal arch, toe filler		Lower Extremity Prosthesis	Yes	Yes	No	No
L5010	Partial foot, molded socket, ankle height, with toe filler		Lower Extremity Prosthesis	Yes	Yes	No	No
L5020	Partial foot, molded socket, tibial tubercle height, with toe filler		Lower Extremity Prosthesis	Yes	Yes	No	No
L5050	Ankle, Symes, molded socket, SACH foot		Lower Extremity Prosthesis	Yes	Yes	No	No
L5060	Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot		Lower Extremity Prosthesis	Yes	Yes	No	No
L5100	Below knee, molded socket, shin, SACH foot		Lower Extremity Prosthesis	Yes	Yes	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
L5105	Below knee, plastic socket, joints and thigh lacer, SACH foot		Lower Extremity Prosthesis	Yes	Yes	No	No
L5150	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot		Lower Extremity Prosthesis	Yes	Yes	No	No
L5160	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot		Lower Extremity Prosthesis	Yes	Yes	No	No
L5200	Above knee, molded socket, single axis constant friction knee, shin, SACH foot		Lower Extremity Prosthesis	Yes	Yes	No	No
L5210	Above knee, short prosthesis, no knee joint (stubbies), with foot blocks, no ankle joints, each		Lower Extremity Prosthesis	Yes	Yes	No	No
L5220	Above knee, short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each		Lower Extremity Prosthesis	Yes	Yes	No	No
L5230	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot		Lower Extremity Prosthesis	Yes	Yes	No	No
L5250	Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot		Lower Extremity Prosthesis	Yes	Yes	No	No
L5270	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot		Lower Extremity Prosthesis	Yes	Yes	No	No
L5280	Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot		Lower Extremity Prosthesis	Yes	Yes	No	No
L5301	Below knee, molded socket, shin, SACH foot, endoskeletal system		Lower Extremity Prosthesis	Yes	Yes	No	No
L5312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, SACH foot, endoskeletal system		Lower Extremity Prosthesis	Yes	Yes	No	No
L5321	Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee		Lower Extremity Prosthesis	Yes	Yes	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
L5331	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot		Lower Extremity Prosthesis	Yes	Yes	No	No
L5341	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot		Lower Extremity Prosthesis	Yes	Yes	No	No
L5400	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee		Lower Extremity Prosthesis	No	No	No	No
L5410	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee, each additional cast change and realignment		Lower Extremity Prosthesis	No	No	No	No
L5420	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change AK or knee disarticulation		Lower Extremity Prosthesis	No	No	No	No
L5430	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, AK or knee disarticulation, each additional cast change and realignment		Lower Extremity Prosthesis	No	No	No	No
L5450	Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, below knee		Lower Extremity Prosthesis	No	No	No	No
L5460	Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, above knee		Lower Extremity Prosthesis	No	No	No	No
L5500	Initial, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed		Lower Extremity Prosthesis	Yes	Yes	No	No
L5505	Initial, above knee, knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed		Lower Extremity Prosthesis	Yes	Yes	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
L5510	Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model		Lower Extremity Prosthesis	Yes	Yes	No	No
L5520	Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed		Lower Extremity Prosthesis	Yes	Yes	No	No
L5530	Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model		Lower Extremity Prosthesis	Yes	Yes	No	No
L5535	Preparatory, below knee PTB type socket, nonalignable system, no cover, SACH foot, prefabricated, adjustable open end socket		Lower Extremity Prosthesis	Yes	Yes	No	No
L5540	Preparatory, below knee PTB type socket, nonalignable		Lower Extremity Prosthesis	Yes	Yes	No	No
L5560	Preparatory, above knee, knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model		Lower Extremity Prosthesis	Yes	Yes	No	No
L5570	Preparatory, above knee - knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed		Lower Extremity Prosthesis	Yes	Yes	No	No
L5580	Preparatory, above knee, knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model		Lower Extremity Prosthesis	Yes	Yes	No	No
L5585	Preparatory, above knee - knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket		Lower Extremity Prosthesis	Yes	Yes	No	No
L5590	Preparatory, above knee, knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model		Lower Extremity Prosthesis	Yes	Yes	No	No
L5595	Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model		Lower Extremity Prosthesis	Yes	Yes	No	No
L5600	Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model		Lower Extremity Prosthesis	Yes	Yes	No	No
L5610	Addition to lower extremity, endoskeletal system, above knee, hydracadence system		Lower Extremity Prosthesis	Yes	Yes	No	No
L5611	Addition to lower extremity, endoskeletal system, above knee, knee disarticulation, 4-bar linkage, with friction swing phase control		Lower Extremity Prosthesis	Yes	Yes	No	No
L5613	Addition to lower extremity, endoskeletal system, above knee, knee disarticulation, 4-bar linkage, with hydraulic swing phase control		Lower Extremity Prosthesis	Yes	Yes	No	No
L5614	Addition to lower extremity, exoskeletal system, above knee-knee disarticulation, 4 bar linkage, with pneumatic swing phase control		Lower Extremity Prosthesis	Yes	Yes	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
L5615	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control		Lower Extremity Prosthesis	No	No	No	No
L5616	Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control		Lower Extremity Prosthesis	Yes	Yes	No	No
L5617	Addition to lower extremity, quick change self-aligning unit, above knee or below knee, each		Lower Extremity Prosthesis	No	No	No	No
L5618	Addition to lower extremity, test socket, Symes		Lower Extremity Prosthesis	No	No	No	No
L5620	Addition to lower extremity, test socket, below knee		Lower Extremity Prosthesis	No	No	No	No
L5622	Addition to lower extremity, test socket, knee disarticulation		Lower Extremity Prosthesis	No	No	No	No
L5624	Addition to lower extremity, test socket, above knee		Lower Extremity Prosthesis	No	No	No	No
L5626	Addition to lower extremity, test socket, hip disarticulation		Lower Extremity Prosthesis	No	No	No	No
L5628	Addition to lower extremity, test socket, hemipelvectomy		Lower Extremity Prosthesis	No	No	No	No
L5629	Addition to lower extremity, below knee, acrylic socket		Lower Extremity Prosthesis	No	No	No	No
L5630	Addition to lower extremity, Symes type, expandable wall socket		Lower Extremity Prosthesis	No	No	No	No
L5631	Addition to lower extremity, above knee or knee disarticulation, acrylic socket		Lower Extremity Prosthesis	No	No	No	No
L5632	Addition to lower extremity, Symes type, PTB brim design socket		Lower Extremity Prosthesis	No	No	No	No
L5634	Addition to lower extremity, Symes type, posterior opening (Canadian) socket		Lower Extremity Prosthesis	No	No	No	No
L5636	Addition to lower extremity, Symes type, medial opening socket		Lower Extremity Prosthesis	No	No	No	No
L5637	Addition to lower extremity, below knee, total contact		Lower Extremity Prosthesis	No	No	No	No
L5638	Addition to lower extremity, below knee, leather socket		Lower Extremity Prosthesis	No	No	No	No
L5639	Addition to lower extremity, below knee, wood socket		Lower Extremity Prosthesis	Yes	Yes	No	No
L5640	Addition to lower extremity, knee disarticulation, leather socket		Lower Extremity Prosthesis	Yes	Yes	No	No
L5642	Addition to lower extremity, above knee, leather socket		Lower Extremity Prosthesis	No	No	No	No
L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame		Lower Extremity Prosthesis	Yes	Yes	No	No
L5644	Addition to lower extremity, above knee, wood socket		Lower Extremity Prosthesis	No	No	No	No
L5645	Addition to lower extremity, below knee, flexible inner socket, external frame		Lower Extremity Prosthesis	Yes	Yes	No	No
L5646	Addition to lower extremity, below knee, air, fluid, gel or equal, cushion socket		Lower Extremity Prosthesis	No	No	No	No
L5647	Addition to lower extremity, below knee, suction socket		Lower Extremity Prosthesis	Yes	Yes	No	No
L5648	Addition to lower extremity, above knee, air, fluid, gel or equal, cushion socket		Lower Extremity Prosthesis	Yes	Yes	No	No
L5649	Addition to lower extremity, ischial containment/narrow M-L socket		Lower Extremity Prosthesis	Yes	Yes	No	No
L5650	Additions to lower extremity, total contact, above knee or knee disarticulation socket		Lower Extremity Prosthesis	No	No	No	No
L5651	Addition to lower extremity, above knee, flexible inner socket, external frame		Lower Extremity Prosthesis	Yes	Yes	No	No
L5652	Addition to lower extremity, suction suspension, above knee or knee disarticulation socket		Lower Extremity Prosthesis	No	No	No	No
L5653	Addition to lower extremity, knee disarticulation, expandable wall socket		Lower Extremity Prosthesis	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
L5654	Addition to lower extremity, socket insert, Symes, (Kemblo, Pelite, Aliplast, Plastazote or equal)		Lower Extremity Prosthesis	No	No	No	No
L5655	Addition to lower extremity, socket insert, below knee (Kemblo, Pelite, Aliplast, Plastazote or equal)		Lower Extremity Prosthesis	No	No	No	No
L5656	Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal)		Lower Extremity Prosthesis	No	No	No	No
L5658	Addition to lower extremity, socket insert, above knee (Kemblo, Pelite, Aliplast, Plastazote or equal)		Lower Extremity Prosthesis	No	No	No	No
L5661	Addition to lower extremity, socket insert, multidurometer Symes		Lower Extremity Prosthesis	No	No	No	No
L5665	Addition to lower extremity, socket insert, multidurometer, below knee		Lower Extremity Prosthesis	No	No	No	No
L5666	Addition to lower extremity, below knee, cuff suspension		Lower Extremity Prosthesis	No	No	No	No
L5668	Addition to lower extremity, below knee, molded distal cushion		Lower Extremity Prosthesis	No	No	No	No
L5670	Addition to lower extremity, below knee, molded supracondylar suspension (PTS or similar)		Lower Extremity Prosthesis	No	No	No	No
L5671	Addition to lower extremity, below knee/above knee suspension locking mechanism (shuttle, lanyard, or equal), excludes socket insert		Lower Extremity Prosthesis	No	No	No	No
L5672	Addition to lower extremity, below knee, removable medial brim suspension		Lower Extremity Prosthesis	No	No	No	No
L5673	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism		Lower Extremity Prosthesis	No	No	No	No
L5676	Additions to lower extremity, below knee, knee joints, single axis, pair		Lower Extremity Prosthesis	No	No	No	No
L5677	Additions to lower extremity, below knee, knee joints, polycentric, pair		Lower Extremity Prosthesis	No	No	No	No
L5678	Additions to lower extremity, below knee, joint covers, pair		Lower Extremity Prosthesis	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
L5679	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism		Lower Extremity Prosthesis	No	No	No	No
L5680	Addition to lower extremity, below knee, thigh lacer, nonmolded		Lower Extremity Prosthesis	No	No	No	No
L5681	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)		Lower Extremity Prosthesis	Yes	Yes	No	No
L5682	Addition to lower extremity, below knee, thigh lacer, gluteal/ischial, molded		Lower Extremity Prosthesis	No	No	No	No
L5683	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)		Lower Extremity Prosthesis	Yes	Yes	No	No
L5684	Addition to lower extremity, below knee, fork strap		Lower Extremity Prosthesis	No	No	No	No
L5685	Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each		Lower Extremity Prosthesis	No	No	No	No
L5686	Addition to lower extremity, below knee, back check (extension control)		Lower Extremity Prosthesis	No	No	No	No
L5688	Addition to lower extremity, below knee, waist belt, webbing		Lower Extremity Prosthesis	No	No	No	No
L5690	Addition to lower extremity, below knee, waist belt, padded and lined		Lower Extremity Prosthesis	No	No	No	No
L5692	Addition to lower extremity, above knee, pelvic control belt, light		Lower Extremity Prosthesis	No	No	No	No
L5694	Addition to lower extremity, above knee, pelvic control belt, padded and lined		Lower Extremity Prosthesis	No	No	No	No
L5695	Addition to lower extremity, above knee, pelvic control, sleeve suspension, neoprene or equal, each		Lower Extremity Prosthesis	No	No	No	No
L5696	Addition to lower extremity, above knee or knee disarticulation, pelvic joint		Lower Extremity Prosthesis	No	No	No	No
L5697	Addition to lower extremity, above knee or knee disarticulation, pelvic band		Lower Extremity Prosthesis	No	No	No	No
L5698	Addition to lower extremity, above knee or knee disarticulation, Silesian bandage		Lower Extremity Prosthesis	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
L5699	All lower extremity prostheses, shoulder harness		Lower Extremity Prosthesis	No	No	No	No
L5700	Replacement, socket, below knee, molded to patient model		Lower Extremity Prosthesis	Yes	Yes	No	No
L5701	Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model		Lower Extremity Prosthesis	Yes	Yes	No	No
L5702	Replacement, socket, hip disarticulation, including hip joint, molded to patient model		Lower Extremity Prosthesis	Yes	Yes	No	No
L5703	Ankle, Symes, molded to patient model, socket without solid ankle cushion heel (SACH) foot, replacement only		Lower Extremity Prosthesis	Yes	Yes	No	No
L5704	Custom shaped protective cover, below knee		Lower Extremity Prosthesis	No	No	No	No
L5705	Custom shaped protective cover, above knee		Lower Extremity Prosthesis	Yes	Yes	No	No
L5706	Custom shaped protective cover, knee disarticulation		Lower Extremity Prosthesis	Yes	Yes	No	No
L5707	Custom shaped protective cover, hip disarticulation		Lower Extremity Prosthesis	Yes	Yes	No	No
L5710	Addition, exoskeletal knee-shin system, single axis, manual lock		Lower Extremity Prosthesis	No	No	No	No
L5711	Additions exoskeletal knee-shin system, single axis, manual lock, ultra-light material		Lower Extremity Prosthesis	No	No	No	No
L5712	Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)		Lower Extremity Prosthesis	No	No	No	No
L5714	Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control		Lower Extremity Prosthesis	No	No	No	No
L5716	Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock		Lower Extremity Prosthesis	No	No	No	No
L5718	Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control		Lower Extremity Prosthesis	Yes	Yes	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
L5722	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control		Lower Extremity Prosthesis	Yes	Yes	No	No
L5724	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control		Lower Extremity Prosthesis	Yes	Yes	No	No
L5726	Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control		Lower Extremity Prosthesis	Yes	Yes	No	No
L5728	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control		Lower Extremity Prosthesis	Yes	Yes	No	No
L5780	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control		Lower Extremity Prosthesis	Yes	Yes	No	No
L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system		Lower Extremity Prosthesis	Yes	Yes	Yes	Yes
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy-duty		Lower Extremity Prosthesis	Yes	Yes	Yes	Yes
L5783	Addition to lower extremity, user adjustable, mechanical, residual limb volume management system		Lower Extremity Prosthesis	No	No	No	No
L5785	Addition, exoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)		Lower Extremity Prosthesis	No	No	No	No
L5790	Addition, exoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)		Lower Extremity Prosthesis	No	No	No	No
L5795	Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)		Lower Extremity Prosthesis	Yes	Yes	No	No
L5810	Addition, endoskeletal knee-shin system, single axis, manual lock		Lower Extremity Prosthesis	No	No	No	No
L5811	Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material		Lower Extremity Prosthesis	No	No	No	No
L5812	Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)		Lower Extremity Prosthesis	No	No	No	No
L5814	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock		Lower Extremity Prosthesis	Yes	Yes	No	No
L5816	Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock		Lower Extremity Prosthesis	Yes	Yes	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
L5818	Addition, endoskeletal knee-shin system, polycentric, friction swing and stance phase control		Lower Extremity Prosthesis	Yes	Yes	No	No
L5822	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control		Lower Extremity Prosthesis	Yes	Yes	No	No
L5824	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control		Lower Extremity Prosthesis	Yes	Yes	No	No
L5826	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame		Lower Extremity Prosthesis	Yes	Yes	No	No
L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control		Lower Extremity Prosthesis	Yes	Yes	No	No
L5830	Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control		Lower Extremity Prosthesis	Yes	Yes	No	No
L5840	Addition, endoskeletal knee-shin system, 4-bar linkage or multiaxial, pneumatic swing phase control		Lower Extremity Prosthesis	Yes	Yes	No	No
L5841	Addition, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase control		Lower Extremity Prosthesis	No	No	No	No
L5845	Addition, endoskeletal knee-shin system, stance flexion feature, adjustable		Lower Extremity Prosthesis	Yes	Yes	No	No
L5848	Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability		Lower Extremity Prosthesis	Yes	Yes	No	No
L5850	Addition, endoskeletal system, above knee or hip disarticulation, knee extension assist		Lower Extremity Prosthesis	No	No	No	No
L5855	Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist		Lower Extremity Prosthesis	No	No	No	No
L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type		Lower Extremity Prosthesis	Yes	Yes	Yes	Yes
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type		Lower Extremity Prosthesis	Yes	Yes	Yes	Yes
L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type		Lower Extremity Prosthesis	Yes	Yes	Yes	Yes
L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)		Lower Extremity Prosthesis	Yes	Yes	Yes	Yes
L5910	Addition, endoskeletal system, below knee, alignable system		Lower Extremity Prosthesis	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
L5920	Addition, endoskeletal system, above knee or hip disarticulation, alignable system		Lower Extremity Prosthesis	No	No	No	No
L5925	Addition, endoskeletal system, above knee, knee disarticulation or hip disarticulation, manual lock		Lower Extremity Prosthesis	No	No	No	No
L5926	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type		Lower Extremity Prosthesis	No	No	No	No
L5930	Addition, endoskeletal system, high activity knee control frame		Lower Extremity Prosthesis	Yes	Yes	No	No
L5940	Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)		Lower Extremity Prosthesis	No	No	No	No
L5950	Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)		Lower Extremity Prosthesis	Yes	Yes	No	No
L5960	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)		Lower Extremity Prosthesis	Yes	Yes	No	No
L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control		Lower Extremity Prosthesis	Yes	Yes	No	No
L5962	Addition, endoskeletal system, below knee, flexible protective outer surface covering system		Lower Extremity Prosthesis	No	No	No	No
L5964	Addition, endoskeletal system, above knee, flexible protective outer surface covering system		Lower Extremity Prosthesis	Yes	Yes	No	No
L5966	Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system		Lower Extremity Prosthesis	Yes	Yes	No	No
L5968	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature		Lower Extremity Prosthesis	Yes	Yes	Yes	Yes
L5969	Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)		Lower Extremity Prosthesis	Yes	Yes	Yes	Yes
L5970	All lower extremity prostheses, foot, external keel, SACH foot		Lower Extremity Prosthesis	Yes	Yes	Yes	No
L5971	All lower extremity prostheses, solid ankle cushion heel (SACH) foot, replacement only		Prosthesis	Yes	Yes	Yes	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
L5972	All lower extremity prostheses, foot, flexible keel		Prosthesis	Yes	Yes	Yes	No
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source		Prosthesis	Yes	Yes	Yes	No
L5974	All lower extremity prostheses, foot, single axis ankle/foot		Prosthesis	Yes	Yes	Yes	No
L5975	All lower extremity prostheses, combination single axis ankle and flexible keel foot		Prosthesis	Yes	Yes	Yes	No
L5976	All lower extremity prostheses, energy storing foot (Seattle Carbon Copy II or equal)		Lower Extremity Prosthesis	No	No	No	No
L5978	All lower extremity prostheses, foot, multiaxial ankle/foot		Lower Extremity Prosthesis	No	No	No	No
L5979	All lower extremity prostheses, multiaxial ankle, dynamic response foot, one piece system		Lower Extremity Prosthesis	Yes	Yes	No	No
L5980	All lower extremity prostheses, flex-foot system		Lower Extremity Prosthesis	Yes	Yes	Yes	Yes
L5981	All lower extremity prostheses, flex-walk system or equal		Lower Extremity Prosthesis	Yes	Yes	No	No
L5982	All exoskeletal lower extremity prostheses, axial rotation unit		Lower Extremity Prosthesis	No	No	No	No
L5984	All endoskeletal lower extremity prostheses, axial rotation unit, with or without adjustability		Lower Extremity Prosthesis	No	No	No	No
L5985	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon		Lower Extremity Prosthesis	No	No	No	No
L5986	All lower extremity prostheses, multiaxial rotation unit (MCP or equal)		Lower Extremity Prosthesis	No	No	No	No
L5987	All lower extremity prostheses, shank foot system with vertical loading pylon		Lower Extremity Prosthesis	Yes	Yes	Yes	Yes
L5988	Addition to lower limb prosthesis, vertical shock reducing pylon feature		Lower Extremity Prosthesis	Yes	Yes	No	No
L5990	Addition to lower extremity prosthesis, user adjustable heel height		Lower Extremity Prosthesis	Yes	Yes	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
L5991	Addition to lower extremeity prosthese, osseointegrated external prosthetic connector		Lower Extremity Prosthesis	Yes	Yes	Yes	No
L5999	Lower extremity prosthesis, not otherwise specified		Lower Extremity Prosthesis	Yes	Yes	Yes	Yes
L6000	Partial hand, thumb remaining		Upper Extremity Prosthesis	Yes	Yes	No	No
L6010	Partial hand, little and/or ring finger remaining		Upper Extremity Prosthesis	Yes	Yes	No	No
L6020	Partial hand, no finger remaining		Upper Extremity Prosthesis	Yes	Yes	No	No
L6026	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device(s)		Upper Extremity Prosthesis	Yes	Yes	No	No
L6050	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad		Upper Extremity Prosthesis	Yes	Yes	No	No
L6055	Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad		Upper Extremity Prosthesis	Yes	Yes	No	No
L6100	Below elbow, molded socket, flexible elbow hinge, triceps pad		Upper Extremity Prosthesis	Yes	Yes	No	No
L6110	Below elbow, molded socket (Muenster or Northwestern suspension types)		Upper Extremity Prosthesis	Yes	Yes	No	No
L6120	Below elbow, molded double wall split socket, step-up hinges, half cuff		Upper Extremity Prosthesis	Yes	Yes	No	No
L6130	Below elbow, molded double wall split socket, stump activated locking hinge, half cuff		Upper Extremity Prosthesis	Yes	Yes	No	No
L6200	Elbow disarticulation, molded socket, outside locking hinge, forearm		Upper Extremity Prosthesis	Yes	Yes	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
L6205	Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm		Upper Extremity Prosthesis	Yes	Yes	No	No
L6250	Above elbow, molded double wall socket, internal locking elbow, forearm		Upper Extremity Prosthesis	Yes	Yes	No	No
L6300	Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm		Upper Extremity Prosthesis	Yes	Yes	No	No
L6310	Shoulder disarticulation, passive restoration (complete prosthesis)		Upper Extremity Prosthesis	Yes	Yes	No	No
L6320	Shoulder disarticulation, passive restoration (shoulder cap only)		Upper Extremity Prosthesis	Yes	Yes	No	No
L6350	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm		Upper Extremity Prosthesis	Yes	Yes	No	No
L6360	Interscapular thoracic, passive restoration (complete prosthesis)		Upper Extremity Prosthesis	Yes	Yes	No	No
L6370	Interscapular thoracic, passive restoration (shoulder cap only)		Upper Extremity Prosthesis	Yes	Yes	No	No
L6380	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow		Upper Extremity Prosthesis	Yes	Yes	No	No
L6382	Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow		Upper Extremity Prosthesis	Yes	Yes	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
L6384	Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic		Upper Extremity Prosthesis	Yes	Yes	No	No
L6386	Immediate postsurgical or early fitting, each additional cast change and realignment		Upper Extremity Prosthesis	No	No	No	No
L6388	Immediate postsurgical or early fitting, application of rigid dressing only		Upper Extremity Prosthesis	No	No	No	No
L6400	Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping		Upper Extremity Prosthesis	Yes	Yes	No	No
L6450	Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping		Upper Extremity Prosthesis	Yes	Yes	No	No
L6500	Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping		Upper Extremity Prosthesis	Yes	Yes	No	No
L6550	Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping		Upper Extremity Prosthesis	Yes	Yes	No	No
L6570	Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping		Upper Extremity Prosthesis	Yes	Yes	No	No
L6580	Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, molded to patient model		Upper Extremity Prosthesis	Yes	Yes	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
L6582	Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, direct formed		Upper Extremity Prosthesis	Yes	Yes	No	No
L6584	Preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, molded to patient model		Upper Extremity Prosthesis	Yes	Yes	No	No
L6586	Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, direct formed		Upper Extremity Prosthesis	Yes	Yes	No	No
L6588	Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, molded to patient model		Upper Extremity Prosthesis	Yes	Yes	No	No
L6590	Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, direct formed		Upper Extremity Prosthesis	Yes	Yes	No	No
L6600	Upper extremity additions, polycentric hinge, pair		Upper Extremity Prosthesis	No	No	No	No
L6605	Upper extremity additions, single pivot hinge, pair		Upper Extremity Prosthesis	No	No	No	No
L6610	Upper extremity additions, flexible metal hinge, pair		Upper Extremity Prosthesis	No	No	No	No
L6611	Addition to upper extremity prosthesis, external powered, additional switch, any type		Upper Extremity Prosthesis	No	No	No	No
L6615	Upper extremity addition, disconnect locking wrist unit		Upper Extremity Prosthesis	No	No	No	No
L6616	Upper extremity addition, additional disconnect insert for locking wrist unit, each		Upper Extremity Prosthesis	No	No	No	No
L6620	Upper extremity addition, flexion/extension wrist unit, with or without friction		Upper Extremity Prosthesis	No	No	No	No
L6621	Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device		Upper Extremity Prosthesis	Yes	Yes	No	No
L6623	Upper extremity addition, spring assisted rotational wrist unit with latch release		Upper Extremity Prosthesis	Yes	Yes	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
L6624	Upper extremity addition, flexion/extension and rotation wrist unit		Upper Extremity Prosthesis	Yes	Yes	No	No
L6625	Upper extremity addition, rotation wrist unit with cable lock		Upper Extremity Prosthesis	No	No	No	No
L6628	Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal		Upper Extremity Prosthesis	No	No	No	No
L6629	Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal		Upper Extremity Prosthesis	No	No	No	No
L6630	Upper extremity addition, stainless steel, any wrist		Upper Extremity Prosthesis	No	No	No	No
L6632	Upper extremity addition, latex suspension sleeve, each		Upper Extremity Prosthesis	No	No	No	No
L6635	Upper extremity addition, lift assist for elbow		Upper Extremity Prosthesis	No	No	No	No
L6637	Upper extremity addition, nudge control elbow lock		Upper Extremity Prosthesis	No	No	No	No
L6638	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow		Upper Extremity Prosthesis	Yes	Yes	No	No
L6640	Upper extremity additions, shoulder abduction joint, pair		Upper Extremity Prosthesis	No	No	No	No
L6641	Upper extremity addition, excursion amplifier, pulley type		Upper Extremity Prosthesis	No	No	No	No
L6642	Upper extremity addition, excursion amplifier, lever type		Upper Extremity Prosthesis	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
L6645	Upper extremity addition, shoulder flexion-abduction joint, each		Upper Extremity Prosthesis	No	No	No	No
L6646	Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system		Upper Extremity Prosthesis	Yes	Yes	No	No
L6647	Upper extremity addition, shoulder lock mechanism, body powered actuator		Upper Extremity Prosthesis	No	No	No	No
L6648	Upper extremity addition, shoulder lock mechanism, external powered actuator		Upper Extremity Prosthesis	Yes	Yes	No	No
L6650	Upper extremity addition, shoulder universal joint, each		Upper Extremity Prosthesis	No	No	No	No
L6655	Upper extremity addition, standard control cable, extra		Upper Extremity Prosthesis	No	No	No	No
L6660	Upper extremity addition, heavy-duty control cable		Upper Extremity Prosthesis	No	No	No	No
L6665	Upper extremity addition, Teflon, or equal, cable lining		Upper Extremity Prosthesis	No	No	No	No
L6670	Upper extremity addition, hook to hand, cable adapter		Upper Extremity Prosthesis	No	No	No	No
L6672	Upper extremity addition, harness, chest or shoulder, saddle type		Upper Extremity Prosthesis	No	No	No	No
L6675	Upper extremity addition, harness, (e.g., figure of eight type), single cable design		Upper Extremity Prosthesis	No	No	No	No
L6676	Upper extremity addition, harness, (e.g., figure of eight type), dual cable design		Upper Extremity Prosthesis	No	No	No	No
L6677	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow		Upper Extremity Prosthesis	No	No	No	No
L6680	Upper extremity addition, test socket, wrist disarticulation or below elbow		Upper Extremity Prosthesis	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
L6682	Upper extremity addition, test socket, elbow disarticulation or above elbow		Upper Extremity Prosthesis	No	No	No	No
L6684	Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic		Upper Extremity Prosthesis	No	No	No	No
L6686	Upper extremity addition, suction socket		Upper Extremity Prosthesis	Yes	Yes	No	No
L6687	Upper extremity addition, frame type socket, below elbow or wrist disarticulation		Upper Extremity Prosthesis	No	No	No	No
L6688	Upper extremity addition, frame type socket, above elbow or elbow disarticulation		Upper Extremity Prosthesis	No	No	No	No
L6689	Upper extremity addition, frame type socket, shoulder disarticulation		Upper Extremity Prosthesis	No	No	No	No
L6690	Upper extremity addition, frame type socket, interscapular-thoracic		Upper Extremity Prosthesis	No	No	No	No
L6691	Upper extremity addition, removable insert, each		Upper Extremity Prosthesis	No	No	No	No
L6692	Upper extremity addition, silicone gel insert or equal, each		Upper Extremity Prosthesis	No	No	No	No
L6693	Upper extremity addition, locking elbow, forearm counterbalance		Upper Extremity Prosthesis	Yes	Yes	No	No
L6694	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism		Upper Extremity Prosthesis	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
L6695	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism		Upper Extremity Prosthesis	No	No	No	No
L6696	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)		Upper Extremity Prosthesis	Yes	Yes	No	No
L6697	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)		Upper Extremity Prosthesis	Yes	Yes	No	No
L6698	Addition to upper extremity prosthesis, below elbow/above elbow, lock mechanism, excludes socket insert		Upper Extremity Prosthesis	No	No	No	No
L6703	Terminal device, passive hand/mitt, any material, any size		Upper Extremity Prosthesis	No	No	No	No
L6704	Terminal device, sport/recreational/work attachment, any material, any size		Upper Extremity Prosthesis	No	No	No	No
L6706	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined		Upper Extremity Prosthesis	No	No	No	No
L6707	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined		Upper Extremity Prosthesis	Yes	Yes	No	No
L6708	Terminal device, hand, mechanical, voluntary opening, any material, any size		Upper Extremity Prosthesis	Yes	Yes	No	No
L6709	Terminal device, hand, mechanical, voluntary closing, any material, any size		Upper Extremity Prosthesis	Yes	Yes	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
L6711	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined, pediatric		Upper Extremity Prosthesis	No	No	No	No
L6712	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric		Upper Extremity Prosthesis	Yes	Yes	No	No
L6713	Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric		Upper Extremity Prosthesis	Yes	Yes	No	No
L6714	Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric		Upper Extremity Prosthesis	Yes	Yes	No	No
L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement		Upper Extremity Prosthesis	Yes	Yes	No	No
L6721	Terminal device, hook or hand, heavy-duty, mechanical, voluntary opening, any material, any size, lined or unlined		Upper Extremity Prosthesis	Yes	Yes	No	No
L6722	Terminal device, hook or hand, heavy-duty, mechanical, voluntary closing, any material, any size, lined or unlined		Upper Extremity Prosthesis	Yes	Yes	No	No
L6805	Addition to terminal device, modifier wrist unit		Upper Extremity Prosthesis	No	No	No	No
L6810	Addition to terminal device, precision pinch device		Upper Extremity Prosthesis	No	No	No	No
L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)		Upper Extremity Prosthesis	Yes	Yes	No	No
L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device		Upper Extremity Prosthesis	Yes	Yes	No	No
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device		Upper Extremity Prosthesis	Yes	Yes	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
L6883	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power		Upper Extremity Prosthesis	Yes	Yes	No	No
L6884	Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power		Upper Extremity Prosthesis	Yes	Yes	No	No
L6885	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power		Upper Extremity Prosthesis	Yes	Yes	No	No
L6890	Addition to upper extremity prosthesis, glove for terminal device, any material, prefabricated, includes fitting and adjustment		Upper Extremity Prosthesis	No	No	No	No
L6895	Addition to upper extremity prosthesis, glove for terminal device, any material, custom fabricated		Upper Extremity Prosthesis	No	No	No	No
L6900	Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining		Upper Extremity Prosthesis	Yes	Yes	No	No
L6905	Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining		Upper Extremity Prosthesis	Yes	Yes	No	No
L6910	Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining		Upper Extremity Prosthesis	Yes	Yes	No	No
L6915	Hand restoration (shading and measurements included), replacement glove for above		Upper Extremity Prosthesis	Yes	Yes	No	No
L6920	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, 2 batteries and 1 charger, switch control of terminal device		Upper Extremity Prosthesis	Yes	Yes	No	No
L6925	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device		Upper Extremity Prosthesis	Yes	Yes	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
L6930	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, 2 batteries and one charger, switch control of terminal device		Upper Extremity Prosthesis	Yes	Yes	No	No
L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device		Upper Extremity Prosthesis	Yes	Yes	No	No
L6940	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch, cables, 2 batteries and one charger, switch control of terminal device		Upper Extremity Prosthesis	Yes	Yes	No	No
L6945	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device		Upper Extremity Prosthesis	Yes	Yes	No	No
L6950	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal switch, cables, 2 batteries and one charger, switch control of terminal device		Upper Extremity Prosthesis	Yes	Yes	No	No
L6955	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device		Upper Extremity Prosthesis	Yes	Yes	No	No
L6960	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, 2 batteries and one charger, switch control of terminal device		Upper Extremity Prosthesis	Yes	Yes	No	No
L6965	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device		Upper Extremity Prosthesis	Yes	Yes	No	No
L6970	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, 2 batteries and one charger, switch control of terminal device		Upper Extremity Prosthesis	Yes	Yes	No	No
L6975	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device		Upper Extremity Prosthesis	Yes	Yes	No	No
L7007	Electric hand, switch or myoelectric controlled, adult		Upper Extremity Prosthesis	Yes	Yes	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
L7008	Electric hand, switch or myoelectric, controlled, pediatric		Upper Extremity Prosthesis	Yes	Yes	No	No
L7009	Electric hook, switch or myoelectric controlled, adult		Upper Extremity Prosthesis	Yes	Yes	No	No
L7040	Prehensile actuator, switch controlled		Upper Extremity Prosthesis	Yes	Yes	No	No
L7045	Electric hook, switch or myoelectric controlled, pediatric		Upper Extremity Prosthesis	Yes	Yes	No	No
L7170	Electronic elbow, Hosmer or equal, switch controlled		Upper Extremity Prosthesis	Yes	Yes	No	No
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device		Upper Extremity Prosthesis	Yes	Yes	No	No
L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device		Upper Extremity Prosthesis	Yes	Yes	No	No
L7185	Electronic elbow, adolescent, Variety Village or equal, switch controlled		Upper Extremity Prosthesis	Yes	Yes	No	No
L7186	Electronic elbow, child, Variety Village or equal, switch controlled		Upper Extremity Prosthesis	Yes	Yes	No	No
L7190	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled		Upper Extremity Prosthesis	Yes	Yes	No	No
L7191	Electronic elbow, child, Variety Village or equal, myoelectronically controlled		Upper Extremity Prosthesis	Yes	Yes	No	No
L7259	Electronic wrist rotator, any type		Upper Extremity Prosthesis	Yes	Yes	No	No
L7360	Six volt battery, each		Prosthesis	No	No	No	No
L7362	Battery charger, 6 volt, each		Prosthesis	No	No	No	No
L7364	Twelve volt battery, each		Prosthesis	No	No	No	No
L7366	Battery charger, twelve volt, each		Prosthesis	No	No	No	No
L7367	Lithium ion battery, rechargeable, replacement		Prosthesis	No	No	No	No
L7368	Lithium ion battery charger, replacement only		Prosthesis	No	No	No	No
L7400	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultralight material (titanium, carbon fiber or equal)		Upper Extremity Prosthesis	No	No	No	No
L7401	Addition to upper extremity prosthesis, above elbow disarticulation, ultralight material (titanium, carbon fiber or equal)		Upper Extremity Prosthesis	No	No	No	No
L7402	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultralight material (titanium, carbon fiber or equal)		Upper Extremity Prosthesis	No	No	No	No
L7403	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material		Upper Extremity Prosthesis	No	No	No	No
L7404	Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material		Upper Extremity Prosthesis	No	No	No	No
L7405	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material		Upper Extremity Prosthesis	No	No	No	No
L7499	Upper extremity prosthesis, not otherwise specified		Upper Extremity Prosthesis	Yes	Yes	No	No
L7510	Repair of prosthetic device, repair or replace minor parts		Prosthesis	Yes	Yes	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
L7520	Repair prosthetic device, labor component, per 15 minutes		Prosthesis	Yes	Yes	No	No
L7600	Prosthetic donning sleeve, any material, each		Prosthesis	No	No	No	No
L7700	Gasket or seal, for use with prosthetic socket insert, any type, each		Prosthesis	No	No	No	No
L7900	Male vacuum erection system		Prosthesis	Yes	Yes	No	No
L7902	Tension ring, for vacuum erection device, any type, replacement only, each		Prosthesis	Yes	Yes	No	No
L8000	Breast prosthesis, mastectomy bra, without integrated breast prosthesis form, any size, any type		Prosthesis	No	No	No	No
L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral, any size, any type		Prosthesis	No	No	No	No
L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral, any size, any type		Prosthesis	No	No	No	No
L8010	Breast prosthesis, mastectomy sleeve		Prosthesis	Yes	Yes	No	No
L8015	External breast prosthesis garment, with mastectomy form, post mastectomy		Prosthesis	No	No	No	No
L8020	Breast prosthesis, mastectomy form		Prosthesis	No	No	No	No
L8030	Breast prosthesis, silicone or equal, without integral adhesive		Prosthesis	No	No	No	No
L8031	Breast prosthesis, silicone or equal, with integral adhesive		Prosthesis	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
L8032	Nipple prosthesis, reusable, any type, each		Prosthesis	No	No	No	No
L8033	Nipple prosthesis, custom fabricated, reusable, any material, any type, each		Prosthesis	Yes	Yes	yes	No
L8035	Custom breast prosthesis, post mastectomy, molded to patient model		Prosthesis	Yes	Yes	No	No
L8039	Breast prosthesis, not otherwise specified		Prosthesis	Yes	Yes	No	No
L8040	Nasal prosthesis, provided by a nonphysician		Prosthesis	Yes	Yes	No	No
L8041	Midfacial prosthesis, provided by a nonphysician		Prosthesis	Yes	Yes	No	No
L8042	Orbital prosthesis, provided by a nonphysician		Prosthesis	Yes	Yes	No	No
L8043	Upper facial prosthesis, provided by a nonphysician		Prosthesis	Yes	Yes	No	No
L8044	Hemi-facial prosthesis, provided by a nonphysician		Prosthesis	Yes	Yes	No	No
L8045	Auricular prosthesis, provided by a nonphysician		Prosthesis	Yes	Yes	No	No
L8046	Partial facial prosthesis, provided by a nonphysician		Prosthesis	Yes	Yes	No	No
L8047	Nasal septal prosthesis, provided by a nonphysician		Prosthesis	Yes	Yes	No	No
L8048	Unspecified maxillofacial prosthesis, by report, provided by a nonphysician		Prosthesis	Yes	Yes	No	No
L8049	Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments, provided by a nonphysician		Prosthesis	Yes	Yes	No	No
L8300	Truss, single with standard pad		Hernia	No	No	No	No
L8310	Truss, double with standard pads		Hernia	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
L8320	Truss, addition to standard pad, water pad		Hernia	No	No	No	No
L8330	Truss, addition to standard pad, scrotal pad		Hernia	No	No	No	No
L8400	Prosthetic sheath, below knee, each		Lower Extremity Prosthesis	No	No	No	No
L8410	Prosthetic sheath, above knee, each		Lower Extremity Prosthesis	No	No	No	No
L8415	Prosthetic sheath, upper limb, each		Upper Extremity Prosthesis	No	No	No	No
L8417	Prosthetic sheath/sock, including a gel cushion layer, below knee or above knee, each		Lower Extremity Prosthesis	No	No	No	No
L8420	Prosthetic sock, multiple ply, below knee, each		Lower Extremity Prosthesis	No	No	No	No
L8430	Prosthetic sock, multiple ply, above knee, each		Lower Extremity Prosthesis	No	No	No	No
L8435	Prosthetic sock, multiple ply, upper limb, each		Upper Extremity Prosthesis	No	No	No	No
L8440	Prosthetic shrinker, below knee, each		Lower Extremity Prosthesis	No	No	No	No
L8460	Prosthetic shrinker, above knee, each		Lower Extremity Prosthesis	No	No	No	No
L8465	Prosthetic shrinker, upper limb, each		Prosthesis	No	No	No	No
L8470	Prosthetic sock, single ply, fitting, below knee, each		Lower Extremity Prosthesis	No	No	No	No
L8480	Prosthetic sock, single ply, fitting, above knee, each		Lower Extremity Prosthesis	No	No	No	No
L8485	Prosthetic sock, single ply, fitting, upper limb, each		Upper Extremity Prosthesis	No	No	No	No
L8499	Unlisted procedure for miscellaneous prosthetic services		Prosthesis	Yes	Yes	No	No
L8500	Artificial larynx, any type		Tracheostomy	Yes	Yes	No	No
L8501	Tracheostomy speaking valve		Tracheostomy	No	No	No	No
L8505	Artificial larynx replacement battery/accessory, any type		Tracheostomy	No	No	No	No
L8507	Tracheo-esophageal voice prosthesis, patient inserted, any type, each		Tracheostomy	No	No	No	No
L8509	Tracheo-esophageal voice prosthesis, inserted by a licensed health care provider, any type		Tracheostomy	No	No	No	No
L8510	Voice amplifier		Tracheostomy	No	No	No	No
L8511	Insert for indwelling tracheoesophageal prosthesis, with or without valve, replacement only, each		Tracheostomy	No	No	No	No
L8512	Gelatin capsules or equivalent, for use with tracheoesophageal voice prosthesis, replacement only, per 10		Tracheostomy	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
L8513	Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each		Tracheostomy	No	No	No	No
L8514	Tracheoesophageal puncture dilator, replacement only, each		Tracheostomy	No	No	No	No
L8515	Gelatin capsule, application device for use with tracheoesophageal voice prosthesis, each		Tracheostomy	No	No	No	No
L8600	Implantable breast prosthesis, silicone or equal		Prosthesis	Yes	Yes	No	No
L8603	Injectable bulking agent, collagen implant, urinary tract, 2.5 ml syringe, includes shipping and necessary supplies		Prosthesis	No	No	No	No
L8604	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, urinary tract, 1 ml, includes shipping and necessary supplies		Prosthesis	Yes	Yes	yes	No
L8605	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, anal canal, 1 ml, includes shipping and necessary supplies		Prosthesis	Yes	Yes	No	No
L8606	Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies		Prosthesis	No	No	No	No
L8607	Injectable bulking agent for vocal cord medialization, 0.1 ml, includes shipping and necessary supplies		Prosthesis	No	No	No	No
L8608	Miscellaneous external component, supply or accessory for use with the Argus II Retinal Prosthesis System		Prosthesis	Yes	Yes	yes	No
L8609	Artificial cornea		Implant	Yes	Yes	No	No
L8610	Ocular implant		Implant	Yes	Yes	No	No
L8612	Aqueous shunt		Shunt	No	No	No	No
L8613	Ossicula implant	Hearing benefits limited to abnormalities in newborns and children except Cochlear implants Check EOB for coverage.	Hearing	Yes	Yes	No	No
L8614	Cochlear device, includes all internal and external components		Hearing	Yes	Yes	Yes	Yes
L8615	Headset/headpiece for use with cochlear implant device, replacement		Hearing	Yes	Yes	No	No
L8616	Microphone for use with cochlear implant device, replacement		Hearing	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
L8617	Transmitting coil for use with cochlear implant device, replacement		Hearing	Yes	Yes	No	No
L8618	Transmitter cable for use with cochlear implant device or auditory osseointegrated device, replacement		Hearing	No	No	No	No
L8619	Cochlear implant, external speech processor and controller, integrated system, replacement		Hearing	Yes	Yes	Yes	Yes
L8621	Zinc air battery for use with cochlear implant device and auditory osseointegrated sound processors, replacement, each		Hearing	No	No	No	No
L8622	Alkaline battery for use with cochlear implant device, any size, replacement, each		Hearing	No	No	No	No
L8623	Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each		Hearing	No	No	No	No
L8624	Lithium ion battery for use with cochlear implant or auditory osseointegrated device speech processor, ear level, replacement, each		Hearing	No	No	No	No
L8625	External recharging system for battery for use with cochlear implant or auditory osseointegrated device, replacement only, each		Hearing	Yes	Yes	No	No
L8627	Cochlear implant, external speech processor, component, replacement		Hearing	Yes	Yes	No	No
L8628	Cochlear implant, external controller component, replacement		Hearing	Yes	Yes	No	No
L8629	Transmitting coil and cable, integrated, for use with cochlear implant device, replacement		Hearing	Yes	Yes	No	No
L8630	Metacarpophalangeal joint implant		Implant	Yes	Yes	No	No
L8631	Metacarpal phalangeal joint replacement, 2 or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon), for surgical implantation (all sizes, includes entire system)		Replacement	No	No	No	No
L8641	Metatarsal joint implant		Implant	Yes	Yes	No	No
L8642	Hallux implant		Implant	Yes	Yes	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
L8658	Interphalangeal joint spacer, silicone or equal, each		Replacement	No	No	No	No
L8659	Interphalangeal finger joint replacement, 2 or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon) for surgical implantation, any size		Replacement	No	No	No	No
L8670	Vascular graft material, synthetic, implant		Graft	No	No	No	No
L8678	Electrical stimulator supplies (external) for use with implantable neurostimulator, per month		Stimulation Device	Yes	Yes	yes	No
L8679	Implantable neurostimulator, pulse generator, any type		Stimulation Device	Yes	Yes	No	No
L8680	Implantable neurostimulator electrode, each		Stimulation Device	Yes	Yes	No	No
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only		Stimulation Device	Yes	Yes	No	No
L8682	Implantable neurostimulator radiofrequency receiver		Stimulation Device	Yes	Yes	No	No
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver		Stimulation Device	Yes	Yes	No	No
L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement		Stimulation Device	Yes	Yes	No	No
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension		Stimulation Device	Yes	Yes	No	No
L8686	Implantable neurostimulator pulse generator, single array, nonrechargeable, includes extension		Stimulation Device	Yes	Yes	No	No
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension		Stimulation Device	Yes	Yes	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
L8688	Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension		Stimulation Device	Yes	Yes	No	No
L8689	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only		Stimulation Device	Yes	Yes	No	No
L8690	Auditory osseointegrated device, includes all internal and external components		Hearing	Yes	Yes	Yes	Yes
L8691	Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each		Hearing	Yes	Yes	Yes	Yes
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment		Hearing	Yes	Yes	Yes	Yes
L8693	Auditory osseointegrated device abutment, any length, replacement only		Hearing	Yes	Yes	Yes	Yes
L8694	Auditory osseointegrated device, transducer/actuator, replacement only, each		Hearing	Yes	Yes	Yes	No
L8695	External recharging system for battery (external) for use with implantable neurostimulator, replacement only		Stimulation Device	No	No	No	No
L8696	Antenna (external) for use with implantable diaphragmatic/phrenic nerve stimulation device, replacement, each		Stimulation Device	No	No	No	No
L8698	Miscellaneous component, supply or accessory for use with total artificial heart system		Prosthesis	Yes	Yes	yes	No
L8699	Prosthetic implant, not otherwise specified		Prosthesis	Yes	Yes	No	No
L8701	Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated		Prosthesis	Yes	Yes	yes	No
L8702	Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated		Prosthesis	Yes	Yes	yes	No
L9900	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code		Prosthesis	Yes	Yes	No	No

CPT	Description	CPT Note	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
M0075	Cellular therapy		Medical Services	Yes	Yes	No	No
M0076	Prolotherapy		Medical Services	Yes	Yes	No	No
M0010	Enhancing oncology model (eom) monthly enhanced oncology services (meos) payment for eom enhanced services		Enhanced services	No	No	No	No
M0100	Intragastric hypothermia using gastric freezing		Medical Services	Yes	Yes	No	No
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
M0224	Intravenous infusion, pemivibart, for the pre-exposure prophylaxis only, for certain adults and adolescents (12 years of age and older weighing at least 40 kg) with no known sars-cov-2 exposure, who either have moderate-to-severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments, includes infusion and post administration monitoring		Infusion	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	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	No
M0243	Intravenous infusion, casirivimab and imdevimab, includes infusion and post administration monitoring		Infusion	No	No	No	No
M0244	ntravenous 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
M0245	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring		Infusion	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
M0247	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring		Infusion	No	No	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	No
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	No
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	No
M0300	IV chelation therapy (chemical endarterectomy)		Medical Services	Yes	Yes	Yes	No
M0301	Fabric wrapping of abdominal aneurysm		Medical Services	Yes	Yes	Yes	No
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
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
M1005	TB screening not performed or results not interpreted, reason not given		Screenings	No	No	No	No
M1006	Disease activity not assessed, reason not given		Evaluation and Management	No	No	No	No
M1007	>=50% of total number of a patient's outpatient RA encounters assessed		Evaluation and Management	No	No	No	No
M1008	<50% of total number of a patient's outpatient RA encounters assessed		Evaluation and Management	No	No	No	No
M1009	Patient treatment and final evaluation complete		Evaluation and Management	No	No	No	No
M1010	Patient treatment and final evaluation complete		Evaluation and Management	No	No	No	No
M1011	Patient treatment and final evaluation complete		Evaluation and Management	No	No	No	No
M1012	Patient treatment and final evaluation complete		Evaluation and Management	No	No	No	No
M1013	Patient treatment and final evaluation complete		Evaluation and Management	No	No	No	No
M1014	Patient treatment and final evaluation complete		Evaluation and Management	No	No	No	No
M1016	Female patients unable to bear children		Status	No	No	No	No
M1017	Patient admitted to palliative care services		Status	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
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 (+/-60 days) PHQ-9 or PHQ-9M score of less than 5		Mental Health	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 (+/-60 days) PHQ-9 or PHQ-9M score of less than 5. Either PHQ-9 or PHQ-9M score was not assessed or is greater than or equal to 5		Mental Health	No	No	No	No
M1021	Patient had only urgent care visits during the performance period		Quality Measures	No	No	No	No
M1022	Patients who were in hospice at any time during the performance period		Quality Measures	No	No	No	No
M1025	Patients who were in hospice at any time during the performance period		Hospice	No	No	No	No
M1026	Patients who were in hospice at any time during the performance period		Hospice	No	No	No	No
M1027	Imaging of the head (CT or MRI) was obtained		Imaging	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
M1029	Imaging of the head (CT or MRI) was not obtained, reason not given		Imaging	No	No	No	No
M1031	Patients with clinical indications for imaging of the head		Imaging	No	No	No	No
M1032	Adults currently taking pharmacotherapy for OUD		Imaging	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
M1035	Adults who are deliberately phased out of medication assisted treatment (MAT) prior to 180 days of continuous treatment		Imaging	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
M1037	Patients with a diagnosis of lumbar spine region cancer at the time of the procedure		Status	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
M1039	Patients with a diagnosis of lumbar spine region infection at the time of the procedure		Status	No	No	No	No
M1040	Patients with a diagnosis of lumbar idiopathic or congenital scoliosis		Status	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
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
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
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
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
M1051	Patient had cancer, fracture or infection related to the lumbar spine or patient had idiopathic or congenital scoliosis		Status	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
M1054	Patient had only urgent care visits during the performance period		Status	No	No	No	No
M1055	Aspirin or another antiplatelet therapy used		Management	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
M1057	Aspirin or another antiplatelet therapy not used, reason not given		Management	No	No	No	No
M1058	Patient was a permanent nursing home resident at any time during the performance period		Assessment	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
M1060	Patient died prior to the end of the performance period		Assessment	No	No	No	No
M1067	Hospice services for patient provided any time during the measurement period		Hospice	No	No	No	No
M1068	Adults who are not ambulatory		Status	No	No	No	No
M1069	Patient screened for future fall risk		Quality Measures - Risk Adjustment	No	No	No	No
M1070	Patient not screened for future fall risk, reason not given		Quality Measures - Risk Adjustment	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
M1071	Patient had any additional spine procedures performed on the same date as the lumbar discectomy/laminotomy		Assessment	No	No	No	No
M1106	The start of an episode of care documented in the medical record		Episode of Care	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
M1108	Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record		Episode of Care	No	No	No	No
M1109	Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery		Episode of Care	No	No	No	No
M1110	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
M1111	The start of an episode of care documented in the medical record		Episode of Care	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
M1113	Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record		Episode of Care	No	No	No	No
M1114	Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery		Episode of Care	No	No	No	No
M1115	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
M1116	The start of an episode of care documented in the medical record		Episode of Care	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
M1118	Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record		Episode of Care	No	No	No	No
M1119	Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery		Episode of Care	No	No	No	No
M1120	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
M1121	The start of an episode of care documented in the medical record		Episode of Care	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
M1123	Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record		Episode of Care	No	No	No	No
M1124	Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery		Episode of Care	No	No	No	No
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
M1126	The start of an episode of care documented in the medical record		Episode of Care	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
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
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
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
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
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
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
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
M1135	The start of an episode of care documented in the medical record		Episode of Care	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
M1142	Emergent cases		Episode of Care	No	No	No	No
M1143	Initiated episode of rehabilitation therapy, medical, or chiropractic care for neck impairment		Episode of Care	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 JW modifier)		Assessment	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
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
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
M1149	Patient unable to complete the neck FS PROM at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility, and an adequate proxy is not available		Assessment	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
P2028	Cephalin floculation, blood		Pathology or Labs	No	No	No	No
P2029	Congo red, blood		Pathology or Labs	No	No	No	No
P2031	Hair analysis (excluding arsenic)		Pathology or Labs	No	No	No	No
P2033	Thymol turbidity, blood		Pathology or Labs	No	No	No	No
P2038	Mucoprotein, blood (seromucoid) (medical necessity procedure)		Pathology or Labs	No	No	No	No
P3000	Screening Papanicolaou smear, cervical or vaginal, up to 3 smears, by technician under physician supervision		Screenings	No	No	No	No
P3001	Screening Papanicolaou smear, cervical or vaginal, up to 3 smears, requiring interpretation by physician		Screenings	No	No	No	No
P7001	Culture, bacterial, urine; quantitative, sensitivity study		Study	No	No	No	No
P9010	Blood (whole), for transfusion, per unit		Blood Procedures	No	No	No	No
P9011	Blood, split unit		Blood Procedures	No	No	No	No
P9012	Cryoprecipitate, each unit		Blood Procedures	No	No	No	No
P9016	Red blood cells, leukocytes reduced, each unit		Blood Procedures	No	No	No	No
P9017	Fresh frozen plasma (single donor), frozen within 8 hours of collection, each unit		Blood Procedures	No	No	No	No
P9019	Platelets, each unit		Blood Procedures	No	No	No	No
P9020	Platelet rich plasma, each unit		Blood Procedures	Yes	Yes	Yes	No
P9021	Red blood cells, each unit		Blood Procedures	No	No	No	No
P9022	Red blood cells, washed, each unit		Blood Procedures	No	No	No	No
P9023	Plasma, pooled multiple donor, solvent/detergent treated, frozen, each unit		Blood Procedures	No	No	No	No
P9025	Plasma, cryoprecipitate reduced, pathogen reduced, each unit		Blood Procedures	No	No	No	No
P9026	Cryoprecipitated fibrinogen complex, pathogen reduced, each unit		Blood Procedures	No	No	No	No
P9031	Platelets, leukocytes reduced, each unit		Blood Procedures	No	No	No	No
P9032	Platelets, irradiated, each unit		Blood Procedures	No	No	No	No
P9033	Platelets, leukocytes reduced, irradiated, each unit		Blood Procedures	No	No	No	No
P9034	Platelets, pheresis, each unit		Blood Procedures	No	No	No	No
P9035	Platelets, pheresis, leukocytes reduced, each unit		Blood Procedures	No	No	No	No
P9036	Platelets, pheresis, irradiated, each unit		Blood Procedures	No	No	No	No
P9037	Platelets, pheresis, leukocytes reduced, irradiated, each unit		Blood Procedures	No	No	No	No
P9038	Red blood cells, irradiated, each unit		Blood Procedures	No	No	No	No
P9039	Red blood cells, deglycerolized, each unit		Blood Procedures	No	No	No	No
P9040	Red blood cells, deglycerolized, each unit		Blood Procedures	No	No	No	No
P9041	Infusion, albumin (human), 5%, 50 ml	Albuked 5, Buminate, Plasbumin-5	Blood Procedures	No	No	No	No
P9043	Infusion, plasma protein fraction (human), 5%, 50 ml		Blood Procedures	No	No	No	No
P9044	Plasma, cryoprecipitate reduced, each unit		Blood Procedures	No	No	No	No
P9045	Infusion, albumin (human), 5%, 250 ml	Albuked 5, Buminate, Plasbumin-5	Blood Procedures	No	No	No	No
P9046	Infusion, albumin (human), 25%, 20 ml	Albuked 25, Buminate, Flexbumin, Kedbumin, Plasbumin-25	Blood Procedures	No	No	No	No
P9047	Infusion, albumin (human), 25%, 50 ml	Albuked 25, Buminate, Flexbumin, Kedbumin, Plasbumin-25	Blood Procedures	No	No	No	No
P9048	Infusion, plasma protein fraction (human), 5%, 250 ml		Blood Procedures	No	No	No	No
P9050	Granulocytes, pheresis, each unit		Blood Procedures	No	No	No	No
P9051	Whole blood or red blood cells, leukocytes reduced, CMV-negative, each unit		Blood Procedures	No	No	No	No
P9052	Platelets, HLA-matched leukocytes reduced, apheresis/pheresis, each unit		Blood Procedures	No	No	No	No
P9053	Platelets, pheresis, leukocytes reduced, CMV-negative, irradiated, each unit		Blood Procedures	No	No	No	No
P9054	Whole blood or red blood cells, leukocytes reduced, frozen, deglycerol, washed, each unit		Blood Procedures	No	No	No	No
P9055	Platelets, leukocytes reduced, CMV-negative, apheresis/pheresis, each unit		Blood Procedures	No	No	No	No
P9056	Whole blood, leukocytes reduced, irradiated, each unit		Blood Procedures	No	No	No	No
P9057	Red blood cells, frozen/deglycerolized/washed, leukocytes reduced, irradiated, each unit		Blood Procedures	No	No	No	No
P9058	Red blood cells, leukocytes reduced, CMV-negative, irradiated, each unit		Blood Procedures	No	No	No	No
P9059	Fresh frozen plasma between 8-24 hours of collection, each unit		Blood Procedures	No	No	No	No
P9060	Fresh frozen plasma, donor retested, each unit		Blood Procedures	No	No	No	No
P9070	Plasma, pooled multiple donor, pathogen reduced, frozen, each unit		Blood Procedures	No	No	No	No
P9071	Plasma (single donor), pathogen reduced, frozen, each unit		Blood Procedures	No	No	No	No
P9073	Platelets, pheresis, pathogen-reduced, each unit		Blood Procedures	No	No	No	No
P9099	Blood component or product not otherwise classified		Blood Procedures	No	No	No	No
P9100	Pathogen(s) test for platelets		Blood Procedures	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
P9603	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
P9604	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
P9612	Catheterization for collection of specimen, single patient, all places of service		Catherization	No	No	No	No
P9615	Catheterization for collection of specimen, single patient, all places of service		Catherization	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
Q0035	Cardiokymography		Testing	No	No	No	No
Q0081	Infusion therapy, using other than chemotherapeutic drugs, per visit		Infusion	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
Q0084	Chemotherapy administration by infusion technique only, per visit		Chemotherapy	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
Q0091	Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory		Screening	No	No	No	No
Q0092	Set-up portable x-ray equipment		Imaging	No	No	No	No
Q0111	Wet mounts, including preparations of vaginal, cervical or skin specimens		Pathology or Labs	No	No	No	No
Q0112	All potassium hydroxide (KOH) preparations		Pathology or Labs	No	No	No	No
Q0113	Pinworm examinations		Testing	No	No	No	No
Q0114	Fern test		Testing	No	No	No	No
Q0115	Postcoital direct, qualitative examinations of vaginal or cervical mucous		Testing	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
Q0139	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for ESRD on dialysis)	FERAHEME	ESRD	Yes	Yes	Yes	Yes
Q0144	Azithromycin dihydrate, oral, capsules/powder, 1 g		Oral Drug	No	No	No	No
Q0161	Chlorpromazine hydrochloride, 5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen		Chemotherapy	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
Q0163	Diphenhydramine HCl, 50 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at time of chemotherapy treatment not to exceed a 48-hour dosage regimen		Chemotherapy	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
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
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
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
Q0173	Trimethobenzamide 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
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
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
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
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
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
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
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 components(s), 600 mg	No longer authorized for use in US; deny claim if billed	Injectable Drug	No	No	No	No
Q0222	Injection, bebtelovimab, 175 mg		Chemotherapy	No	No	No	No
Q0224	Injection, pemivibart, for the pre-exposure prophylaxis only, for certain adults and adolescents (12 years of age and older weighing at least 40 kg) with no known sars-cov-2 exposure, and who either have moderate-to-severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments, and are unlikely to mount an adequate immune response to covid-19 vaccination, 4500 mg	New effective 7/1/24	Injectable Drug	No	No	No	No
Q0240	Injection, casirivimab and imdevimab, 600 mg		Chemotherapy	Yes	Yes	Yes	No
Q0243	Injection, casirivimab and imdevimab, 2400 mg		Chemotherapy	Yes	Yes	Yes	No
Q0244	Injection, casirivimab and imdevimab, 1200 mg		Chemotherapy	Yes	Yes	Yes	No
Q0245	Injection, bamlanivimab and etesevimab, 2100 mg		Chemotherapy	Yes	Yes	Yes	No
Q0247	Injection, sotrovimab, 500 mg		Injectable Drug	Yes	Yes	Yes	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
Q0249	Injection, 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
Q0477	Power module patient cable for use with electric or electric/pneumatic ventricular assist device, replacement only		Ventricular Assist Device	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
Q0479	Power module for use with electric or electric/pneumatic ventricular assist device, replacement only		Ventricular Assist Device	No	No	No	No
Q0480	Driver for use with pneumatic ventricular assist device, replacement only		Ventricular Assist Device	No	No	No	No
Q0481	Microprocessor control unit for use with electric ventricular assist device, replacement only		Ventricular Assist Device	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
Q0483	Monitor/display module for use with electric ventricular assist device, replacement only		Ventricular Assist Device	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
Q0485	Monitor control cable for use with electric ventricular assist device, replacement only		Ventricular Assist Device	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
Q0487	Leads (pneumatic/electrical) for use with any type electric/pneumatic ventricular assist device, replacement only		Ventricular Assist Device	No	No	No	No
Q0488	Power pack base for use with electric ventricular assist device, replacement only		Ventricular Assist Device	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
Q0490	Emergency power source for use with electric ventricular assist device, replacement only		Ventricular Assist Device	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
Q0492	Emergency power supply cable for use with electric ventricular assist device, replacement only		Ventricular Assist Device	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
Q0494	Emergency hand pump for use with electric or electric/pneumatic ventricular assist device, replacement only		Ventricular Assist Device	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
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
Q0497	Battery clips for use with electric or electric/pneumatic ventricular assist device, replacement only		Ventricular Assist Device	No	No	No	No
Q0498	Holster for use with electric or electric/pneumatic ventricular assist device, replacement only		Ventricular Assist Device	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
Q0500	Filters for use with electric or electric/pneumatic ventricular assist device, replacement only		Ventricular Assist Device	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
Q0502	Mobility cart for pneumatic ventricular assist device, replacement only		Ventricular Assist Device	No	No	No	No
Q0503	Battery for pneumatic ventricular assist device, replacement only, each		Ventricular Assist Device	No	No	No	No
Q0504	Power adapter for pneumatic ventricular assist device, replacement only, vehicle type		Ventricular Assist Device	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
Q0507	Miscellaneous supply or accessory for use with an external ventricular assist device		Ventricular Assist Device	No	No	No	No
Q0508	Miscellaneous supply or accessory for use with an implanted ventricular assist device		Ventricular Assist Device	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
Q0510	Pharmacy supply fee for initial immunosuppressive drug(s), first month following transplant		Pharmacy	No	No	No	No
Q0511	Pharmacy supply fee for oral anticancer, oral antiemetic, or immunosuppressive drug(s); for the first prescription in a 30-day period		Pharmacy	No	No	No	No
Q0512	Pharmacy supply fee for oral anticancer, oral antiemetic, or immunosuppressive drug(s); for a subsequent prescription in a 30-day period		Pharmacy	No	No	No	No
Q0513	Pharmacy dispensing fee for inhalation drug(s); per 30 days		Pharmacy	No	No	No	No
Q0514	Pharmacy dispensing fee for inhalation drug(s); per 90 days		Pharmacy	No	No	No	No
Q0515	Injection, sermorelin acetate, 1 mcg		Injectable Drug	No	No	No	No
Q0516	Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription drug, per 30-days		Pharmacy	No	No	No	No
Q0517	Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription drug, per 60-days		Pharmacy	No	No	No	No
Q0518	Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription drug, per 90-days		Pharmacy	No	No	No	No
Q1004	New technology, intraocular lens, category 4 as defined in Federal Register notice		Vision	No	No	No	No
Q1005	New technology, intraocular lens, category 5 as defined in Federal Register notice		Vision	No	No	No	No
Q2004	Irrigation solution for treatment of bladder calculi, for example renacidin, per 500 ml		Drug	No	No	No	No
Q2009	Injection, fosphenytoin, 50 mg phenytoin equivalent		Injectable Drug	No	No	No	No
Q2017	Injection, teniposide, 50 mg		Injectable Drug	No	No	No	No
Q2026	Injection, Radiesse, 0.1 ml		Injectable Drug	No	No	No	No
Q2028	Injection, sculptra, 0.5 mg		Injectable Drug	No	No	No	No
Q2034	Influenza virus vaccine, split virus, for intramuscular use (Agriflu)		Vaccine	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
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
Q2037	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLUVIRIN)		Vaccine	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
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
Q2039	Influenza virus vaccine, not otherwise specified		Vaccine	No	No	No	No
Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-CD19 CAR T Cells, including leukapheresis and dose preparation procedures, per infusion		Chemotherapy	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
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
Q2049	Injection, doxorubicin hydrochloride, liposomal, imported Lipodox, 10 mg		Chemotherapy	No	No	No	No
Q2050	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg		Chemotherapy	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
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
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
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
Q2056	Ciltacabtagene 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
Q3001	Radioelements for brachytherapy, any type, each		Radiation Therapy	Yes	Yes	No	No
Q3014	Telehealth originating site facility fee		Telehealth	No	No	No	No
Q3027	Injection, interferon beta-1a, 1 mcg for intramuscular use		Injectable Drug	Yes	Yes	Yes	No
Q3028	Injection, interferon beta-1a, 1 mcg for subcutaneous use		Injectable Drug	No	No	No	No
Q3031	Collagen skin test		Testing	No	No	No	No
Q4001	Casting supplies, body cast adult, with or without head, plaster		Cast and Splint Supplies	No	No	No	No
Q4002	Cast supplies, body cast adult, with or without head, fiberglass		Cast and Splint Supplies	No	No	No	No
Q4003	Cast supplies, shoulder cast, adult (11 years +), plaster		Cast and Splint Supplies	No	No	No	No
Q4004	Cast supplies, shoulder cast, adult (11 years +), fiberglass		Cast and Splint Supplies	No	No	No	No
Q4005	Cast supplies, long arm cast, adult (11 years +), plaster		Cast and Splint Supplies	No	No	No	No
Q4006	Cast supplies, long arm cast, adult (11 years +), fiberglass		Cast and Splint Supplies	No	No	No	No
Q4007	Cast supplies, long arm cast, pediatric (0-10 years), plaster		Cast and Splint Supplies	No	No	No	No
Q4008	Cast supplies, long arm cast, pediatric (0-10 years), fiberglass		Cast and Splint Supplies	No	No	No	No
Q4009	Cast supplies, short arm cast, adult (11 years +), plaster		Cast and Splint Supplies	No	No	No	No
Q4010	Cast supplies, short arm cast, adult (11 years +), fiberglass		Cast and Splint Supplies	No	No	No	No
Q4011	Cast supplies, short arm cast, pediatric (0-10 years), plaster		Cast and Splint Supplies	No	No	No	No
Q4012	Cast supplies, short arm cast, pediatric (0-10 years), fiberglass		Cast and Splint Supplies	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
Q4014	Cast supplies, gauntlet cast (includes lower forearm and hand), adult (11 years +), fiberglass		Cast and Splint Supplies	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
Q4016	Cast supplies, gauntlet cast (includes lower forearm and hand), pediatric (0-10 years), fiberglass		Cast and Splint Supplies	No	No	No	No
Q4017	Cast supplies, long arm splint, adult (11 years +), plaster		Cast and Splint Supplies	No	No	No	No
Q4018	Cast supplies, long arm splint, adult (11 years +), fiberglass		Cast and Splint Supplies	No	No	No	No
Q4019	Cast supplies, long arm splint, pediatric (0-10 years), plaster		Cast and Splint Supplies	No	No	No	No
Q4020	Cast supplies, long arm splint, pediatric (0-10 years), fiberglass		Cast and Splint Supplies	No	No	No	No
Q4021	Cast supplies, short arm splint, adult (11 years +), plaster		Cast and Splint Supplies	No	No	No	No
Q4022	Cast supplies, short arm splint, adult (11 years +), fiberglass		Cast and Splint Supplies	No	No	No	No
Q4023	Cast supplies, short arm splint, pediatric (0-10 years), plaster		Cast and Splint Supplies	No	No	No	No
Q4024	Cast supplies, short arm splint, pediatric (0-10 years), fiberglass		Cast and Splint Supplies	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
Q4026	Cast supplies, hip spica (one or both legs), adult (11 years +), fiberglass		Cast and Splint Supplies	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
Q4028	Cast supplies, hip spica (one or both legs), pediatric (0-10 years), fiberglass		Cast and Splint Supplies	No	No	No	No
Q4029	Cast supplies, long leg cast, adult (11 years +), plaster		Cast and Splint Supplies	No	No	No	No
Q4030	Cast supplies, long leg cast, adult (11 years +), fiberglass		Cast and Splint Supplies	No	No	No	No
Q4031	Cast supplies, long leg cast, pediatric (0-10 years), plaster		Cast and Splint Supplies	No	No	No	No
Q4032	Cast supplies, long leg cast, pediatric (0-10 years), fiberglass		Cast and Splint Supplies	No	No	No	No
Q4033	Cast supplies, long leg cylinder cast, adult (11 years +), plaster		Cast and Splint Supplies	No	No	No	No
Q4034	Cast supplies, long leg cylinder cast, adult (11 years +), fiberglass		Cast and Splint Supplies	No	No	No	No
Q4035	Cast supplies, long leg cylinder cast, adult (11 years +), fiberglass		Cast and Splint Supplies	No	No	No	No
Q4036	Cast supplies, long leg cylinder cast, pediatric (0-10 years), fiberglass		Cast and Splint Supplies	No	No	No	No
Q4037	Cast supplies, short leg cast, adult (11 years +), plaster		Cast and Splint Supplies	No	No	No	No
Q4038	Cast supplies, short leg cast, adult (11 years +), fiberglass		Cast and Splint Supplies	No	No	No	No
Q4039	Cast supplies, short leg cast, pediatric (0-10 years), plaster		Cast and Splint Supplies	No	No	No	No
Q4040	Cast supplies, short leg cast, pediatric (0-10 years), fiberglass		Cast and Splint Supplies	No	No	No	No
Q4041	Cast supplies, long leg splint, adult (11 years +), plaster		Cast and Splint Supplies	No	No	No	No
Q4042	Cast supplies, long leg splint, adult (11 years +), fiberglass		Cast and Splint Supplies	No	No	No	No
Q4043	Cast supplies, long leg splint, pediatric (0-10 years), plaster		Cast and Splint Supplies	No	No	No	No
Q4044	Cast supplies, long leg splint, pediatric (0-10 years), fiberglass		Cast and Splint Supplies	No	No	No	No
Q4045	Cast supplies, short leg splint, adult (11 years +), plaster		Cast and Splint Supplies	No	No	No	No
Q4046	Cast supplies, short leg splint, adult (11 years +), fiberglass		Cast and Splint Supplies	No	No	No	No
Q4047	Cast supplies, short leg splint, pediatric (0-10 years), plaster		Cast and Splint Supplies	No	No	No	No
Q4048	Cast supplies, short leg splint, pediatric (0-10 years), fiberglass		Cast and Splint Supplies	No	No	No	No
Q4049	Finger splint, static		Cast and Splint Supplies	No	No	No	No
Q4050	Cast supplies, for unlisted types and materials of casts		Cast and Splint Supplies	No	No	No	No
Q4051	Splint supplies, miscellaneous (includes thermoplastics, strapping, fasteners, padding and other supplies)		Cast and Splint Supplies	No	No	No	No
Q4074	Iloprost, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, up to 20 mcg		Inhalation Drug	Yes	Yes	Yes	Yes
Q4081	Injection, epoetin alfa, 100 units (for ESRD on dialysis)		ESRD	No	No	Yes	Yes
Q4082	Drug or biological, not otherwise classified, Part B drug competitive acquisition program (CAP)		Medicare	No	No	No	No
Q4100	Skin substitute, not otherwise specified		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4101	Apligraf, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4102	Oasis wound matrix, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4103	Oasis burn matrix, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4104	Integra bilayer matrix wound dressing (BMWD), per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
Q4105	Integra dermal regeneration template (DRT) or Integra Omnigraft dermal regeneration matrix, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4106	Dermagraft, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4107	GRAFTJACKET, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4108	Integra matrix, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4110	PriMatrix, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4111	GammaGraft, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4112	Cymetra, injectable, 1 cc		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4113	GRAFTJACKET XPRESS, injectable, 1cc		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4114	Integra flowable wound matrix, injectable, 1 cc		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4115	AlloSkin, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4116	AlloDerm, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4117	HYALOMATRIX, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4118	MatriStem micromatrix, 1 mg		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4121	TheraSkin, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4122	DermACELL, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4123	AlloSkin RT, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4124	OASIS ultra tri-layer wound matrix, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4125	ArthroFlex, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4126	MemoDerm, DermaSpan, TranZgraft or IntéguPly, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4127	Talymed, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4128	FlexHD, AllopatchHD, or Matrix HD, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4130	Strattice TM, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4132	Grafix Core and GrafixPL Core, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4133	Grafix Prime and GrafixPL Prime, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4134	HMatrix, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4135	Mediskin, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4136	E-Z Derm, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4137	AmnioExcel or BioDExCel, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4138	BioDFence DryFlex, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4139	AmnioMatrix or BioDMatrix, injectable, 1 cc		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4140	BioDFence, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4141	AlloSkin AC, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4142	XCM biologic tissue matrix, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4143	Repriza, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4145	EpiFix, injectable, 1 mg		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4146	Tensix, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4147	Architect, Architect PX, or Architect FX, extracellular matrix, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4148	Neox Cord 1K, Neox Cord RT, or Clarix Cord 1K, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4149	Excellagen, 0.1 cc		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4150	AlloWrap DS or dry, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4151	AmnioBand or Guardian, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4152	DermaPure, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4153	Dermavest and Plurivest, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4154	Biovance, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4155	Neox Flo or Clarix Flo 1 mg		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4156	Neox 100 or Clarix 100, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4157	Revitalon, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4158	Kerecis Omega3, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4159	Affinity, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4160	Nushield, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4161	Bio-ConneKt wound matrix, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4162	WoundEx Flow, BioSkin Flow, 0.5 cc		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4163	WoundEx, BioSkin, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4164	Helicoll, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4165	Keramatrix, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4166	Cytal, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4167	Truskin, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4168	AmnioBand, 1 mg		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4169	Artacent wound, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4170	Cygnus, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4171	Interfyl, 1 mg		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4173	PalinGen or PalinGen XPlus, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4174	PalinGen or ProMatrX, 0.36 mg per 0.25 cc		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4175	Miroderm, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4176	NeoPatch, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4177	FlowerAmnioFlo, 0.1 cc		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4178	FlowerAmnioPatch, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4179	FlowerDerm, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4180	Revita, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4181	Amnio Wound, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4182	Transcyte, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4183	Surgigraft, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4184	Cellesta, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4185	Cellesta Flowable Amnion (25 mg per cc); per 0.5 cc		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4186	EpiFix, per square centemeter	Crossover from Q4131	Skin Substitute and Biologicals	Yes	Yes	No	No
Q4187	Epicord, per square centemeter	Crossover from Q4131	Skin Substitute and Biologicals	Yes	Yes	No	No
Q4188	AmnioArmor, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4189	Artacent AC, 1 mg		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4190	Artacent AC, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4191	Restorigin, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4192	Restorigin, 1 cc		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4193	Coll-e-Derm, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4194	Novachor, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4195	PuraPly, per square centemeter	Crossover from Q4172	Skin Substitute and Biologicals	Yes	Yes	No	No
Q4196	PuraPly AM, per square centemeter	Crossover from Q4172	Skin Substitute and Biologicals	Yes	Yes	No	No
Q4197	PuraPly XT, per square centemeter	Crossover from Q4172	Skin Substitute and Biologicals	Yes	Yes	No	No
Q4198	Genesis Amniotic Membrane, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4199	Cygnus matrix, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4200	SkinTE, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4201	Matrion, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4202	Keroxx (2.5 g/cc), 1 cc		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4203	Derma-Gide, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4204	XWRAP, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4205	Membrane Graft or Membrane Wrap, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4206	Fluid Flow or Fluid GF, 1 cc		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4208	Novafix, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4209	SurGraft, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4210	Axolotl Graft or Axolotl DualGraft, per sq cm	code discontinued as of 7/1/24	Skin Substitute and Biologicals	N/A	N/A	N/A	N/A
Q4211	Amnion Bio or AxoBioMembrane, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4212	AlloGen, per cc		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4213	Ascent, 0.5 mg		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4214	Cellesta Cord, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4215	Axolotl Ambient or Axolotl Cryo, 0.1 mg		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4216	Artacent Cord, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4217	WoundFix, BioWound, WoundFix Plus, BioWound Plus, WoundFix Xplus or BioWound Xplus, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4218	SurgiCORD, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
Q4219	SurgiGRAFT-DUAL, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4220	BellaCell HD or Surederm, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4221	Amnio Wrap2, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4222	ProgenaMatrix, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4224	Human Health Factor 10 Amniotic Patch (HHF 10-P), per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4225	AmnioBind, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4226	MyOwn Skin, includes harvesting and preparation procedures, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4227	AmnioCoreTM, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4229	Cogenex Amniotic Membrane, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4230	Cogenex Flowable Amnion, per 0.5 cc		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4231	Corplex P, per cc		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4232	Corplex, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4233	SurFactor or NuDyn, per 0.5 cc		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4234	XCellerate, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4235	AMNIOREPAIR or AltiPly, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4237	Cryo-Cord, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4238	Derm-Maxx, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4239	Amnio-Maxx or Amnio-Maxx Lite, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4240	CoreCyte, for topical use only, per 0.5 cc		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4241	PolyCyte, for topical use only, per 0.5 cc		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4242	AmnioCyte Plus, per 0.5 cc		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4244	Procenta, per 200 mg	code discontinued as of 4/1/24	Skin Substitute and Biologicals	Yes	Yes	No	No
Q4245	AmnioText, per cc		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4246	CoreText or ProText, per cc		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4247	Amniotext patch, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4248	Dermacyte Amniotic Membrane Allograft, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4249	AMNIPLY, for topical use only, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4250	AmnioAmp-MP, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4251	Vim, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4252	Vendaje, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4253	Zenith Amniotic Membrane, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4254	Novafix DL, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4255	REGUaRD, for topical use only, per sq cm		Skin Substitute and Biologicals	Yes	Yes	No	No
Q4256	MLG-Complete, per sq cm		Skin substitute	Yes	Yes	No	No
Q4257	Relese, per sq cm		Skin substitute	Yes	Yes	No	No
Q4258	Enverse, per sq cm		Skin substitute	Yes	Yes	No	No
Q4259	Celera Dual Layer or Celera Dual Membrane, per sq cm		Skin substitute	Yes	Yes	No	No
Q4260	Signature Apatch, per sq cm		Skin substitute	Yes	Yes	No	No
Q4261	TAG, per sq cm		Skin substitute	Yes	Yes	No	No
Q4265	Neostim tl per sq cm		Skin substitute	No	No	No	No
Q4266	Neostim membrane, per square centimeter		Skin substitute	No	No	No	No
Q4267	Neostim dl, per square centimeter		Skin substitute	No	No	No	No
Q4268	Surgraft ft, per square centimeter		Skin substitute	No	No	No	No
Q4269	Surgraft xt, per square centimeter		Skin substitute	No	No	No	No
Q4270	Complete sl, per square centimeter		Skin substitute	No	No	No	No
Q4271	Complete Ft, per square centimeter		Skin substitute	No	No	No	No
Q4272	Esano a , per square centimeter		Skin substitute	No	No	No	No
Q4273	Esano aaa, per square centimeter		Skin substitute	No	No	No	No
Q4274	Esano ac, per square centimeter		Skin substitute	No	No	No	No
Q4275	Esano ac, per square centimeter		Skin substitute	No	No	No	No
Q4276	Orion, per square centimeter		Skin substitute	No	No	No	No
Q4277	Woundplus membrane or e-graft per square centimeter	Code discontinued as of 7/1/24	Skin substitute	N/A	N/A	N/A	N/A
Q4278	Epieffect, per square centimeter		Skin substitute	No	No	No	No
Q4279	Vendaje ac, per square centimeter		Skin substitute	No	No	No	No
Q4280	Xcell amnio matrix, per square centimeter		Skin substitute	No	No	No	No
Q4281	Barra sl or barrera dl, per square centimeter		Skin substitute	No	No	No	No
Q4282	Cygnus dual, per square centimeter		Skin substitute	No	No	No	No
Q4283	Biovance tri-layer or boivance 3l, per square centimeter		Skin substitute	No	No	No	No
Q4284	Dermabind sl, per square centimeter		Skin substitute	No	No	No	No
Q4285	Nudyn dl or nudyn dl mesh, per square centimeter		Skin substitute	No	No	No	No
Q4286	Nudyn sl or nudyn slw, per square centimeter		Skin substitute	No	No	No	No
Q4287	Dermabind dl, per square centimeter		Skin substitute	No	No	No	No
Q4288	Dermabind ch, per square centimeter		Skin substitute	No	No	No	No
Q4289	Revoshield + amniotic barrier, per square centimeter		Skin substitute	No	No	No	No
Q4290	Membrane wrap-hydro, per square centimeter		Skin substitute	No	No	No	No
Q4291	Lamellas xt, per square centimeter		Skin substitute	No	No	No	No
Q4292	Lamellas, per square centimeter		Skin substitute	No	No	No	No
Q4293	Acesso dl, per square centimeter		Skin substitute	No	No	No	No
Q4294	Amnio quad-core, per square centimeter		Skin substitute	No	No	No	No
Q4295	Amnio tri-core amniotic, per square centimeter		Skin substitute	No	No	No	No
Q4296	Rebound matrix, per square centimeter		Skin substitute	No	No	No	No
Q4297	Emerge matrix, per square centimeter		Skin substitute	No	No	No	No
Q4298	Amnicore pro, per square centimeter		Skin substitute	No	No	No	No
Q4299	Amnicore pro+, per square centimeter		Skin substitute	No	No	No	No
Q4300	Acesso tl, per square centimeter		Skin substitute	No	No	No	No
Q4301	Activate matrix, per square centimeter		Skin substitute	No	No	No	No
Q4302	Complete aca, per square centimeter		Skin substitute	No	No	No	No
Q4303	Complete aa, per square centimeter		Skin substitute	No	No	No	No
Q4304	Grafix plus, per square centimeter		Skin substitute	No	No	No	No
Q4305	American amnion ac tri-layer, per square centimeter		Skin substitute	No	No	No	No
Q4306	American amnion ac, per square centimeter		Skin substitute	No	No	No	No
Q4307	American amnion, per square centimeter		Skin substitute	No	No	No	No
Q4308	Sanopellis, per square centimeter		Skin substitute	No	No	No	No
Q1309	Via matrix, per square centimeter		Skin substitute	No	No	No	No
Q4310	Procenta, per 100 mg		Skin substitute	No	No	No	No
Q4311	Acesso, per square centimeter	New effective 7/1/24	Skin substitute	No	No	No	No
Q4312	Acesso ac, per square centimeter	New effective 7/1/24	Skin substitute	No	No	No	No
Q4313	Dermabind fm, per square centimeter	New effective 7/1/24	Skin substitute	No	No	No	No
Q4314	Reeva ft, per square cenitmeter	New effective 7/1/24	Skin substitute	No	No	No	No
Q4315	Regenelink amniotic membrane allograft, per square centimeter	New effective 7/1/24	Skin substitute	No	No	No	No
Q4316	Amchoplast, per square centimeter	New effective 7/1/24	Skin substitute	No	No	No	No
Q4317	Vitograft, per square centimeter	New effective 7/1/24	Skin substitute	No	No	No	No
Q4318	E-graft, per square centimeter	New effective 7/1/24	Skin substitute	No	No	No	No
Q4319	Sanograft, per square centimeter	New effective 7/1/24	Skin substitute	No	No	No	No
Q4320	Pellograft, per square centimeter	New effective 7/1/24	Skin substitute	No	No	No	No
Q4321	Renograft, per square centimeter	New effective 7/1/24	Skin substitute	No	No	No	No
Q4322	Caregraft, per square centimeter	New effective 7/1/24	Skin substitute	No	No	No	No
Q4323	Alloply, per square centimeter	New effective 7/1/24	Skin substitute	No	No	No	No
Q4324	Amniotx, per square centimeter	New effective 7/1/24	Skin substitute	No	No	No	No
Q4325	Acapatch, per square centimeter	New effective 7/1/24	Skin substitute	No	No	No	No
Q4326	Woundplus, per square centimeter	New effective 7/1/24	Skin substitute	No	No	No	No
Q4327	Duoamnion, per square centimeter	New effective 7/1/24	Skin substitute	No	No	No	No
Q4328	Most, per square centimeter	New effective 7/1/24	Skin substitute	No	No	No	No
Q4329	Singlay, per square centimeter	New effective 7/1/24	Skin substitute	No	No	No	No
Q4330	Total, per square centimeter	New effective 7/1/24	Skin substitute	No	No	No	No
Q4331	Axolotl graft, per square centimeter	New effective 7/1/24	Skin substitute	No	No	No	No
Q4332	Axolotl dualgraft, per square centimeter	New effective 7/1/24	Skin substitute	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
Q4333	Ardeograft, per square centimeter	New effective 7/1/24	Skin substitute	No	No	No	No
Q5001	Hospice or home health care provided in patient's home/residence	Fulphila (Pegfelgrastim-JMDB)	Hospice	No	No	No	No
Q5002	Hospice or home health care provided in assisted living facility		Hospice	No	No	No	No
Q5003	Hospice care provided in nursing long-term care facility (LTC) or nonskilled nursing facility (NF)		Hospice	No	No	No	No
Q5004	Hospice care provided in skilled nursing facility (SNF)		Hospice	No	No	No	No
Q5005	Hospice care provided in inpatient hospital		Hospice	No	No	No	No
Q5006	Hospice care provided in inpatient hospice facility		Hospice	No	No	No	No
Q5007	Hospice care provided in long-term care facility		Hospice	No	No	No	No
Q5008	Hospice care provided in inpatient psychiatric facility		Hospice	No	No	No	No
Q5009	Hospice or home health care provided in place not otherwise specified (NOS)		Hospice	No	No	No	No
Q5010	Hospice home care provided in a hospice facility		Hospice	No	No	No	No
Q5101	Injection, filgrastim-sndz, biosimilar, (Zarxio), 1 mcg		Chemotherapy	Yes	Yes	Yes	Yes
Q5103	Injection, infliximab-dyyb, biosimilar, (Inflectra), 10 mg		Chemotherapy	Yes	Yes	Yes	Yes
Q5104	Injection, infliximab-abda, biosimilar, (Renflexis), 10 mg		Chemotherapy	Yes	Yes	Yes	Yes
Q5105	Injection, epoetin alfa, biosimilar, (Retacrit) (for ESRD on dialysis), 100 units		ESRD	No	No	Yes	Yes
Q5106	Injection, epoetin alfa, biosimilar, (Retacrit) (for non-ESRD use), 1000 units	Retacrit	Chemotherapy	Yes	Yes	Yes	Yes
Q5107	Injection, bevacizumab-awwb, biosimilar, (Mvasi), 10 mg	Fulphila (Pegfelgrastim-JMDB)	Injectable Drug	Yes	Yes	Yes	Yes
Q5108	Injection, pegfilgrastim-jmdb, biosimilar, (Fulphila), 0.5 mg	Fulphila	Injectable Drug	Yes	Yes	Yes	Yes
Q5109	Injection, infliximab-qbtx, biosimilar, (Ixifi), 10 mg		Injectable Drug	Yes	Yes	No	No
Q5110	Injection, filgrastim-aafi, biosimilar, (Nivestym), 1 mcg	Nivestym	Injectable Drug	Yes	Yes	Yes	Yes
Q5111	Injection, pegfilgrastim-cbqv, biosimilar, (Udenyca), 0.5 mg		Injectable Drug	Yes	Yes	Yes	Yes
Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg		Injectable Drug	Yes	Yes	Yes	Yes
Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg		Injectable Drug	Yes	Yes	Yes	Yes
Q5114	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg		Injectable Drug	Yes	Yes	Yes	Yes
Q5115	Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg		Injectable Drug	Yes	Yes	Yes	Yes
Q5116	Injection, trastuzumab-qyyp, biosimilar, (Trazimera), 10 mg		Injectable Drug	Yes	Yes	Yes	Yes
Q5117	Injection, trastuzumab-anns, biosimilar, (Kanjinti), 10 mg		Injectable Drug	Yes	Yes	Yes	Yes
Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg		Injectable Drug	Yes	Yes	Yes	Yes
Q5119	Injection, rituximab-pvvr, biosimilar, (RUXIENCE), 10 mg		Injectable Drug	Yes	Yes	Yes	Yes
Q5120	Injection, pegfilgrastim-bmez, biosimilar, (ZIEXTENZO), 0.5 mg		Injectable Drug	Yes	Yes	Yes	Yes
Q5121	Injection, infliximab-axxq, biosimilar, (AVSOLA), 10 mg		Injectable Drug	Yes	Yes	Yes	Yes
Q5122	Injection, pegfilgrastim-apgf, biosimilar, (Nyvepria), 0.5 mg		Injectable Drug	Yes	Yes	Yes	Yes
Q5123	Injection, rituximab-arrx, biosimilar, (Riabni), 10 mg		Injectable Drug	Yes	Yes	Yes	Yes
Q5124	Injection, ranibizumab-nuna, biosimilar, (Byooviz), 0.1		Injectable Drug	Yes	Yes	Yes	Yes
Q5125	Injection, filgrastim-ayow, biosimilar, (Releuko), 1 mcg		Injectable Drug	Yes	Yes	Yes	Yes
Q5126	Injection, bevacizumab-maly, biosimilar, (alymsys), 10 mg	ASA provider-pre-cert only for oncology indications	Injectable Drug	Yes	Yes	Yes	Yes
Q5127	Injection, pegfilgrastim-fpqk (stimufend), biosimilar 0.5 mg		Injectable Drug	Yes	Yes	Yes	Yes
Q5128	Injection, renibizumab-eqrn (cimerli), biosimilar, 0.1 mg		Injectable Drug	Yes	Yes	Yes	Yes
Q5129	Injection, bevacizumab-adcd (vegzelma), biosimilar 10 mg	ASA provider-pre-cert only for oncology indications	Injectable Drug	Yes	Yes	Yes	Yes
Q5130	Injection, pegfilgrastim-pbbk (flynetra), biosimilar, 0.5 mg		Injectable Drug	Yes	Yes	Yes	Yes
Q5131	Injection, adalimumab-aacf (idacio), biosimilar, 20 mg		Injectable Drug	Yes	Yes	Yes	No
Q5132	Injection, adalimumab-afzb (abrilada), biosimilar, 10 mg		Injectable Drug	Yes	Yes	Yes	No
Q5133	Injection, tocilizumab-bavi (tofidence), biosimilar, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes
Q5134	Injection, natalizumab-sztn (tyruko), biosimilar, 1 mg		Injectable Drug	Yes	Yes	Yes	Yes
Q5137	Injection, ustekinumab-auub (wezlana), biosimilar, subcutaneous, 1 mg	New effective 7/1/24	Injectable Drug	Yes	Yes	Yes	Yes
Q5138	Injection, ustekinumab-auub (wezlana), biosimilar, intravenous, 1 mg	New effective 7/1/24	Injectable Drug	Yes	Yes	Yes	Yes
Q9001	Assessment by Department of Veterans Affairs Chaplain Services		Assessment	No	No	No	No
Q9002	Counseling, individual, by Department of Veterans Affairs Chaplain Services		Counseling	No	No	No	No
Q9003	Counseling, group, by Department of Veterans Affairs Chaplain Services		Counseling	No	No	No	No
Q9004	Department of Veterans Affairs Whole Health Partner Services		Assessment	No	No	No	No
Q9950	Injection, sulfur hexafluoride lipid microspheres, per ml	Lumason	Ultrasound	No	No	No	No
Q9951	Low osmolar contrast material, 400 or greater mg/ml iodine concentration, per ml		CT	No	No	No	No
Q9953	Injection, iron-based magnetic resonance contrast agent, per ml		MRI	No	No	No	No
Q9954	Oral magnetic resonance contrast agent, per 100 ml		MRI	No	No	No	No
Q9955	Injection, perflexane lipid microspheres, per ml		Ultrasound	No	No	No	No
Q9956	Injection, octafluoropropane microspheres, per ml	Optison	Ultrasound	No	No	No	No
Q9957	Injection, perflutren lipid microspheres, per ml	Definity	Ultrasound	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
Q9959	High osmolar contrast material, 150-199 mg/ml iodine concentration, per ml		CT	No	No	No	No
Q9960	High osmolar contrast material, 200-249 mg/ml iodine concentration, per ml	Conray 43	CT	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
Q9962	High osmolar contrast material, 300-349 mg/ml iodine concentration, per ml		CT	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
Q9964	High osmolar contrast material, 400 or greater mg/ml iodine concentration, per ml		CT	No	No	No	No
Q9965	Low osmolar contrast material, 100-199 mg/ml iodine concentration, per ml	Omnipaque 140, Omnipaque 180	CT	No	No	No	No
Q9966	Low osmolar contrast material, 200-299 mg/ml iodine concentration, per ml	Isovue-200, Isovue-250, Isovue-M-200, Omnipaque, Omnipaque 240, Optiray 240, Ultravist 240, Visipaque 270	CT	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, Omnipaque, Optiray, Oxilan, Ultravist, Visipaque	CT	No	No	No	No
Q9968	Injection, nonradioactive, noncontrast, visualization adjunct (e.g., methylene blue, isosulfan blue), 1 mg		Drug	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
Q9982	Flutemetamol F18, diagnostic, per study dose, up to 5 millicuries		PET Scan	No	No	No	No
Q9983	Florbetaben F18, diagnostic, per study dose, up to 8.1 millicuries		PET Scan	No	No	No	No
Q9991	Injection, buprenorphine extended-release (Sublocade), less than or equal to 100 mg	Sublocade	Injectable Drug	No	No	No	No
Q9992	Injection, buprenorphine extended-release (Sublocade), greater than 100 mg	Sublocade	Injectable Drug	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
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
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
R0076	Transportation of portable EKG to facility or location, per patient		Imaging	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Non-ASA Provider	Centra-Auth ASA Provider
S0012	Butorphanol tartrate, nasal spray, 25 mg		Inhalation Drug	No	No	No	No
S0013	Esketamine, nasal spray, 1 mg		Inhalation Drug	No	No	Yes	Yes
S0014	Tacrine HCl, 10 mg		Oral Drug	No	No	No	No
S0017	Injection, aminocaproic acid, 5 g		Injection Drug	No	No	No	No
S0021	Injection, cefoperazone sodium, 1 g		Injection Drug	No	No	No	No
S0023	Injection, cimetidine HCl, 300 mg		Injection Drug	No	No	No	No
S0028	Injection, famotidine, 20 mg		Injection Drug	No	No	No	No
S0032	Injection, nafcillin sodium, 2 g		Injection Drug	No	No	No	No
S0034	Injection, ofloxacin, 400 mg		Injection Drug	No	No	No	No
S0039	Injection, sulfamethoxazole and trimethoprim, 10 ml		Injection Drug	No	No	No	No
S0040	Injection, ticarcillin disodium and clavulanate potassium, 3.1 g		Injection Drug	No	No	No	No
S0074	Injection, cefotetan disodium, 500 mg		Injection Drug	No	No	No	No
S0078	Injection, fosphenytoin sodium, 750 mg		Injection Drug	No	No	No	No
S0080	Injection, pentamidine isethionate, 300 mg		Injection Drug	No	No	No	No
S0081	Injection, piperacillin sodium, 500 mg		Injection Drug	No	No	No	No
S0088	Imatinib, 100 mg		Chemotherapy Drug	No	No	No	No
S0090	Sildenafil citrate, 25 mg		Oral Drug	No	No	No	No
S0091	Granisetron HCl, 1 mg	(for circumstances falling under the Medicare statute, use Q0166)	Chemotherapy Drug	No	No	No	No
S0092	Injection, hydromorphone HCl, 250 mg (loading dose for infusion pump)		Injection Drug	No	No	No	No
S0093	Injection, morphine sulfate, 500 mg (loading dose for infusion pump)		Injection Drug	No	No	No	No
S0104	Zidovudine, oral, 100 mg		Oral Drug	No	No	No	No
S0106	Bupropion HCl sustained release tablet, 150 mg, per bottle of 60 tablets		Oral Drug	No	No	No	No
S0108	Mercaptopurine, oral, 50 mg		Oral Drug	No	No	No	No
S0109	Methadone, oral, 5 mg		Oral Drug	No	No	No	No
S0117	Tretinoin, topical, 5 g		Topical Drug	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
S0122	Injection, menotropins, 75 IU		Injection Drug	Yes	Yes	Kindbody	Kindbody
S0126	Injection, follitropin alfa, 75 IU		Injection Drug	Yes	Yes	Kindbody	Kindbody
S0128	Injection, follitropin beta, 75 IU		Injection Drug	Yes	Yes	Kindbody	Kindbody
S0132	Injection, ganirelix acetate, 250 mcg		Injection Drug	Yes	Yes	Kindbody	Kindbody
S0136	Clozapine, 25 mg		Oral Drug	No	No	No	No
S0137	Didanosine (ddI), 25 mg		Oral Drug	No	No	No	No
S0138	Finasteride, 5 mg		Oral Drug	No	No	No	No
S0139	Minoxidil, 10 mg		Oral Drug	No	No	No	No
S0140	Saquinavir, 200 mg		Oral Drug	No	No	No	No
S0142	Colistimethate sodium, inhalation solution administered through DME, concentrated form, per mg		Inhalation Drug	Yes	Yes	No	No
S0145	Injection, pegylated interferon alfa-2a, 180 mcg per ml		Injection Drug	Yes	Yes	No	No
S0148	Injection, pegylated interferon alfa-2B, 10 mcg		Injection Drug	Yes	Yes	No	No
S0155	Sterile dilutant for epoprostenol, 50 ml		Infusion Drug	Yes	Yes	No	No
S0156	Exemestane, 25 mg		Chemotherapy Drug	Yes	Yes	No	No
S0157	Becaplermin gel 0.01%, 0.5 gm		Topical Drug	Yes	Yes	No	No
S0160	Dextroamphetamine sulfate, 5 mg		Oral Drug	Yes	Yes	No	No
S0164	Injection, pantoprazole sodium, 40 mg	Code discontinued as of 7/1/24	Injection Drug	N/A	N/A	N/A	N/A
S0166	Injection, olanzapine, 2.5 mg	Discontinued as of 1/1/24	Injection Drug	No	No	No	No
S0169	Calcitrol, 0.25 mcg		Oral Drug	No	No	No	No
S0170	Anastrozole, oral, 1 mg		Oral Drug	No	No	No	No
S0171	Injection, bumetanide, 0.5 mg	Discontinued as of 1/1/24	Injection Drug	Yes	Yes	No	No
S0172	Chlorambucil, oral, 2 mg		Oral Drug	No	No	No	No
S0174	Dolasetron mesylate, oral 50 mg	(for circumstances falling under the Medicare statute, use Q0180)	Oral Drug	No	No	No	No
S0175	Flutamide, oral, 125 mg		Oral Drug	No	No	No	No
S0176	Hydroxyurea, oral, 500 mg		Oral Drug	No	No	No	No
S0177	Levamisole HCl, oral, 50 mg		Oral Drug	No	No	No	No
S0178	Lomustine, oral, 10 mg		Oral Drug	No	No	No	No
S0179	Megestrol acetate, oral, 20 mg		Oral Drug	No	No	No	No
S0182	Procarbazine HCl, oral, 50 mg		Oral Drug	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
S0187	Tamoxifen citrate, oral, 10 mg		Oral Drug	No	No	No	No
S0189	Testosterone pellet, 75 mg		Oral Drug	No	No	No	No
S0190	Mifepristone, oral, 200 mg		Oral Drug	No	No	No	No
S0191	Misoprostol, oral, 200 mcg		Oral Drug	No	No	No	No
S0194	Dialysis/stress vitamin supplement, oral, 100 capsules		Oral Drug	No	No	No	No
S0197	Prenatal vitamins, 30-day supply		Oral Drug	OTC	OTC	No	No
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	No
S0201	Partial hospitalization services, less than 24 hours, per diem		Professional Services	Yes	Yes	Yes	Yes
S0207	Paramedic intercept, nonhospital-based ALS service (nonvoluntary), nontransport		Professional Services	Yes	Yes	No	No
S0208	Paramedic intercept, hospital-based ALS service (nonvoluntary), nontransport		Professional Services	no	no	No	No
S0209	Wheelchair van, mileage, per mile		Professional Services	NC	NC	NC	No
S0215	Nonemergency transportation; mileage, per mile		Professional Services	yes	Yes	Yes	No
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
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
S0250	Comprehensive geriatric assessment and treatment planning performed by assessment team		Professional Services	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
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
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
S0265	Genetic counseling, under physician supervision, each 15 minutes		Professional Services	no	No	No	No
S0270	Physician management of patient home care, standard monthly case rate (per 30 days)		Professional Services	no	No	No	No
S0271	Physician management of patient home care, hospice monthly case rate (per 30 days)		Professional Services	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
S0273	Physician visit at member's home, outside of a capitation arrangement		Professional Services	no	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Non-ASA Provider	Centra-Auth ASA Provider
S0274	Nurse practitioner visit at member's home, outside of a capitation arrangement		Professional Services	No	No	No	No
S0280	Medical home program, comprehensive care coordination and planning, initial plan		Professional Services	No	No	No	No
S0281	Medical home program, comprehensive care coordination and planning, maintenance of plan		Professional Services	No	No	No	No
S0285	Colonoscopy consultation performed prior to a screening colonoscopy procedure		Professional Services	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
S0310	Hospitalist services (list separately in addition to code for appropriate evaluation and management service)		Professional Services	No	No	No	No
S0311	Comprehensive management and care coordination for advanced illness, per calendar month		Professional Services	No	No	No	No
S0315	Disease management program; initial assessment and initiation of the program		Professional Services	No	No	No	No
S0316	Disease management program, follow-up/reassessment		Professional Services	No	No	No	No
S0317	Disease management program; per diem		Professional Services	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
S0340	Lifestyle modification program for management of coronary artery disease, including all supportive services; first quarter/stage		Professional Services	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
S0342	Lifestyle modification program for management of coronary artery disease, including all supportive services; 4th quarter / stage		Professional Services	No	No	No	No
S0353	Treatment planning and care coordination management for cancer initial treatment		Professional Services	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
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
S0395	Impression casting of a foot performed by a practitioner other than the manufacturer of the orthotic		Professional Services	No	No	No	No
S0400	Global fee for extracorporeal shock wave lithotripsy treatment of kidney stone(s)		Professional Services	No	No	No	No
S0500	Disposable contact lens, per lens		Vision	No	No	No	No
S0504	Single vision prescription lens (safety, athletic, or sunglass), per lens		Vision	No	No	No	No
S0506	Bifocal vision prescription lens (safety, athletic, or sunglass), per lens		Vision	No	No	No	No
S0508	Trifocal vision prescription lens (safety, athletic, or sunglass), per lens		Vision	No	No	No	No
S0510	Nonprescription lens (safety, athletic, or sunglass), per lens		Vision	No	No	No	No
S0512	Daily wear specialty contact lens, per lens		Vision	No	No	No	No
S0514	Color contact lens, per lens		Vision	No	No	No	No
S0515	Scleral lens, liquid bandage device, per lens		Vision	No	No	No	No
S0516	Safety eyeglass frames		Vision	No	No	No	No
S0518	Sunglasses frames		Vision	No	No	No	No
S0580	Polycarbonate lens (list this code in addition to the basic code for the lens)		Vision	No	No	No	No
S0581	Nonstandard lens (list this code in addition to the basic code for the lens)		Vision	No	No	No	No
S0590	Integral lens service, miscellaneous services reported separately		Vision	No	No	No	No
S0592	Comprehensive contact lens evaluation		Vision	No	No	No	No
S0595	Dispensing new spectacle lenses for patient supplied frame		Vision	No	No	No	No
S0596	Phakic intraocular lens for correction of refractive error		Vision	No	No	No	No
S0601	Screening proctoscopy		Screenings	No	No	No	No
S0610	Annual gynecological examination, new patient		Screenings	No	No	No	No
S0612	Annual gynecological examination, established patient		Screenings	No	No	No	No
S0613	Annual gynecological examination; clinical breast examination without pelvic evaluation		Screenings	No	No	No	No
S0618	Audiometry for hearing aid evaluation to determine the level and degree of hearing loss		Screenings	No	No	No	No
S0620	Routine ophthalmological examination including refraction; new patient		Screenings	No	No	No	No
S0621	Routine ophthalmological examination including refraction; established patient		Screenings	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
S0630	Removal of sutures; by a physician other than the physician who originally closed the wound		Removal	no	No	No	No
S0800	Laser in situ keratomileusis (LASIK)		Vision	Yes	Yes	No	No
S0810	Photorefractive keratectomy (PRK)		Vision	Yes	Yes	No	No
S0812	Phototherapeutic keratectomy (PTK)		Vision	Yes	Yes	No	No
S1001	Deluxe item, patient aware (list in addition to code for basic item)		Medical or Surgical Supplies	Yes	Yes	No	No
S1002	Customized item	(list in addition to code for basic item)	Medical or Surgical Supplies	Yes	Yes	No	No
S1015	IV tubing extension set		Medical or Surgical Supplies	no	No	No	No
S1016	Non-PVC (polyvinyl chloride) intravenous administration set, for use with drugs that are not stable in PVC e.g., Paclitaxel		Medical or Surgical Supplies	No	No	No	No
S1030	Continuous noninvasive glucose monitoring device, purchase	(for physician interpretation of data, use CPT code)	Diabetes	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
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
S1035	Sensor; invasive (e.g., subcutaneous), disposable, for use with artificial pancreas device system		Diabetes	Yes	Yes	No	No
S1036	Transmitter; external, for use with artificial pancreas device system		Diabetes	Yes	Yes	No	No
S1037	Receiver (monitor); external, for use with artificial pancreas device system		Diabetes	Yes	Yes	No	No
S1040	Cranial remolding orthotic, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)		Orthotics	No	No	No	No
S1091	Stent, noncoronary, temporary, with delivery system (Propel)		Stent	Yes	Yes	No	No
S2053	Transplantation of small intestine and liver allografts		Transplantation	Yes	Yes	Yes	Yes
S2054	Transplantation of multivisceral organs		Transplantation	Yes	Yes	Yes	Yes
S2055	Harvesting of donor multivisceral organs, with preparation and maintenance of allografts; from cadaver donor		Transplantation	Yes	Yes	Yes	Yes
S2060	Lobar lung transplantation		Transplantation	Yes	Yes	Yes	Yes
S2061	Donor lobectomy (lung) for transplantation, living donor		Transplantation	Yes	Yes	Yes	Yes
S2065	Simultaneous pancreas kidney transplantation		Transplantation	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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Non-ASA Provider	Centra-Auth ASA Provider
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
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
S2070	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with endoscopic laser treatment of ureteral calculi (includes ureteral catheterization)		Endoscopy (EGD)	No	No	No	No
S2079	Laparoscopic esophagomyotomy (Heller type)		Division	No	No	No	No
S2080	Laser-assisted uvulopalatoplasty (LAUP)		Sleep Apnea	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
S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres		Transcatheter	No	No	No	No
S2102	Islet cell tissue transplant from pancreas; allogeneic		Transplantation	Yes	Yes	Yes	Yes
S2103	Adrenal tissue transplant to brain		Transplantation	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
S2112	Arthroscopy, knee, surgical for harvesting of cartilage (chondrocyte cells)		Arthroscopy	No	No	Yes	Yes
S2115	Osteotomy, periacetabular, with internal fixation		Revision	No	No	No	No
S2117	Arthroereisis, subtalar		Revision	No	No	No	No
S2118	Metal-on-metal total hip resurfacing, including acetabular and femoral components		Revision	Yes	Yes	Yes	Yes
S2120	Low density lipoprotein (LDL) apheresis using heparin-induced extracorporeal LDL precipitation		Blood Procedures	No	No	No	No
S2140	Cord blood harvesting for transplantation, allogeneic		Transplantation	Yes	Yes	Yes	No
S2142	Cord blood-derived stem-cell transplantation, allogeneic		Transplantation	Yes	Yes	Yes	No
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
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
S2202	Echosclerotherapy		Ultrasound	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
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
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
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
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
S2225	Myringotomy, laser-assisted		Hearing	No	No	No	No
S2230	Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear		Hearing	Yes	Yes	No	No
S2235	Implantation of auditory brain stem implant		Implant	Yes	Yes	No	No
S2260	Induced abortion, 17 to 24 weeks		OBGYN	Yes	Yes	No	No
S2265	Induced abortion, 25 to 28 weeks		OBGYN	Yes	Yes	No	No
S2266	Induced abortion, 29 to 31 weeks		OBGYN	Yes	Yes	No	No
S2267	Induced abortion, 32 weeks or greater		OBGYN	Yes	Yes	No	No
S2300	Arthroscopy, shoulder, surgical; with thermally-induced capsulorrhaphy		Arthroscopy	No	No	No	No
S2325	Hip core decompression		Decompression	No	No	No	No
S2340	Chemodenervation of abductor muscle(s) of vocal cord		Chemodenervation	No	No	No	No
S2341	Chemodenervation of adductor muscle(s) of vocal cord		Chemodenervation	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
S2348	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar		Decompression	Yes	Yes	No	No
S2350	Diskectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; lumbar, single interspace		Decompression	Yes	Yes	No	No
S2351	Diskectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; lumbar, each additional interspace (list separately in addition to code for primary procedure)		Decompression	Yes	Yes	No	No
S2400	Repair, congenital diaphragmatic hernia in the fetus using temporary tracheal occlusion, procedure performed in utero		Repair	Yes	Yes	No	No
S2401	Repair, urinary tract obstruction in the fetus, procedure performed in utero		Repair	Yes	Yes	No	No
S2402	Repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero		Repair	Yes	Yes	No	No
S2403	Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero		Repair	Yes	Yes	No	No
S2404	Repair, myelomeningocele in the fetus, procedure performed in utero		Repair	Yes	Yes	No	No
S2405	Repair of sacrococcygeal teratoma in the fetus, procedure performed in utero		Repair	Yes	Yes	No	No
S2409	Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified		Repair	Yes	Yes	No	No
S2411	Fetoscopic laser therapy for treatment of twin-to-twin transfusion syndrome		Treatment	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
S3000	Diabetic indicator; retinal eye exam, dilated, bilateral		Diabetes	No	No	No	No
S3005	Performance measurement, evaluation of patient self assessment, depression		Evaluation	No	No	No	No
S3600	STAT laboratory request (situations other than S3601)		Pathology or Labs	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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Non-ASA Provider	Centra-Auth ASA Provider
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
S3630	Eosinophil count, blood, direct		Blood Procedures	No	No	No	No
S3645	HIV-1 antibody testing of oral mucosal transudate		Testing	No	No	No	No
S3650	Saliva test, hormone level; during menopause		Testing	No	No	No	No
S3652	Saliva test, hormone level; to assess preterm labor risk		Testing	No	No	No	No
S3655	Antisperm antibodies test (immunobead)		Testing	No	No	No	No
S3708	Gastrointestinal fat absorption study		Study	No	No	No	No
S3722	Dose optimization by area under the curve (AUC) analysis, for infusional 5-fluorouracil		Analysis	No	No	No	No
S3800	Genetic testing for amyotrophic lateral sclerosis (ALS)		Genetic Testing	Yes	Yes	No	No
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
S3841	Genetic testing for retinoblastoma		Genetic Testing	Yes	Yes	No	No
S3842	Genetic testing for Von Hippel-Lindau disease		Genetic Testing	Yes	Yes	No	No
S3844	DNA analysis of the connexin 26 gene (GJB2) for susceptibility to congenital, profound deafness		Genetic Testing	Yes	Yes	No	No
S3845	Genetic testing for alpha-thalassemia		Genetic Testing	Yes	Yes	No	No
S3846	Genetic testing for hemoglobin E beta-thalassemia		Genetic Testing	Yes	Yes	No	No
S3849	Genetic testing for Niemann-Pick disease		Genetic Testing	Yes	Yes	No	No
S3850	Genetic testing for sickle cell anemia		Genetic Testing	Yes	Yes	No	No
S3852	DNA analysis for APOE epsilon 4 allele for susceptibility to Alzheimer's disease		Genetic Testing	Yes	Yes	No	No
S3853	Genetic testing for myotonic muscular dystrophy		Genetic Testing	Yes	Yes	No	No
S3854	Gene expression profiling panel for use in the management of breast cancer treatment		Genetic Testing	Yes	Yes	No	No
S3861	Genetic testing, sodium channel, voltage-gated, type V, alpha subunit (SCN5A) and variants for suspected Brugada Syndrome		Genetic Testing	Yes	Yes	No	No
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy		Genetic Testing	Yes	Yes	No	No
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
S3870	Comparative genomic hybridization (CGH) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability		Genetic Testing	Yes	Yes	No	No
S3900	Surface electromyography (EMG)		EMG	yes	Yes	No	No
S3902	Ballistocardiogram		Blood Procedures	yes	Yes	No	No
S3904	Masters 2 step		Testing	yes	Yes	No	No
S4005	Interim labor facility global (labor occurring but not resulting in delivery)		OBGYN	yes	Yes	No	No
S4011	In vitro fertilization; including but not limited to identification and incubation of mature oocytes, fertilization with sperm, incubation of embryo(s), and subsequent visualization for determination of development		Infertility Services	yes	Yes	Kindbody	Kindbody
S4013	Complete cycle, gamete intrafallopian transfer (GIFT), case rate		Infertility Services	yes	Yes	Kindbody	Kindbody
S4014	Complete cycle, zygote intrafallopian transfer (ZIFT), case rate		Infertility Services	yes	Yes	Kindbody	Kindbody
S4015	Complete in vitro fertilization cycle, not otherwise specified, case rate		Infertility Services	yes	Yes	Kindbody	Kindbody
S4016	Frozen in vitro fertilization cycle, case rate		Infertility Services	yes	Yes	Kindbody	Kindbody
S4017	Incomplete cycle, treatment cancelled prior to stimulation, case rate		Infertility Services	yes	Yes	Kindbody	Kindbody
S4018	Frozen embryo transfer procedure cancelled before transfer, case rate		Infertility Services	yes	Yes	Kindbody	Kindbody
S4020	In vitro fertilization procedure cancelled before aspiration, case rate		Infertility Services	yes	Yes	Kindbody	Kindbody
S4021	In vitro fertilization procedure cancelled after aspiration, case rate		Infertility Services	yes	Yes	Kindbody	Kindbody
S4022	Assisted oocyte fertilization, case rate		Infertility Services	yes	Yes	Kindbody	Kindbody
S4023	Donor egg cycle, incomplete, case rate		Infertility Services	yes	Yes	Kindbody	Kindbody
S4025	Donor services for in vitro fertilization (sperm or embryo), case rate		Infertility Services	yes	Yes	Kindbody	Kindbody
S4026	Procurement of donor sperm from sperm bank		Infertility Services	yes	Yes	No	No
S4027	Storage of previously frozen embryos		Infertility Services	yes	Yes	Kindbody	Kindbody
S4028	Microsurgical epididymal sperm aspiration		Infertility Services	yes	Yes	No	No
S4030	Sperm procurement and cryopreservation services; initial visit		Infertility Services	yes	Yes	No	No
S4031	Sperm procurement and cryopreservation services; subsequent visit		Infertility Services	yes	Yes	No	No
S4035	Stimulated intrauterine insemination (IUI), case rate		Infertility Services	yes	Yes	Kindbody	Kindbody
S4037	Cryopreserved embryo transfer, case rate		Infertility Services	Yes	Yes	Kindbody	Kindbody
S4040	Monitoring and storage of cryopreserved embryos, per 30 days		Infertility Services	Yes	Yes	Kindbody	Kindbody
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	Kindbody	Kindbody
S4981	Insertion of levonorgestrel-releasing intrauterine system		Contraceptive Drug	no	no	No	No
S4988	Penile contracture device, manual, greater than 3 lbs traction force		DME	Yes	Yes	Yes	No
S4989	Contraceptive intrauterine device (e.g., Progestacert IUD), including implants and supplies		Contraceptive Drug	no	no	No	No
S4990	Nicotine patches, legend		Tobacco Services	Not covered	nc	No	No
S4991	Nicotine patches, nonlegend		Tobacco Services	Not covered	nc	No	No
S4993	Contraceptive pills for birth control		Contraceptive Drug	no	no	No	No
S4995	Smoking cessation gum		Tobacco Services	Not covered	nc	No	No
S5000	Prescription drug, generic		Medication	no	no	No	No
S5001	Prescription drug, brand name		Medication	no	no	No	No
S5010	5% dextrose and 0.45% normal saline, 1000 ml		Medication	no	no	No	No
S5012	5% dextrose with potassium chloride, 1000 ml		Medication	no	no	No	No
S5013	5% dextrose/0.45% normal saline with potassium chloride and magnesium sulfate, 1000 ml		Medication	no	no	No	No
S5014	5% dextrose/0.45% normal saline with potassium chloride and magnesium sulfate, 1500 ml		Medication	no	no	No	No
S5035	Home infusion therapy, routine service of infusion device (e.g., pump maintenance)		Home Infusion	Yes	Yes	No	No
S5036	Home infusion therapy, repair of infusion device (e.g., pump repair)		Home Infusion	Yes	Yes	No	No
S5100	Day care services, adult; per 15 minutes		Home Care	nc	nc	nc	nc
S5101	Day care services, adult; per half day		Home Care	nc	nc	nc	nc
S5102	Day care services, adult; per diem		Home Care	nc	nc	nc	nc
S5105	Day care services, center-based; services not included in program fee, per diem		Home Care	nc	nc	nc	nc
S5108	Home care training to home care client, per 15 minutes		Home Care	no	no	No	No
S5109	Home care training to home care client, per session		Home Care	no	no	No	No
S5110	Home care training, family; per 15 minutes		Home Care	no	no	No	No
S5111	Home care training, family; per session		Home Care	no	no	No	No
S5115	Home care training, nonfamily; per 15 minutes		Home Care	no	no	No	No
S5116	Home care training, nonfamily; per session		Home Care	no	no	No	No
S5120	Chore services; per 15 minutes		Home Care	nc	nc	nc	nc
S5121	Chore services; per diem		Home Care	nc	nc	nc	nc
S5125	Attendant care services; per 15 minutes		Home Care	nc	nc	nc	nc
S5126	Attendant care services; per diem		Home Care	nc	nc	nc	nc
S5130	Homemaker service, NOS; per 15 minutes		Home Care	nc	nc	nc	nc
S5131	Homemaker service, NOS; per diem		Home Care	nc	nc	nc	nc
S5135	Companion care, adult (e.g., IADL/ADL); per 15 minutes		Home Care	nc	nc	nc	nc
S5136	Companion care, adult (e.g., IADL/ADL); per diem		Home Care	nc	nc	nc	nc

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Non-ASA Provider	Centra-Auth ASA Provider
S5140	Foster care, adult; per diem		Foster Care	nc	nc	nc	nc
S5141	Foster care, adult; per month		Foster Care	nc	nc	nc	nc
S5145	Foster care, therapeutic, child; per diem		Foster Care	nc	nc	nc	nc
S5146	Foster care, therapeutic, child; per month		Foster Care	nc	nc	nc	nc
S5150	Unskilled respite care, not hospice; per 15 minutes		Home Care	nc	nc	nc	nc
S5151	Unskilled respite care, not hospice; per diem		Home Care	nc	nc	nc	nc
S5160	Emergency response system; installation and testing		Home Care	nc	nc	nc	nc
S5161	Emergency response system; service fee, per month (excludes installation and testing)		Home Care	nc	nc	nc	nc
S5162	Emergency response system; purchase only		Home Care	nc	nc	nc	nc
S5165	Home modifications; per service		Home Care	nc	nc	nc	nc
S5170	Home delivered meals, including preparation; per meal		Home Care	nc	nc	nc	nc
S5175	Laundry service, external, professional; per order		Home Care	nc	nc	nc	nc
S5180	Home health respiratory therapy, initial evaluation		Home Care	no	no	No	No
S5181	Home health respiratory therapy, NOS, per diem		Home Care	no	no	No	No
S5185	Medication reminder service, nonface-to-face; per month		Home Care	no	no	No	No
S5190	Wellness assessment, performed by nonphysician		Home Care	no	no	No	No
S5199	Personal care item, NOS, each		Home Care	No	NO	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
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
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
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
S5517	Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting		Home Infusion	Yes	Yes	No	No
S5518	Home infusion therapy, all supplies necessary for catheter repair		Home Infusion	Yes	Yes	No	No
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
S5521	Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion		Home Infusion	Yes	Yes	No	No
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
S5523	Home infusion therapy, insertion of midline venous catheter, nursing services only (no supplies or catheter included)		Home Infusion	Yes	Yes	No	No
S5550	Insulin, rapid onset, 5 units		Diabetes	no	no	No	No
S5551	Insulin, most rapid onset (Lispro or Aspart); 5 units		Diabetes	no	no	No	No
S5552	Insulin, intermediate acting (NPH or LENTE); 5 units		Diabetes	no	no	No	No
S5553	Insulin, long acting; 5 units		Diabetes	no	no	No	No
S5560	Insulin delivery device, reusable pen; 1.5 ml size		Diabetes	no	no	No	No
S5561	Insulin delivery device, reusable pen; 3 ml size		Diabetes	no	no	No	No
S5565	Insulin cartridge for use in insulin delivery device other than pump; 150 units		Diabetes	no	no	No	No
S5566	Insulin cartridge for use in insulin delivery device other than pump; 300 units		Diabetes	no	no	No	No
S5570	Insulin delivery device, disposable pen (including insulin); 1.5 ml size		Diabetes	no	no	No	No
S5571	Insulin delivery device, disposable pen (including insulin); 3 ml size		Diabetes	no	no	No	No
S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy		Imaging	Yes	Yes	yes	Yes
S8035	Magnetic source imaging		MRI	Yes	Yes	yes	Yes
S8037	Magnetic resonance cholangiopancreatography (MRCP)		MRI	Yes	Yes	yes	Yes
S8040	Topographic brain mapping		Electrocorticography (EEG)	Yes	Yes	yes	Yes
S8042	Magnetic resonance imaging (MRI), low-field		MRI	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
S8080	Scintimammography (radioimmunoscintigraphy of the breast), unilateral, including supply of radiopharmaceutical		Imaging	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
S8092	Electron beam computed tomography (also known as ultrafast CT, cine CT)		CT	no	no	No	Yes
S8096	Portable peak flow meter		Respiratory	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
S8100	Holding chamber or spacer for use with an inhaler or nebulizer; without mask		Respiratory	no	no	No	No
S8101	Holding chamber or spacer for use with an inhaler or nebulizer; with mask		Respiratory	no	no	No	No
S8110	Peak expiratory flow rate (physician services)		Respiratory	no	no	No	No
S8120	Oxygen contents, gaseous, 1 unit equals 1 cubic foot		Respiratory	no	no	No	No
S8121	Oxygen contents, liquid, 1 unit equals 1 pound		Respiratory	no	no	No	No
S8130	Interferential current stimulator, 2 channel		Stimulation Device	Yes	Yes	yes	No
S8131	Interferential current stimulator, 4 channel		Stimulation Device	Yes	Yes	yes	No
S8185	Flutter device		Respiratory	no	no	No	No
S8186	Swivel adaptor		Respiratory	no	no	No	No
S8189	Tracheostomy supply, not otherwise classified		Tracheostomy	no	no	No	No
S8210	Mucus trap		Respiratory	no	no	No	No
S8265	Haberman feeder for cleft lip/palate		Medical or Surgical Supplies	no	no	No	No
S8270	Enuresis alarm, using auditory buzzer and/or vibration device		Medical or Surgical Supplies	no	no	No	No
S8301	Infection control supplies, not otherwise specified		Medical or Surgical Supplies	no	no	No	No
S8415	Supplies for home delivery of infant		Medical or Surgical Supplies	no	no	No	No
S8420	Gradient pressure aid (sleeve and glove combination), custom made		Compression Garment	Yes	Yes	yes	No
S8421	Gradient pressure aid (sleeve and glove combination), ready made		Compression Garment	Yes	Yes	yes	No
S8422	Gradient pressure aid (sleeve), custom made, medium weight		Compression Garment	Yes	Yes	yes	No
S8423	Gradient pressure aid (sleeve), custom made, heavy weight		Compression Garment	Yes	Yes	yes	No
S8424	Gradient pressure aid (sleeve), ready made		Compression Garment	Yes	Yes	yes	No
S8425	Gradient pressure aid (glove), custom made, medium weight		Compression Garment	Yes	Yes	yes	No
S8426	Gradient pressure aid (glove), custom made, heavy weight		Compression Garment	Yes	Yes	yes	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Non-ASA Provider	Centra-Auth ASA Provider
S8427	Gradient pressure aid (glove), ready made		Compression Garment	Yes	Yes	yes	No
S8428	Gradient pressure aid (gauntlet), ready made		Compression Garment	Yes	Yes	yes	No
S8429	Gradient pressure exterior wrap		Compression Garment	Yes	Yes	yes	No
S8430	Padding for compression bandage, roll		Compression Garment	Yes	Yes	yes	No
S8431	Compression bandage, roll		Compression Garment	Yes	Yes	No	No
S8450	Splint, prefabricated, digit (specify digit by use of modifier)		Medical or Surgical Supplies	no	no	No	No
S8451	Splint, prefabricated, wrist or ankle		Medical or Surgical Supplies	no	no	No	No
S8452	Splint, prefabricated, elbow		Medical or Surgical Supplies	no	no	No	No
S8460	Camisole, postmastectomy		Medical or Surgical Supplies	no	no	No	No
S8490	Insulin syringes (100 syringes, any size)		Diabetes	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
S8940	Equestrian/hippotherapy, per session		Therapeutic	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
S8950	Complex lymphedema therapy, each 15 minutes		Therapeutic	no	no	No	No
S8990	Physical or manipulative therapy performed for maintenance rather than restoration		Therapeutic	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
S9001	Home uterine monitor with or without associated nursing services		Monitoring	no	no	No	No
S9002	Intra-vaginal motion sensor system, provides biofeedback for pelvic floor muscle rehabilitation device		Rehabilitation	No	No	No	No
S9007	Ultrafiltration monitor		Monitoring	no	no	No	No
S9024	Paranasal sinus ultrasound		Ultrasound	no	no	No	No
S9025	Omnicardiogram/cardiointegram		Electrocardiogram (ECG)	no	no	No	No
S9034	Extracorporeal shockwave lithotripsy for gall stones	(if performed with ERCP, use 43265)	Treatment	no	no	No	No
S9055	Procuren or other growth factor preparation to promote wound healing		Wound Care	No	No	No	No
S9056	Coma stimulation per diem		Therapeutic	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
S9083	Global fee urgent care centers		Professional Services	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
S9090	Vertebral axial decompression, per session		Decompression	no	no	No	No
S9097	Home visit for wound care		Wound Care	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
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
S9117	Back school, per visit		Therapeutic	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
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
S9124	Nursing care, in the home; by licensed practical nurse, per hour		Home Care	No	No	No	Yes
S9125	Respite care, in the home, per diem		Home Care	no	no	No	No
S9126	Hospice care, in the home, per diem		Home Care	no	no	No	No
S9127	Social work visit, in the home, per diem		Home Care	no	no	No	No
S9128	Speech therapy, in the home, per diem		Home Care	no	no	No	No
S9129	Occupational therapy, in the home, per diem		Home Care	no	no	no	No
S9131	Physical therapy; in the home, per diem		Home Care	no	no	No	No
S9140	Diabetic management program, follow-up visit to non-MD provider		Diabetes	no	no	No	No
S9141	Diabetic management program, follow-up visit to MD provider		Diabetes	no	no	No	No
S9145	Insulin pump initiation, instruction in initial use of pump (pump not included)		Diabetes	no	no	No	No
S9150	Evaluation by ocularist		Vision	No	No	No	No
S9152	Speech therapy, re-evaluation		Speech	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
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
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
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
S9213	Home management of preeclampsia, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately); per diem (do not use this code with any home infusion per diem code)		OBGYN	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
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
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

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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
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
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
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
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
S9335	Home therapy, hemodialysis; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately), per diem		Dialysis	No	No	No	No
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
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
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
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
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
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
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
S9345	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
S9346	Home infusion therapy, alpha-1-proteinase inhibitor (e.g., Prolastin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		Home Infusion	Yes	Yes	No	No
S9347	Home infusion therapy, uninterrupted, long-term, controlled rate intravenous or subcutaneous infusion therapy (e.g., epoprostenol); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		Home Infusion	Yes	Yes	No	No
S9348	Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g., Dobutamine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		Home Infusion	Yes	Yes	No	No
S9349	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
S9351	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
S9353	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
S9355	Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		Home Infusion	Yes	Yes	No	No
S9357	Home infusion therapy, enzyme replacement intravenous therapy; (e.g., Imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		Home Infusion	Yes	Yes	No	No
S9359	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
S9361	Home infusion therapy, diuretic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		Home Infusion	Yes	Yes	No	No
S9363	Home infusion therapy, antispasmotic 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
S9364	Home infusion therapy, total parenteral nutrition (TPN); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem (do not use with home infusion codes S9365-S9368 using daily volume scales)		Home Infusion	Yes	Yes	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Non-ASA Provider	Centra-Auth ASA Provider
S9365	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
S9366	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
S9367	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
S9368	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
S9370	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
S9372	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
S9373	Home infusion therapy, hydration therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use with hydration therapy codes S9374-S9377 using daily volume scales)		Home Infusion	Yes	Yes	No	No
S9374	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
S9375	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
S9376	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
S9377	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
S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		Home Infusion	Yes	Yes	No	No
S9381	Delivery or service to high risk areas requiring escort or extra protection, per visit		Miscellaneous Supply or Service	no	No	No	No
S9401	Anticoagulation clinic, inclusive of all services except laboratory tests, per session		Monitoring	no	No	No	No
S9430	Pharmacy compounding and dispensing services		Medication	no	No	No	No
S9432	Medical foods for noninborn errors of metabolism		Feeding Therapy	Yes	Yes	Yes	Yes
S9433	Medical food nutritionally complete, administered orally, providing 100% of nutritional intake		Feeding Therapy	Yes	Yes	No	No
S9434	Modified solid food supplements for inborn errors of metabolism		Feeding Therapy	Yes	Yes	No	No
S9435	Medical foods for inborn errors of metabolism		Feeding Therapy	Yes	Yes	No	No
S9436	Childbirth preparation/Lamaze classes, nonphysician provider, per session		Education	no	No	No	No
S9437	Childbirth refresher classes, nonphysician provider, per session		Education	No	No	No	No
S9438	Cesarean birth classes, nonphysician provider, per session		Education	No	No	No	No
S9439	VBAC (vaginal birth after cesarean) classes, nonphysician provider, per session		Education	No	No	No	No
S9441	Asthma education, nonphysician provider, per session		Education	No	No	No	No
S9442	Birthing classes, nonphysician provider, per session		Education	No	No	No	No
S9443	Lactation classes, nonphysician provider, per session		Education	No	No	No	No
S9444	Parenting classes, nonphysician provider, per session		Education	NC	NC	No	No
S9445	Patient education, not otherwise classified, nonphysician provider, individual, per session		Education	No	No	No	No
S9446	Patient education, not otherwise classified, nonphysician provider, group, per session		Education	No	No	No	No
S9447	Infant safety (including CPR) classes, nonphysician provider, per session		Education	No	No	No	No
S9449	Weight management classes, nonphysician provider, per session		Education	Yes	Yes	No	No
S9451	Exercise classes, nonphysician provider, per session		Education	NC	NC	No	No
S9452	Nutrition classes, nonphysician provider, per session		Education	No	No	No	No
S9453	Smoking cessation classes, nonphysician provider, per session		Tobacco Services	No	No	No	No
S9454	Stress management classes, nonphysician provider, per session		Education	No	No	No	No
S9455	Diabetic management program, group session		Diabetes	No	No	No	No
S9460	Diabetic management program, nurse visit		Diabetes	No	No	No	No
S9465	Diabetic management program, dietitian visit		Diabetes	No	No	No	No
S9470	Nutritional counseling, dietitian visit		Education	No	No	No	No
S9472	Cardiac rehabilitation program, nonphysician provider, per diem		Rehabilitation	No	No	No	No
S9473	Pulmonary rehabilitation program, nonphysician provider, per diem		Rehabilitation	No	No	No	No
S9474	Enterostomal therapy by a registered nurse certified in enterostomal therapy, per diem		Therapy	No	No	No	No
S9475	Ambulatory setting substance abuse treatment or detoxification services, per diem		Alcohol or Drug Abuse Treatment	Yes	Yes	No	No
S9476	Vestibular rehabilitation program, nonphysician provider, per diem		Rehabilitation	No	No	No	No
S9480	Intensive outpatient psychiatric services, per diem.		Alcohol or Drug Abuse Treatment	Yes	Yes	No	No
S9482	Family stabilization services, per 15 minutes		Education	No	No	No	No
S9484	Crisis intervention mental health services, per hour		Mental Health	No	No	No	No
S9485	Crisis intervention mental health services, per diem		Mental Health	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Non-ASA Provider	Centra-Auth ASA Provider
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
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
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
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
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
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
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
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
S9529	Routine venipuncture for collection of specimen(s), single homebound, nursing home, or skilled nursing facility patient		Ostomy	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
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
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
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
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
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
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	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 separetely), per diem		Home Care	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
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
S9900	Services by a Journal-listed Christian Science practitioner for the purpose of healing, per diem		Professional Services	NC	NC	NC	NC
S9901	Services by a journal-listed Christian Science nurse, per hour		Professional Services	NC	NC	NC	NC
S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)		Transport	Yes	Yes	Yes	Yes
S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)		Transport	yes	Yes	Yes	No
S9970	Health club membership, annual		Miscellaneous Supply or Service	NC	NC	NC	NC
S9975	Transplant related lodging, meals and transportation, per diem		Miscellaneous Supply or Service	NC	NC	NC	NC
S9976	Lodging, per diem, not otherwise classified		Miscellaneous Supply or Service	NC	NC	NC	NC
S9977	Meals, per diem, not otherwise specified		Miscellaneous Supply or Service	NC	NC	NC	NC
S9981	Medical records copying fee, administrative		Miscellaneous Supply or Service	NC	NC	NC	NC
S9982	Medical records copying fee, per page		Miscellaneous Supply or Service	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
S9988	Services provided as part of a Phase I clinical trial		Clinical Trial	Yes	Yes	Yes	No
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	No
S9990	Services provided as part of a Phase II clinical trial		Clinical Trial	Yes	Yes	Yes	No
S9991	Services provided as part of a Phase III clinical trial		Clinical Trial	Yes	Yes	Yes	No
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
S9994	Lodging costs (e.g., hotel charges) for clinical trial participant and one caregiver/companion		Clinical Trial	NC	NC	NC	NC

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Non-ASA Provider	Centra-Auth ASA Provider
S9996	Meals for clinical trial participant and one caregiver/companion		Clinical Trial	NC	NC	NC	NC
S9999	Sales tax		Miscellaneous Supply or Service	NC	NC	NC	NC

CPT	Description	CPT Note	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
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
T1001	Nursing assessment/evaluation		Medicaid Specific	n/a-Medicaid only	n/a-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
T1003	LPN/LVN services, up to 15 minutes		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T1004	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
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
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
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
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
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
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
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
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
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
T1016	Case management, each 15 minutes		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T1017	Targeted case management, each 15 minutes		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T1018	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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
T2001	Nonemergency transportation; patient attendant/escort		Medicaid Specific	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
T2003	Nonemergency transportation; encounter/trip		Medicaid Specific	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
T2005	Nonemergency transportation; stretcher van		Medicaid Specific	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
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
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
T2012	Habilitation, educational; waiver, per diem		Medicaid Specific	n/a-Medicaid only	n/a-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
T2014	Habilitation, prevocational, waiver; per diem		Medicaid Specific	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
T2016	Habilitation, residential, waiver; per diem		Medicaid Specific	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
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
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
T2020	Day habilitation, waiver; per diem		Medicaid Specific	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
T2022	Case management, per month		Medicaid Specific	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
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
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
T2026	Specialized childcare, waiver; per diem		Medicaid Specific	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
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
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
T2030	Assisted living, waiver; per month		Medicaid Specific	n/a-Medicaid only	n/a-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
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
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
T2034	Crisis intervention, waiver; per diem		Medicaid Specific	n/a-Medicaid only	n/a-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

CPT	Description	CPT Note	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
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
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
T2038	Community transition, waiver; per service		Medicaid Specific	n/a-Medicaid only	n/a-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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
T4526	Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T4527	Adult sized disposable incontinence product, protective underwear/pull-on, large size, each		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T4528	Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T4529	Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T4530	Pediatric sized disposable incontinence product, brief/diaper, large size, each		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T4531	Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T4532	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T4533	Youth sized disposable incontinence product, brief/diaper, each		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T4534	Youth sized disposable incontinence product, protective underwear/pull-on, each		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T4535	Disposable liner/shield/guard/pad/undergarment, for incontinence, each		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T4536	Incontinence product, protective underwear/pull-on, reusable, any size, each		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T4537	Incontinence product, protective underpad, reusable, bed size, each		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T4538	Diaper service, reusable diaper, each diaper		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T4539	Incontinence product, diaper/brief, reusable, any size, each		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T4540	Incontinence product, protective underpad, reusable, chair size, each		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T4541	Incontinence product, disposable underpad, large, each		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T4542	Incontinence product, disposable underpad, small size, each		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T4543	Adult sized disposable incontinence product, protective brief/diaper, above extra large, each		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T4544	Adult sized disposable incontinence product, protective underwear/pull-on, above extra large, each		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T4545	Incontinence product, disposable, penile wrap, each		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T5001	Positioning seat for persons with special orthopedic needs		Medicaid Specific	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only	n/a-Medicaid only
T5999	Supply, not otherwise specified		Medicaid Specific	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
U0001	CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel		Covid Testing	No	No	No	No
U0002	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC		Covid Testing	No	No	No	No
0202U	Infection disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrom coronavirus 2 (SARS-CoV-2), qualitative RP-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected		COVID Test	No	No	No	No
0223U	Infection disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrom coronavirus 2 (SARS-CoV-2), qualitative RP-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected		COVID Test	No	No	No	No
0224U	Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), includes titer(s), when performed		COVID Test	No	No	No	No
0225U	Infectious disease (bacetrial or viral respiratory tract infection) pathogen-specific DNA or RNA, 21 targets, including severe acute respiratory syndrome coronavirus 2 (SARS-COV-2), amplified probe technique, including multiplex reverse transcriptioin for RNA targets, each analyte reported as detected or not detected		COVID Test	No	No	No	No
0226U	Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus (SARS-CoV-2), ELISA, plasma, serum		COVID Test	No	No	No	No
0240U	infectious disease (viral respiratory tract infection), pathogen-specific RNA, 3 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B), upper respiratory specimen, each pathogen reported as detected or not detected		COVID Test	No	No	No	No
0241U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 4 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B, respiratory syncytial virus [RSV]), upper respiratory specimen, each pathogen reported as detected or not detected		COVID Test	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
V2020	Frames, purchases		Vision	No	No	No	No
V2025	Deluxe frame		Vision	No	No	No	No
V2100	Sphere, single vision, plano to plus or minus 4.00, per lens		Vision	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
V2102	Sphere, single vision, plus or minus 7.12 to plus or minus 20.00d, per lens		Vision	No	No	No	No
V2103	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens		Vision	No	No	No	No
V2104	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens		Vision	No	No	No	No
V2105	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens		Vision	No	No	No	No
V2106	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens		Vision	No	No	No	No
V2107	Spherocylinder, 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
V2108	Spherocylinder, 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
V2109	Spherocylinder, 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
V2110	Spherocylinder, single vision, plus or minus 4.25 to 7.00d sphere, over 6.00d cylinder, per lens		Vision	No	No	No	No
V2111	Spherocylinder, 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
V2112	Spherocylinder, 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
V2113	Spherocylinder, 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
V2114	Spherocylinder, single vision, sphere over plus or minus 12.00d, per lens		Vision	No	No	No	No
V2115	Lenticular (myodisc), per lens, single vision		Vision	No	No	No	No
V2118	Aniseikonic lens, single vision		Vision	No	No	No	No
V2121	Lenticular lens, per lens, single		Vision	No	No	No	No
V2199	Not otherwise classified, single vision lens		Vision	No	No	No	No
V2200	Sphere, bifocal, plano to plus or minus 4.00d, per lens		Vision	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
V2202	Sphere, bifocal, plus or minus 7.12 to plus or minus 20.00d, per lens		Vision	No	No	No	No
V2203	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens		Vision	No	No	No	No
V2204	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens		Vision	No	No	No	No
V2205	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens		Vision	No	No	No	No
V2206	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens		Vision	No	No	No	No
V2207	Spherocylinder, 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
V2208	Spherocylinder, 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
V2209	Spherocylinder, 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
V2210	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens		Vision	No	No	No	No
V2211	Spherocylinder, 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
V2212	Spherocylinder, 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
V2213	Spherocylinder, 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
V2214	Spherocylinder, bifocal, sphere over plus or minus 12.00d, per lens		Vision	No	No	No	No
V2215	Lenticular (myodisc), per lens, bifocal		Vision	No	No	No	No
V2218	Aniseikonic, per lens, bifocal		Vision	No	No	No	No
V2219	Bifocal seg width over 28mm		Vision	No	No	No	No
V2220	Bifocal add over 3.25d		Vision	No	No	No	No
V2221	Lenticular lens, per lens, bifocal		Vision	No	No	No	No
V2299	Specialty bifocal (by report)		Vision	No	No	No	No
V2300	Sphere, trifocal, plano to plus or minus 4.00d, per lens		Vision	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
V2302	Sphere, trifocal, plus or minus 7.12 to plus or minus 20.00, per lens		Vision	No	No	No	No
V2303	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens		Vision	No	No	No	No
V2304	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 2.25 to 4.00d cylinder, per lens		Vision	No	No	No	No
V2305	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00 cylinder, per lens		Vision	No	No	No	No
V2306	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens		Vision	No	No	No	No
V2307	Spherocylinder, 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
V2308	Spherocylinder, 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
V2309	Spherocylinder, 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
V2310	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens		Vision	No	No	No	No
V2311	Spherocylinder, 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
V2312	Spherocylinder, 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
V2313	Spherocylinder, 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
V2314	Spherocylinder, trifocal, sphere over plus or minus 12.00d, per lens		Vision	No	No	No	No
V2315	Lenticular, (myodisc), per lens, trifocal		Vision	No	No	No	No
V2318	Aniseikonic lens, trifocal		Vision	No	No	No	No
V2319	Trifocal seg width over 28 mm		Vision	No	No	No	No
V2320	Trifocal add over 3.25d		Vision	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
V2321	Lenticular lens, per lens, trifocal		Vision	No	No	No	No
V2399	Specialty trifocal (by report)		Vision	No	No	No	No
V2410	Variable asphericity lens, single vision, full field, glass or plastic, per lens		Vision	No	No	No	No
V2430	Variable asphericity lens, bifocal, full field, glass or plastic, per lens		Vision	No	No	No	No
V2499	Variable sphericity lens, other type		Vision	No	No	No	No
V2500	Contact lens, PMMA, spherical, per lens		Vision	No	No	No	No
V2501	Contact lens, PMMA, toric or prism ballast, per lens		Vision	No	No	No	No
V2502	Contact lens PMMA, bifocal, per lens		Vision	No	No	No	No
V2503	Contact lens, PMMA, color vision deficiency, per lens		Vision	No	No	No	No
V2510	Contact lens, gas permeable, spherical, per lens		Vision	No	No	No	No
V2511	Contact lens, gas permeable, toric, prism ballast, per lens		Vision	No	No	No	No
V2512	Contact lens, gas permeable, bifocal, per lens		Vision	No	No	No	No
V2513	Contact lens, gas permeable, extended wear, per lens		Vision	No	No	No	No
V2520	Contact lens, hydrophilic, spherical, per lens		Vision	No	No	No	No
V2521	Contact lens, hydrophilic, toric, or prism ballast, per lens		Vision	No	No	No	No
V2522	Contact lens, hydrophilic, bifocal, per lens		Vision	No	No	No	No
V2523	Contact lens, hydrophilic, extended wear, per lens		Vision	No	No	No	No
V2524	Contact lens, hydrophilic, spherical, photochromic additive, per lens		Vision	No	No	No	No
V2526	Contact lens, hydrophilic, with blue-violet filter, per lens		Vision	No	No	No	No
V2530	Contact lens, scleral, gas impermeable, per lens (for contact lens modification, see 92325)		Vision	No	No	No	No
V2531	Contact lens, scleral, gas permeable, per lens (for contact lens modification, see 92325)		Vision	No	No	No	No
V2599	Contact lens, other type		Vision	No	No	No	No
V2600	Hand held low vision aids and other nonspectacle mounted aids		Vision	No	No	No	No
V2610	Single lens spectacle mounted low vision aids		Vision	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
V2623	Prosthetic eye, plastic, custom		Vision	Yes	Yes	Yes	Yes
V2624	Polishing/resurfacing of ocular prosthesis		Vision	Yes	Yes	Yes	Yes
V2625	Enlargement of ocular prosthesis		Vision	Yes	Yes	No	Yes
V2626	Reduction of ocular prosthesis		Vision	Yes	Yes	No	Yes
V2627	Scleral cover shell		Vision	Yes	Yes	No	No
V2628	Fabrication and fitting of ocular conformer		Vision	No	No	No	No
V2629	Prosthetic eye, other type		Vision	Yes	Yes	No	No
V2630	Anterior chamber intraocular lens		Vision	No	No	No	No
V2631	Iris supported intraocular lens		Vision	No	No	No	No
V2632	Posterior chamber intraocular lens		Vision	No	No	No	No
V2700	Balance lens, per lens		Vision	No	No	No	No
V2702	Deluxe lens feature		Vision	No	No	No	No
V2710	Slab off prism, glass or plastic, per lens		Vision	No	No	No	No
V2715	Prism, per lens		Vision	No	No	No	No
V2718	Press-on lens, Fresnel prism, per lens		Vision	No	No	No	No
V2730	Special base curve, glass or plastic, per lens		Vision	No	No	No	No
V2744	Tint, photochromatic, per lens		Vision	No	No	No	No
V2745	Addition to lens; tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens		Vision	No	No	No	No
V2750	Antireflective coating, per lens		Vision	No	No	No	No
V2755	U-V lens, per lens		Vision	No	No	No	No
V2756	Eye glass case		Vision	No	No	No	No
V2760	Scratch resistant coating, per lens		Vision	No	No	No	No
V2761	Mirror coating, any type, solid, gradient or equal, any lens material, per lens		Vision	No	No	No	No
V2762	Polarization, any lens material, per lens		Vision	No	No	No	No
V2770	Occluder lens, per lens		Vision	No	No	No	No
V2780	Oversize lens, per lens		Vision	No	No	No	No
V2781	Progressive lens, per lens		Vision	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
V2783	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
V2784	Lens, polycarbonate or equal, any index, per lens		Vision	No	No	No	No
V2785	Processing, preserving and transporting corneal tissue		Vision	No	No	No	No
V2786	Specialty occupational multifocal lens, per lens		Vision	No	No	No	No
V2787	Astigmatism correcting function of intraocular lens		Vision	No	No	No	No
V2788	Presbyopia correcting function of intraocular lens		Vision	No	No	No	No
V2790	Amniotic membrane for surgical reconstruction, per procedure		Vision	No	No	No	No
V2797	Vision supply, accessory and/or service component of another HCPCS vision code		Vision	No	No	No	No
V2799	Vision item or service, miscellaneous		Vision	Yes	Yes	Yes	No
V5008	Hearing screening		Hearing	No	No	No	No
V5010	Assessment for hearing aid		Hearing	Yes	Yes	No	No
V5011	Fitting/orientation/checking of hearing aid		Hearing	Yes	Yes	No	No
V5014	Repair/modification of a hearing aid		Hearing	Yes	Yes	No	No
V5020	Conformity evaluation		Hearing	Yes	Yes	No	No
V5030	Hearing aid, monaural, body worn, air conduction		Hearing	Yes	Yes	No	No
V5040	Hearing aid, monaural, body worn, bone conduction		Hearing	Yes	Yes	No	No
V5050	Hearing aid, monaural, in the ear		Hearing	Yes	Yes	No	No
V5060	Hearing aid, monaural, behind the ear		Hearing	Yes	Yes	No	No
V5070	Glasses, air conduction		Vision	No	No	No	No
V5080	Glasses, bone conduction		Vision	No	No	No	No
V5090	Dispensing fee, unspecified hearing aid		Hearing	Yes	Yes	No	No
V5095	Semi-implantable middle ear hearing prosthesis		Hearing	Yes	Yes	No	No
V5100	Hearing aid, bilateral, body worn		Hearing	Yes	Yes	No	No
V5110	Dispensing fee, bilateral		Hearing	Yes	Yes	No	No
V5120	Binaural, body		Hearing	Yes	Yes	No	No
V5130	Binaural, in the ear		Hearing	Yes	Yes	No	No
V5140	Binaural, behind the ear		Hearing	Yes	Yes	No	No
V5150	Binaural, glasses		Hearing	Yes	Yes	No	No
V5160	Dispensing fee, binaural		Hearing	Yes	Yes	No	No
V5171	Hearing aid, contralateral routing system, monaural, in the ear (ITE)	Crossover from V5170	Hearing	Yes	Yes	No	No
V5172	Hearing aid, contralateral routing system, monaural, in the canal (ITC)	Crossover from V5170	Hearing	Yes	Yes	No	No
V5181	Hearing aid, contralateral routing system, monaural, behind the ear (BTE)	Crossover from V5180	Hearing	Yes	Yes	No	No
V5190	Hearing aid, CROS, glasses		Hearing	Yes	Yes	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
V5200	Dispensing fee, CROS		Hearing	Yes	Yes	No	No
V5211	Hearing aid, contralateral routing, binaural, ITE/ITE		Hearing	Yes	Yes	No	No
V5212	Hearing aid, contralateral routing, binaural, ITE/ITC		Hearing	Yes	Yes	No	No
V5213	Hearing aid, contralateral routing, binaural, ITE/BTE		Hearing	Yes	Yes	No	No
V5214	Hearing aid, contralateral routing, binaural, ITC/ITC		Hearing	Yes	Yes	No	No
V5215	Hearing aid, contralateral routing, binaural, ITC/BTE		Hearing	Yes	Yes	No	No
V5221	Hearing aid, contralateral routing, binaural, BTE/BTE		Hearing	Yes	Yes	No	No
V5230	Hearing aid, BICROS, glasses		Hearing	Yes	Yes	No	No
V5240	Dispensing fee, BICROS		Hearing	Yes	Yes	No	No
V5241	Dispensing fee, monaural hearing aid, any type		Hearing	Yes	Yes	No	No
V5242	Hearing aid, analog, monaural, CIC (completely in the ear canal)		Hearing	Yes	Yes	No	No
V5243	Hearing aid, analog, monaural, ITC (in the canal)		Hearing	Yes	Yes	No	No
V5244	Hearing aid, digitally programmable analog, monaural, CIC		Hearing	Yes	Yes	No	No
V5245	Hearing aid, digitally programmable, analog, monaural, ITC		Hearing	Yes	Yes	No	No
V5246	Hearing aid, digitally programmable analog, monaural, ITE (in the ear)		Hearing	Yes	Yes	No	No
V5247	Hearing aid, digitally programmable analog, monaural, BTE (behind the ear)		Hearing	Yes	Yes	No	No
V5248	Hearing aid, analog, binaural, CIC		Hearing	Yes	Yes	No	No
V5249	Hearing aid, analog, binaural, ITC		Hearing	Yes	Yes	No	No
V5250	Hearing aid, digitally programmable analog, binaural, CIC		Hearing	Yes	Yes	No	No
V5251	Hearing aid, digitally programmable analog, binaural, ITC		Hearing	Yes	Yes	No	No
V5252	Hearing aid, digitally programmable, binaural, ITE		Hearing	Yes	Yes	No	No
V5253	Hearing aid, digitally programmable, binaural, BTE		Hearing	Yes	Yes	No	No
V5254	Hearing aid, digital, monaural, CIC		Hearing	Yes	Yes	No	No
V5255	Hearing aid, digital, monaural, ITC		Hearing	Yes	Yes	No	No
V5256	Hearing aid, digital, monaural, ITE		Hearing	Yes	Yes	No	No
V5257	Hearing aid, digital, monaural, BTE		Hearing	Yes	Yes	No	No
V5258	Hearing aid, digital, binaural, CIC		Hearing	Yes	Yes	No	No
V5259	Hearing aid, digital, binaural, ITC		Hearing	Yes	Yes	No	No
V5260	Hearing aid, digital, binaural, ITE		Hearing	Yes	Yes	No	No
V5261	Hearing aid, digital, binaural, BTE		Hearing	Yes	Yes	No	No
V5262	Hearing aid, disposable, any type, monaural		Hearing	Yes	Yes	No	No
V5263	Hearing aid, disposable, any type, binaural		Hearing	Yes	Yes	No	No
V5264	Ear mold/insert, not disposable, any type		Hearing	Yes	Yes	No	No
V5265	Ear mold/insert, disposable, any type		Hearing	Yes	Yes	No	No
V5266	Battery for use in hearing device		Hearing	Yes	Yes	No	No
V5267	Hearing aid or assistive listening device/supplies/accessories, not otherwise specified		Hearing	Yes	Yes	No	No
V5268	Assistive listening device, telephone amplifier, any type		Hearing	Yes	Yes	No	No
V5269	Assistive listening device, alerting, any type		Hearing	Yes	Yes	No	No
V5270	Assistive listening device, television amplifier, any type		Hearing	Yes	Yes	No	No
V5271	Assistive listening device, television caption decoder		Hearing	Yes	Yes	No	No
V5272	Assistive listening device, TDD		Hearing	Yes	Yes	No	No
V5273	Assistive listening device, for use with cochlear implant		Hearing	Yes	Yes	No	No
V5274	Assistive listening device, not otherwise specified		Hearing	Yes	Yes	No	No
V5275	Ear impression, each		Hearing	Yes	Yes	No	No
V5281	Assistive listening device, personal FM/DM system, monaural (1 receiver, transmitter, microphone), any type		Hearing	Yes	Yes	No	No
V5282	Assistive listening device, personal FM/DM system, binaural (2 receivers, transmitter, microphone), any type		Hearing	Yes	Yes	No	No
V5283	Assistive listening device, personal FM/DM neck, loop induction receiver		Hearing	Yes	Yes	No	No
V5284	Assistive listening device, personal FM/DM, ear level receiver		Hearing	Yes	Yes	No	No
V5285	Assistive listening device, personal FM/DM, direct audio input receiver		Hearing	Yes	Yes	No	No
V5286	Assistive listening device, personal blue tooth FM/DM receiver		Hearing	Yes	Yes	No	No
V5287	Assistive listening device, personal FM/DM receiver, not otherwise specified		Hearing	Yes	Yes	No	No
V5288	Assistive listening device, personal FM/DM transmitter assistive listening device		Hearing	Yes	Yes	No	No
V5289	Assistive listening device, personal FM/DM adapter/boot coupling device for receiver, any type		Hearing	Yes	Yes	No	No
V5290	Assistive listening device, transmitter microphone, any type		Hearing	Yes	Yes	No	No
V5298	Hearing aid, not otherwise classified		Hearing	Yes	Yes	No	No
V5299	Hearing service, miscellaneous		Hearing	Yes	Yes	No	No
V5336	Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid)		Hearing	Yes	Yes	No	No
V5362	Speech screening		Speech	No	No	No	No
V5363	Language screening		Speech	No	No	No	No
V5364	Dysphagia screening		Speech	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
00100	Anesthesia for procedures on salivary glands, including 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
00102	Anesthesia for procedures involving plastic repair of cleft lip	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
00103	Anesthesia for reconstructive procedures of eyelid (eg, blepharoplasty, ptosis surgery)	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
00104	Anesthesia for electroconvulsive 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
00120	Anesthesia for procedures on external, middle, and inner ear including biopsy; 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
00124	Anesthesia for procedures on external, middle, and inner ear including biopsy; otoscopy	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
00126	Anesthesia for procedures on external, middle, and inner ear including biopsy; tympanotomy	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
00140	Anesthesia for procedures on eye; 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
00142	Anesthesia for procedures on eye; lens surgery	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
00144	Anesthesia for procedures on eye; corneal 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
00145	Anesthesia for procedures on eye; vitreoretinal surgery	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
00147	Anesthesia for procedures on eye; iridectomy	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
00148	Anesthesia for procedures on eye; ophthalmoscopy	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
00160	Anesthesia for procedures on nose and accessory sinuses; 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
00162	Anesthesia for procedures on nose and accessory sinuses; radical surgery	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
00164	Anesthesia for procedures on nose and accessory sinuses; biopsy, soft tissue	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
00170	Anesthesia for intraoral procedures, including biopsy; 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
00172	Anesthesia for intraoral procedures, including biopsy; repair of cleft palate	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
00174	Anesthesia for intraoral procedures, including biopsy; excision of retropharyngeal tumor	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
00176	Anesthesia for intraoral procedures, including biopsy; radical surgery	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
00190	Anesthesia for procedures on facial bones or skull; 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
00192	Anesthesia for procedures on facial bones or skull; radical surgery (including prognathism)	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
00210	Anesthesia for intracranial 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
00211	Anesthesia for intracranial procedures; craniotomy or craniectomy for evacuation of hematoma	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
00212	Anesthesia for intracranial procedures; subdural taps	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
00214	Anesthesia for intracranial procedures; burr holes, including ventriculography	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
00215	Anesthesia for intracranial procedures; cranioplasty or elevation of depressed skull fracture, extradural (simple or compound)	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
00216	Anesthesia for intracranial procedures; 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
00218	Anesthesia for intracranial procedures; procedures in 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
00220	Anesthesia for intracranial procedures; cerebrospinal fluid shunting 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
00222	Anesthesia for intracranial procedures; electrocoagulation of intracranial nerve	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
00300	Anesthesia for all procedures on the integumentary system, muscles and nerves of head, neck, and posterior trunk, 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
00320	Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; not otherwise specified, age 1 year or older	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
00322	Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; needle biopsy of thyroid	if procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth; For procedures on cervical spine and cord, See 00600, 00604, 00670.	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00326	Anesthesia for all procedures on the larynx and trachea in children 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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
00350	Anesthesia for procedures on major vessels of neck; 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
00352	Anesthesia for procedures on major vessels of neck; simple ligation	if procedure doesn't require auth then neither does anesthesia, if procedure requires auth-anesthesia should be tied to that auth. For arteriography, use 01916.	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
00400	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; 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
00402	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; reconstructive procedures on breast (eg, reduction or augmentation mammoplasty, muscle flaps)	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
00404	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; radical or modified radical procedures on breast	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
00406	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; radical or modified radical procedures on breast with internal mammary node dissection	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
00410	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; electrical conversion of arrhythmias	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
00450	Anesthesia for procedures on clavicle and scapula; 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
00454	Anesthesia for procedures on clavicle and scapula; biopsy of clavicle	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
00470	Anesthesia for partial rib resection; 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
00472	Anesthesia for partial rib resection; thoracoplasty (any type)	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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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 gastroentestinal 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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
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
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
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
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
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
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
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
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
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
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
00851	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; tubal ligation/transection	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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
00910	Anesthesia for transurethral procedures (including urethrocystoscopy); 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
00912	Anesthesia for transurethral procedures (including urethrocystoscopy); 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
00914	Anesthesia for transurethral procedures (including urethrocystoscopy); 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
00916	Anesthesia for transurethral procedures (including urethrocystoscopy); 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
00918	Anesthesia for transurethral procedures (including urethrocystoscopy); 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
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
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
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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
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
00926	Anesthesia for procedures on male genitalia (including open urethral procedures); radical orchiectomy, inguinal	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
00928	Anesthesia for procedures on male genitalia (including open urethral procedures); radical orchiectomy, abdominal	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
00930	Anesthesia for procedures on male genitalia (including open urethral procedures); orchiopexy, 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
00932	Anesthesia for procedures on male genitalia (including open urethral procedures); complete amputation of penis	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
00934	Anesthesia for procedures on male genitalia (including open urethral procedures); radical amputation of penis with bilateral inguinal lymphadenectomy	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
00936	Anesthesia for procedures on male genitalia (including open urethral procedures); radical amputation of penis with bilateral inguinal and iliac lymphadenectomy	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
00938	Anesthesia for procedures on male genitalia (including open urethral procedures); insertion of penile prosthesis (perineal approach)	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
00940	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); 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
00942	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); colpotomy, vaginectomy, colporrhaphy, and open urethral 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
00944	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); vaginal 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
00948	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); cervical cerclage	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
00950	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); culdoscopy	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
00952	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); hysteroscopy and/or hysterosalpingography	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
01112	Anesthesia for bone marrow aspiration and/or biopsy, anterior or posterior iliac crest	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
01120	Anesthesia for procedures on bony pelvis	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
01130	Anesthesia for body cast application or revision	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
01140	Anesthesia for interpelviabdominal (hindquarter) amputation	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
01150	Anesthesia for radical procedures for tumor of pelvis, except hindquarter amputation	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
01160	Anesthesia for closed procedures involving symphysis pubis or sacroiliac joint	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
01170	Anesthesia for open procedures involving symphysis pubis or sacroiliac joint	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
01173	Anesthesia for open repair of fracture disruption of pelvis or column fracture involving acetabulum	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
01200	Anesthesia for all closed procedures involving hip joint	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
01202	Anesthesia for arthroscopic procedures of hip joint	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
01210	Anesthesia for open procedures involving hip joint; 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
01212	Anesthesia for open procedures involving hip joint; hip disarticulation	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
01214	Anesthesia for open procedures involving hip joint; total hip arthroplasty	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
01215	Anesthesia for open procedures involving hip joint; revision of total hip arthroplasty	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
01220	Anesthesia for all closed procedures involving upper two-thirds of femur	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
01230	Anesthesia for open procedures involving upper two-thirds of femur; 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
01232	Anesthesia for open procedures involving upper two-thirds of femur; amputation	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
01234	Anesthesia for open procedures involving upper two-thirds of femur; radical 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
01250	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of upper leg	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
01260	Anesthesia for all procedures involving veins of upper leg, including exploration	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
01270	Anesthesia for procedures involving arteries of upper leg, including bypass graft; 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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
01272	Anesthesia for procedures involving arteries of upper leg, including bypass graft; femoral artery 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
01274	Anesthesia for procedures involving arteries of upper leg, including bypass graft; femoral artery 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
01320	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of knee and/or popliteal 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
01340	Anesthesia for all closed procedures on lower one-third of femur	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
01360	Anesthesia for all open procedures on lower one-third of femur	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
01380	Anesthesia for all closed procedures on knee joint	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
01382	Anesthesia for diagnostic arthroscopic procedures of knee joint	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
01390	Anesthesia for all closed procedures on upper ends of tibia, fibula, and/or patella	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
01392	Anesthesia for all open procedures on upper ends of tibia, fibula, and/or patella	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
01400	Anesthesia for open or surgical arthroscopic procedures on knee joint; 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
01402	Anesthesia for open or surgical arthroscopic procedures on knee joint; total knee arthroplasty	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
01404	Anesthesia for open or surgical arthroscopic procedures on knee joint; disarticulation at knee	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
01420	Anesthesia for all cast applications, removal, or repair involving knee joint	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
01430	Anesthesia for procedures on veins of knee and popliteal area; 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
01432	Anesthesia for procedures on veins of knee and popliteal area; arteriovenous fistula	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
01440	Anesthesia for procedures on arteries of knee and popliteal area; 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
01442	Anesthesia for procedures on arteries of knee and popliteal area; popliteal thromboendarterectomy, with or without patch graft	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
01444	Anesthesia for procedures on arteries of knee and popliteal area; popliteal excision and graft or repair for occlusion or aneurysm	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
01462	Anesthesia for all closed procedures on lower leg, ankle, and foot	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
01464	Anesthesia for arthroscopic procedures of ankle and/or foot	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
01470	Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; 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
01472	Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; repair of ruptured Achilles tendon, with or without graft	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
01474	Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; gastrocnemius recession (eg, Strayer 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
01480	Anesthesia for open procedures on bones of lower leg, ankle, and foot; 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
01482	Anesthesia for open procedures on bones of lower leg, ankle, and foot; radical resection (including below knee amputation	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
01484	Anesthesia for open procedures on bones of lower leg, ankle, and foot; osteotomy or osteoplasty of tibia and/or fibula	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
01486	Anesthesia for open procedures on bones of lower leg, ankle, and foot; total ankle 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
01490	Anesthesia for lower leg 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
01500	Anesthesia for procedures on arteries of lower leg, including bypass graft; 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
01502	Anesthesia for procedures on arteries of lower leg, including bypass graft; embolectomy, direct or with 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
01520	Anesthesia for procedures on veins of lower leg; 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
01522	Anesthesia for procedures on veins of lower leg; venous thrombectomy, direct or with 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
01610	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of shoulder and axilla	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
01620	Anesthesia for all closed procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint	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
01622	Anesthesia for diagnostic arthroscopic procedures of shoulder joint	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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
01630	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; 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
01634	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; shoulder disarticulation	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
01636	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; interthoracoscapular (forequarter) amputation	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
01638	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; total shoulder 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
01650	Anesthesia for procedures on arteries of shoulder and axilla; 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
01652	Anesthesia for procedures on arteries of shoulder and axilla; axillary-brachial aneurysm	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
01654	Anesthesia for procedures on arteries of shoulder and axilla; bypass graft	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
01656	Anesthesia for procedures on arteries of shoulder and axilla; axillary-femoral bypass graft	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
01670	Anesthesia for all procedures on veins of shoulder and axilla	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
01680	Anesthesia for shoulder cast application, removal or repair, 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
01710	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae 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
01712	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenotomy, elbow to shoulder, open	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
01714	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenoplasty, elbow to shoulder	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
01716	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenodesis, rupture of long tendon of biceps	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
01730	Anesthesia for all closed procedures on humerus and elbow	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
01732	Anesthesia for diagnostic arthroscopic procedures of elbow joint	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
01740	Anesthesia for open or surgical arthroscopic procedures of the 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
01742	Anesthesia for open or surgical arthroscopic procedures of the elbow; osteotomy of humerus	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
01744	Anesthesia for open or surgical arthroscopic procedures of the elbow; repair of nonunion or malunion of humerus	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
01756	Anesthesia for open or surgical arthroscopic procedures of the elbow; radical 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
01758	Anesthesia for open or surgical arthroscopic procedures of the elbow; excision of cyst or tumor of humerus	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
01760	Anesthesia for open or surgical arthroscopic procedures of the elbow; total elbow 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
01770	Anesthesia for procedures on arteries 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
01772	Anesthesia for procedures on arteries of upper arm and elbow; 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
01780	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
01782	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
01810	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
01820	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
01829	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
01830	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
01832	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
01840	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
01842	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
01844	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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
01850	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
01852	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
01860	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
01916	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
01920	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
01922	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
01924	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
01925	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
01926	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
01930	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
01931	Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); intrahepatic or portal circulation (eg, transvenous intrahepatic portosystemic shunt[s] [TIPS])	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
01932	Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); intrathoracic or jugular	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
01933	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
01937	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
01938	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
01939	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
01940	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
01941	Anesthesia for percutaneous image-guided neuromodulation or intravertebral 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
01942	Anesthesia for percutaneous image-guided neuromodulation or intravertebral 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
01951	Anesthesia for second- and third-degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; less than 4% total body surface area	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
01952	Anesthesia for second- and third-degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; between 4% and 9% of total body surface area	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
01953	Anesthesia for second- and third-degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; each additional 9% total body surface area or part thereof (List separately in addition to code for primary procedure)	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
01958	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
01960	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
01961	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
01962	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
01963	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
01965	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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
01966	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
01967	Neuraxial labor analgesia/anesthesia for planned vaginal delivery (this includes any repeat subarachnoid needle placement and drug injection and/or any necessary replacement of an epidural catheter during labor)	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
01968	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
01969	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
01990	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
01991	Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different physician or other qualified health care professional); other than the prone position	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.	Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
01992	Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different physician or other qualified health care professional); prone position	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
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
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	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
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
10005	Fine needle aspiration biopsy; with US guidance; first lesion	* Do not report in conjuction with 76942.	Biopsy	No	No	No	No
10006	Fine needle aspiration biopsy; with US guidance; ea addl lesion	*Add on for 10005. ** Do not report in conjuction with 76942. ***For evaluation of fine needle aspirate, see 88172, 88173, 88177.	Biopsy	No	No	No	No
10007	Fine needle aspiration biopsy; with fluoroscopic guidance; first lesion	*Do not report with 77002.	Biopsy	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
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
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
10011	Fine needle aspiration biopsy; with MR guidance; first lesion	*Do not report with 77021.	Biopsy	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
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
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 colections, see 49405-49407.	Removal	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
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
10040	Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)		Incision/Drainage	No	No	No	No
10060	Incision and drainage of abscess; simple or single		Incision/Drainage	No	No	No	No
10061	Incision and drainage of abscess; complicated or multiple		Incision/Drainage	No	No	No	No
10080	Incision and drainage of pilonidal cyst; simple		Incision/Drainage	No	No	No	No
10081	Incision and drainage of pilonidal cyst; complicated	For excision of pilonial cyst, see 11770-11772	Incision/Drainage	No	No	No	No
10120	Incision and removal of foreign body, subcutaneous tissues; simple		Incision/Drainage	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 debriedement associated w/ open fx and/or dislocation, use 11010-11012, as appropriate.	Incision/Drainage	No	No	No	No
10140	Incision and drainage of hematoma, seroma or fluid collection		Incision/Drainage	No	No	No	No
10160	Puncture aspiration of abscess, hematoma, bulla, or cyst	If imaging guidance is performed, see 76942, 77002, 77012, 77021	Incision/Drainage	No	No	No	No
10180	Incision and drainage, complex, postoperative wound infection	For secondary closure of surgical wond, see 12020, 12021, 13160	Debridement	No	No	No	No
11000	Debridement of extensive eczematous or infected skin; up to 10% of body surface	For abdominal wall or genitalia debriedment for necrotizing soft tissue infection = 11004-11006	Debridement	No	No	No	No
11001	Debridement of extensive eczematous or infected skin; each additional 10% of the body surface, or part thereof	Add on for 11000	Debridement	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
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
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
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 sking grafts or flaps separately when performed for closure during 11004-11008. ***When insertion of mesh is used for closure = 49568	Debridement	No	No	No	No
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
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
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
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
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
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
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
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
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
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
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
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
11102	Tangential biopsy of skin (e.g., shave, scoop, saucerize, curette) single lesion		Biopsy	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
11104	Punch biopsy of skin (including simple closure, when performed) single lesion		Biopsy	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
11106	Incisional biopsy of skin (e.g., wedge) (including simple closure, when performed) single lesion		Biopsy	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
11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions		Removal	Yes	Yes	No	No
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
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
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
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
11303	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm		Removal	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
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
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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
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
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
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
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
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
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
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
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
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
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
11406	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm	For unusual/complicated excision add modifier 22	Excision	No	No	No	No
11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less		Excision	No	No	No	No
11421	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm		Excision	No	No	No	No
11422	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm		Excision	No	No	No	No
11423	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm		Excision	No	No	No	No
11424	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm		Excision	No	No	No	No
11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	For unusual/complicated excision add modifier 22	Excision	No	No	No	No
11440	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less		Excision	No	No	No	No
11441	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm		Excision	No	No	No	No
11442	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm		Excision	No	No	No	No
11443	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm		Excision	No	No	No	No
11444	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm		Excision	No	No	No	No
11446	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm	*For unusual/complicated excision add modifier 22. **For eyelids involving more than skin, see also 67800 et seq.	Excision	No	No	No	No
11450	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair		Excision	No	No	No	No
11451	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with complex repair		Excision	No	No	No	No
11462	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with simple or intermediate repair		Excision	No	No	No	No
11463	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with complex repair		Excision	No	No	No	No
11470	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with simple or intermediate repair		Excision	No	No	No	No
11471	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with complex repair	*When skin graft/flap is used for closure, use appropriate procedure code in addition. **Bilateral procedure, add modifier 50.	Excision	No	No	No	No
11600	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less		Excision	No	No	No	No
11601	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm		Excision	No	No	No	No
11602	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm		Excision	No	No	No	No
11603	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm		Excision	No	No	No	No
11604	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm		Excision	No	No	No	No
11606	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm		Excision	No	No	No	No
11620	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less		Excision	No	No	No	No
11621	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm		Excision	No	No	No	No
11622	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm		Excision	No	No	No	No
11623	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm		Excision	No	No	No	No
11624	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm		Excision	No	No	No	No
11626	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm		Excision	No	No	No	No
11640	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less		Excision	No	No	No	No
11641	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm		Excision	No	No	No	No
11642	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm		Excision	No	No	No	No
11643	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm		Excision	No	No	No	No
11644	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm		Excision	No	No	No	No
11646	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm	For eyelids involving more than skin, see also 67800 et seq.	Excision	No	No	No	No
11719	Trimming of nondystrophic nails, any number		Removal	No	No	No	No
11720	Debridement of nail(s) by any method(s); 1 to 5		Debridement	No	No	No	No
11721	Debridement of nail(s) by any method(s); 6 or more		Debridement	No	No	No	No
11730	Avulsion of nail plate, partial or complete, simple; single		Removal	No	No	No	No
11732	Avulsion of nail plate, partial or complete, simple; each additional nail plate (List separately in addition to code for primary procedure)	Add on for 11730	Removal	No	No	No	No
11740	Evacuation of subungual hematoma		Removal	No	No	No	No
11750	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;	For pinch graft, use 15050	Excision	No	No	No	No
11755	Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)		Biopsy	No	No	No	No
11760	Repair of nail bed		Repair	No	No	No	No
11762	Reconstruction of nail bed with graft		Reconstruction	No	No	No	No
11765	Wedge excision of skin of nail fold (eg, for ingrown toenail)		Excision	No	No	No	No
11770	Excision of pilonidal cyst or sinus; simple		Excision	No	No	No	No
11771	Excision of pilonidal cyst or sinus; extensive		Excision	No	No	No	No
11772	Excision of pilonidal cyst or sinus; complicated		Excision	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
11900	Injection, intralesional; up to and including 7 lesions	*11900, 11901 are not to be used for preoperative local anesthetic injection. **For veins, see 36470, 36471. For intralesional chemo admin see 96405, 96406	Introduction	No	No	No	No
11901	Injection, intralesional; more than 7 lesions	*11900, 11901 are not to be used for preoperative local anesthetic injection. **For veins, see 36470, 36471. ***For intralesional chemo admin see 96405, 96406	Introduction	No	No	No	No
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less	any skin location	Introduction	Yes	Yes	No	No
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm	any skin location	Introduction	Yes	Yes	No	No
11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	*Add on for 11921. **Any skin location	Introduction	Yes	Yes	No	No
11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less		Introduction	Yes	Yes	yes	Yes
11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc		Introduction	Yes	Yes	yes	Yes
11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc		Introduction	Yes	Yes	yes	Yes
11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc		Introduction	Yes	Yes	yes	Yes
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion	For breast reconstruction with tissue expanders, see 19357.	Insertion	No	No	No	No
11970	Replacement of tissue expander with permanent implant		Replacement	Yes	Yes	yes	No
11971	Removal of tissue expander without insertion of implant		Removal	Yes	Yes	No	No
11976	Removal, implantable contraceptive capsules		Removal	No	No	No	No
11980	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)		Implant	Yes	Yes	No	No
11981	Insertion, drug delivery implant **(ie, bioresorbable, biodegradable, non-biodegradable)**		Insertion	No	No	No	No
11982	Removal, non-biodegradable drug delivery implant		Removal	No	No	No	No
11983	Removal with reinsertion, non-biodegradable drug delivery implant		Removal	No	No	No	No
12001	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less		Repair	No	No	No	No
12002	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm		Repair	No	No	No	No
12004	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm		Repair	No	No	No	No
12005	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm		Repair	No	No	No	No
12006	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm		Repair	No	No	No	No
12007	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm		Repair	No	No	No	No
12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less		Repair	No	No	No	No
12013	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm		Repair	No	No	No	No
12014	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm		Repair	No	No	No	No
12015	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm		Repair	No	No	No	No
12016	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm		Repair	No	No	No	No
12017	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm		Repair	No	No	No	No
12018	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm		Repair	No	No	No	No
12020	Treatment of superficial wound dehiscence; simple closure		Repair	No	No	No	No
12021	Treatment of superficial wound dehiscence; with packing	For extensive or complicated secondary wound closure, use 13160	Repair	No	No	No	No
12031	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less		Repair	No	No	No	No
12032	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm		Repair	No	No	No	No
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
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
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
12037	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm		Repair	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
12042	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm		Repair	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
12045	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm		Repair	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
12047	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; over 30.0 cm		Repair	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
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
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
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
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
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
12057	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm		Repair	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
13101	Repair, complex, trunk; 2.6 cm to 7.5 cm		Repair	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
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
13121	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm		Repair	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
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
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
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
13151	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm		Repair	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
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
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
14000	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less		Transfer	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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
14020	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less		Transfer	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
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
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
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less		Transfer	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
14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm		Transfer	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
14350	Filleted finger or toe flap, including preparation of recipient site		Transfer	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
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
15004	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children		Excision	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, orbits, genitalia, hands, feet and/or multiple digits; each additional 100 sq cm,or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)	Add on for 15004	Excision	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
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
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
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
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
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
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
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
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
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
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
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
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
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
15150	Tissue cultured skin autograft, trunk, arms, legs; first 25 sq cm or less		Skin Graft/Substitute	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
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
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
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
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
15200	Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less		Skin Graft/Substitute	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
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
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
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 tip graft, use 15050. **For repair of syndactyly, fingers, see 26560-26562	Skin Graft/Substitute	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
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
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
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
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
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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
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 forprimary procedure)	*Add on for 15273. ** For total wound surface area <100 sq cm, see 15271, 15272.	Skin Graft/Substitute	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		Skin Graft/Substitute	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 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 15275. **For total wound surface area greater/eq 100 sq cm, see 15277, 15278	Skin Graft/Substitute	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
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 ofinfants 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 97602.	Skin Graft/Substitute	No	No	No	No
15570	Formation of direct or tubed pedicle, with or without transfer; trunk		Flap	No	No	No	No
15572	Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs		Flap	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
15576	Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral		Flap	No	No	No	No
15600	Delay of flap or sectioning of flap (division and inset); at trunk		Flap	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
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
15630	Delay of flap or sectioning of flap (division and inset); at eyelids, nose, ears, or lips		Flap	No	No	No	No
15650	Transfer, intermediate, of any pedicle flap (eg, abdomen to wrist, Walking tube), any location	For revision, defattin or rearranging of transferred pedicle flap or skin graft, see 13100-14302	Flap	No	No	No	No
15730	Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)		Flap	Yes	Yes	No	No
15731	Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)	For muscle, myocutaneous, or fasciocutaneous flap of the head/neck see 15733	Flap	No	No	No	No
15733	Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)	*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
15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk		Flap	No	No	No	No
15736	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity		Flap	No	No	No	No
15738	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity		Flap	No	No	No	No
15740	Flap; island pedicle requiring identification and dissection of an anatomically named axial vessel		Flap	No	No	No	No
15750	Flap; neurovascular pedicle		Flap	No	No	No	No
15756	Free muscle or myocutaneous flap with microvascular anastomosis	Do not report 69990 with 15756	Flap	No	No	No	No
15757	Free skin flap with microvascular anastomosis	Do not report 69990 with 15757	Flap	No	No	No	No
15758	Free fascial flap with microvascular anastomosis	Do not report 69990 with 15758	Flap	Yes	Yes	No	No
15760	Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area		Skin Graft/Substitute	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	No
15770	Graft; derma-fat-fascia		Skin Graft/Substitute	No	No	No	No
15771	Grafting of autologous fat harvested by liposuction techinque 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
15772	Grafting of autologous fat harvested by liposuction techinque 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
15773	Grafting of autologous fat harvested by liposuction techinque to face, eyelids, mouth, neck, ears, orbits, genetalia, 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
15774	Grafting of autologous fat harvested by liposuction techinque to face, eyelids, mouth, neck, ears, orbits, genetalia, hands and/or feet; each addtional 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
15775	Punch graft for hair transplant; 1 to 15 punch grafts		Transplantation	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
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 parenthetical data.	implant	Yes	Yes	No	No
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
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)		Other Procedure	Yes	Yes	Yes	Yes
15781	Dermabrasion; segmental, face		Other Procedure	Yes	Yes	Yes	Yes
15782	Dermabrasion; regional, other than face		Other Procedure	Yes	Yes	Yes	Yes
15783	Dermabrasion; superficial, any site (eg, tattoo removal)		Other Procedure	Yes	Yes	Yes	Yes
15786	Abrasion; single lesion (eg, keratosis, scar)		Other Procedure	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
15788	Chemical peel, facial; epidermal		Other Procedure	Yes	Yes	Yes	Yes
15789	Chemical peel, facial; dermal		Other Procedure	Yes	Yes	Yes	Yes
15792	Chemical peel, nonfacial; epidermal		Other Procedure	Yes	Yes	Yes	Yes
15793	Chemical peel, nonfacial; dermal		Other Procedure	Yes	Yes	Yes	Yes
15819	Cervicoplasty		Other Procedure	Yes	Yes	No	No
15820	Blepharoplasty, lower eyelid;		Other Procedure	Yes	Yes	Yes	Yes
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad		Other Procedure	Yes	Yes	Yes	Yes
15822	Blepharoplasty, upper eyelid;		Other Procedure	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
15824	Rhytidectomy; forehead	For repair of brow ptosis, use 67900	Other Procedure	Yes	Yes	Yes	Yes
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)		Other Procedure	Yes	Yes	Yes	Yes
15826	Rhytidectomy; glabellar frown lines		Other Procedure	Yes	Yes	Yes	Yes
15828	Rhytidectomy; cheek, chin, and neck		Other Procedure	Yes	Yes	Yes	Yes
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	For bilateral rhytidectomy, add modifier 50	Other Procedure	Yes	Yes	Yes	Yes
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	Do not use with 12031-12037, 13100-13102, 14000, 14001, 14302 for the same wound	Excision	Yes	Yes	Yes	Yes
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh		Excision	Yes	Yes	Yes	Yes
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg		Excision	Yes	Yes	Yes	Yes
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip		Excision	Yes	Yes	Yes	Yes
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock		Excision	Yes	Yes	Yes	Yes
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm		Excision	Yes	Yes	Yes	Yes
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand		Excision	Yes	Yes	Yes	Yes
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad		Excision	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
15840	Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)	For bilateral procedure, add modifier 50	Grafts	Yes	Yes	No	No
15841	Graft for facial nerve paralysis; free muscle graft (including obtaining graft)		Grafts	Yes	Yes	No	No
15842	Graft for facial nerve paralysis; free muscle flap by microsurgical technique	Do not report 69990 with 15842	Grafts	Yes	Yes	No	No
15845	Graft for facial nerve paralysis; regional muscle transfer	*For intravenous fluorescein exam of blood flow in graft/flap, use 15860. **For nerve transfers/decompression or repair, see 64831-64876, 64905, 64907, 69720, 69725, 69740, 69475, 69955	Grafts	Yes	Yes	No	No
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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
15851	Removal of sutures or staples requiring anesthesia (ie, general anesthesia, moderate sedation)		Removal	No	No	No	No
15852	Dressing change (for other than burns) under anesthesia (other than local)		Other Procedure	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
15854	Removal of sutures and staples not requiring anesthesia (List separately in addition to E/M code)		Removal	No	No	No	No
15860	Intravenous injection of agent (eg, fluorescein) to test vascular flow in flap or graft		Imaging	No	No	No	No
15876	Suction assisted lipectomy; head and neck	Do not report 15876, 15877, 15878, 15879 with 0489T / 0490T	Other Procedure	Yes	Yes	Yes	Yes
15877	Suction assisted lipectomy; trunk	Do not report 15876, 15877, 15878, 15879 with 0489T / 0490T	Other Procedure	Yes	Yes	Yes	Yes
15878	Suction assisted lipectomy; upper extremity	Do not report 15876, 15877, 15878, 15879 with 0489T / 0490T	Other Procedure	Yes	Yes	Yes	Yes
15879	Suction assisted lipectomy; lower extremity	*Do not report 15876, 15877, 15878, 15879 with 0489T / 0490T. **For harvesting of adipose tissue for autologous adipose-derived regenerative cell therapy, see 0489T, 0490T.	Other Procedure	Yes	Yes	Yes	Yes
15920	Excision, coccygeal pressure ulcer, with coccygectomy; with primary suture		Excision	No	No	No	No
15922	Excision, coccygeal pressure ulcer, with coccygectomy; with flap closure		Excision	No	No	No	No
15931	Excision, sacral pressure ulcer, with primary suture;		Excision	No	No	No	No
15933	Excision, sacral pressure ulcer, with primary suture; with ostectomy		Excision	No	No	No	No
15934	Excision, sacral pressure ulcer, with skin flap closure;		Excision	No	No	No	No
15935	Excision, sacral pressure ulcer, with skin flap closure; with ostectomy		Excision	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
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
15940	Excision, ischial pressure ulcer, with primary suture;		Excision	No	No	No	No
15941	Excision, ischial pressure ulcer, with primary suture; with ostectomy (ischiectomy)		Excision	No	No	No	No
15944	Excision, ischial pressure ulcer, with skin flap closure;		Excision	No	No	No	No
15945	Excision, ischial pressure ulcer, with skin flap closure; with ostectomy		Excision	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
15950	Excision, trochanteric pressure ulcer, with primary suture;		Excision	No	No	No	No
15951	Excision, trochanteric pressure ulcer, with primary suture; with ostectomy		Excision	No	No	No	No
15952	Excision, trochanteric pressure ulcer, with skin flap closure;		Excision	No	No	No	No
15953	Excision, trochanteric pressure ulcer, with skin flap closure; with ostectomy		Excision	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
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
15999	Unlisted procedure, excision pressure ulcer	For free skin graft to close ulcer or donor site, see 15002.	Unlisted Procedure	No	No	No	No
16000	Initial treatment, first degree burn, when no more than local treatment is required		Debridement	No	No	No	No
16020	Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)		Debridement	No	No	No	No
16025	Dressings and/or debridement of partial-thickness burns, initial or subsequent; medium (eg, whole face or whole extremity, or 5% to 10% total body surface area)		Debridement	No	No	No	No
16030	Dressings and/or debridement of partial-thickness burns, initial or subsequent; large (eg, more than 1 extremity, or greater than 10% total body surface area)		Debridement	No	No	No	No
16035	Escharotomy; initial incision		Debridement	No	No	No	No
16036	Escharotomy; each additional incision (List separately in addition to code for primary procedure)	*Add on for 16035. **For debridement, currettement of burn wound, see 16020-16030.	Debridement	No	No	No	No
17000	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion		Destruction	No	No	No	No
17003	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)	*Add on for 17000. **For destruction of common or plantar warts, see 17110, 17111.	Destruction	No	No	No	No
17004	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions	Do not use with 17000-17003	Destruction	No	No	No	No
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm		Destruction	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
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm		Destruction	No	No	No	No
17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions		Destruction	No	No	No	No
17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions	For destruction of extensive cutaneous neurofibroma over 50-100 lesions, see 0419T, 0420T.	Destruction	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
17260	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.5 cm or less		Destruction	No	No	No	No
17261	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm		Destruction	No	No	No	No
17262	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm		Destruction	No	No	No	No
17263	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 2.1 to 3.0 cm		Destruction	No	No	No	No
17264	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 3.1 to 4.0 cm		Destruction	No	No	No	No
17266	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter over 4.0 cm		Destruction	No	No	No	No
17270	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less		Destruction	No	No	No	No
17271	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm		Destruction	No	No	No	No
17272	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm		Destruction	No	No	No	No
17273	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 2.1 to 3.0 cm		Destruction	No	No	No	No
17274	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 3.1 to 4.0 cm		Destruction	No	No	No	No
17276	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter over 4.0 cm		Destruction	No	No	No	No
17280	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less		Destruction	No	No	No	No
17281	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm		Destruction	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
17282	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm		Destruction	No	No	No	No
17283	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 2.1 to 3.0 cm		Destruction	No	No	No	No
17284	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 3.1 to 4.0 cm		Destruction	No	No	No	No
17286	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 4.0 cm		Destruction	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
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
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, antihistopathologic 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
17314	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue),of the trunk, arms, or legs; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)	Add on for 17313	MOHS	No	No	No	No
17315	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue),each additional block after the first 5 tissue blocks, any stage (List separately in addition to code for primary procedure)	Add on for 17311-17314	MOHS	No	No	No	No
17340	Cryotherapy (CO2 slush, liquid N2) for acne		Other Procedure	No	No	No	No
17360	Chemical exfoliation for acne (eg, acne paste, acid)		Other Procedure	No	No	No	No
17380	Electrolysis epilation, each 30 minutes	For actinotherapy, use 96900.	Other Procedure	Yes	Yes	Yes	Yes
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue		Unlisted Procedure	Yes	Yes	No	No
19000	Puncture aspiration of cyst of breast;		Aspiration	No	No	No	No
19001	Puncture aspiration of cyst of breast; each additional cyst (List separately in addition to code for primary procedure)	*Add on for 19000. **If imaging guidance is performed, see 76942, 77021	Aspiration	No	No	No	No
19020	Mastotomy with exploration or drainage of abscess, deep		Incision/Drainage	No	No	No	No
19030	Injection procedure only for mammary ductogram or galactogram	For radiological supervision and interpretation see 77053, 77054	Imaging	No	No	No	No
19081	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance	Do not report 19081-19086 with 19281-19288, 76098, 76942, 77002, 77021 for same lesion	Biopsy	No	No	No	No
19082	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)	*Add on for 19082. **Do not report 19081-19086 with 19281-19288, 76098, 76942, 77002, 77021 for same lesion	Biopsy	No	No	No	No
19083	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance	Do not report 19081-19086 with 19281-19288, 76098, 76942, 77002, 77021 for same lesion	Biopsy	No	No	No	No
19084	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)	*Add on for 19083. **Do not report 19081-19086 with 19281-19288, 76098, 76942, 77002, 77021 for same lesion	Biopsy	No	No	No	No
19085	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance	Do not report 19081-19086 with 19281-19288, 76098, 76942, 77002, 77021 for same lesion	Biopsy	No	No	No	No
19086	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)	*Add on for 19085. **Do not report 19081-19086 with 19281-19288, 76098, 76942, 77002, 77021 for same lesion	Biopsy	No	No	No	No
19100	Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure)	For fine needle aspiration biopsy, see 10004-10012, 10021	Biopsy	No	No	No	No
19101	Biopsy of breast; open, incisional	For placement of percutaneous localization clip with imaging guidance, see 19281-19288	Biopsy	No	No	No	No
19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	*Do not report 19105 with 76940, 76942. **For adjacent lesions treated with 1 cryoprobe insertion, report once	Ablation	No	No	No	No
19110	Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct		Exploratory	No	No	No	No
19112	Excision of lactiferous duct fistula		Excision	No	No	No	No
19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19300), open, male or female, 1 or more lesions	Do not report 19260, 19271, 19272 with 32100, 32503, 32504, 32551, 32554, 32555	Excision	No	No	No	No
19125	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion		Excision	No	No	No	No
19126	Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker (List separately in addition to code for primary procedure)	*Add on for 19125. **Intraoperative placement of clips is not separately reported	Excision	No	No	No	No
19281	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance	Do not report 19281-19288 with 19081-19086, 76942, 77002, 77021 for same lesion	Imaging	No	No	No	No
19282	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including mammographic guidance (List separately in addition to code for primary procedure)	*Add on for 19281. **Do not report 19281-19288 with 19081-19086, 76942, 77002, 77021 for same lesion	Imaging	No	No	No	No
19283	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance	Do not report 19281-19288 with 19081-19086, 76942, 77002, 77021 for same lesion	Imaging	No	No	No	No
19284	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)	*Add on for 19283. **Do not report 19281-19288 with 19081-19086, 76942, 77002, 77021 for same lesion	Imaging	No	No	No	No
19285	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance	Do not report 19281-19288 with 19081-19086, 76942, 77002, 77021 for same lesion	Imaging	No	No	No	No
19286	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)	*Add on for 19285. **Do not report 19281-19288 with 19081-19086, 76942, 77002, 77021 for same lesion	Imaging	No	No	No	No
19287	Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance	Do not report 19281-19288 with 19081-19086, 76942, 77002, 77021 for same lesion	Imaging	No	No	No	No
19288	Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)	*Add on for 19287. **Do not report 19281-19288 with 19081-19086, 76942, 77002, 77021 for same lesion	Imaging	No	No	No	No
19294	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy (List separately in addition to code for primary procedure)	Add on for 19301, 19302	Placement	No	No	No	No
19296	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy		Placement	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
19297	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (List separately in addition to code for primary procedure)	Add on for 19301, 19302	Placement	No	No	No	No
19298	Placement of radiotherapy after loading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance		Placement	No	No	No	No
19300	Mastectomy for gynecomastia		Mastectomy	Yes	Yes	Yes	Yes
19301	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);		Mastectomy	Yes	Yes	Yes	No
19302	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy	*Intraoperative placement of clips is not separately reported. **For placement of radiotherapy afterloading balloon/brachytherapy catheters, see 19296-19298. ***For the preparation of tumor cavity with placement of an intraoperative radiation therapy applicator concurrent with patial mastectomy, use 19294.	Mastectomy	Yes	Yes	Yes	No
19303	Mastectomy, simple, complete	*Intraoperative placement of clips is not separately reported . **For immediate or delayed insertion of implant, see 19340, 19342. ***For gynecomastia, use 19300.	Mastectomy	Yes	Yes	Yes	No
19305	Mastectomy, radical, including pectoral muscles, axillary lymph nodes	*Intraoperative placement of clips is not separately reported. **For immediate or delayed insertion of implant, see 19340, 19342	Mastectomy	Yes	Yes	Yes	No
19306	Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation)	*Intraoperative placement of clips is not separately reported. **For immediate or delayed insertion of implant, see 19340, 19342	Mastectomy	Yes	Yes	Yes	No
19307	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle	*Intraoperative placement of clips is not separately reported. **For immediate or delayed insertion of implant, see 19340, 19342	Mastectomy	Yes	Yes	Yes	No
19316	Mastopexy	*To report bilateral procedure, report modifier 50. **For biologic implant for soft tissue reinforcement, use 15777 in conjunction with primary code.	Mastectomy	Yes	Yes	Yes	Yes
19318	Breast reduction	*To report bilateral procedure, report modifier 50. **For biologic implant for soft tissue reinforcement, use 15777 in conjunction with primary code.	Reduction	Yes	Yes	Yes	Yes
19325	Breast augmentation with implant	*To report bilateral procedure, report modifier 50. **For biologic implant for soft tissue reinforcement, use 15777 in conjunction with primary code. ***For flap or graft, use also appropriate number.	Augmentation	Yes	Yes	Yes	Yes
19328	Removal of intact breast implant	*To report bilateral procedure, report modifier 50. **For biologic implant for soft tissue reinforcement, use 15777 in conjunction with primary code.	Removal	Yes	Yes	Yes	Yes
19330	Removal of ruptured breast implant, including implant contents (ef, saline, silicone gel)	*To report bilateral procedure, report modifier 50. **For biologic implant for soft tissue reinforcement, use 15777 in conjunction with primary code.	Removal	Yes	Yes	Yes	Yes
19340	Insertion of breast implant on the same day of mastectomy (ie, immediate)	*To report bilateral procedure, report modifier 50. **For biologic implant for soft tissue reinforcement, use 15777 in conjunction with primary code.	Prosthesis	Yes	Yes	Yes	Yes
19342	Insertion or replacement of breast implant on separate day from mastectomy	*Supply of Implant = 99070, prep of custom breast implant = 19396. **To report bilateral procedure, report modifier 50. ***For biologic implant for soft tissue reinforcement, use 15777 in conjunction with primary code.	Prosthesis	Yes	Yes	Yes	Yes
19350	Nipple/areola reconstruction	*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
19355	Correction of inverted nipples	*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
19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)	*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
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
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
19367	Breast reconstruction; with single-pedicled 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
19368	Breast reconstruction; with single-pedicled 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
19369	Breast reconstruction; with bipedicled 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
19370	Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, 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
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
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
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
19499	Unlisted procedure, breast		Unlisted Procedure	Yes	Yes	Yes	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
20100	Exploration of penetrating wound (separate procedure); neck		Exploratory	No	No	No	No
20101	Exploration of penetrating wound (separate procedure); chest		Exploratory	No	No	No	No
20102	Exploration of penetrating wound (separate procedure); abdomen/flank/back		Exploratory	No	No	No	No
20103	Exploration of penetrating wound (separate procedure); extremity		Exploratory	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
20200	Biopsy; muscle; superficial		Biopsy	No	No	No	No
20205	Biopsy; muscle; deep		Biopsy	No	No	No	No
20206	Biopsy; muscle; percutaneous needle	*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.	Biopsy	No	No	No	No
20220	Biopsy; bone; trocar; or needle; superficial (eg; ilium; sternum; spinous process; ribs)		Biopsy	No	No	No	No
20225	Biopsy; bone; trocar; or needle; deep (eg; vertebral body; femur)	*Do not report 20225 in conjunction with 22510-22515; 0200T; 0201T; when performed at the same level. **For Bone marrow biopsy/aspiration see 38220-38222. ***For radiologic supervision and interpretation see 77002; 77012; 77021.	Biopsy	No	No	No	No
20240	Biopsy; bone; open; superficial (eg; sternum; spinous process; rib; patella; olecranon process; calcaneus; tarsal; metatarsal; carpal; metacarpal; phalanx)		Biopsy	No	No	No	No
20245	Biopsy; bone; open; deep (eg; humeral shaft; ischium; femoral shaft)		Biopsy	No	No	No	No
20250	Biopsy; vertebral body; open; thoracic		Biopsy	No	No	No	No
20251	Biopsy; vertebral body; open; lumbar or cervical	For sequestrectomy; osteomyelitis or drainage of bone abscess; see anatomial area	Biopsy	No	No	No	No
20500	Injection of sinus tract; therapeutic (separate procedure)		Introduction	No	No	No	No
20501	Injection of sinus tract; diagnostic (sinogram)	*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.	Diagnostic/Screening	No	No	No	No
20520	Removal of foreign body in muscle or tendon sheath; simple		Removal	No	No	No	No
20525	Removal of foreign body in muscle or tendon sheath; deep or complicated		Removal	No	No	No	No
20526	Injection; therapeutic (eg; local anesthetic; corticosteroid); carpal tunnel		Introduction	No	No	No	No
20527	Injection; enzyme (eg; collagenase); palmar fascial cord (ie; Dupuytren's contracture)	For manipulation of palmar fascial cord post enzyme injection use 26341	Introduction	No	No	No	No
20550	Injection(s); single tendon sheath; or ligament; aponeurosis (eg; plantar "fascia")	*For injection of Morton's neuroma; see 64455; 64632. **Do not report 20550; 20551 in conjunction with 0232T; 0481T.	Introduction	No	No	No	No
20551	Injection(s); single tendon origin/insertion	*Do not report 20550; 20551 in conjunction with 0232T; 0481T. **For harvesting; prepartion and injection of platelet-rich plasma; use 0232T.	Introduction	No	No	No	No
20552	Injection(s); single or multiple trigger point(s); 1 or 2 muscle(s)		Introduction	No	No	No	No
20553	Injection(s); single or multiple trigger point(s); 3 or more muscles	If imaging guidance is performed; see 76942; 77002; 77021.	Introduction	No	No	No	No
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)	See CPT book for parenthetical data on placements in different areas/situations.	Introduction	No	No	No	No
20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)	new	Insertion	No	No	No	No
20561	Needle insertion(s) without injection(s); 3 or more muscle	new	Insertion	No	No	No	No
20600	Arthrocentesis; aspiration and/or injection; small joint or bursa (eg; fingers; toes); without ultrasound guidance	Do not report 20600; 20604 in conjunction with 76942; 0489T; 0490T.	Arthrocentesis	No	No	No	No
20604	Arthrocentesis; aspiration and/or injection; small joint or bursa (eg; fingers; toes); with ultrasound guidance; with permanent recording and reporting	*Do not report 20600; 20604 in conjunction with 76942; 0489T; 0490T. **If fluoroscopic; CT or MRI is performed; see 77002; 77012; 77021.	Arthrocentesis	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	Do not report 20605; 20606 in conjunction with 76942.	Arthrocentesis	No	No	No	No
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	Do not report 20605; 20606 in conjunction with 76942. If fluoroscopic; CT or MRI performed; see 77002; 77012; 77021	Arthrocentesis	No	No	No	No
20610	Arthrocentesis; aspiration and/or injection; major joint or bursa (eg; shoulder; hip; knee; subacromial bursa); without ultrasound guidance	Do not report 20610; 20611 in conjunction with 27369; 76942.	Arthrocentesis	No	No	No	No
20611	Arthrocentesis; aspiration and/or injection; major joint or bursa (eg; shoulder; hip; knee; subacromial bursa); with ultrasound guidance; with permanent recording and reporting	*Do not report 20610; 20611 in conjunction with 27369; 76942. **If fluoroscopic; CT or MRI performed; see 77002; 77012; 77021	Arthrocentesis	No	No	No	No
20612	Aspiration and/or injection of ganglion cyst(s) any location	To report multiple ganglion cyst aspirations/injections; use 20612 and append modifier 59.	Aspiration	No	No	No	No
20615	Aspiration and injection for treatment of bone cyst		Aspiration	No	No	No	No
20650	Insertion of wire or pin with application of skeletal traction; including removal (separate procedure)		Insertion	No	No	No	No
20660	Application of cranial tongs; caliper; or stereotactic frame; including removal (separate procedure)		Application	No	No	No	No
20661	Application of halo; including removal; cranial		Application	No	No	No	No
20662	Application of halo; including removal; pelvic		Application	No	No	No	No
20663	Application of halo; including removal; femoral		Application	No	No	No	No
20664	Application of halo; including removal; cranial; 6 or more pins placed; for thin skull osteology (eg; pediatric patients; hydrocephalus; osteogenesis imperfecta)		Application	No	No	No	No
20665	Removal of tongs or halo applied by another individual		Removal	No	No	No	No
20670	Removal of implant; superficial (eg; buried wire; pin or rod) (separate procedure)		Removal	No	No	No	No
20680	Removal of implant; deep (eg; buried wire; pin; screw; metal band; nail; rod or plate)	*For removal of sinus tarsi implant; use 0510T. **For removal and reinsertion of sinus tarsi implant; use 0511T.	Removal	No	No	No	No
20690	Application of a uniplane (pins or wires in 1 plane); unilateral; external fixation system		Application	No	No	No	No
20692	Application of a multiplane (pins or wires in more than 1 plane); unilateral; external fixation system (eg; Ilizarov; Monticelli type)		Application	No	No	No	No
20693	Adjustment or revision of external fixation system requiring anesthesia (eg; new pin[s] or wire[s] and/or new ring[s] or bar[s])		Revision	No	No	No	No
20694	Removal; under anesthesia; of external fixation system		Removal	No	No	No	No
20696	Application of multiplane (pins or wires in more than 1 plane); unilateral; external fixation with stereotactic computer-assisted adjustment (eg; spatial frame); including imaging; initial and subsequent alignment(s); assessment(s); and computation(s) of adjustment schedule(s)	Do not report in conjunction with 20692; 20697.	Application	No	No	No	No
20697	Application of multiplane (pins or wires in more than 1 plane); unilateral; external fixation with stereotactic computer-assisted adjustment (eg; spatial frame); including imaging; exchange (ie; removal and replacement) of strut; each	Do not report in conjunction with 20692; 20696.	Application	No	No	No	No
20700	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
20701	Removal of drug-delivery device(s),deep (eg, subfascial) [List separately in addition to code for primary procedure]		Removal	No	No	No	No
20702	Manual preparation and insertion of drug-delivery device(s), intramedullary [List separately in addition to code for primary procedure]		Insertion	No	No	No	No
20703	Removal of drug-delivery device(s), intramedullary [List separately in addition to code for primary procedure]		Removal	No	No	No	No
20704	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
20705	Removal of drug-delivery device(s), intra-articular [List separately in addition to code for primary procedure]		Removal	No	No	No	No
20802	Replantation; arm (includes surgical neck of humerus through elbow joint); complete amputation	To report replantation of incomplete arm amputation; see specific code for repair of bone; ligament; tendon; nerve or blood vessel with modifier 52	Replantation	No	No	No	No
20805	Replantation; forearm (includes radius and ulna to radial carpal joint); complete amputation	To report replantation of incomplete forearm amputation; see specific code for repair of bone; ligament; tendon; nerve or blood vessel with modifier 52	Replantation	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
20808	Replantation; hand (includes hand through metacarpophalangeal joints); complete amputation	To report replantation of incomplete hand amputation; see specific code for repair of bone; ligament; tendon; nerve or blood vessel with modifier 52	Replantation	No	No	No	No
20816	Replantation; digit; excluding thumb (includes metacarpophalangeal joint to insertion of flexor sublimis tendon); complete amputation	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	Replantation	No	No	No	No
20822	Replantation; digit; excluding thumb (includes distal tip to sublimis tendon insertion); complete amputation	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	Replantation	No	No	No	No
20824	Replantation; thumb (includes carpometacarpal joint to MP joint); complete amputation	To report replantation of incomplete thumb amputation; see specific code for repair of bone; ligament; tendon; nerve or blood vessel with modifier 52	Replantation	No	No	No	No
20827	Replantation; thumb (includes distal tip to MP joint); complete amputation	To report replantation of incomplete thumb; complete leg or incomplete leg amputation; see specific code for repair of bone; ligament; tendon; nerve or blood vessel with modifier 52	Replantation	No	No	No	No
20838	Replantation; foot; complete amputation	To report replantation of incomplete foot amputation; see specific code for repair of bone; ligament; tendon; nerve or blood vessel with modifier 52	Replantation	No	No	No	No
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
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
20910	Cartilage graft; costochondral	Do not use modifier 62 to bone graft codes 20900-20938.	Grafts	No	No	No	No
20912	Cartilage graft; nasal septum	*Do not use modifier 62 to bone graft codes 20900-20938. **For ear cartilage; use 21235.	Grafts	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
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
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
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
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
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, 27078, 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
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, 27078, 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
20934	Allograft, includes templating, cutting, placement and internal fixation, when performed; intercalary, complete (id, cylindrical) (list separately in addition to code for primary procedure)	*Do not report with 20932, 20933, 20955, 20956, 20957, 20962, 23146, 23156, 23200, 24116, 24126, 24152, 25126, 25136, 27078, 27090, 27091, 27130, 27132, 27134, 27138, 27236, 27244, 27356, 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
20936	Autograft for spine surgery only (includes harvesting the graft); local (eg; ribs; spinous process; or laminar fragments) obtained from same incision (List separately in addition to code for primary procedure)	*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
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
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 fo rbone grafting; spine surgery only; use 20939.	Grafts	Yes	Yes	No	No
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)	**Use in conjunction with 22319; 22532-22534; 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.	Grafts	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		Monitoring	No	No	No	No
20955	Bone graft with microvascular anastomosis; fibula		Grafts	No	No	No	No
20956	Bone graft with microvascular anastomosis; iliac crest		Grafts	No	No	No	No
20957	Bone graft with microvascular anastomosis; metatarsal		Grafts	No	No	No	No
20962	Bone graft with microvascular anastomosis; other than fibula; iliac crest; or metatarsal	Do not report in additon to codes 20955-20962.	Grafts	No	No	No	No
20969	Free osteocutaneous flap with microvascular anastomosis; other than iliac crest; metatarsal; or great toe		Grafts	No	No	No	No
20970	Free osteocutaneous flap with microvascular anastomosis; iliac crest		Grafts	No	No	No	No
20972	Free osteocutaneous flap with microvascular anastomosis; metatarsal		Grafts	No	No	No	No
20973	Free osteocutaneous flap with microvascular anastomosis; great toe with web space	*Do not report in additon to codes 20969-20973. **For great toe; wrap-around procedure; use 26551.	Grafts	No	No	No	No
20974	Electrical stimulation to aid bone healing; noninvasive (nonoperative)		Stimulation Device	Yes	Yes	No	No
20975	Electrical stimulation to aid bone healing; invasive (operative)		Stimulation Device	Yes	Yes	No	No
20979	Low intensity ultrasound stimulation to aid bone healing; noninvasive (nonoperative)		Stimulation Device	Yes	Yes	No	No
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 conjuction with 76940; 77002; 77013; 77022.	Ablation	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 conjuction with 76940; 77002; 77013; 77022.	Ablation	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 0054T; 0055T.	Computer Assisted Surgery	Yes	Yes	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
20999	Unlisted procedure; musculoskeletal system; general		Unlisted Procedure	Yes	Yes	No	No
21010	Arthrotomy; temporomandibular joint	To report bilateral procedure report with modifier -50.	Incision	Yes	Yes	Yes	Yes
21011	Excision; tumor; soft tissue of face or scalp; subcutaneous; less than 2 cm		Excision	No	No	No	No
21012	Excision; tumor; soft tissue of face or scalp; subcutaneous; 2 cm or greater	For excision of benign lesions of cutaneous origin [eg sebaceous cyst]; see 11420-11426	Excision	No	No	No	No
21013	Excision; tumor; soft tissue of face and scalp; subfascial (eg; subgaleal; intramuscular); less than 2 cm		Excision	No	No	No	No
21014	Excision; tumor; soft tissue of face and scalp; subfascial (eg; subgaleal; intramuscular); 2 cm or greater		Excision	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
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
21025	Excision of bone (eg; for osteomyelitis or bone abscess); mandible		Excision	No	No	No	No
21026	Excision of bone (eg; for osteomyelitis or bone abscess); facial bone(s)		Excision	No	No	No	No
21029	Removal by contouring of benign tumor of facial bone (eg; fibrous dysplasia)		Removal	No	No	No	No
21030	Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage		Excision	No	No	No	No
21031	Excision of torus mandibularis		Excision	No	No	No	No
21032	Excision of maxillary torus palatinus		Excision	No	No	No	No
21034	Excision of malignant tumor of maxilla or zygoma		Excision	No	No	No	No
21040	Excision of benign tumor or cyst of mandible; by enucleation and/or curettage	*For enucleation and/or cuettage 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
21044	Excision of malignant tumor of mandible;		Excision	No	No	No	No
21045	Excision of malignant tumor of mandible; radical resection	for bone graft; use 21215.	Excision	No	No	No	No
21046	Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (eg; locally aggressive or destructive lesion[s])		Excision	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
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
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
21050	Condylectomy; temporomandibular joint (separate procedure)	For bilateral procedure; use modifier -50.	Removal	No	No	No	Yes
21060	Meniscectomy; partial or complete; temporomandibular joint (separate procedure)	For bilateral procedure; use modifier -50.	Removal	No	No	No	Yes
21070	Coronoidectomy (separate procedure)	For bilateral procedure; use modifier -50.	Removal	No	No	No	Yes
21073	Manipulation of temporomandibular joint(s) (TMJ); therapeutic; requiring an anesthesia service (ie; general or monitored anesthesia care)	*For TMJ manipulation without an anesthesia service; see 97140; 98925-98929; 98943. **For closed treatment of temporomandibular dislocation; see 21480; 21485.	Manipulation	Yes	Yes	Yes	Yes
21076	Impression and custom preparation; surgical obturator prosthesis	For application or removal of caliper or tongs; see 20660; 20665	Prosthesis	Yes	Yes	No	No
21077	Impression and custom preparation; orbital prosthesis	For application or removal of caliper or tongs; see 20660; 20665	Prosthesis	Yes	Yes	No	No
21079	Impression and custom preparation; interim obturator prosthesis	For application or removal of caliper or tongs; see 20660; 20665	Prosthesis	Yes	Yes	No	No
21080	Impression and custom preparation; definitive obturator prosthesis	For application or removal of caliper or tongs; see 20660; 20665	Prosthesis	Yes	Yes	No	No
21081	Impression and custom preparation; mandibular resection prosthesis	For application or removal of caliper or tongs; see 20660; 20665	Prosthesis	Yes	Yes	No	No
21082	Impression and custom preparation; palatal augmentation prosthesis	For application or removal of caliper or tongs; see 20660; 20665	Prosthesis	Yes	Yes	No	No
21083	Impression and custom preparation; palatal lift prosthesis	For application or removal of caliper or tongs; see 20660; 20665	Prosthesis	Yes	Yes	No	No
21084	Impression and custom preparation; speech aid prosthesis	For application or removal of caliper or tongs; see 20660; 20665	Prosthesis	Yes	Yes	No	No
21085	Impression and custom preparation; oral surgical splint	For application or removal of caliper or tongs; see 20660; 20665	Prosthesis	Yes	Yes	No	No
21086	Impression and custom preparation; auricular prosthesis	For application or removal of caliper or tongs; see 20660; 20665	Prosthesis	Yes	Yes	No	No
21087	Impression and custom preparation; nasal prosthesis	For application or removal of caliper or tongs; see 20660; 20665	Prosthesis	Yes	Yes	No	No
21088	Impression and custom preparation; facial prosthesis	For application or removal of caliper or tongs; see 20660; 20665	Prosthesis	Yes	Yes	No	No
21089	Unlisted maxillofacial prosthetic procedure		Unlisted Procedure	Yes	Yes	No	No
21100	Application of halo type appliance for maxillofacial fixation; includes removal (separate procedure)		Application	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 20670-20680	Application	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
21120	Genioplasty; augmentation (autograft; allograft; prosthetic material)		Augmentation	Yes	Yes	Yes	Yes
21121	Genioplasty; sliding osteotomy; single piece		Augmentation	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
21123	Genioplasty; sliding; augmentation with interpositional bone grafts (includes obtaining autografts)		Augmentation	Yes	Yes	Yes	Yes
21125	Augmentation; mandibular body or angle; prosthetic material		Augmentation	Yes	Yes	Yes	Yes
21127	Augmentation; mandibular body or angle; with bone graft; onlay or interpositional (includes obtaining autograft)		Augmentation	Yes	Yes	Yes	Yes
21137	Reduction forehead; contouring only		Reduction	Yes	Yes	No	No
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)		Reduction	Yes	Yes	No	No
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall		Reduction	Yes	Yes	No	No
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
21142	Reconstruction midface; LeFort I; 2 pieces; segment movement in any direction; without bone graft		Reconstruction	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
21145	Reconstruction midface; LeFort I; single piece; segment movement in any direction; requiring bone grafts (includes obtaining autografts)		Reconstruction	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
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
21150	Reconstruction midface; LeFort II; anterior intrusion (eg; Treacher-Collins Syndrome)		Reconstruction	Yes	Yes	Yes	Yes
21151	Reconstruction midface; LeFort II; any direction; requiring bone grafts (includes obtaining autografts)		Reconstruction	Yes	Yes	Yes	Yes
21154	Reconstruction midface; LeFort III (extracranial); any type; requiring bone grafts (includes obtaining autografts); without LeFort I		Reconstruction	Yes	Yes	Yes	Yes
21155	Reconstruction midface; LeFort III (extracranial); any type; requiring bone grafts (includes obtaining autografts); with LeFort I		Reconstruction	Yes	Yes	Yes	Yes
21159	Reconstruction midface; LeFort III (extra and intracranial) with forehead advancement (eg; mono bloc); requiring bone grafts (includes obtaining autografts); without LeFort I		Reconstruction	Yes	Yes	Yes	Yes
21160	Reconstruction midface; LeFort III (extra and intracranial) with forehead advancement (eg; mono bloc); requiring bone grafts (includes obtaining autografts); with LeFort I		Reconstruction	Yes	Yes	No	No
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 craniosynostosis; use 61556.	Reconstruction	Yes	Yes	No	No
21175	Reconstruction; bifrontal; superior-lateral orbital rims and lower forehead; advancement or alteration (eg; plagiocephaly; trigonocephaly; brachycephaly); with or without grafts (includes obtaining autografts)	For bifrontal craniotomy performed for craniosynostosis; use 61557.	Reconstruction	Yes	Yes	No	No
21179	Reconstruction; entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)		Reconstruction	Yes	Yes	No	No
21180	Reconstruction; entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)	For extensive craniectomy for multiple suture craniosynostosis; use only 61558 or 61559.	Reconstruction	Yes	Yes	No	No
21181	Reconstruction by contouring of benign tumor of cranial bones (eg; fibrous dysplasia); extracranial		Reconstruction	Yes	Yes	No	No
21182	Reconstruction of orbital walls; rims; forehead; nasoethmoid 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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
21183	Reconstruction of orbital walls; rims; forehead; nasoethmoid 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
21184	Reconstruction of orbital walls; rims; forehead; nasoethmoid 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
21188	Reconstruction midface; osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)		Reconstruction	Yes	Yes	No	No
21193	Reconstruction of mandibular rami; horizontal; vertical; C; or L osteotomy; without bone graft		Reconstruction	Yes	Yes	Yes	Yes
21194	Reconstruction of mandibular rami; horizontal; vertical; C; or L osteotomy; with bone graft (includes obtaining graft)		Reconstruction	Yes	Yes	Yes	Yes
21195	Reconstruction of mandibular rami and/or body; sagittal split; without internal rigid fixation		Reconstruction	Yes	Yes	Yes	Yes
21196	Reconstruction of mandibular rami and/or body; sagittal split; with internal rigid fixation		Reconstruction	Yes	Yes	Yes	Yes
21198	Osteotomy; mandible; segmental;		Removal	No	No	No	Yes
21199	Osteotomy; mandible; segmental; with genioglossus advancement	To report total osteotomy of the maxilla; see 21141-21160.	Removal	Yes	Yes	Yes	Yes
21206	Osteotomy; maxilla; segmental (eg; Wassmund or Schuchard)		Removal	Yes	Yes	Yes	Yes
21208	Osteoplasty; facial bones; augmentation (autograft; allograft; or prosthetic implant)		Augmentation	Yes	Yes	Yes	Yes
21209	Osteoplasty; facial bones; reduction		Reduction	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
21215	Graft; bone; mandible (includes obtaining graft)		Grafts	Yes	Yes	Yes	Yes
21230	Graft; rib cartilage; autogenous; to face; chin; nose or ear (includes obtaining graft)		Grafts	Yes	Yes	No	No
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
21240	Arthroplasty; temporomandibular joint; with or without autograft (includes obtaining graft)		Arthroplasty	Yes	Yes	Yes	Yes
21242	Arthroplasty; temporomandibular joint; with allograft		Arthroplasty	Yes	Yes	Yes	Yes
21243	Arthroplasty; temporomandibular joint; with prosthetic joint replacement		Arthroplasty	Yes	Yes	Yes	Yes
21244	Reconstruction of mandible; extraoral; with transosteal bone plate (eg; mandibular staple bone plate)		Reconstruction	Yes	Yes	Yes	Yes
21245	Reconstruction of mandible or maxilla; subperiosteal implant; partial		Reconstruction	Yes	Yes	Yes	Yes
21246	Reconstruction of mandible or maxilla; subperiosteal implant; complete		Reconstruction	Yes	Yes	Yes	Yes
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg; for hemifacial microsomia)		Reconstruction	Yes	Yes	Yes	Yes
21248	Reconstruction of mandible or maxilla; endosteal implant (eg; blade; cylinder); partial		Reconstruction	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
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)		Reconstruction	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
21260	Periorbital osteotomies for orbital hypertelorism; with bone grafts; extracranial approach		Reconstruction	Yes	Yes	No	No
21261	Periorbital osteotomies for orbital hypertelorism; with bone grafts; combined intra- and extracranial approach		Reconstruction	Yes	Yes	No	No
21263	Periorbital osteotomies for orbital hypertelorism; with bone grafts; with forehead advancement		Reconstruction	Yes	Yes	No	No
21267	Orbital repositioning; periorbital osteotomies; unilateral; with bone grafts; extracranial approach		Reconstruction	Yes	Yes	No	No
21268	Orbital repositioning; periorbital osteotomies; unilateral; with bone grafts; combined intra- and extracranial approach		Reconstruction	Yes	Yes	No	No
21270	Malar augmentation; prosthetic material	For malar augmentation with bone graft; use 21210.	Augmentation	Yes	Yes	Yes	Yes
21275	Secondary revision of orbitocraniofacial reconstruction		Revision	Yes	Yes	No	No
21280	Medial canthopexy (separate procedure)	For medial canthoplasty; use 67950.	Reattachment	Yes	Yes	No	No
21282	Lateral canthopexy		Reattachment	Yes	Yes	No	No
21295	Reduction of masseter muscle and bone (eg; for treatment of benign masseteric hypertrophy); extraoral approach		Reduction	Yes	Yes	No	No
21296	Reduction of masseter muscle and bone (eg; for treatment of benign masseteric hypertrophy); intraoral approach		Reduction	Yes	Yes	No	No
21299	Unlisted craniofacial and maxillofacial procedure		Unlisted Procedure	Yes	Yes	No	No
21315	Closed treatment of nasal bone fracture **with manipulation**; without stabilization		Closed Treatment	No	No	No	No
21320	Closed treatment of nasal bone fracture **with manipulation**; with stabilization		Closed Treatment	No	No	No	No
21325	Open treatment of nasal fracture; uncomplicated		Open Treatment	No	No	No	No
21330	Open treatment of nasal fracture; complicated; with internal and/or external skeletal fixation		Open Treatment	No	No	No	No
21335	Open treatment of nasal fracture; with concomitant open treatment of fractured septum		Open Treatment	No	No	No	No
21336	Open treatment of nasal septal fracture; with or without stabilization		Open Treatment	No	No	No	No
21337	Closed treatment of nasal septal fracture; with or without stabilization		Closed Treatment	No	No	No	No
21338	Open treatment of nasoethmoid fracture; without external fixation		Open Treatment	No	No	No	No
21339	Open treatment of nasoethmoid fracture; with external fixation		Open Treatment	No	No	No	No
21340	Percutaneous treatment of nasoethmoid complex fracture; with splint; wire or headcap fixation; including repair of canthal ligaments and/or the nasolacrimal apparatus		Percutaneous Treatment	No	No	No	No
21343	Open treatment of depressed frontal sinus fracture		Open Treatment	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
21345	Closed treatment of nasomaxillary complex fracture (LeFort II type); with interdental wire fixation or fixation of denture or splint		Closed Treatment	No	No	No	No
21346	Open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation		Open Treatment	No	No	No	No
21347	Open treatment of nasomaxillary complex fracture (LeFort II type); requiring multiple open approaches		Open Treatment	No	No	No	No
21348	Open treatment of nasomaxillary complex fracture (LeFort II type); with bone grafting (includes obtaining graft)		Open Treatment	No	No	No	No
21355	Percutaneous treatment of fracture of malar area; including zygomatic arch and malar tripod; with manipulation		Percutaneous Treatment	No	No	No	No
21356	Open treatment of depressed zygomatic arch fracture (eg; Gillies approach)		Open Treatment	No	No	No	No
21360	Open treatment of depressed malar fracture; including zygomatic arch and malar tripod		Open Treatment	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
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
21385	Open treatment of orbital floor blowout fracture; transantral approach (Caldwell-Luc type operation)		Open Treatment	No	No	No	No
21386	Open treatment of orbital floor blowout fracture; periorbital approach		Open Treatment	No	No	No	No
21387	Open treatment of orbital floor blowout fracture; combined approach		Open Treatment	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
21395	Open treatment of orbital floor blowout fracture; periorbital approach with bone graft (includes obtaining graft)		Open Treatment	No	No	No	No
21400	Closed treatment of fracture of orbit; except blowout; without manipulation		Closed Treatment	No	No	No	No
21401	Closed treatment of fracture of orbit; except blowout; with manipulation		Closed Treatment	No	No	No	No
21406	Open treatment of fracture of orbit; except blowout; without implant		Open Treatment	No	No	No	No
21407	Open treatment of fracture of orbit; except blowout; with implant		Open Treatment	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
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
21422	Open treatment of palatal or maxillary fracture (LeFort I type);		Open Treatment	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
21431	Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint		Closed Treatment	No	No	No	No
21432	Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation		Open Treatment	No	No	No	No
21433	Open treatment of craniofacial separation (LeFort III type); complicated (eg; comminuted or involving cranial nerve foramina); multiple surgical approaches		Open Treatment	No	No	No	No
21435	Open treatment of craniofacial separation (LeFort III type); complicated; utilizing internal and/or external fixation techniques (eg; head cap; halo device; and/or intermaxillary fixation)	For removal of internal or external fixation device; use 20670.	Open Treatment	No	No	No	No
21436	Open treatment of craniofacial separation (LeFort III type); complicated; multiple surgical approaches; internal fixation; with bone grafting (includes obtaining graft)		Open Treatment	No	No	No	No
21440	Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)		Closed Treatment	No	No	No	No
21445	Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)		Open Treatment	No	No	No	No
21450	Closed treatment of mandibular fracture; without manipulation		Closed Treatment	No	No	No	No
21451	Closed treatment of mandibular fracture; with manipulation		Closed Treatment	No	No	No	No
21452	Percutaneous treatment of mandibular fracture; with external fixation		Percutaneous Treatment	No	No	No	No
21453	Closed treatment of mandibular fracture with interdental fixation		Closed Treatment	No	No	No	No
21454	Open treatment of mandibular fracture with external fixation		Open Treatment	No	No	No	No
21461	Open treatment of mandibular fracture; without interdental fixation		Open Treatment	No	No	No	No
21462	Open treatment of mandibular fracture; with interdental fixation		Open Treatment	No	No	No	No
21465	Open treatment of mandibular condylar fracture		Open Treatment	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
21480	Closed treatment of temporomandibular dislocation; initial or subsequent		Dislocation	No	No	yes	Yes
21485	Closed treatment of temporomandibular dislocation; complicated (eg; recurrent requiring intermaxillary fixation or splinting); initial or subsequent		Dislocation	No	No	yes	Yes

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
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
21497	Interdental wiring; for condition other than fracture		Other Procedure	No	No	yes	Yes
21499	Unlisted musculoskeletal procedure; head	For unlisted craniofacial or maxillofacial procedure; use 21299.	Unlisted Procedure	Yes	Yes	yes	No
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
21502	Incision and drainage; deep abscess or hematoma; soft tissues of neck or thorax; with partial rib ostectomy	For incision and drainage of abscess or hematoma; superficial; see 10060; 10140.	Incision/Drainage	No	No	No	No
21510	Incision; deep; with opening of bone cortex (eg; for osteomyelitis or bone abscess); thorax1	For incision and drainage of abscess or hematoma; superficial; see 10060; 10140.	Incision	No	No	No	No
21550	Biopsy; soft tissue of neck or thorax	For needle biopsy of soft tissue; use 20206.	Biopsy	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
21554	Excision; tumor; soft tissue of neck or anterior thorax; subfascial (eg; intramuscular); 5 cm or greater		Excision	No	No	No	No
21555	Excision; tumor; soft tissue of neck or anterior thorax; subcutaneous; less than 3 cm		Excision	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
21557	Radical resection of tumor (eg; sarcoma); soft tissue of neck or anterior thorax; less than 5 cm		Resection	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
21600	Excision of rib; partial	*For radical resection of chest wall and rib cage for tumor; use 19260. **For radical debridement of chest wall and rib cage for injury see 11044; 11047.	Excision	No	No	No	No
21601	Excision of chest wall tumor including rib(s)	Replaces 19260	Excision	No	No	No	No
21602	Excision of chest wall tumor including rib(s), with plastic reconstruction; without mediastinal lymphadenectomy	Replaces 19271	Excision	No	No	No	No
21603	Excision of chest wall tumor including rib(s), with plastic reconstruction; with mediastinal lymphadenectomy	Replaces 19272	Excision	No	No	No	No
21610	Costotransversectomy (separate procedure)		Resection	No	No	No	No
21615	Excision first and/or cervical rib;		Excision	No	No	No	No
21616	Excision first and/or cervical rib; with sympathectomy		Excision	No	No	No	No
21620	Ostectomy of sternum; partial		Removal	No	No	No	No
21627	Sternal debridement	For debridement and closure; use 21750.	Debridement	No	No	No	No
21630	Radical resection of sternum;		Resection	No	No	No	No
21632	Radical resection of sternum; with mediastinal lymphadenectomy		Resection	No	No	No	No
21685	Hyoid myotomy and suspension		Revision	No	No	No	No
21700	Division of scalenus anticus; without resection of cervical rib		Revision	No	No	No	No
21705	Division of scalenus anticus; with resection of cervical rib		Revision	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
21725	Division of sternocleidomastoid for torticollis; open operation; with cast application		Revision	No	No	No	No
21740	Reconstructive repair of pectus excavatum or carinatum; open		Repair	No	No	No	No
21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure); without thoracoscopy		Repair	No	No	No	No
21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure); with thoracoscopy		Repair	No	No	No	No
21750	Closure of median sternotomy separation with or without debridement (separate procedure)		Closure	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
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
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
21820	Closed treatment of sternum fracture		Closed Treatment	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
21899	Unlisted procedure; neck or thorax		Unlisted Procedure	Yes	Yes	No	No
21920	Biopsy; soft tissue of back or flank; superficial		Biopsy	No	No	No	No
21925	Biopsy; soft tissue of back or flank; deep	For needle biopsy of soft tissue; use 20206.	Biopsy	No	No	No	No
21930	Excision; tumor; soft tissue of back or flank; subcutaneous; less than 3 cm		Excision	No	No	No	No
21931	Excision; tumor; soft tissue of back or flank; subcutaneous; 3 cm or greater	For excision of benign lesions of cutaneous origin [eg sebaceous cyst]; see 11400-11406	Excision	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
21933	Excision; tumor; soft tissue of back or flank; subfascial (eg; intramuscular); 5 cm or greater		Excision	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
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
22010	Incision and drainage; open; of deep abscess (subfascial); posterior spine; cervical; thoracic; or cervicothoracic		Incision/Drainage	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
22100	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
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
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
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)	Use in conjuction with 22100-22102.	Excision	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; cervical		Excision	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; thoracic		Excision	No	No	No	No
22114	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
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
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.	Removal	Yes	Yes	No	No
22207	Osteotomy of spine; posterior or posterolateral approach; 3 columns; 1 vertebral segment (eg; pedicle/vertebral body subtraction); lumbar	*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
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)	*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
22210	Osteotomy of spine; posterior or posterolateral approach; 1 vertebral segment; cervical		Removal	Yes	Yes	Yes	Yes
22212	Osteotomy of spine; posterior or posterolateral approach; 1 vertebral segment; thoracic		Removal	Yes	Yes	No	No
22214	Osteotomy of spine; posterior or posterolateral approach; 1 vertebral segment; lumbar		Removal	Yes	Yes	Yes	Yes

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
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
22220	Osteotomy of spine; including discectomy; anterior approach; single vertebral segment; cervical		Removal	Yes	Yes	Yes	Yes
22222	Osteotomy of spine; including discectomy; anterior approach; single vertebral segment; thoracic		Removal	Yes	Yes	Yes	Yes
22224	Osteotomy of spine; including discectomy; anterior approach; single vertebral segment; lumbar		Removal	Yes	Yes	Yes	Yes
22226	Osteotomy of spine; including discectomy; 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
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
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
22318	Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum); anterior approach; including placement of internal fixation; without grafting		Open Treatment	No	No	No	No
22319	Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum); anterior approach; including placement of internal fixation; with grafting		Open Treatment	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
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
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
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
22505	Manipulation of spine requiring anesthesia; any region	For spinal manipulation without anesthesia; use 97140.	Manipulation	Yes	Yes	No	No
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
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
22512	Percutaneous vertebroplasty (bone biopsy included when performed); 1 vertebral body; unilateral or bilateral injection; inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (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.	Percutaneous Treatment	Yes	Yes	Yes	Yes
22513	Percutaneous vertebral augmentation; including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg; kyphoplasty); 1 vertebral body; unilateral or bilateral cannulation; inclusive of all imaging guidance; thoracic	**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
22514	Percutaneous vertebral augmentation; including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg; kyphoplasty); 1 vertebral body; unilateral or bilateral cannulation; inclusive of all imaging guidance; lumbar	**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
22515	Percutaneous vertebral augmentation; including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg; kyphoplasty); 1 vertebral body; unilateral or bilateral cannulation; inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (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
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
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
22532	Arthrodesis; lateral extracavitary technique; including minimal discectomy to prepare interspace (other than for decompression); thoracic		Arthrodesis	Yes	Yes	Yes	Yes
22533	Arthrodesis; lateral extracavitary technique; including minimal discectomy to prepare interspace (other than for decompression); lumbar		Arthrodesis	Yes	Yes	Yes	Yes
22534	Arthrodesis; lateral extracavitary technique; including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar; each additional vertebral segment (List separately in addition to code for primary procedure)	Use in conjunction with 22532 and 22533	Arthrodesis	Yes	Yes	Yes	Yes
22548	Arthrodesis; anterior transoral or extraoral technique; clivus-C1-C2 (atlas-axis); with or without excision of odontoid process	For intervertebral disc excision by laminotomy or laminectomy; see 63020-63042.	Arthrodesis	Yes	Yes	Yes	Yes
22551	Arthrodesis; anterior interbody; including disc space preparation; discectomy; osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2		Arthrodesis	Yes	Yes	Yes	Yes
22552	Arthrodesis; anterior interbody; including disc space preparation; discectomy; 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
22554	Arthrodesis; anterior interbody technique; including minimal discectomy 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 discectomy and interbody fusion at the same level during the same session; use 22551.	Arthrodesis	Yes	Yes	Yes	Yes
22556	Arthrodesis; anterior interbody technique; including minimal discectomy to prepare interspace (other than for decompression); thoracic		Arthrodesis	Yes	Yes	Yes	Yes
22558	Arthrodesis; anterior interbody technique; including minimal discectomy to prepare interspace (other than for decompression); lumbar	For arthrodesis using pre-sacral interbody technique; use 22586.	Arthrodesis	Yes	Yes	Yes	Yes
22585	Arthrodesis; anterior interbody technique; including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	Use in conjunction with 22554; 22556; 22558. Do not report in conjunction with 63075; even if performed by a separate individual. **To report anterior cervical discectomy and interbody fusion at the same level during the same session; use 22552.	Arthrodesis	Yes	Yes	Yes	Yes
22586	Arthrodesis; pre-sacral interbody technique; including disc space preparation; discectomy; with posterior instrumentation; with image guidance; includes bone graft when performed; l-s interspace	Do not report in conjunction with 20930-20938; 22840; 22848; 72275; 77002; 77003; 77011; 77012	Arthrodesis	Yes	Yes	Yes	No
22590	Arthrodesis; posterior technique; craniocervical (occiput-C2)		Arthrodesis	Yes	Yes	Yes	Yes
22595	Arthrodesis; posterior technique; atlas-axis (C1-C2)		Arthrodesis	Yes	Yes	Yes	Yes
22600	Arthrodesis, posterior or posterolateral technique, single **interspace**; cervical below C2 segment		Arthrodesis	Yes	Yes	Yes	Yes
22610	Arthrodesis, posterior or posterolateral technique, single **interspace**; thoracic (with lateral transverse technique; when performed)		Arthrodesis	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 intespace and segment; use 22633.	Arthrodesis	Yes	Yes	Yes	Yes
22614	Arthrodesis, posterior or posterolateral technique, single interspace, each additional inserspace (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
22630	Arthrodesis; posterior interbody technique; including laminectomy and/or discectomy 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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
22632	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)	*Use in conjunction with 22612; 22630; 22633 when performed at a different level. **When perfoming 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.	Arthrodesis	Yes	Yes	Yes	Yes
22633	Arthrodesis; combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression); single interspace, lumbar	Do not report with 22612 or 22630 at the same level.	Arthrodesis	Yes	Yes	Yes	Yes
22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace(other than for decompression),single interspace, lumbar, each additional interspace (List separately in additionto code for primary procedure)	Use in conjunction with 22633	Arthrodesis	Yes	Yes	Yes	Yes
22800	Arthrodesis; posterior; for spinal deformity; with or without cast; up to 6 vertebral segments		Arthrodesis	Yes	Yes	Yes	Yes
22802	Arthrodesis; posterior; for spinal deformity; with or without cast; 7 to 12 vertebral segments		Arthrodesis	Yes	Yes	Yes	Yes
22804	Arthrodesis; posterior; for spinal deformity; with or without cast; 13 or more vertebral segments		Arthrodesis	Yes	Yes	Yes	Yes
22808	Arthrodesis; anterior; for spinal deformity; with or without cast; 2 to 3 vertebral segments		Arthrodesis	Yes	Yes	Yes	Yes
22810	Arthrodesis; anterior; for spinal deformity; with or without cast; 4 to 7 vertebral segments		Arthrodesis	Yes	Yes	Yes	Yes
22812	Arthrodesis; anterior; for spinal deformity; with or without cast; 8 or more vertebral segments		Arthrodesis	Yes	Yes	Yes	Yes
22818	Kyphectomy; circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments		Removal	Yes	Yes	Yes	Yes
22819	Kyphectomy; 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
22830	Exploration of spinal fusion	To report bone graft procedures; see 20930-20938	Exploratory	Yes	Yes	Yes	Yes
22836	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments		Surgery	Yes	Yes	Yes	No
22837	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments		Surgery	Yes	Yes	Yes	No
22838	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed		Surgery	Yes	Yes	Yes	No
22840	Posterior non-segmental instrumentation (eg; Harrington rod technique; pedicle fixation across 1 interspace; atlantoaxial transarticular screw fixation; sublaminar wiring at c; facet screw fixation) (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
22841	Internal spinal fixation by wiring of spinous processes (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
22842	Posterior segmental instrumentation (eg; pedicle fixation; dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)	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
22843	Posterior segmental instrumentation (eg; pedicle fixation; dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)	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
22844	Posterior segmental instrumentation (eg; pedicle fixation; dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)	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
22845	Anterior instrumentation; 2 to 3 vertebral segments (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
22846	Anterior instrumentation; 4 to 7 vertebral segments (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
22847	Anterior instrumentation; 8 or more vertebral segments (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
22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)	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
22849	Reinsertion of spinal fixation device		Fixation	Yes	Yes	Yes	Yes
22850	Removal of posterior nonsegmental instrumentation (eg; Harrington rod)		Removal	Yes	Yes	Yes	Yes
22852	Removal of posterior segmental instrumentation		Removal	No	No	Yes	Yes

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
22853	Insertion of interbody biomechanical device(s) (eg; synthetic cage; mesh) with integral anterior instrumentation for device anchoring (eg; screws; flanges); when performed; to intervertebral disc space in conjunction with interbody arthrodesis; each interspace (List separately in addition to code for primary procedure)	*Report for each treated intervertebral disc space. **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
22854	Insertion of intervertebral biomechanical device(s) (eg; synthetic cage; mesh) with integral anterior instrumentation for device anchoring (eg; screws; flanges); when performed; to vertebral corpectomy(ies) (vertebral body resection; partial or complete) defect; in conjunction with interbody arthrodesis; each contiguous defect (List separately in addition to code for primary procedure)	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
22855	Removal of anterior instrumentation		Removal	No	No	No	Yes
22856	Total disc arthroplasty (artificial disc); anterior approach; including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); single interspace; cervical		Arthroplasty	Yes	Yes	Yes	Yes
22857	Total disc arthroplasty (artificial disc); anterior approach; including discectomy to prepare interspace (other than for decompression); single interspace; lumbar		Arthroplasty	Yes	Yes	Yes	Yes
22858	Total disc arthroplasty (artificial disc); anterior approach; including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); second level; cervical (List separately in addition to code for primary procedure)		Arthroplasty	Yes	Yes	Yes	Yes
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)	***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	Reconstruction	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
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 0098T.	Revision	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 22558; 22845; 22853; 22854; 22859; 22865; 49010 when performed at the same level. **For additional interspace; use Cat III code 0165T	Revision	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 removal of cervical total disc arthroplasty; use 0095T.	Removal	Yes	Yes	No	No
22865	Removal of total disc arthroplasty (artificial disc); anterior approach; single interspace; lumbar	*Do not report in conjunction with 49010. **For additional interspace; see Cat III code 0164T. *** 22856-22865 include fluoroscopy when performed. ****For decompression; see 63001-63048.	Removal	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; 22632-22634; 22800; 22802; 22804; 22840-22842; 22869; 22870; 63005; 63012; 63017; 63030; 63035; 63042; 63044; 63047; 63048; 77003 for the same level.	Reconstruction	Yes	Yes	No	No
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)	*Use in conjunction with 22867. **Do not report in conjunction with 22532-22534; 22558; 22612; 22614; 22630; 22632-22634; 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
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; 22632-22634; 22800; 22802; 22804; 22840-22842; 63005; 63012; 63017; 63030; 63035; 63042; 63044; 63047; 63048; 77003)	Reconstruction	Yes	Yes	No	No
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)	*Use in conjunction with 22869. **Do not report in conjunction with 22532-22534; 22558; 22612; 22614; 22630; 22632-22634; 22800; 22802; 22804; 22840-22842; 63005; 63012; 63017; 63030; 63035; 63042; 63044; 63047; 63048; 77003)	Reconstruction	Yes	Yes	No	No
22899	Unlisted procedure; spine		Unlisted Procedure	Yes	Yes	No	No
22900	Excision; tumor; soft tissue of abdominal wall; subfascial (eg; intramuscular); less than 5 cm		Excision	No	No	No	No
22901	Excision; tumor; soft tissue of abdominal wall; subfascial (eg; intramuscular); 5 cm or greater		Excision	No	No	No	No
22902	Excision; tumor; soft tissue of abdominal wall; subcutaneous; less than 3 cm		Excision	No	No	No	No
22903	Excision; tumor; soft tissue of abdominal wall; subcutaneous; 3 cm or greater	For excision of benign lesions of cutaneous origin [sebaceous cyst]; see 11400-11406	Excision	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
22905	Radical resection of tumor (eg; sarcoma); soft tissue of abdominal wall; 5 cm or greater	For radical resection of tumor of cutaneous origin [melanoma]; see 11600-11606	Resection	No	No	No	No
22999	Unlisted procedure; abdomen; musculoskeletal system		Unlisted Procedure	No	No	No	No
23000	Removal of subdeltoid calcareous deposits; open	For arthoscopic removal of bursal deposits; use 29999	Removal	No	No	No	No
23020	Capsular contracture release (eg; Sever type procedure)		Incision	No	No	No	No
23030	Incision and drainage; shoulder area; deep abscess or hematoma	For I&D procedures; superficial; see 10040-10160	Incision/Drainage	No	No	No	No
23031	Incision and drainage; shoulder area; infected bursa		Incision/Drainage	No	No	No	No
23035	Incision; bone cortex (eg; osteomyelitis or bone abscess); shoulder area		Incision	No	No	No	No
23040	Arthrotomy; glenohumeral joint; including exploration; drainage; or removal of foreign body		Incision/Drainage	No	No	No	No
23044	Arthrotomy; acromioclavicular; sternoclavicular joint; including exploration; drainage; or removal of foreign body		Incision/Drainage	No	No	No	No
23065	Biopsy; soft tissue of shoulder area; superficial		Biopsy	No	No	No	No
23066	Biopsy; soft tissue of shoulder area; deep		Biopsy	No	No	No	No
23071	Excision; tumor; soft tissue of shoulder area; subcutaneous; 3 cm or greater	For excision of benign lesions of cutaneous origin [sebaceous cyst]; see 11400-11406	Excision	No	No	No	No
23073	Excision; tumor; soft tissue of shoulder area; subfascial (eg; intramuscular); 5 cm or greater		Excision	No	No	No	No
23075	Excision; tumor; soft tissue of shoulder area; subcutaneous; less than 3 cm		Excision	No	No	No	No
23076	Excision; tumor; soft tissue of shoulder area; subfascial (eg; intramuscular); less than 5 cm		Excision	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
23077	Radical resection of tumor (eg; sarcoma); soft tissue of shoulder area; less than 5 cm		Resection	No	No	No	No
23078	Radical resection of tumor (eg; sarcoma); soft tissue of shoulder area; 5 cm or greater	For radical resection of tumor of cutaneous origin [melanoma]; see 11600-11606	Resection	No	No	No	No
23100	Arthrotomy; glenohumeral joint; including biopsy		Excision	No	No	No	No
23101	Arthrotomy; acromioclavicular joint or sternoclavicular joint; including biopsy and/or excision of torn cartilage		Excision	No	No	No	No
23105	Arthrotomy; glenohumeral joint; with synovectomy; with or without biopsy		Excision	No	No	No	No
23106	Arthrotomy; sternoclavicular joint; with synovectomy; with or without biopsy		Excision	No	No	No	No
23107	Arthrotomy; glenohumeral joint; with joint exploration; with or without removal of loose or foreign body		Excision	No	No	No	No
23120	Claviculectomy; partial	For arthoscopic procedure; use 29824	Removal	No	No	No	No
23125	Claviculectomy; total		Removal	No	No	No	No
23130	Acromioplasty or acromionectomy; partial; with or without coracoacromial ligament release		Repair	No	No	No	No
23140	Excision or curettage of bone cyst or benign tumor of clavicle or scapula;		Excision	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
23146	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with allograft		Excision	No	No	No	No
23150	Excision or curettage of bone cyst or benign tumor of proximal humerus;		Excision	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
23156	Excision or curettage of bone cyst or benign tumor of proximal humerus; with allograft		Excision	No	No	No	No
23170	Sequestrectomy (eg; for osteomyelitis or bone abscess); clavicle		Removal	No	No	No	No
23172	Sequestrectomy (eg; for osteomyelitis or bone abscess); scapula		Removal	No	No	No	No
23174	Sequestrectomy (eg; for osteomyelitis or bone abscess); humeral head to surgical neck		Removal	No	No	No	No
23180	Partial excision (craterization; saucerization; or diaphysectomy) bone (eg; osteomyelitis); clavicle		Excision	No	No	No	No
23182	Partial excision (craterization; saucerization; or diaphysectomy) bone (eg; osteomyelitis); scapula		Excision	No	No	No	No
23184	Partial excision (craterization; saucerization; or diaphysectomy) bone (eg; osteomyelitis); proximal humerus		Excision	No	No	No	No
23190	Ostectomy of scapula; partial (eg; superior medial angle)		Removal	No	No	No	No
23195	Resection; humeral head	For replacement with implant; use 23470	Resection	No	No	No	No
23200	Radical resection of tumor; clavicle		Resection	No	No	No	No
23210	Radical resection of tumor; scapula		Resection	No	No	No	No
23220	Radical resection of tumor; proximal humerus		Resection	No	No	No	No
23330	Removal of foreign body; shoulder; subcutaneous	To report removal of foreign body; see 23330; 23333	Removal	No	No	No	No
23333	Removal of foreign body; shoulder; deep (subfascial or intramuscular)		Removal	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
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 20680.	Removal	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
23395	Muscle transfer; any type; shoulder or upper arm; single		Repair	No	No	No	No
23397	Muscle transfer; any type; shoulder or upper arm; multiple		Repair	No	No	No	No
23400	Scapulopexy (eg; Sprengels deformity or for paralysis)		Reconstruction	No	No	No	No
23405	Tenotomy; shoulder area; single tendon		Removal	No	No	No	No
23406	Tenotomy; shoulder area; multiple tendons through same incision		Removal	No	No	No	No
23410	Repair of ruptured musculotendinous cuff (eg; rotator cuff) open; acute		Repair	No	No	No	No
23412	Repair of ruptured musculotendinous cuff (eg; rotator cuff) open; chronic		Repair	No	No	No	No
23415	Coracoacromial ligament release; with or without acromioplasty		Release	No	No	No	No
23420	Reconstruction of complete shoulder (rotator) cuff avulsion; chronic (includes acromioplasty)		Reconstruction	No	No	No	No
23430	Tenodesis of long tendon of biceps		Removal	No	No	No	No
23440	Resection or transplantation of long tendon of biceps		Transplantation	No	No	No	No
23450	Capsulorrhaphy; anterior; Putti-Platt procedure or Magnuson type operation		Reconstruction	No	No	No	No
23455	Capsulorrhaphy; anterior; with labral repair (eg; Bankart procedure)		Reconstruction	No	No	No	No
23460	Capsulorrhaphy; anterior; any type; with bone block		Reconstruction	No	No	No	No
23462	Capsulorrhaphy; anterior; any type; with coracoid process transfer		Reconstruction	No	No	No	No
23465	Capsulorrhaphy; glenohumeral joint; posterior; with or without bone block		Reconstruction	No	No	No	No
23466	Capsulorrhaphy; glenohumeral joint; any type multi-directional instability		Reconstruction	yes	yes	yes	No
23470	Arthroplasty; glenohumeral joint; hemiarthroplasty		Arthroplasty	yes	yes	yes	Yes
23472	Arthroplasty; glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg; total shoulder))		Arthroplasty	yes	yes	yes	Yes
23473	Revision of total shoulder arthroplasty; including allograft when performed; humeral or glenoid component		Arthroplasty	yes	yes	yes	Yes
23474	Revision of total shoulder arthroplasty; including allograft when performed; humeral and glenoid component		Revision	yes	yes	yes	Yes
23480	Osteotomy; clavicle; with or without internal fixation;		Removal	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
23490	Prophylactic treatment (nailing; pinning; plating or wiring) with or without methylmethacrylate; clavicle		Fixation	No	No	No	No
23491	Prophylactic treatment (nailing; pinning; plating or wiring) with or without methylmethacrylate; proximal humerus		Fixation	No	No	No	No
23500	Closed treatment of clavicular fracture; without manipulation		Closed Treatment	No	No	No	No
23505	Closed treatment of clavicular fracture; with manipulation		Closed Treatment	No	No	No	No
23515	Open treatment of clavicular fracture; includes internal fixation; when performed		Open Treatment	No	No	No	No
23520	Closed treatment of sternoclavicular dislocation; without manipulation		Closed Treatment	No	No	No	No
23525	Closed treatment of sternoclavicular dislocation; with manipulation		Closed Treatment	No	No	No	No
23530	Open treatment of sternoclavicular dislocation; acute or chronic;		Open Treatment	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
23540	Closed treatment of acromioclavicular dislocation; without manipulation		Closed Treatment	No	No	No	No
23545	Closed treatment of acromioclavicular dislocation; with manipulation		Closed Treatment	No	No	No	No
23550	Open treatment of acromioclavicular dislocation; acute or chronic;		Open Treatment	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
23570	Closed treatment of scapular fracture; without manipulation		Closed Treatment	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
23585	Open treatment of scapular fracture (body; glenoid or acromion) includes internal fixation; when performed		Open Treatment	No	No	No	No
23600	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation		Closed Treatment	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
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
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
23620	Closed treatment of greater humeral tuberosity fracture; without manipulation		Closed Treatment	No	No	No	No
23625	Closed treatment of greater humeral tuberosity fracture; with manipulation		Closed Treatment	No	No	No	No
23630	Open treatment of greater humeral tuberosity fracture; includes internal fixation; when performed		Open Treatment	No	No	No	No
23650	Closed treatment of shoulder dislocation; with manipulation; without anesthesia		Closed Treatment	No	No	No	No
23655	Closed treatment of shoulder dislocation; with manipulation; requiring anesthesia		Closed Treatment	No	No	No	No
23660	Open treatment of acute shoulder dislocation		Open Treatment	No	No	No	No
23665	Closed treatment of shoulder dislocation; with fracture of greater humeral tuberosity; with manipulation		Closed Treatment	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
23675	Closed treatment of shoulder dislocation; with surgical or anatomical neck fracture; with manipulation		Closed Treatment	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
23700	Manipulation under anesthesia; shoulder joint; including application of fixation apparatus (dislocation excluded)		Manipulation	No	No	No	No
23800	Arthrodesis; glenohumeral joint;		Arthrodesis	No	No	No	No
23802	Arthrodesis; glenohumeral joint; with autogenous graft (includes obtaining graft)		Arthrodesis	No	No	No	No
23900	Interthoracoscapular amputation (forequarter)		Amputation	No	No	No	No
23920	Disarticulation of shoulder;		Amputation	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
23921	Disarticulation of shoulder; secondary closure or scar revision		Amputation	No	No	No	No
23929	Unlisted procedure; shoulder		Unlisted Procedure	No	No	No	No
23930	Incision and drainage; upper arm or elbow area; deep abscess or hematoma		Incision/Drainage	No	No	No	No
23931	Incision and drainage; upper arm or elbow area; bursa		Incision/Drainage	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
24000	Arthrotomy; elbow; including exploration; drainage; or removal of foreign body		Incision/Drainage	No	No	No	No
24006	Arthrotomy of the elbow; with capsular excision for capsular release (separate procedure)		Incision/Drainage	No	No	No	No
24065	Biopsy; soft tissue of upper arm or elbow area; superficial		Biopsy	No	No	No	No
24066	Biopsy; soft tissue of upper arm or elbow area; deep (subfascial or intramuscular)		Biopsy	No	No	No	No
24071	Excision; tumor; soft tissue of upper arm or elbow area; subcutaneous; 3 cm or greater		Excision	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
24075	Excision; tumor; soft tissue of upper arm or elbow area; subcutaneous; less than 3 cm		Excision	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
24077	Radical resection of tumor (eg; sarcoma); soft tissue of upper arm or elbow area; less than 5 cm		Resection	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
24100	Arthrotomy; elbow; with synovial biopsy only		Incision/Drainage	No	No	No	No
24101	Arthrotomy; elbow; with joint exploration; with or without biopsy; with or without removal of loose or foreign body		Incision/Drainage	No	No	No	No
24102	Arthrotomy; elbow; with synovectomy		Incision/Drainage	No	No	No	No
24105	Excision; olecranon bursa		Excision	No	No	No	No
24110	Excision or curettage of bone cyst or benign tumor; humerus;		Excision	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
24116	Excision or curettage of bone cyst or benign tumor; humerus; with allograft		Excision	No	No	No	No
24120	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process;		Excision	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
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
24130	Excision; radial head		Excision	No	No	No	No
24134	Sequestrectomy (eg; for osteomyelitis or bone abscess); shaft or distal humerus		Removal	No	No	No	No
24136	Sequestrectomy (eg; for osteomyelitis or bone abscess); radial head or neck		Removal	No	No	No	No
24138	Sequestrectomy (eg; for osteomyelitis or bone abscess); olecranon process		Removal	No	No	No	No
24140	Partial excision (craterization; saucerization; or diaphysectomy) bone (eg; osteomyelitis); humerus		Excision	No	No	No	No
24145	Partial excision (craterization; saucerization; or diaphysectomy) bone (eg; osteomyelitis); radial head or neck		Excision	No	No	No	No
24147	Partial excision (craterization; saucerization; or diaphysectomy) bone (eg; osteomyelitis); olecranon process		Excision	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
24150	Radical resection of tumor; shaft or distal humerus		Resection	No	No	No	No
24152	Radical resection of tumor; radial head or neck		Resection	No	No	No	No
24155	Resection of elbow joint (arthrectomy)		Resection	No	No	No	No
24160	Removal of prosthesis; includes debridement and synovectomy when performed; humeral and ulnar components		Removal	No	No	No	No
24164	Removal of prosthesis; includes debridement and synovectomy when performed; radial head		Removal	No	No	No	No
24200	Removal of foreign body; upper arm or elbow area; subcutaneous		Removal	No	No	No	No
24201	Removal of foreign body; upper arm or elbow area; deep (subfascial or intramuscular)		Removal	No	No	No	No
24220	Injection procedure for elbow arthrography		Introduction	No	No	No	No
24300	Manipulation; elbow; under anesthesia		Manipulation	No	No	No	No
24301	Muscle or tendon transfer; any type; upper arm or elbow; single (excluding 24320-24331)		Reconstruction	No	No	No	No
24305	Tendon lengthening; upper arm or elbow; each tendon		Reconstruction	No	No	No	No
24310	Tenotomy; open; elbow to shoulder; each tendon		Release	No	No	No	No
24320	Tenoplasty; with muscle transfer; with or without free graft; elbow to shoulder; single (Seddon-Brookes type procedure)		Reconstruction	No	No	No	No
24330	Flexor-plasty; elbow (eg; Steindler type advancement);		Reconstruction	No	No	No	No
24331	Flexor-plasty; elbow (eg; Steindler type advancement); with extensor advancement		Reconstruction	No	No	No	No
24332	Tenolysis; triceps		Removal	No	No	No	No
24340	Tenodesis of biceps tendon at elbow (separate procedure)		Reattachment	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
24342	Reinsertion of ruptured biceps or triceps tendon; distal; with or without tendon graft		Insertion	No	No	No	No
24343	Repair lateral collateral ligament; elbow; with local tissue		Repair	No	No	No	No
24344	Reconstruction lateral collateral ligament; elbow; with tendon graft (includes harvesting of graft)		Reconstruction	No	No	No	No
24345	Repair medial collateral ligament; elbow; with local tissue		Repair	No	No	No	No
24346	Reconstruction medial collateral ligament; elbow; with tendon graft (includes harvesting of graft)		Reconstruction	No	No	No	No
24357	Tenotomy; elbow; lateral or medial (eg; epicondylitis; tennis elbow; golfer's elbow); percutaneous		Release	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
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
24360	Arthroplasty; elbow; with membrane (eg; fascial)		Arthroplasty	Yes	Yes	No	No
24361	Arthroplasty; elbow; with distal humeral prosthetic replacement		Revision	No	No	No	No
24362	Arthroplasty; elbow; with implant and fascia lata ligament reconstruction		Reconstruction	No	No	No	No
24363	Arthroplasty; elbow; with distal humerus and proximal ulnar prosthetic replacement (eg; total elbow)		Revision	No	No	No	No
24365	Arthroplasty; radial head;		Arthroplasty	Yes	Yes	No	No
24366	Arthroplasty; radial head; with implant		Arthroplasty	Yes	Yes	No	No
24370	Revision of total elbow arthroplasty; including allograft when performed; humeral or ulnar component		Revision	No	No	No	No
24371	Revision of total elbow arthroplasty; including allograft when performed; humeral and ulnar component		Revision	No	No	No	No
24400	Osteotomy; humerus; with or without internal fixation		Removal	No	No	No	No
24410	Multiple osteotomies with realignment on intramedullary rod; humeral shaft (Sofield type procedure)		Removal	No	No	No	No
24420	Osteoplasty; humerus (eg; shortening or lengthening) (excluding 64876)		Removal	No	No	No	No
24430	Repair of nonunion or malunion; humerus; without graft (eg; compression technique)		Repair	No	No	No	No
24435	Repair of nonunion or malunion; humerus; with iliac or other autograft (includes obtaining graft)		Repair	No	No	No	No
24470	Hemiepiphyseal arrest (eg; cubitus varus or valgus; distal humerus)		Reconstruction	No	No	No	No
24495	Decompression fasciotomy; forearm; with brachial artery exploration		Decompression	No	No	No	No
24498	Prophylactic treatment (nailing; pinning; plating or wiring); with or without methylmethacrylate; humeral shaft		Fixation	No	No	No	No
24500	Closed treatment of humeral shaft fracture; without manipulation		Closed Treatment	No	No	No	No
24505	Closed treatment of humeral shaft fracture; with manipulation; with or without skeletal traction		Closed Treatment	No	No	No	No
24515	Open treatment of humeral shaft fracture with plate/screws; with or without cerclage		Open Treatment	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
24530	Closed treatment of supracondylar or transcondylar humeral fracture; with or without intercondylar extension; without manipulation		Closed Treatment	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
24538	Percutaneous skeletal fixation of supracondylar or transcondylar humeral fracture; with or without intercondylar extension		Fixation	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
24546	Open treatment of humeral supracondylar or transcondylar fracture; includes internal fixation; when performed; with intercondylar extension		Open Treatment	No	No	No	No
24560	Closed treatment of humeral epicondylar fracture; medial or lateral; without manipulation		Closed Treatment	No	No	No	No
24565	Closed treatment of humeral epicondylar fracture; medial or lateral; with manipulation		Closed Treatment	No	No	No	No
24566	Percutaneous skeletal fixation of humeral epicondylar fracture; medial or lateral; with manipulation		Fixation	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
24576	Closed treatment of humeral condylar fracture; medial or lateral; without manipulation		Closed Treatment	No	No	No	No
24577	Closed treatment of humeral condylar fracture; medial or lateral; with manipulation		Closed Treatment	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
24582	Percutaneous skeletal fixation of humeral condylar fracture; medial or lateral; with manipulation		Fixation	No	No	No	No
24586	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius);		Open Treatment	No	No	No	No
24587	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius); with implant arthroplasty		Open Treatment	No	No	No	No
24600	Treatment of closed elbow dislocation; without anesthesia		Dislocation	No	No	No	No
24605	Treatment of closed elbow dislocation; requiring anesthesia		Dislocation	No	No	No	No
24615	Open treatment of acute or chronic elbow dislocation		Open Treatment	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
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
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
24640	Closed treatment of radial head subluxation in child; nursemaid elbow; with manipulation		Closed Treatment	No	No	No	No
24650	Closed treatment of radial head or neck fracture; without manipulation		Closed Treatment	No	No	No	No
24655	Closed treatment of radial head or neck fracture; with manipulation		Closed Treatment	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
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
24670	Closed treatment of ulnar fracture; proximal end (eg; olecranon or coronoid process[es]); without manipulation		Closed Treatment	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
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
24800	Arthrodesis; elbow joint; local		Arthrodesis	No	No	No	No
24802	Arthrodesis; elbow joint; with autogenous graft (includes obtaining graft)		Arthrodesis	No	No	No	No
24900	Amputation; arm through humerus; with primary closure		Amputation	No	No	No	No
24920	Amputation; arm through humerus; open; circular (guillotine)		Amputation	No	No	No	No
24925	Amputation; arm through humerus; secondary closure or scar revision		Amputation	No	No	No	No
24930	Amputation; arm through humerus; re-amputation		Amputation	No	No	No	No
24931	Amputation; arm through humerus; with implant		Amputation	No	No	No	No
24935	Stump elongation; upper extremity		Amputation	No	No	No	No
24940	Cineplasty; upper extremity; complete procedure		Amputation	No	No	No	No
24999	Unlisted procedure; humerus or elbow		Unlisted Procedure	No	No	No	No
25000	Incision; extensor tendon sheath; wrist (eg; deQuervains disease)		Incision	No	No	No	No
25001	Incision; flexor tendon sheath; wrist (eg; flexor carpi radialis)		Incision	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
25023	Decompression fasciotomy; forearm and/or wrist; flexor OR extensor compartment; with debridement of nonviable muscle and/or nerve		Decompression	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
25025	Decompression fasciotomy; forearm and/or wrist; flexor AND extensor compartment; with debridement of nonviable muscle and/or nerve		Decompression	No	No	No	No
25028	Incision and drainage; forearm and/or wrist; deep abscess or hematoma		Incision/Drainage	No	No	No	No
25031	Incision and drainage; forearm and/or wrist; bursa		Incision/Drainage	No	No	No	No
25035	Incision; deep; bone cortex; forearm and/or wrist (eg; osteomyelitis or bone abscess)		Incision	No	No	No	No
25040	Arthrotomy; radiocarpal or midcarpal joint; with exploration; drainage; or removal of foreign body		Incision	No	No	No	No
25065	Biopsy; soft tissue of forearm and/or wrist; superficial		Biopsy	No	No	No	No
25066	Biopsy; soft tissue of forearm and/or wrist; deep (subfascial or intramuscular)		Biopsy	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
25073	Excision; tumor; soft tissue of forearm and/or wrist area; subfascial (eg; intramuscular); 3 cm or greater		Excision	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
25076	Excision; tumor; soft tissue of forearm and/or wrist area; subfascial (eg; intramuscular); less than 3 cm		Excision	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
25078	Radical resection of tumor (eg; sarcoma); soft tissue of forearm and/or wrist area; 3 cm or greater		Resection	No	No	No	No
25085	Capsulotomy; wrist (eg; contracture)		Excision	No	No	No	No
25100	Arthrotomy; wrist joint; with biopsy		Excision	No	No	No	No
25101	Arthrotomy; wrist joint; with joint exploration; with or without biopsy; with or without removal of loose or foreign body		Excision	No	No	No	No
25105	Arthrotomy; wrist joint; with synovectomy		Excision	No	No	No	No
25107	Arthrotomy; distal radioulnar joint including repair of triangular cartilage; complex1		Excision	No	No	No	No
25109	Excision of tendon; forearm and/or wrist; flexor or extensor; each		Excision	No	No	No	No
25110	Excision; lesion of tendon sheath; forearm and/or wrist		Excision	No	No	No	No
25111	Excision of ganglion; wrist (dorsal or volar); primary		Excision	No	No	No	No
25112	Excision of ganglion; wrist (dorsal or volar); recurrent		Excision	No	No	No	No
25115	Radical excision of bursa; synovia of wrist; or forearm tendon sheaths (eg; tenosynovitis; fungus; Tbc; or other granulomas; rheumatoid arthritis); flexors		Excision	No	No	No	No
25116	Radical excision of bursa; synovia of wrist; or forearm tendon sheaths (eg; tenosynovitis; fungus; Tbc; or other granulomas; rheumatoid arthritis); extensors; with or without transposition of dorsal retinaculum		Excision	No	No	No	No
25118	Synovectomy; extensor tendon sheath; wrist; single compartment;		Excision	No	No	No	No
25119	Synovectomy; extensor tendon sheath; wrist; single compartment; with resection of distal ulna		Excision	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
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
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
25130	Excision or curettage of bone cyst or benign tumor of carpal bones;		Excision	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
25136	Excision or curettage of bone cyst or benign tumor of carpal bones; with allograft		Excision	No	No	No	No
25145	Sequestrectomy (eg; for osteomyelitis or bone abscess); forearm and/or wrist		Removal	No	No	No	No
25150	Partial excision (craterization; saucerization; or diaphysectomy) of bone (eg; for osteomyelitis); ulna		Excision	No	No	No	No
25151	Partial excision (craterization; saucerization; or diaphysectomy) of bone (eg; for osteomyelitis); radius		Excision	No	No	No	No
25170	Radical resection of tumor; radius or ulna		Resection	No	No	No	No
25210	Carpectomy; 1 bone		Excision	No	No	No	No
25215	Carpectomy; all bones of proximal row		Excision	No	No	No	No
25230	Radial styloidectomy (separate procedure)		Excision	No	No	No	No
25240	Excision distal ulna partial or complete (eg; Darrach type or matched resection)		Excision	No	No	No	No
25246	Injection procedure for wrist arthrography		Introduction	No	No	No	No
25248	Exploration with removal of deep foreign body; forearm or wrist		Removal	No	No	No	No
25250	Removal of wrist prosthesis; (separate procedure)		Removal	No	No	No	No
25251	Removal of wrist prosthesis; complicated; including total wrist		Removal	No	No	No	No
25259	Manipulation; wrist; under anesthesia		Manipulation	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
25263	Repair; tendon or muscle; flexor; forearm and/or wrist; secondary; single; each tendon or muscle		Repair	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
25270	Repair; tendon or muscle; extensor; forearm and/or wrist; primary; single; each tendon or muscle		Repair	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
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
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
25280	Lengthening or shortening of flexor or extensor tendon; forearm and/or wrist; single; each tendon		Revision	No	No	No	No
25290	Tenotomy; open; flexor or extensor tendon; forearm and/or wrist; single; each tendon		Release	No	No	No	No
25295	Tenolysis; flexor or extensor tendon; forearm and/or wrist; single; each tendon		Removal	No	No	No	No
25300	Tenodesis at wrist; flexors of fingers		Repair	No	No	No	No
25301	Tenodesis at wrist; extensors of fingers		Repair	No	No	No	No
25310	Tendon transplantation or transfer; flexor or extensor; forearm and/or wrist; single; each tendon		Transplantation	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
25315	Flexor origin slide (eg; for cerebral palsy; Volkmann contracture); forearm and/or wrist;		Revision	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
25320	Capsulorrhaphy 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
25332	Arthroplasty; wrist; with or without interposition; with or without external or internal fixation		Arthroplasty	No	No	No	No
25335	Centralization of wrist on ulna (eg; radial club hand)		Revision	No	No	No	No
25337	Reconstruction for stabilization of unstable distal ulna or distal radioulnar joint; secondary by soft tissue stabilization (eg; tendon transfer; tendon graft or weave; or tenodesis) with or without open reduction of distal radioulnar joint		Reconstruction	No	No	No	No
25350	Osteotomy; radius; distal third		Removal	No	No	No	No
25355	Osteotomy; radius; middle or proximal third		Removal	No	No	No	No
25360	Osteotomy; ulna		Removal	No	No	No	No
25365	Osteotomy; radius AND ulna		Removal	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
25370	Multiple osteotomies; with realignment on intramedullary rod (Sofield type procedure); radius OR ulna		Removal	No	No	No	No
25375	Multiple osteotomies; with realignment on intramedullary rod (Sofield type procedure); radius AND ulna		Removal	No	No	No	No
25390	Osteoplasty; radius OR ulna; shortening		Removal	No	No	No	No
25391	Osteoplasty; radius OR ulna; lengthening with autograft		Removal	No	No	No	No
25392	Osteoplasty; radius AND ulna; shortening (excluding 64876)		Removal	No	No	No	No
25393	Osteoplasty; radius AND ulna; lengthening with autograft		Removal	No	No	No	No
25394	Osteoplasty; carpal bone; shortening		Removal	Yes	Yes	No	No
25400	Repair of nonunion or malunion; radius OR ulna; without graft (eg; compression technique)		Repair	No	No	No	No
25405	Repair of nonunion or malunion; radius OR ulna; with autograft (includes obtaining graft)		Repair	No	No	No	No
25415	Repair of nonunion or malunion; radius AND ulna; without graft (eg; compression technique)		Repair	No	No	No	No
25420	Repair of nonunion or malunion; radius AND ulna; with autograft (includes obtaining graft)		Repair	No	No	No	No
25425	Repair of defect with autograft; radius OR ulna		Repair	No	No	No	No
25426	Repair of defect with autograft; radius AND ulna		Repair	No	No	No	No
25430	Insertion of vascular pedicle into carpal bone (eg; Hori procedure)		Insertion	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
25440	Repair of nonunion; scaphoid carpal (navicular) bone; with or without radial styloidectomy (includes obtaining graft and necessary fixation)		Repair	No	No	No	No
25441	Arthroplasty with prosthetic replacement; distal radius		Arthroplasty	No	No	No	No
25442	Arthroplasty with prosthetic replacement; distal ulna		Arthroplasty	No	No	No	No
25443	Arthroplasty with prosthetic replacement; scaphoid carpal (navicular)		Arthroplasty	No	No	No	No
25444	Arthroplasty with prosthetic replacement; lunate		Arthroplasty	No	No	No	No
25445	Arthroplasty with prosthetic replacement; trapezium		Arthroplasty	No	No	No	No
25446	Arthroplasty with prosthetic replacement; distal radius and partial or entire carpus (total wrist)		Arthroplasty	No	No	No	No
25447	Arthroplasty; interposition; intercarpal or carpometacarpal joints		Arthroplasty	No	No	No	No
25449	Revision of arthroplasty; including removal of implant; wrist joint		Revision	No	No	No	No
25450	Epiphyseal arrest by epiphysiodesis or stapling; distal radius OR ulna		Revision	No	No	No	No
25455	Epiphyseal arrest by epiphysiodesis or stapling; distal radius AND ulna		Revision	No	No	No	No
25490	Prophylactic treatment (nailing; pinning; plating or wiring) with or without methylmethacrylate; radius		Repair	No	No	No	No
25491	Prophylactic treatment (nailing; pinning; plating or wiring) with or without methylmethacrylate; ulna		Repair	No	No	No	No
25492	Prophylactic treatment (nailing; pinning; plating or wiring) with or without methylmethacrylate; radius AND ulna		Repair	No	No	No	No
25500	Closed treatment of radial shaft fracture; without manipulation		Closed Treatment	No	No	No	No
25505	Closed treatment of radial shaft fracture; with manipulation		Closed Treatment	No	No	No	No
25515	Open treatment of radial shaft fracture; includes internal fixation; when performed		Open Treatment	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
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
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
25530	Closed treatment of ulnar shaft fracture; without manipulation		Closed Treatment	No	No	No	No
25535	Closed treatment of ulnar shaft fracture; with manipulation		Closed Treatment	No	No	No	No
25545	Open treatment of ulnar shaft fracture; includes internal fixation; when performed		Open Treatment	No	No	No	No
25560	Closed treatment of radial and ulnar shaft fractures; without manipulation		Closed Treatment	No	No	No	No
25565	Closed treatment of radial and ulnar shaft fractures; with manipulation		Closed Treatment	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
25575	Open treatment of radial AND ulnar shaft fractures; with internal fixation; when performed; of radius AND ulna		Open Treatment	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
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
25606	Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation		Fixation	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
25608	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments		Open Treatment	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
25622	Closed treatment of carpal scaphoid (navicular) fracture; without manipulation		Closed Treatment	No	No	No	No
25624	Closed treatment of carpal scaphoid (navicular) fracture; with manipulation		Closed Treatment	No	No	No	No
25628	Open treatment of carpal scaphoid (navicular) fracture; includes internal fixation; when performed		Open Treatment	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
25635	Closed treatment of carpal bone fracture (excluding carpal scaphoid [navicular]); with manipulation; each bone		Closed Treatment	No	No	No	No
25645	Open treatment of carpal bone fracture (other than carpal scaphoid [navicular]); each bone		Open Treatment	No	No	No	No
25650	Closed treatment of ulnar styloid fracture		Closed Treatment	No	No	No	No
25651	Percutaneous skeletal fixation of ulnar styloid fracture		Fixation	No	No	No	No
25652	Open treatment of ulnar styloid fracture		Open Treatment	No	No	No	No
25660	Closed treatment of radiocarpal or intercarpal dislocation; 1 or more bones; with manipulation		Closed Treatment	No	No	No	No
25670	Open treatment of radiocarpal or intercarpal dislocation; 1 or more bones		Open Treatment	No	No	No	No
25671	Percutaneous skeletal fixation of distal radioulnar dislocation		Fixation	No	No	No	No
25675	Closed treatment of distal radioulnar dislocation with manipulation		Closed Treatment	No	No	No	No
25676	Open treatment of distal radioulnar dislocation; acute or chronic		Open Treatment	No	No	No	No
25680	Closed treatment of trans-scaphoperilunar type of fracture dislocation; with manipulation		Closed Treatment	No	No	No	No
25685	Open treatment of trans-scaphoperilunar type of fracture dislocation		Open Treatment	No	No	No	No
25690	Closed treatment of lunate dislocation; with manipulation		Open Treatment	No	No	No	No
25695	Open treatment of lunate dislocation		Open Treatment	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
25805	Arthrodesis; wrist; with sliding graft		Arthrodesis	No	No	No	No
25810	Arthrodesis; wrist; with iliac or other autograft (includes obtaining graft)		Arthrodesis	No	No	No	No
25820	Arthrodesis; wrist; limited; without bone graft (eg; intercarpal or radiocarpal)		Arthrodesis	No	No	No	No
25825	Arthrodesis; wrist; with autograft (includes obtaining graft)		Arthrodesis	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
25900	Amputation; forearm; through radius and ulna;		Amputation	No	No	No	No
25905	Amputation; forearm; through radius and ulna; open; circular (guillotine)		Amputation	No	No	No	No
25907	Amputation; forearm; through radius and ulna; secondary closure or scar revision		Amputation	No	No	No	No
25909	Amputation; forearm; through radius and ulna; re-amputation		Amputation	No	No	No	No
25915	Krukenberg procedure		Amputation	No	No	No	No
25920	Disarticulation through wrist;		Amputation	No	No	No	No
25922	Disarticulation through wrist; secondary closure or scar revision		Amputation	No	No	No	No
25924	Disarticulation through wrist; re-amputation		Amputation	No	No	No	No
25927	Transmetacarpal amputation;		Amputation	No	No	No	No
25929	Transmetacarpal amputation; secondary closure or scar revision		Amputation	No	No	No	No
25931	Transmetacarpal amputation; re-amputation		Amputation	No	No	No	No
25999	Unlisted procedure; forearm or wrist		Unlisted Procedure	No	No	No	No
26010	Drainage of finger abscess; simple		Incision/Drainage	No	No	No	No
26011	Drainage of finger abscess; complicated (eg; felon)		Incision/Drainage	No	No	No	No
26020	Drainage of tendon sheath; digit and/or palm; each		Incision/Drainage	No	No	No	No
26025	Drainage of palmar bursa; single; bursa		Incision/Drainage	No	No	No	No
26030	Drainage of palmar bursa; multiple bursa		Incision/Drainage	No	No	No	No
26034	Incision; bone cortex; hand or finger (eg; osteomyelitis or bone abscess)		Incision	No	No	No	No
26035	Decompression fingers and/or hand; injection injury (eg; grease gun)		Decompression	No	No	No	No
26037	Decompressive fasciotomy; hand (excludes 26035)		Decompression	No	No	No	No
26040	Fasciotomy; palmar (eg; Dupuytren's contracture); percutaneous		Incision	No	No	No	No
26045	Fasciotomy; palmar (eg; Dupuytren's contracture); open; partial		Incision	No	No	No	No
26055	Tendon sheath incision (eg; for trigger finger)		Incision	No	No	No	No
26060	Tenotomy; percutaneous; single; each digit		Release	No	No	No	No
26070	Arthrotomy; with exploration; drainage; or removal of loose or foreign body; carpometacarpal joint		Incision	No	No	No	No
26075	Arthrotomy; with exploration; drainage; or removal of loose or foreign body; metacarpophalangeal joint; each		Incision	No	No	No	No
26080	Arthrotomy; with exploration; drainage; or removal of loose or foreign body; interphalangeal joint; each		Incision	No	No	No	No
26100	Arthrotomy with biopsy; carpometacarpal joint; each		Biopsy	No	No	No	No
26105	Arthrotomy with biopsy; metacarpophalangeal joint; each		Biopsy	No	No	No	No
26110	Arthrotomy with biopsy; interphalangeal joint; each		Biopsy	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
26113	Excision; tumor; soft tissue; or vascular malformation; of hand or finger; subfascial (eg; intramuscular); 1.5 cm or greater		Excision	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
26115	Excision; tumor or vascular malformation; soft tissue of hand or finger; subcutaneous; less than 1.5 cm		Excision	No	No	No	No
26116	Excision; tumor; soft tissue; or vascular malformation; of hand or finger; subfascial (eg; intramuscular); less than 1.5 cm		Excision	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
26118	Radical resection of tumor (eg; sarcoma); soft tissue of hand or finger; 3 cm or greater		Resection	No	No	No	No
26121	Fasciectomy; palm only; with or without Z-plasty; other local tissue rearrangement; or skin grafting (includes obtaining graft)		Excision	No	No	No	No
26123	Fasciectomy; partial palmar with release of single digit including proximal interphalangeal joint; with or without Z-plasty; other local tissue rearrangement; or skin grafting (includes obtaining graft);		Excision	No	No	No	No
26125	Fasciectomy; partial palmar with release of single digit including proximal interphalangeal joint; with or without Z-plasty; other local tissue rearrangement; or skin grafting (includes obtaining graft); each additional digit (List separately in addition to code for primary procedure)		Excision	No	No	No	No
26130	Synovectomy; carpometacarpal joint		Excision	No	No	No	No
26135	Synovectomy; metacarpophalangeal joint including intrinsic release and extensor hood reconstruction; each digit		Reconstruction	No	No	No	No
26140	Synovectomy; proximal interphalangeal joint; including extensor reconstruction; each interphalangeal joint		Reconstruction	No	No	No	No
26145	Synovectomy; tendon sheath; radical (tenosynovectomy); flexor tendon; palm and/or finger; each tendon		Excision	No	No	No	No
26160	Excision of lesion of tendon sheath or joint capsule (eg; cyst; mucous cyst; or ganglion); hand or finger		Excision	No	No	No	No
26170	Excision of tendon; palm; flexor or extensor; single; each tendon		Excision	No	No	No	No
26180	Excision of tendon; finger; flexor or extensor; each tendon		Excision	No	No	No	No
26185	Sesamoidectomy; thumb or finger (separate procedure)		Excision	No	No	No	No
26200	Excision or curettage of bone cyst or benign tumor of metacarpal;		Excision	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
26210	Excision or curettage of bone cyst or benign tumor of proximal; middle; or distal phalanx of finger;		Excision	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
26230	Partial excision (craterization; saucerization; or diaphysectomy) bone (eg; osteomyelitis); metacarpal		Excision	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
26236	Partial excision (craterization; saucerization; or diaphysectomy) bone (eg; osteomyelitis); distal phalanx of finger		Excision	No	No	No	No
26250	Radical resection of tumor; metacarpal		Resection	No	No	No	No
26260	Radical resection of tumor; proximal or middle phalanx of finger		Resection	No	No	No	No
26262	Radical resection of tumor; distal phalanx of finger		Resection	No	No	No	No
26320	Removal of implant from finger or hand		Removal	No	No	No	No
26340	Manipulation; finger joint; under anesthesia; each joint		Manipulation	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
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
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
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
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
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
26370	Repair or advancement of profundus tendon; with intact superficialis tendon; primary; each tendon		Repair	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
26373	Repair or advancement of profundus tendon; with intact superficialis tendon; secondary without free graft; each tendon		Repair	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
26392	Removal of synthetic rod and insertion of flexor tendon graft; hand or finger (includes obtaining graft); each rod		Removal	No	No	No	No
26410	Repair; extensor tendon; hand; primary or secondary; without free graft; each tendon		Repair	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
26415	Excision of extensor tendon; with implantation of synthetic rod for delayed tendon graft; hand or finger; each rod		Excision	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
26418	Repair; extensor tendon; finger; primary or secondary; without free graft; each tendon		Repair	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
26426	Repair of extensor tendon; central slip; secondary (eg; boutonniere deformity); using local tissue(s); including lateral band(s); each finger		Repair	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
26432	Closed treatment of distal extensor tendon insertion; with or without percutaneous pinning (eg; mallet finger)		Closed Treatment	No	No	No	No
26433	Repair of extensor tendon; distal insertion; primary or secondary; without graft (eg; mallet finger)		Repair	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
26437	Realignment of extensor tendon; hand; each tendon		Revision	No	No	No	No
26440	Tenolysis; flexor tendon; palm OR finger; each tendon		Removal	No	No	No	No
26442	Tenolysis; flexor tendon; palm AND finger; each tendon		Removal	No	No	No	No
26445	Tenolysis; extensor tendon; hand OR finger; each tendon		Removal	No	No	No	No
26449	Tenolysis; complex; extensor tendon; finger; including forearm; each tendon		Removal	No	No	No	No
26450	Tenotomy; flexor; palm; open; each tendon		Release	No	No	No	No
26455	Tenotomy; flexor; finger; open; each tendon		Release	No	No	No	No
26460	Tenotomy; extensor; hand or finger; open; each tendon		Release	No	No	No	No
26471	Tenodesis; of proximal interphalangeal joint; each joint		Repair	No	No	No	No
26474	Tenodesis; of distal joint; each joint		Repair	No	No	No	No
26476	Lengthening of tendon; extensor; hand or finger; each tendon		Revision	No	No	No	No
26477	Shortening of tendon; extensor; hand or finger; each tendon		Revision	No	No	No	No
26478	Lengthening of tendon; flexor; hand or finger; each tendon		Revision	No	No	No	No
26479	Shortening of tendon; flexor; hand or finger; each tendon		Revision	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
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
26485	Transfer or transplant of tendon; palmar; without free tendon graft; each tendon		Transplantation	Yes	Yes	Yes	No
26489	Transfer or transplant of tendon; palmar; with free tendon graft (includes obtaining graft); each tendon		Transplantation	Yes	Yes	Yes	No
26490	Opponensplasty; superficialis tendon transfer type; each tendon		Transplantation	Yes	Yes	Yes	No
26492	Opponensplasty; tendon transfer with graft (includes obtaining graft); each tendon		Transplantation	Yes	Yes	Yes	No
26494	Opponensplasty; hypothenar muscle transfer		Transplantation	Yes	Yes	Yes	No
26496	Opponensplasty; other methods		Transplantation	Yes	Yes	Yes	No
26497	Transfer of tendon to restore intrinsic function; ring and small finger		Transplantation	Yes	Yes	Yes	No
26498	Transfer of tendon to restore intrinsic function; all 4 fingers		Transplantation	Yes	Yes	Yes	No
26499	Correction claw finger; other methods		Revision	No	No	No	No
26500	Reconstruction of tendon pulley; each tendon; with local tissues (separate procedure)		Reconstruction	No	No	No	No
26502	Reconstruction of tendon pulley; each tendon; with tendon or fascial graft (includes obtaining graft) (separate procedure)		Reconstruction	No	No	No	No
26508	Release of thenar muscle(s) (eg; thumb contracture)		Release	No	No	No	No
26510	Cross intrinsic transfer; each tendon		Transplantation	Yes	Yes	Yes	No
26516	Capsulodesis; metacarpophalangeal joint; single digit		Repair	No	No	No	No
26517	Capsulodesis; metacarpophalangeal joint; 2 digits		Repair	No	No	No	No
26518	Capsulodesis; metacarpophalangeal joint; 3 or 4 digits		Repair	No	No	No	No
26520	Capsulectomy or capsulotomy; metacarpophalangeal joint; each joint		Release	No	No	No	No
26525	Capsulectomy or capsulotomy; interphalangeal joint; each joint		Release	No	No	No	No
26530	Arthroplasty; metacarpophalangeal joint; each joint		Arthroplasty	No	No	No	No
26531	Arthroplasty; metacarpophalangeal joint; with prosthetic implant; each joint		Arthroplasty	No	No	No	No
26535	Arthroplasty; interphalangeal joint; each joint		Arthroplasty	No	No	No	No
26536	Arthroplasty; interphalangeal joint; with prosthetic implant; each joint		Arthroplasty	No	No	No	No
26540	Repair of collateral ligament; metacarpophalangeal or interphalangeal joint		Repair	No	No	No	No
26541	Reconstruction; collateral ligament; metacarpophalangeal joint; single; with tendon or fascial graft (includes obtaining graft)		Reconstruction	No	No	No	No
26542	Reconstruction; collateral ligament; metacarpophalangeal joint; single; with local tissue (eg; adductor advancement)		Reconstruction	No	No	No	No
26545	Reconstruction; collateral ligament; interphalangeal joint; single; including graft; each joint		Reconstruction	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
26546	Repair non-union; metacarpal or phalanx (includes obtaining bone graft with or without external or internal fixation)		Repair	No	No	No	No
26548	Repair and reconstruction; finger; volar plate; interphalangeal joint		Repair	No	No	No	No
26550	Pollicization of a digit		Reconstruction	No	No	No	No
26551	Transfer; toe-to-hand with microvascular anastomosis; great toe wrap-around with bone graft		Transplantation	No	No	No	No
26553	Transfer; toe-to-hand with microvascular anastomosis; other than great toe; single		Transplantation	No	No	No	No
26554	Transfer; toe-to-hand with microvascular anastomosis; other than great toe; double		Transplantation	No	No	No	No
26555	Transfer; finger to another position without microvascular anastomosis		Transplantation	No	No	No	No
26556	Transfer; free toe joint; with microvascular anastomosis		Transplantation	No	No	No	No
26560	Repair of syndactyly (web finger) each web space; with skin flaps		Repair	No	No	No	No
26561	Repair of syndactyly (web finger) each web space; with skin flaps and grafts		Repair	No	No	No	No
26562	Repair of syndactyly (web finger) each web space; complex (eg; involving bone; nails)		Repair	No	No	No	No
26565	Osteotomy; metacarpal; each		Removal	No	No	No	No
26567	Osteotomy; phalanx of finger; each		Removal	No	No	No	No
26568	Osteoplasty; lengthening; metacarpal or phalanx		Removal	No	No	No	No
26580	Repair cleft hand		Removal	No	No	No	No
26587	Reconstruction of polydactylous digit; soft tissue and bone		Reconstruction	No	No	No	No
26590	Repair macrodactylia; each digit		Repair	No	No	No	No
26591	Repair; intrinsic muscles of hand; each muscle		Repair	No	No	No	No
26593	Release; intrinsic muscles of hand; each muscle		Release	No	No	No	No
26596	Excision of constricting ring of finger; with multiple Z-plasties		Excision	No	No	No	No
26600	Closed treatment of metacarpal fracture; single; without manipulation; each bone		Closed Treatment	No	No	No	No
26605	Closed treatment of metacarpal fracture; single; with manipulation; each bone		Closed Treatment	No	No	No	No
26607	Closed treatment of metacarpal fracture; with manipulation; with external fixation; each bone		Closed Treatment	No	No	No	No
26608	Percutaneous skeletal fixation of metacarpal fracture; each bone		Fixation	Yes	Yes	Yes	No
26615	Open treatment of metacarpal fracture; single; includes internal fixation; when performed; each bone		Open Treatment	No	No	No	No
26641	Closed treatment of carpometacarpal dislocation; thumb; with manipulation		Closed Treatment	No	No	No	No
26645	Closed treatment of carpometacarpal fracture dislocation; thumb (Bennett fracture); with manipulation		Closed Treatment	No	No	No	No
26650	Percutaneous skeletal fixation of carpometacarpal fracture dislocation; thumb (Bennett fracture); with manipulation		Fixation	Yes	Yes	Yes	No
26665	Open treatment of carpometacarpal fracture dislocation; thumb (Bennett fracture); includes internal fixation; when performed		Open Treatment	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
26675	Closed treatment of carpometacarpal dislocation; other than thumb; with manipulation; each joint; requiring anesthesia		Closed Treatment	No	No	No	No
26676	Percutaneous skeletal fixation of carpometacarpal dislocation; other than thumb; with manipulation; each joint		Fixation	Yes	Yes	Yes	No
26685	Open treatment of carpometacarpal dislocation; other than thumb; includes internal fixation; when performed; each joint		Open Treatment	No	No	No	No
26686	Open treatment of carpometacarpal dislocation; other than thumb; complex; multiple; or delayed reduction		Open Treatment	No	No	No	No
26700	Closed treatment of metacarpophalangeal dislocation; single; with manipulation; without anesthesia		Closed Treatment	No	No	No	No
26705	Closed treatment of metacarpophalangeal dislocation; single; with manipulation; requiring anesthesia		Closed Treatment	No	No	No	No
26706	Percutaneous skeletal fixation of metacarpophalangeal dislocation; single; with manipulation		Fixation	Yes	Yes	Yes	No
26715	Open treatment of metacarpophalangeal dislocation; single; includes internal fixation; when performed		Open Treatment	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
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
26727	Percutaneous skeletal fixation of unstable phalangeal shaft fracture; proximal or middle phalanx; finger or thumb; with manipulation; each		Fixation	Yes	Yes	Yes	No
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
26740	Closed treatment of articular fracture; involving metacarpophalangeal or interphalangeal joint; without manipulation; each		Closed Treatment	No	No	No	No
26742	Closed treatment of articular fracture; involving metacarpophalangeal or interphalangeal joint; with manipulation; each		Closed Treatment	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
26750	Closed treatment of distal phalangeal fracture; finger or thumb; without manipulation; each		Closed Treatment	No	No	No	No
26755	Closed treatment of distal phalangeal fracture; finger or thumb; with manipulation; each		Closed Treatment	No	No	No	No
26756	Percutaneous skeletal fixation of distal phalangeal fracture; finger or thumb; each		Fixation	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
26770	Closed treatment of interphalangeal joint dislocation; single; with manipulation; without anesthesia		Closed Treatment	No	No	No	No
26775	Closed treatment of interphalangeal joint dislocation; single; with manipulation; requiring anesthesia		Closed Treatment	No	No	No	No
26776	Percutaneous skeletal fixation of interphalangeal joint dislocation; single; with manipulation		Fixation	No	No	No	No
26785	Open treatment of interphalangeal joint dislocation; includes internal fixation; when performed; single		Open Treatment	No	No	No	No
26820	Fusion in opposition; thumb; with autogenous graft (includes obtaining graft)		Fusion	No	No	No	No
26841	Arthrodesis; carpometacarpal joint; thumb; with or without internal fixation;		Arthrodesis	No	No	No	No
26842	Arthrodesis; carpometacarpal joint; thumb; with or without internal fixation; with autograft (includes obtaining graft)		Arthrodesis	No	No	No	No
26843	Arthrodesis; carpometacarpal joint; digit; other than thumb; each;		Arthrodesis	No	No	No	No
26844	Arthrodesis; carpometacarpal joint; digit; other than thumb; each; with autograft (includes obtaining graft)		Arthrodesis	No	No	No	No
26850	Arthrodesis; metacarpophalangeal joint; with or without internal fixation;		Arthrodesis	No	No	No	No
26852	Arthrodesis; metacarpophalangeal joint; with or without internal fixation; with autograft (includes obtaining graft)		Arthrodesis	No	No	No	No
26860	Arthrodesis; interphalangeal joint; with or without internal fixation;		Arthrodesis	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
26862	Arthrodesis; interphalangeal joint; with or without internal fixation; with autograft (includes obtaining graft)		Arthrodesis	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
26910	Amputation; metacarpal; with finger or thumb (ray amputation); single; with or without interosseous transfer		Amputation	No	No	No	No
26951	Amputation; finger or thumb; primary or secondary; any joint or phalanx; single; including neurectomies; with direct closure		Amputation	No	No	No	No
26952	Amputation; finger or thumb; primary or secondary; any joint or phalanx; single; including neurectomies; with local advancement flaps (V-Y; hood)		Amputation	No	No	No	No
26989	Unlisted procedure; hands or fingers		Unlisted Procedure	Yes	Yes	Yes	No
26990	Incision and drainage; pelvis or hip joint area; deep abscess or hematoma		Incision/Drainage	No	No	No	No
26991	Incision and drainage; pelvis or hip joint area; infected bursa		Incision/Drainage	No	No	No	No
26992	Incision; bone cortex; pelvis and/or hip joint (eg; osteomyelitis or bone abscess)		Incision	No	No	No	No
27000	Tenotomy; adductor of hip; percutaneous (separate procedure)		Release	No	No	No	No
27001	Tenotomy; adductor of hip; open		Release	No	No	No	No
27003	Tenotomy; adductor; subcutaneous; open; with obturator neurectomy		Release	No	No	No	No
27005	Tenotomy; hip flexor(s); open (separate procedure)		Release	No	No	No	No
27006	Tenotomy; abductors and/or extensor(s) of hip; open (separate procedure)		Release	No	No	No	No
27025	Fasciotomy; hip or thigh; any type		Incision	No	No	No	No
27027	Decompression fasciotomy(ies); pelvic (buttock) compartment(s) (eg; gluteus medius-minimus; gluteus maximus; iliopsoas; and/or tensor fascia lata muscle); unilateral		Decompression	Yes	Yes	Yes	No
27030	Arthrotomy; hip; with drainage (eg; infection)		Incision	No	No	No	No
27033	Arthrotomy; hip; including exploration or removal of loose or foreign body		Incision	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
27036	Capsulectomy or capsulotomy; hip; with or without excision of heterotopic bone; with release of hip flexor muscles (ie; gluteus medius; gluteus minimus; tensor fascia latae; rectus femoris; sartorius; iliopsoas)		Release	No	No	No	No
27040	Biopsy; soft tissue of pelvis and hip area; superficial		Biopsy	No	No	No	No
27041	Biopsy; soft tissue of pelvis and hip area; deep; subfascial or intramuscular		Biopsy	No	No	No	No
27043	Excision; tumor; soft tissue of pelvis and hip area; subcutaneous; 3 cm or greater		Excision	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
27047	Excision; tumor; soft tissue of pelvis and hip area; subcutaneous; less than 3 cm		Excision	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
27049	Radical resection of tumor (eg; sarcoma); soft tissue of pelvis and hip area; less than 5 cm		Resection	No	No	No	No
27050	Arthrotomy; with biopsy; sacroiliac joint		Biopsy	No	No	No	No
27052	Arthrotomy; with biopsy; hip joint		Biopsy	No	No	No	No
27054	Arthrotomy with synovectomy; hip joint		Excision	No	No	No	No
27057	Decompression fasciotomy(ies); pelvic (buttock) compartment(s) (eg; gluteus medius-minimus; gluteus maximus; iliopsoas; and/or tensor fascia lata muscle) with debridement of nonviable muscle; unilateral		Decompression	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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
27060	Excision; ischial bursa		Excision	No	No	No	No
27062	Excision; trochanteric bursa or calcification		Excision	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
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
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
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
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
27075	Radical resection of tumor; wing of ilium; 1 pubic or ischial ramus or symphysis pubis		Resection	No	No	No	No
27076	Radical resection of tumor; ilium; including acetabulum; both pubic rami; or ischium and acetabulum		Resection	No	No	No	No
27077	Radical resection of tumor; innominate bone; total8		Resection	No	No	No	No
27078	Radical resection of tumor; ischial tuberosity and greater trochanter of femur		Resection	No	No	No	No
27080	Coccygectomy; primary		Excision	No	No	No	No
27086	Removal of foreign body; pelvis or hip; subcutaneous tissue		Removal	No	No	No	No
27087	Removal of foreign body; pelvis or hip; deep (subfascial or intramuscular)		Removal	No	No	No	No
27090	Removal of hip prosthesis; (separate procedure)		Removal	No	No	Yes	Yes
27091	Removal of hip prosthesis; complicated; including total hip prosthesis; methylmethacrylate with or without insertion of spacer		Removal	Yes	Yes	Yes	Yes
27093	Injection procedure for hip arthrography; without anesthesia		Introduction	No	No	No	No
27095	Injection procedure for hip arthrography; with anesthesia		Introduction	No	No	No	No
27096	Injection procedure for sacroiliac joint; anesthetic/steroid; with image guidance (fluoroscopy or CT) including arthrography when performed		Introduction	No	No	No	Yes
27097	Release or recession; hamstring; proximal		Release	No	No	No	No
27098	Transfer; adductor to ischium		Transplantation	Yes	Yes	Yes	No
27100	Transfer external oblique muscle to greater trochanter including fascial or tendon extension (graft)		Transplantation	Yes	Yes	Yes	No
27105	Transfer paraspinal muscle to hip (includes fascial or tendon extension graft)		Transplantation	Yes	Yes	Yes	No
27110	Transfer iliopsoas; to greater trochanter of femur		Transplantation	Yes	Yes	Yes	No
27111	Transfer iliopsoas; to femoral neck		Transplantation	Yes	Yes	Yes	No
27120	Acetabuloplasty; (eg; Whitman; Colonna; Haygroves; or cup type)		Revision	No	No	No	No
27122	Acetabuloplasty; resection; femoral head (eg; Girdlestone procedure)		Resection	No	No	No	No
27125	Hemiarthroplasty; hip; partial (eg; femoral stem prosthesis; bipolar arthroplasty)		Repair	No	No	Yes	Yes
27130	Arthroplasty; acetabular and proximal femoral prosthetic replacement (total hip arthroplasty); with or without autograft or allograft		Arthroplasty	Yes	Yes	Yes	Yes
27132	Conversion of previous hip surgery to total hip arthroplasty; with or without autograft or allograft		Revision	Yes	Yes	Yes	Yes
27134	Revision of total hip arthroplasty; both components; with or without autograft or allograft		Revision	Yes	Yes	Yes	Yes
27137	Revision of total hip arthroplasty; acetabular component only; with or without autograft or allograft		Revision	Yes	Yes	Yes	Yes
27138	Revision of total hip arthroplasty; femoral component only; with or without allograft		Revision	Yes	Yes	Yes	Yes
27140	Osteotomy and transfer of greater trochanter of femur (separate procedure)		Removal	Yes	Yes	No	No
27146	Osteotomy; iliac; acetabular or innominate bone;		Removal	Yes	Yes	No	No
27147	Osteotomy; iliac; acetabular or innominate bone; with open reduction of hip		Removal	Yes	Yes	No	No
27151	Osteotomy; iliac; acetabular or innominate bone; with femoral osteotomy		Removal	Yes	Yes	No	No
27156	Osteotomy; iliac; acetabular or innominate bone; with femoral osteotomy and with open reduction of hip		Removal	Yes	Yes	No	No
27158	Osteotomy; pelvis; bilateral (eg; congenital malformation)		Removal	Yes	Yes	No	No
27161	Osteotomy; femoral neck (separate procedure)		Removal	Yes	Yes	No	No
27165	Osteotomy; intertrochanteric or subtrochanteric including internal or external fixation and/or cast		Removal	Yes	Yes	No	No
27170	Bone graft; femoral head; neck; intertrochanteric or subtrochanteric area (includes obtaining bone graft)		Grafts	Yes	Yes	No	No
27175	Treatment of slipped femoral epiphysis; by traction; without reduction		Repair	No	No	No	No
27176	Treatment of slipped femoral epiphysis; by single or multiple pinning; in situ2		Repair	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
27178	Open treatment of slipped femoral epiphysis; closed manipulation with single or multiple pinning		Open Treatment	Yes	Yes	No	No
27179	Open treatment of slipped femoral epiphysis; osteoplasty of femoral neck (Heyman type procedure)		Open Treatment	Yes	Yes	No	No
27181	Open treatment of slipped femoral epiphysis; osteotomy and internal fixation		Open Treatment	Yes	Yes	No	No
27185	Epiphyseal arrest by epiphysiodesis or stapling; greater trochanter of femur		Revision	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
27197	Closed treatment of posterior pelvic ring fracture(s); dislocation(s); diastasis or subluxation of the ilium; sacroiliac joint; and/or sacrum; with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami; unilateral or bilateral; without manipulation		Closed Treatment	No	No	No	No
27198	Closed treatment of posterior pelvic ring fracture(s); dislocation(s); diastasis or subluxation of the ilium; sacroiliac joint; and/or sacrum; with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami; unilateral or bilateral; with manipulation; requiring more than local anesthesia (ie; general anesthesia; moderate sedation; spinal/epidural)		Closed Treatment	No	No	No	No
27200	Closed treatment of coccygeal fracture		Closed Treatment	No	No	No	No
27202	Open treatment of coccygeal fracture		Open Treatment	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
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
27217	Open treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns that disrupt the pelvic ring; unilateral; includes internal fixation; when performed (includes pubic symphysis and/or ipsilateral superior/inferior rami)		Open Treatment	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
27220	Closed treatment of acetabulum (hip socket) fracture(s); without manipulation		Closed Treatment	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
27226	Open treatment of posterior or anterior acetabular wall fracture; with internal fixation		Open Treatment	No	No	No	No
27227	Open treatment of acetabular fracture(s) involving anterior or posterior (one) column; or a fracture running transversely across the acetabulum; with internal fixation		Open Treatment	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
27230	Closed treatment of femoral fracture; proximal end; neck; without manipulation		Closed Treatment	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
27235	Percutaneous skeletal fixation of femoral fracture; proximal end; neck		Fixation	No	No	No	No
27236	Open treatment of femoral fracture; proximal end; neck; internal fixation or prosthetic replacement		Open Treatment	No	No	No	No
27238	Closed treatment of intertrochanteric; peritrochanteric; or subtrochanteric femoral fracture; without manipulation		Closed Treatment	No	No	No	No
27240	Closed treatment of intertrochanteric; peritrochanteric; or subtrochanteric femoral fracture; with manipulation; with or without skin or skeletal traction		Closed Treatment	No	No	No	No
27244	Treatment of intertrochanteric; peritrochanteric; or subtrochanteric femoral fracture; with plate/screw type implant; with or without cerclage		Other Procedure	No	No	No	No
27245	Treatment of intertrochanteric; peritrochanteric; or subtrochanteric femoral fracture; with intramedullary implant; with or without interlocking screws and/or cerclage		Other Procedure	No	No	No	No
27246	Closed treatment of greater trochanteric fracture; without manipulation		Closed Treatment	No	No	No	No
27248	Open treatment of greater trochanteric fracture; includes internal fixation; when performed		Open Treatment	No	No	No	No
27250	Closed treatment of hip dislocation; traumatic; without anesthesia		Closed Treatment	No	No	No	No
27252	Closed treatment of hip dislocation; traumatic; requiring anesthesia		Closed Treatment	No	No	No	No
27253	Open treatment of hip dislocation; traumatic; without internal fixation		Open Treatment	Yes	Yes	Yes	No
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
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
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
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
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
27265	Closed treatment of post hip arthroplasty dislocation; without anesthesia		Closed Treatment	No	No	No	No
27266	Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia		Closed Treatment	No	No	No	No
27267	Closed treatment of femoral fracture; proximal end; head; without manipulation		Closed Treatment	No	No	No	No
27268	Closed treatment of femoral fracture; proximal end; head; with manipulation		Closed Treatment	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
27269	Open treatment of femoral fracture; proximal end; head; includes internal fixation; when performed		Open Treatment	No	No	No	No
27275	Manipulation; hip joint; requiring general anesthesia		Manipulation	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 transfixation device		Placement	Yes	Yes	Yes	Yes
27279	Arthrodesis; sacroiliac joint; percutaneous or minimally invasive (indirect visualization); with image guidance; includes obtaining bone graft when performed; and placement of transfixing device		Arthrodesis	Yes	Yes	yes	Yes
27280	Arthrodesis; open; sacroiliac joint, open, includes obtaining bone graft; including instrumentation; when performed		Arthrodesis	Yes	Yes	yes	Yes
27282	Arthrodesis; symphysis pubis (including obtaining graft)		Arthrodesis	Yes	Yes	Yes	No
27284	Arthrodesis; hip joint (including obtaining graft);		Arthrodesis	Yes	Yes	Yes	No
27286	Arthrodesis; hip joint (including obtaining graft); with subtrochanteric osteotomy		Arthrodesis	Yes	Yes	Yes	No
27290	Interpelviabdominal amputation (hindquarter amputation)		Amputation	Yes	Yes	Yes	No
27295	Disarticulation of hip		Amputation	Yes	Yes	Yes	No
27299	Unlisted procedure; pelvis or hip joint		Unlisted Procedure	Yes	Yes	Yes	No
27301	Incision and drainage; deep abscess; bursa; or hematoma; thigh or knee region		Incision/Drainage	No	No	No	No
27303	Incision; deep; with opening of bone cortex; femur or knee (eg; osteomyelitis or bone abscess)		Incision	Yes	Yes	No	No
27305	Fasciotomy; iliotibial (tenotomy); open		Release	Yes	Yes	No	No
27306	Tenotomy; percutaneous; adductor or hamstring; single tendon (separate procedure)		Release	No	No	No	No
27307	Tenotomy; percutaneous; adductor or hamstring; multiple tendons		Release	No	No	No	No
27310	Arthrotomy; knee; with exploration; drainage; or removal of foreign body (eg; infection)		Exploratory	Yes	Yes	No	No
27323	Biopsy; soft tissue of thigh or knee area; superficial		Biopsy	No	No	No	No
27324	Biopsy; soft tissue of thigh or knee area; deep (subfascial or intramuscular)		Biopsy	No	No	No	No
27325	Neurectomy; hamstring muscle		Excision	No	No	No	No
27326	Neurectomy; popliteal (gastrocnemius)		Excision	No	No	No	No
27327	Excision; tumor; soft tissue of thigh or knee area; subcutaneous; less than 3 cm		Excision	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
27329	Radical resection of tumor (eg; sarcoma); soft tissue of thigh or knee area; less than 5 cm		Resection	No	No	No	No
27330	Arthrotomy; knee; with synovial biopsy only		Biopsy	No	No	No	No
27331	Arthrotomy; knee; including joint exploration; biopsy; or removal of loose or foreign bodies		Biopsy	No	No	No	No
27332	Arthrotomy; with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral		Excision	No	No	No	No
27333	Arthrotomy; with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral		Excision	No	No	No	No
27334	Arthrotomy; with synovectomy; knee; anterior OR posterior		Excision	No	No	No	No
27335	Arthrotomy; with synovectomy; knee; anterior AND posterior including popliteal area		Excision	No	No	No	No
27337	Excision; tumor; soft tissue of thigh or knee area; subcutaneous; 3 cm or greater		Excision	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
27340	Excision; prepatellar bursa		Excision	No	No	No	No
27345	Excision of synovial cyst of popliteal space (eg; Baker's cyst)		Excision	No	No	No	No
27347	Excision of lesion of meniscus or capsule (eg; cyst; ganglion); knee		Excision	No	No	No	No
27350	Patellectomy or hemipatellectomy		Excision	No	No	No	No
27355	Excision or curettage of bone cyst or benign tumor of femur;		Excision	No	No	No	No
27356	Excision or curettage of bone cyst or benign tumor of femur; with allograft		Excision	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
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
27360	Partial excision (craterization; saucerization; or diaphysectomy) bone; femur; proximal tibia and/or fibula (eg; osteomyelitis or bone abscess)		Excision	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
27365	Radical resection of tumor; femur or knee		Resection	No	No	No	No
27369	Injection procedure for contrast knee arthography or contrast enhanced CT/MRI knee arthrography	See CPT for all parenthetical data.	Arthrocentesis	No	No	No	No
27372	Removal of foreign body; deep; thigh region or knee area		Removal	No	No	No	No
27380	Suture of infrapatellar tendon; primary		Repair	No	No	No	No
27381	Suture of infrapatellar tendon; secondary reconstruction; including fascial or tendon graft		Reconstruction	No	No	No	No
27385	Suture of quadriceps or hamstring muscle rupture; primary		Repair	No	No	No	No
27386	Suture of quadriceps or hamstring muscle rupture; secondary reconstruction; including fascial or tendon graft		Reconstruction	No	No	No	No
27390	Tenotomy; open; hamstring; knee to hip; single tendon		Release	No	No	No	No
27391	Tenotomy; open; hamstring; knee to hip; multiple tendons; 1 leg		Release	No	No	No	No
27392	Tenotomy; open; hamstring; knee to hip; multiple tendons; bilateral		Release	No	No	No	No
27393	Lengthening of hamstring tendon; single tendon		Revision	No	No	No	No
27394	Lengthening of hamstring tendon; multiple tendons; 1 leg		Revision	No	No	No	No
27395	Lengthening of hamstring tendon; multiple tendons; bilateral		Revision	No	No	No	No
27396	Transplant or transfer (with muscle redirection or rerouting); thigh (eg; extensor to flexor); single tendon		Transplantation	Yes	Yes	Yes	Yes
27397	Transplant or transfer (with muscle redirection or rerouting); thigh (eg; extensor to flexor); multiple tendons		Transplantation	Yes	Yes	No	No
27400	Transfer; tendon or muscle; hamstrings to femur (eg; Egger's type procedure)		Transplantation	Yes	Yes	No	No
27403	Arthrotomy with meniscus repair; knee		Repair	No	No	No	No
27405	Repair; primary; torn ligament and/or capsule; knee; collateral		Repair	No	No	No	No
27407	Repair; primary; torn ligament and/or capsule; knee; cruciate		Repair	No	No	No	No
27409	Repair; primary; torn ligament and/or capsule; knee; collateral and cruciate ligaments		Repair	No	No	No	No
27412	Autologous chondrocyte implantation; knee		Implant	Yes	Yes	Yes	Yes
27415	Osteochondral allograft; knee; open		Grafts	Yes	Yes	Yes	Yes
27416	Osteochondral autograft(s); knee; open (eg; mosaicplasty) (includes harvesting of autograft[s])		Grafts	Yes	Yes	No	No
27418	Anterior tibial tubercleplasty (eg; Maquet type procedure)		Revision	Yes	Yes	No	No
27420	Reconstruction of dislocating patella; (eg; Hauser type procedure)		Reconstruction	Yes	Yes	No	No
27422	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg; Campbell; Goldwaite type procedure)		Reconstruction	Yes	Yes	No	No
27424	Reconstruction of dislocating patella; with patellectomy		Reconstruction	Yes	Yes	No	No
27425	Lateral retinacular release; open		Release	Yes	Yes	No	No
27427	Ligamentous reconstruction (augmentation); knee; extra-articular		Reconstruction	Yes	Yes	No	No
27428	Ligamentous reconstruction (augmentation); knee; intra-articular (open)		Reconstruction	Yes	Yes	No	No
27429	Ligamentous reconstruction (augmentation); knee; intra-articular (open) and extra-articular		Reconstruction	Yes	Yes	No	No
27430	Quadricepsplasty (eg; Bennett or Thompson type)		Revision	Yes	Yes	No	No
27435	Capsulotomy; posterior capsular release; knee		Release	No	No	No	No
27437	Arthroplasty; patella; without prosthesis		Arthroplasty	Yes	Yes	Yes	Yes
27438	Arthroplasty; patella; with prosthesis		Arthroplasty	Yes	Yes	Yes	Yes
27440	Arthroplasty; knee; tibial plateau;		Arthroplasty	Yes	Yes	Yes	Yes
27441	Arthroplasty; knee; tibial plateau; with debridement and partial synovectomy		Arthroplasty	Yes	Yes	Yes	Yes
27442	Arthroplasty; femoral condyles or tibial plateau(s); knee;		Arthroplasty	Yes	Yes	Yes	Yes
27443	Arthroplasty; femoral condyles or tibial plateau(s); knee; with debridement and partial synovectomy		Arthroplasty	Yes	Yes	Yes	Yes
27445	Arthroplasty; knee; hinge prosthesis (eg; Walldius type)		Arthroplasty	Yes	Yes	Yes	Yes
27446	Arthroplasty; knee; condyle and plateau; medial OR lateral compartment		Arthroplasty	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
27448	Osteotomy; femur; shaft or supracondylar; without fixation		Removal	Yes	Yes	No	No
27450	Osteotomy; femur; shaft or supracondylar; with fixation		Removal	Yes	Yes	No	No
27454	Osteotomy; multiple; with realignment on intramedullary rod; femoral shaft (eg; Sofield type procedure)		Removal	Yes	Yes	No	No
27455	Osteotomy; proximal tibia; including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); before epiphyseal closure		Removal	Yes	Yes	No	No
27457	Osteotomy; proximal tibia; including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); after epiphyseal closure		Removal	Yes	Yes	No	No
27465	Osteoplasty; femur; shortening	excluding 64876	Removal	Yes	Yes	Yes	No
27466	Osteoplasty; femur; lengthening		Removal	Yes	Yes	Yes	No
27468	Osteoplasty; femur; combined; lengthening and shortening with femoral segment transfer		Removal	Yes	Yes	Yes	No
27470	Repair; nonunion or malunion; femur; distal to head and neck; without graft (eg; compression technique)		Repair	Yes	Yes	No	No
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
27475	Arrest; epiphyseal; any method (eg; epiphysiodesis); distal femur		Fusion	Yes	Yes	No	No
27477	Arrest; epiphyseal; any method (eg; epiphysiodesis); tibia and fibula; proximal		Fusion	Yes	Yes	No	No
27479	Arrest; epiphyseal; any method (eg; epiphysiodesis); combined distal femur; proximal tibia and fibula		Fusion	Yes	Yes	No	No
27485	Arrest; hemiepiphyseal; distal femur or proximal tibia or fibula (eg; genu varus or valgus)		Revision	No	No	No	No
27486	Revision of total knee arthroplasty; with or without allograft; 1 component		Revision	Yes	Yes	Yes	Yes
27487	Revision of total knee arthroplasty; with or without allograft; femoral and entire tibial component		Revision	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
27495	Prophylactic treatment (nailing; pinning; plating; or wiring) with or without methylmethacrylate; femur		Fixation	Yes	Yes	No	No
27496	Decompression fasciotomy; thigh and/or knee; 1 compartment (flexor or extensor or adductor);		Decompression	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
27498	Decompression fasciotomy; thigh and/or knee; multiple compartments;		Decompression	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

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27500	Closed treatment of femoral shaft fracture; without manipulation		Closed Treatment	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
27502	Closed treatment of femoral shaft fracture; with manipulation; with or without skin or skeletal traction		Closed Treatment	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
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
27507	Open treatment of femoral shaft fracture with plate/screws; with or without cerclage		Open Treatment	Yes	Yes	Yes	Yes
27508	Closed treatment of femoral fracture; distal end; medial or lateral condyle; without manipulation		Closed Treatment	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
27510	Closed treatment of femoral fracture; distal end; medial or lateral condyle; with manipulation		Closed Treatment	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
27513	Open treatment of femoral supracondylar or transcondylar fracture with intercondylar extension; includes internal fixation; when performed		Open Treatment	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
27516	Closed treatment of distal femoral epiphyseal separation; without manipulation		Closed Treatment	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
27519	Open treatment of distal femoral epiphyseal separation; includes internal fixation; when performed		Open Treatment	No	No	No	No
27520	Closed treatment of patellar fracture; without manipulation		Closed Treatment	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
27530	Closed treatment of tibial fracture; proximal (plateau); without manipulation		Closed Treatment	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
27535	Open treatment of tibial fracture; proximal (plateau); unicondylar; includes internal fixation; when performed		Open Treatment	No	No	No	No
27536	Open treatment of tibial fracture; proximal (plateau); bicondylar; with or without internal fixation		Open Treatment	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
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
27550	Closed treatment of knee dislocation; without anesthesia		Closed Treatment	No	No	No	No
27552	Closed treatment of knee dislocation; requiring anesthesia		Closed Treatment	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
27557	Open treatment of knee dislocation; includes internal fixation; when performed; with primary ligamentous repair		Open Treatment	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
27560	Closed treatment of patellar dislocation; without anesthesia		Closed Treatment	No	No	No	No
27562	Closed treatment of patellar dislocation; requiring anesthesia		Closed Treatment	No	No	No	No
27566	Open treatment of patellar dislocation; with or without partial or total patellectomy		Open Treatment	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
27580	Arthrodesis; knee; any technique		Arthrodesis	No	No	No	No
27590	Amputation; thigh; through femur; any level;		Amputation	No	No	No	No
27591	Amputation; thigh; through femur; any level; immediate fitting technique including first cast		Amputation	No	No	No	No
27592	Amputation; thigh; through femur; any level; open; circular (guillotine)		Amputation	No	No	No	No
27594	Amputation; thigh; through femur; any level; secondary closure or scar revision		Amputation	No	No	No	No
27596	Amputation; thigh; through femur; any level; re-amputation		Amputation	No	No	No	No
27598	Disarticulation at knee		Amputation	No	No	No	No
27599	Unlisted procedure; femur or knee		Unlisted Procedure	No	No	No	No
27600	Decompression fasciotomy; leg; anterior and/or lateral compartments only		Decompression	No	No	No	No
27601	Decompression fasciotomy; leg; posterior compartment(s) only		Decompression	No	No	No	No
27602	Decompression fasciotomy; leg; anterior and/or lateral; and posterior compartment(s)		Decompression	No	No	No	No
27603	Incision and drainage; leg or ankle; deep abscess or hematoma		Incision/Drainage	No	No	No	No
27604	Incision and drainage; leg or ankle; infected bursa		Incision/Drainage	No	No	No	No
27605	Tenotomy; percutaneous; Achilles tendon (separate procedure); local anesthesia		Release	No	No	No	No
27606	Tenotomy; percutaneous; Achilles tendon (separate procedure); general anesthesia		Release	No	No	No	No
27607	Incision (eg; osteomyelitis or bone abscess); leg or ankle		Incision	No	No	No	No
27610	Arthrotomy; ankle; including exploration; drainage; or removal of foreign body		Exploratory	No	No	No	No
27612	Arthrotomy; posterior capsular release; ankle; with or without Achilles tendon lengthening		Revision	No	No	No	No
27613	Biopsy; soft tissue of leg or ankle area; superficial		Biopsy	No	No	No	No
27614	Biopsy; soft tissue of leg or ankle area; deep (subfascial or intramuscular)		Biopsy	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
27616	Radical resection of tumor (eg; sarcoma); soft tissue of leg or ankle area; 5 cm or greater		Resection	No	No	No	No
27618	Excision; tumor; soft tissue of leg or ankle area; subcutaneous; less than 3 cm		Excision	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
27620	Arthrotomy; ankle; with joint exploration; with or without biopsy; with or without removal of loose or foreign body		Exploratory	No	No	No	No
27625	Arthrotomy; with synovectomy; ankle;		Incision/Drainage	No	No	No	No
27626	Arthrotomy; with synovectomy; ankle; including tenosynovectomy		Incision/Drainage	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
27632	Excision; tumor; soft tissue of leg or ankle area; subcutaneous; 3 cm or greater		Excision	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
27635	Excision or curettage of bone cyst or benign tumor; tibia or fibula;		Excision	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
27638	Excision or curettage of bone cyst or benign tumor; tibia or fibula; with allograft		Excision	No	No	No	No
27640	Partial excision (craterization; saucerization; or diaphysectomy); bone (eg; osteomyelitis); tibia		Excision	No	No	No	No
27641	Partial excision (craterization; saucerization; or diaphysectomy); bone (eg; osteomyelitis); fibula		Excision	No	No	No	No
27645	Radical resection of tumor; tibia		Resection	No	No	No	No
27646	Radical resection of tumor; fibula		Resection	No	No	No	No
27647	Radical resection of tumor; talus or calcaneus		Resection	No	No	No	No
27648	Injection procedure for ankle arthrography		Introduction	No	No	No	No
27650	Repair; primary; open or percutaneous; ruptured Achilles tendon;		Repair	Yes	Yes	Yes	No
27652	Repair; primary; open or percutaneous; ruptured Achilles tendon; with graft (includes obtaining graft)		Repair	Yes	Yes	Yes	No
27654	Repair; secondary; Achilles tendon; with or without graft		Repair	Yes	Yes	No	No
27656	Repair; fascial defect of leg		Repair	No	No	No	No
27658	Repair; flexor tendon; leg; primary; without graft; each tendon		Repair	No	No	No	No
27659	Repair; flexor tendon; leg; secondary; with or without graft; each tendon		Repair	No	No	No	No
27664	Repair; extensor tendon; leg; primary; without graft; each tendon		Repair	No	No	No	No
27665	Repair; extensor tendon; leg; secondary; with or without graft; each tendon		Repair	No	No	No	No
27675	Repair; dislocating peroneal tendons; without fibular osteotomy		Repair	No	No	No	No
27676	Repair; dislocating peroneal tendons; with fibular osteotomy		Repair	No	No	No	No
27680	Tenolysis; flexor or extensor tendon; leg and/or ankle; single; each tendon		Removal	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
27685	Lengthening or shortening of tendon; leg or ankle; single tendon (separate procedure)		Revision	No	No	No	No
27686	Lengthening or shortening of tendon; leg or ankle; multiple tendons (through same incision); each		Revision	No	No	No	No
27687	Gastrocnemius recession (eg; Strayer procedure)		Release	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	No
27691	Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg; anterior tibial or posterior tibial through interosseous space; flexor digitorum longus; flexor hallucis longus; or peroneal tendon to midfoot or hindfoot)		Transplantation	Yes	Yes	Yes	No
27692	Transfer or transplant of single tendon (with muscle redirection or rerouting); each additional tendon (List separately in addition to code for primary procedure)		Transplantation	No	Yes	Yes	No
27695	Repair; primary; disrupted ligament; ankle; collateral		Repair	No	No	No	No
27696	Repair; primary; disrupted ligament; ankle; both collateral ligaments		Repair	No	No	No	No
27698	Repair; secondary; disrupted ligament; ankle; collateral (eg; Watson-Jones procedure)		Repair	No	No	No	No
27700	Arthroplasty; ankle;		Arthroplasty	Yes	Yes	Yes	No
27702	Arthroplasty; ankle; with implant (total ankle)		Arthroplasty	Yes	Yes	Yes	No
27703	Arthroplasty; ankle; revision; total ankle		Arthroplasty	Yes	Yes	Yes	No
27704	Removal of ankle implant		Removal	Yes	Yes	No	No
27705	Osteotomy; tibia		Removal	No	No	No	No
27707	Osteotomy; fibula		Removal	No	No	No	No
27709	Osteotomy; tibia and fibula		Removal	No	No	No	No
27712	Osteotomy; multiple; with realignment on intramedullary rod (eg; Sofield type procedure)		Removal	No	No	No	No
27715	Osteoplasty; tibia and fibula; lengthening or shortening		Removal	No	No	No	No
27720	Repair of nonunion or malunion; tibia; without graft; (eg; compression technique)		Repair	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
27722	Repair of nonunion or malunion; tibia; with sliding graft		Repair	No	No	No	No
27724	Repair of nonunion or malunion; tibia; with iliac or other autograft (includes obtaining graft)		Repair	No	No	No	No
27725	Repair of nonunion or malunion; tibia; by synostosis; with fibula; any method		Repair	No	No	No	No
27726	Repair of fibula nonunion and/or malunion with internal fixation		Repair	No	No	No	No
27727	Repair of congenital pseudarthrosis; tibia		Repair	No	No	No	No
27730	Arrest; epiphyseal (epiphysiodesis); open; distal tibia		Fusion	Yes	Yes	Yes	No
27732	Arrest; epiphyseal (epiphysiodesis); open; distal fibula		Fusion	Yes	Yes	Yes	No
27734	Arrest; epiphyseal (epiphysiodesis); open; distal tibia and fibula		Fusion	Yes	Yes	Yes	No
27740	Arrest; epiphyseal (epiphysiodesis); any method; combined; proximal and distal tibia and fibula;		Fusion	Yes	Yes	Yes	No
27742	Arrest; epiphyseal (epiphysiodesis); any method; combined; proximal and distal tibia and fibula; and distal femur		Fusion	Yes	Yes	Yes	No
27745	Prophylactic treatment (nailing; pinning; plating or wiring) with or without methylmethacrylate; tibia		Fixation	No	No	No	No
27750	Closed treatment of tibial shaft fracture (with or without fibular fracture); without manipulation		Closed Treatment	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
27756	Percutaneous skeletal fixation of tibial shaft fracture (with or without fibular fracture) (eg; pins or screws)		Fixation	Yes	Yes	Yes	No
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
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
27760	Closed treatment of medial malleolus fracture; without manipulation		Closed Treatment	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
27766	Open treatment of medial malleolus fracture; includes internal fixation; when performed		Open Treatment	No	No	No	No
27767	Closed treatment of posterior malleolus fracture; without manipulation		Closed Treatment	No	No	No	No
27768	Closed treatment of posterior malleolus fracture; with manipulation		Closed Treatment	No	No	No	No
27769	Open treatment of posterior malleolus fracture; includes internal fixation; when performed		Open Treatment	No	No	No	No
27780	Closed treatment of proximal fibula or shaft fracture; without manipulation		Closed Treatment	No	No	No	No
27781	Closed treatment of proximal fibula or shaft fracture; with manipulation		Closed Treatment	No	No	No	No
27784	Open treatment of proximal fibula or shaft fracture; includes internal fixation; when performed		Open Treatment	No	No	No	No
27786	Closed treatment of distal fibular fracture (lateral malleolus); without manipulation		Closed Treatment	No	No	No	No
27788	Closed treatment of distal fibular fracture (lateral malleolus); with manipulation		Closed Treatment	No	No	No	No
27792	Open treatment of distal fibular fracture (lateral malleolus); includes internal fixation; when performed		Open Treatment	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); without manipulation		Closed Treatment	No	No	No	No
27810	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
27814	Open treatment of bimalleolar ankle fracture (eg; lateral and medial malleoli; or lateral and posterior malleoli; or medial and posterior malleoli); includes internal fixation; when performed		Open Treatment	No	No	No	No
27816	Closed treatment of trimalleolar ankle fracture; without manipulation		Closed Treatment	No	No	No	No
27818	Closed treatment of trimalleolar ankle fracture; with manipulation		Closed Treatment	No	No	No	No
27822	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
27823	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
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
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
27826	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg; pilon or tibial plafond); with internal fixation; when performed; of fibula only		Open Treatment	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 tibia only		Open Treatment	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
27829	Open treatment of distal tibiofibular joint (syndesmosis) disruption; includes internal fixation; when performed		Open Treatment	No	No	No	No
27830	Closed treatment of proximal tibiofibular joint dislocation; without anesthesia		Closed Treatment	No	No	No	No
27831	Closed treatment of proximal tibiofibular joint dislocation; requiring anesthesia		Closed Treatment	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
27840	Closed treatment of ankle dislocation; without anesthesia		Closed Treatment	No	No	No	No
27842	Closed treatment of ankle dislocation; requiring anesthesia; with or without percutaneous skeletal fixation		Closed Treatment	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
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
27860	Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)		Manipulation	No	No	No	No
27870	Arthrodesis; ankle; open		Arthrodesis	No	No	No	No
27871	Arthrodesis; tibiofibular joint; proximal or distal		Arthrodesis	No	No	No	No
27880	Amputation; leg; through tibia and fibula;		Amputation	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
27882	Amputation; leg; through tibia and fibula; open; circular (guillotine)		Amputation	Yes	Yes	No	No
27884	Amputation; leg; through tibia and fibula; secondary closure or scar revision		Amputation	Yes	Yes	No	No
27886	Amputation; leg; through tibia and fibula; re-amputation		Amputation	Yes	Yes	No	No
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
27889	Ankle disarticulation		Amputation	Yes	Yes	No	No
27892	Decompression fasciotomy; leg; anterior and/or lateral compartments only; with debridement of nonviable muscle and/or nerve		Decompression	Yes	Yes	Yes	No
27893	Decompression fasciotomy; leg; posterior compartment(s) only; with debridement of nonviable muscle and/or nerve		Decompression	Yes	Yes	Yes	No
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
27899	Unlisted procedure; leg or ankle		Unlisted Procedure	Yes	Yes	Yes	No
28001	Incision and drainage; bursa; foot		Incision/Drainage	No	No	No	No
28002	Incision and drainage below fascia; with or without tendon sheath involvement; foot; single bursal space		Incision/Drainage	No	No	No	No
28003	Incision and drainage below fascia; with or without tendon sheath involvement; foot; multiple areas		Incision/Drainage	No	No	No	No
28005	Incision; bone cortex (eg; osteomyelitis or bone abscess); foot		Incision	No	No	No	No
28008	Fasciotomy; foot and/or toe		Incision	No	No	No	No
28010	Tenotomy; percutaneous; toe; single tendon		Release	No	No	No	No
28011	Tenotomy; percutaneous; toe; multiple tendons		Release	No	No	No	No
28020	Arthrotomy; including exploration; drainage; or removal of loose or foreign body; intertarsal or tarsometatarsal joint		Exploratory	No	No	No	No
28022	Arthrotomy; including exploration; drainage; or removal of loose or foreign body; metatarsophalangeal joint		Exploratory	No	No	No	No
28024	Arthrotomy; including exploration; drainage; or removal of loose or foreign body; interphalangeal joint		Exploratory	No	No	No	No
28035	Release; tarsal tunnel (posterior tibial nerve decompression)		Release	No	No	No	No
28039	Excision; tumor; soft tissue of foot or toe; subcutaneous; 1.5 cm or greater		Excision	No	No	No	No
28041	Excision; tumor; soft tissue of foot or toe; subfascial (eg; intramuscular); 1.5 cm or greater		Excision	No	No	No	No
28043	Excision; tumor; soft tissue of foot or toe; subcutaneous; less than 1.5 cm		Excision	No	No	No	No
28045	Excision; tumor; soft tissue of foot or toe; subfascial (eg; intramuscular); less than 1.5 cm		Excision	No	No	No	No
28046	Radical resection of tumor (eg; sarcoma); soft tissue of foot or toe; less than 3 cm		Resection	No	No	No	No
28047	Radical resection of tumor (eg; sarcoma); soft tissue of foot or toe; 3 cm or greater		Resection	No	No	No	No
28050	Arthrotomy with biopsy; intertarsal or tarsometatarsal joint		Biopsy	No	No	No	No
28052	Arthrotomy with biopsy; metatarsophalangeal joint		Biopsy	No	No	No	No
28054	Arthrotomy with biopsy; interphalangeal joint		Biopsy	No	No	No	No
28055	Neurectomy; intrinsic musculature of foot		Excision	No	No	No	No
28060	Fasciectomy; plantar fascia; partial (separate procedure)		Excision	No	No	No	No
28062	Fasciectomy; plantar fascia; radical (separate procedure)		Excision	No	No	No	No
28070	Synovectomy; intertarsal or tarsometatarsal joint; each		Excision	No	No	No	No
28072	Synovectomy; metatarsophalangeal joint; each		Excision	No	No	No	No
28080	Excision; interdigital (Morton) neuroma; single; each		Excision	No	No	No	No
28086	Synovectomy; tendon sheath; foot; flexor		Excision	No	No	No	No
28088	Synovectomy; tendon sheath; foot; extensor		Excision	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
28092	Excision of lesion; tendon; tendon sheath; or capsule (including synovectomy) (eg; cyst or ganglion); toe(s); each		Excision	No	No	No	No
28100	Excision or curettage of bone cyst or benign tumor; talus or calcaneus;		Excision	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
28103	Excision or curettage of bone cyst or benign tumor; talus or calcaneus; with allograft		Excision	No	No	No	No

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28104	Excision or curettage of bone cyst or benign tumor; tarsal or metatarsal; except talus or calcaneus;		Excision	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
28107	Excision or curettage of bone cyst or benign tumor; tarsal or metatarsal; except talus or calcaneus; with allograft		Excision	No	No	No	No
28108	Excision or curettage of bone cyst or benign tumor; phalanges of foot		Excision	No	No	No	No
28110	Ostectomy; partial excision; fifth metatarsal head (bunionette) (separate procedure)		Excision	No	No	No	No
28111	Ostectomy; complete excision; first metatarsal head		Excision	No	No	No	No
28112	Ostectomy; complete excision; other metatarsal head (second; third or fourth)		Excision	No	No	No	No
28113	Ostectomy; complete excision; fifth metatarsal head		Excision	No	No	No	No
28114	Ostectomy; complete excision; all metatarsal heads; with partial proximal phalangectomy; excluding first metatarsal (eg; Clayton type procedure)		Excision	No	No	No	No
28116	Ostectomy; excision of tarsal coalition		Excision	No	No	No	No
28118	Ostectomy; calcaneus;		Excision	No	No	No	No
28119	Ostectomy; calcaneus; for spur; with or without plantar fascial release		Excision	No	No	No	No
28120	Partial excision (craterization; saucerization; sequestrectomy; or diaphysectomy) bone (eg; osteomyelitis or bossing); talus or calcaneus		Excision	No	No	No	No
28122	Partial excision (craterization; saucerization; sequestrectomy; or diaphysectomy) bone (eg; osteomyelitis or bossing); tarsal or metatarsal bone; except talus or calcaneus		Excision	No	No	No	No
28124	Partial excision (craterization; saucerization; sequestrectomy; or diaphysectomy) bone (eg; osteomyelitis or bossing); phalanx of toe		Excision	No	No	No	No
28126	Resection; partial or complete; phalangeal base; each toe		Resection	No	No	No	No
28130	Talectomy (astragalectomy)		Excision	No	No	No	No
28140	Metatarsectomy		Excision	No	No	No	No
28150	Phalangectomy; toe; each toe		Excision	No	No	No	No
28153	Resection; condyle(s); distal end of phalanx; each toe		Resection	No	No	No	No
28160	Hemiphalangectomy or interphalangeal joint excision; toe; proximal end of phalanx; each		Excision	No	No	No	No
28171	Radical resection of tumor; tarsal (except talus or calcaneus)		Resection	No	No	No	No
28173	Radical resection of tumor; metatarsal		Resection	No	No	No	No
28175	Radical resection of tumor; phalanx of toe		Resection	No	No	No	No
28190	Removal of foreign body; foot; subcutaneous		Removal	No	No	No	No
28192	Removal of foreign body; foot; deep		Removal	No	No	No	No
28193	Removal of foreign body; foot; complicated		Removal	No	No	No	No
28200	Repair; tendon; flexor; foot; primary or secondary; without free graft; each tendon		Repair	No	No	No	No
28202	Repair; tendon; flexor; foot; secondary with free graft; each tendon (includes obtaining graft)		Repair	No	No	No	No
28208	Repair; tendon; extensor; foot; primary or secondary; each tendon		Repair	No	No	No	No
28210	Repair; tendon; extensor; foot; secondary with free graft; each tendon (includes obtaining graft)		Repair	No	No	No	No
28220	Tenolysis; flexor; foot; single tendon		Removal	No	No	No	No
28222	Tenolysis; flexor; foot; multiple tendons		Removal	No	No	No	No
28225	Tenolysis; extensor; foot; single tendon		Removal	No	No	No	No
28226	Tenolysis; extensor; foot; multiple tendons		Removal	No	No	No	No
28230	Tenotomy; open; tendon flexor; foot; single or multiple tendon(s) (separate procedure)		Release	No	No	No	No
28232	Tenotomy; open; tendon flexor; toe; single tendon (separate procedure)		Release	No	No	No	No
28234	Tenotomy; open; extensor; foot or toe; each tendon		Release	No	No	No	No
28238	Reconstruction (advancement); posterior tibial tendon with excision of accessory tarsal navicular bone (eg; Kidner type procedure)		Reconstruction	No	No	No	No
28240	Tenotomy; lengthening; or release; abductor hallucis muscle		Revision	No	No	No	No
28250	Division of plantar fascia and muscle (eg; Steindler stripping) (separate procedure)		Revision	No	No	No	No
28260	Capsulotomy; midfoot; medial release only (separate procedure)		Release	No	No	No	No
28261	Capsulotomy; midfoot; with tendon lengthening		Revision	No	No	No	No
28262	Capsulotomy; midfoot; extensive; including posterior talotibial capsulotomy and tendon(s) lengthening (eg; resistant clubfoot deformity)		Revision	No	No	No	No
28264	Capsulotomy; midtarsal (eg; Heyman type procedure)		Reconstruction	No	No	No	No
28270	Capsulotomy; metatarsophalangeal joint; with or without tenorrhaphy; each joint (separate procedure)		Reconstruction	No	No	No	No
28272	Capsulotomy; interphalangeal joint; each joint (separate procedure)		Reconstruction	No	No	No	No
28280	Syndactylization; toes (eg; webbing or Kelikian type procedure)		Reconstruction	No	No	No	No
28285	Correction; hammertoe (eg; interphalangeal fusion; partial or total phalangectomy)		Fusion	Yes	Yes	No	No
28286	Correction; cock-up fifth toe; with plastic skin closure (eg; Ruiz-Mora type procedure)		Reconstruction	No	No	No	No
28288	Ostectomy; partial; exostectomy or condylectomy; metatarsal head; each metatarsal head		Reconstruction	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
28291	Hallux rigidus correction with cheilectomy; debridement and capsular release of the first metatarsophalangeal joint; with implant		Release	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
28295	Correction; hallux valgus (bunionectomy); with sesamoidectomy; when performed; with proximal metatarsal osteotomy; any method		Reconstruction	No	Yes	No	No
28296	Correction; hallux valgus (bunionectomy); with sesamoidectomy; when performed; with distal metatarsal osteotomy; any method		Reconstruction	Yes	Yes	No	No
28297	Correction; hallux valgus (bunionectomy); with sesamoidectomy; when performed; with first metatarsal and medial cuneiform joint arthrodesis; any method		Reconstruction	Yes	Yes	No	No
28298	Correction; hallux valgus (bunionectomy); with sesamoidectomy; when performed; with proximal phalanx osteotomy; any method		Reconstruction	Yes	Yes	No	No
28299	Correction; hallux valgus (bunionectomy); with sesamoidectomy; when performed; with double osteotomy; any method		Reconstruction	Yes	Yes	No	No
28300	Osteotomy; calcaneus (eg; Dwyer or Chambers type procedure); with or without internal fixation		Removal	No	No	No	No
28302	Osteotomy; talus		Removal	No	No	No	No
28304	Osteotomy; tarsal bones; other than calcaneus or talus;		Removal	No	No	No	No
28305	Osteotomy; tarsal bones; other than calcaneus or talus; with autograft (includes obtaining graft) (eg; Fowler type)		Removal	No	No	No	No
28306	Osteotomy; with or without lengthening; shortening or angular correction; metatarsal; first metatarsal		Removal	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
28308	Osteotomy; with or without lengthening; shortening or angular correction; metatarsal; other than first metatarsal; each		Removal	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
28310	Osteotomy; shortening; angular or rotational correction; proximal phalanx; first toe (separate procedure)		Removal	No	No	No	No
28312	Osteotomy; shortening; angular or rotational correction; other phalanges; any toe		Removal	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
28315	Sesamoidectomy; first toe (separate procedure)		Reconstruction	No	No	No	No
28320	Repair; nonunion or malunion; tarsal bones		Repair	No	No	No	No
28322	Repair; nonunion or malunion; metatarsal; with or without bone graft (includes obtaining graft)		Repair	No	No	No	No
28340	Reconstruction; toe; macrodactyly; soft tissue resection		Reconstruction	No	No	No	No
28341	Reconstruction; toe; macrodactyly; requiring bone resection		Reconstruction	No	No	No	No
28344	Reconstruction; toe(s); polydactyly		Reconstruction	No	No	No	No
28345	Reconstruction; toe(s); syndactyly; with or without skin graft(s); each web		Reconstruction	No	No	No	No
28360	Reconstruction; cleft foot		Reconstruction	No	No	No	No
28400	Closed treatment of calcaneal fracture; without manipulation		Closed Treatment	No	No	No	No
28405	Closed treatment of calcaneal fracture; with manipulation		Closed Treatment	No	No	No	No
28406	Percutaneous skeletal fixation of calcaneal fracture; with manipulation		Fixation	Yes	Yes	No	No
28415	Open treatment of calcaneal fracture; includes internal fixation; when performed;		Open Treatment	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
28430	Closed treatment of talus fracture; without manipulation		Closed Treatment	No	No	No	No
28435	Closed treatment of talus fracture; with manipulation		Closed Treatment	No	No	No	No
28436	Percutaneous skeletal fixation of talus fracture; with manipulation		Fixation	Yes	Yes	No	No
28445	Open treatment of talus fracture; includes internal fixation; when performed		Open Treatment	No	No	No	No
28446	Open osteochondral autograft; talus (includes obtaining graft[s])		Open Treatment	Yes	Yes	No	No
28450	Treatment of tarsal bone fracture (except talus and calcaneus); without manipulation; each		Other Procedure	No	No	No	No
28455	Treatment of tarsal bone fracture (except talus and calcaneus); with manipulation; each		Manipulation	No	No	No	No
28456	Percutaneous skeletal fixation of tarsal bone fracture (except talus and calcaneus); with manipulation; each		Fixation	Yes	Yes	No	No
28465	Open treatment of tarsal bone fracture (except talus and calcaneus); includes internal fixation; when performed; each		Open Treatment	No	No	No	No
28470	Closed treatment of metatarsal fracture; without manipulation; each		Closed Treatment	No	No	No	No
28475	Closed treatment of metatarsal fracture; with manipulation; each		Closed Treatment	No	No	No	No
28476	Percutaneous skeletal fixation of metatarsal fracture; with manipulation; each		Fixation	No	No	No	No
28485	Open treatment of metatarsal fracture; includes internal fixation; when performed; each		Open Treatment	No	No	No	No
28490	Closed treatment of fracture great toe; phalanx or phalanges; without manipulation		Closed Treatment	No	No	No	No
28495	Closed treatment of fracture great toe; phalanx or phalanges; with manipulation		Closed Treatment	No	No	No	No
28496	Percutaneous skeletal fixation of fracture great toe; phalanx or phalanges; with manipulation		Fixation	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
28510	Closed treatment of fracture; phalanx or phalanges; other than great toe; without manipulation; each		Closed Treatment	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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
28525	Open treatment of fracture; phalanx or phalanges; other than great toe; includes internal fixation; when performed; each		Open Treatment	No	No	No	No
28530	Closed treatment of sesamoid fracture		Closed Treatment	No	No	No	No
28531	Open treatment of sesamoid fracture; with or without internal fixation		Open Treatment	No	No	No	No
28540	Closed treatment of tarsal bone dislocation; other than talotarsal; without anesthesia		Closed Treatment	No	No	No	No
28545	Closed treatment of tarsal bone dislocation; other than talotarsal; requiring anesthesia		Closed Treatment	No	No	No	No
28546	Percutaneous skeletal fixation of tarsal bone dislocation; other than talotarsal; with manipulation		Fixation	No	No	No	No
28555	Open treatment of tarsal bone dislocation; includes internal fixation; when performed		Open Treatment	No	No	No	No
28570	Closed treatment of talotarsal joint dislocation; without anesthesia		Closed Treatment	No	No	No	No
28575	Closed treatment of talotarsal joint dislocation; requiring anesthesia		Closed Treatment	No	No	No	No
28576	Percutaneous skeletal fixation of talotarsal joint dislocation; with manipulation		Fixation	Yes	Yes	No	No
28585	Open treatment of talotarsal joint dislocation; includes internal fixation; when performed		Open Treatment	No	No	No	No
28600	Closed treatment of tarsometatarsal joint dislocation; without anesthesia		Closed Treatment	No	No	No	No
28605	Closed treatment of tarsometatarsal joint dislocation; requiring anesthesia		Closed Treatment	No	No	No	No
28606	Percutaneous skeletal fixation of tarsometatarsal joint dislocation; with manipulation		Fixation	Yes	Yes	No	No
28615	Open treatment of tarsometatarsal joint dislocation; includes internal fixation; when performed		Open Treatment	No	No	No	No
28630	Closed treatment of metatarsophalangeal joint dislocation; without anesthesia		Closed Treatment	No	No	No	No
28635	Closed treatment of metatarsophalangeal joint dislocation; requiring anesthesia		Closed Treatment	No	No	No	No
28636	Percutaneous skeletal fixation of metatarsophalangeal joint dislocation; with manipulation		Fixation	No	No	No	No
28645	Open treatment of metatarsophalangeal joint dislocation; includes internal fixation; when performed		Open Treatment	No	No	No	No
28660	Closed treatment of interphalangeal joint dislocation; without anesthesia		Closed Treatment	No	No	No	No
28665	Closed treatment of interphalangeal joint dislocation; requiring anesthesia		Closed Treatment	No	No	No	No
28666	Percutaneous skeletal fixation of interphalangeal joint dislocation; with manipulation		Fixation	Yes	Yes	No	No
28675	Open treatment of interphalangeal joint dislocation; includes internal fixation; when performed		Open Treatment	No	No	No	No
28705	Arthrodesis; pantalar		Arthrodesis	No	No	No	No
28715	Arthrodesis; triple		Arthrodesis	No	No	No	No
28725	Arthrodesis; subtalar		Arthrodesis	No	No	No	No
28730	Arthrodesis; midtarsal or tarsometatarsal; multiple or transverse;		Arthrodesis	No	No	No	No
28735	Arthrodesis; midtarsal or tarsometatarsal; multiple or transverse; with osteotomy (eg; flatfoot correction)		Arthrodesis	No	No	No	No
28737	Arthrodesis; with tendon lengthening and advancement; midtarsal; tarsal navicular-cuneiform (eg; Miller type procedure)		Arthrodesis	No	No	No	No
28740	Arthrodesis; midtarsal or tarsometatarsal; single joint		Arthrodesis	No	No	No	No
28750	Arthrodesis; great toe; metatarsophalangeal joint		Arthrodesis	No	No	No	No
28755	Arthrodesis; great toe; interphalangeal joint		Arthrodesis	No	No	No	No
28760	Arthrodesis; with extensor hallucis longus transfer to first metatarsal neck; great toe; interphalangeal joint (eg; Jones type procedure)		Arthrodesis	No	No	No	No
28800	Amputation; foot; midtarsal (eg; Chopart type procedure)		Amputation	No	No	No	No
28805	Amputation; foot; transmetatarsal		Amputation	No	No	No	No
28810	Amputation; metatarsal; with toe; single		Amputation	No	No	No	No
28820	Amputation; toe; metatarsophalangeal joint		Amputation	No	No	No	No
28825	Amputation; toe; interphalangeal joint		Amputation	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
28899	Unlisted procedure; foot or toes		Unlisted Procedure	Yes	Yes	Yes	No
29000	Application of halo type body cast (see 20661-20663 for insertion)		Application	No	No	No	No
29010	Application of Risser jacket; localizer; body; only		Application	No	No	No	No
29015	Application of Risser jacket; localizer; body; including head		Application	No	No	No	No
29035	Application of body cast; shoulder to hips;		Application	No	No	No	No
29040	Application of body cast; shoulder to hips; including head; Minerva type		Application	No	No	No	No
29044	Application of body cast; shoulder to hips; including 1 thigh		Application	No	No	No	No
29046	Application of body cast; shoulder to hips; including both thighs		Application	No	No	No	No
29049	Application; cast; figure-of-eight		Application	No	No	No	No
29055	Application; cast; shoulder spica		Application	No	No	No	No
29058	Application; cast; plaster Velpeau		Application	No	No	No	No
29065	Application; cast; shoulder to hand (long arm)		Application	No	No	No	No
29075	Application; cast; elbow to finger (short arm)		Application	No	No	No	No
29085	Application; cast; hand and lower forearm (gauntlet)		Application	No	No	No	No
29086	Application; cast; finger (eg; contracture)		Application	No	No	No	No
29105	Application of long arm splint (shoulder to hand)		Application	No	No	No	No
29125	Application of short arm splint (forearm to hand); static		Application	No	No	No	No
29126	Application of short arm splint (forearm to hand); dynamic		Application	No	No	No	No
29130	Application of finger splint; static		Application	No	No	No	No
29131	Application of finger splint; dynamic		Application	No	No	No	No
29200	Strapping; thorax		Application	No	No	No	No
29240	Strapping; shoulder (eg; Velpeau)		Application	No	No	No	No
29260	Strapping; elbow or wrist		Application	No	No	No	No
29280	Strapping; hand or finger		Application	No	No	No	No
29305	Application of hip spica cast; 1 leg		Application	No	No	No	No
29325	Application of hip spica cast; 1 and one-half spica or both legs		Application	No	No	No	No
29345	Application of long leg cast (thigh to toes);		Application	No	No	No	No
29355	Application of long leg cast (thigh to toes); walker or ambulatory type		Application	No	No	No	No
29358	Application of long leg cast brace		Application	No	No	No	No
29365	Application of cylinder cast (thigh to ankle)		Application	No	No	No	No
29405	Application of short leg cast (below knee to toes);		Application	No	No	No	No
29425	Application of short leg cast (below knee to toes); walking or ambulatory type		Application	No	No	No	No
29435	Application of patellar tendon bearing (PTB) cast		Application	No	No	No	No
29440	Adding walker to previously applied cast		Application	No	No	No	No
29445	Application of rigid total contact leg cast		Application	No	No	No	No
29450	Application of clubfoot cast with molding or manipulation; long or short leg		Application	No	No	No	No
29505	Application of long leg splint (thigh to ankle or toes)		Application	No	No	No	No
29515	Application of short leg splint (calf to foot)		Application	No	No	No	No
29520	Strapping; hip		Application	No	No	No	No
29530	Strapping; knee		Application	No	No	No	No
29540	Strapping; ankle and/or foot		Application	No	No	No	No
29550	Strapping; toes		Application	No	No	No	No
29580	Strapping; Unna boot		Application	No	No	No	No
29581	Application of multi-layer compression system; leg (below knee); including ankle and foot		Application	No	No	No	No
29584	Application of multi-layer compression system; upper arm; forearm; hand; and fingers		Application	No	No	No	No
29700	Removal or bivalving; gauntlet; boot or body cast		Removal	No	No	No	No
29705	Removal or bivalving; full arm or full leg cast		Removal	No	No	No	No
29710	Removal or bivalving; shoulder or hip spica; Minerva; or Risser jacket; etc.		Removal	No	No	No	No
29720	Repair of spica; body cast or jacket		Repair	No	No	No	No
29730	Windowing of cast		Removal	No	No	No	No
29740	Wedging of cast (except clubfoot casts)		Removal	No	No	No	No
29750	Wedging of clubfoot cast		Removal	No	No	No	No
29799	Unlisted procedure; casting or strapping		Unlisted Procedure	No	No	No	No
29800	Arthroscopy; temporomandibular joint; diagnostic; with or without synovial biopsy (separate procedure)		Diagnostic/Screening	No	No	No	Yes
29804	Arthroscopy; temporomandibular joint; surgical		Arthroscopy	Yes	Yes	Yes	Yes
29805	Arthroscopy; shoulder; diagnostic; with or without synovial biopsy (separate procedure)		Diagnostic/Screening	Yes	Yes	No	No
29806	Arthroscopy; shoulder; surgical; capsulorrhaphy		Arthroscopy	Yes	Yes	Yes	No
29807	Arthroscopy; shoulder; surgical; repair of SLAP lesion		Arthroscopy	Yes	Yes	No	No
29819	Arthroscopy; shoulder; surgical; with removal of loose body or foreign body		Arthroscopy	Yes	Yes	No	No
29820	Arthroscopy; shoulder; surgical; synovectomy; partial		Arthroscopy	Yes	Yes	No	No
29821	Arthroscopy; shoulder; surgical; synovectomy; complete		Arthroscopy	Yes	Yes	No	No
29822	Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])		Arthroscopy	Yes	Yes	No	No
29823	Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])		Arthroscopy	Yes	Yes	No	No
29824	Arthroscopy; shoulder; surgical; distal claviculectomy including distal articular surface (Mumford procedure)		Arthroscopy	Yes	Yes	No	No
29825	Arthroscopy; shoulder; surgical; with lysis and resection of adhesions; with or without manipulation		Arthroscopy	Yes	Yes	No	No
29826	Arthroscopy; shoulder; surgical; decompression of subacromial space with partial acromioplasty; with coracoacromial ligament (ie; arch) release; when performed (List separately in addition to code for primary procedure)		Arthroscopy	Yes	Yes	No	No
29827	Arthroscopy; shoulder; surgical; with rotator cuff repair		Arthroscopy	No	No	No	No
29828	Arthroscopy; shoulder; surgical; biceps tenodesis		Arthroscopy	Yes	Yes	No	No
29830	Arthroscopy; elbow; diagnostic; with or without synovial biopsy (separate procedure)		Diagnostic/Screening	No	No	No	No
29834	Arthroscopy; elbow; surgical; with removal of loose body or foreign body		Arthroscopy	Yes	Yes	No	No
29835	Arthroscopy; elbow; surgical; synovectomy; partial		Arthroscopy	Yes	Yes	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
29836	Arthroscopy; elbow; surgical; synovectomy; complete		Arthroscopy	Yes	Yes	No	No
29837	Arthroscopy; elbow; surgical; debridement; limited		Arthroscopy	Yes	Yes	No	No
29838	Arthroscopy; elbow; surgical; debridement; extensive		Arthroscopy	Yes	Yes	No	No
29840	Arthroscopy; wrist; diagnostic; with or without synovial biopsy (separate procedure)		Diagnostic/Screening	No	No	No	No
29843	Arthroscopy; wrist; surgical; for infection; lavage and drainage		Arthroscopy	Yes	Yes	No	No
29844	Arthroscopy; wrist; surgical; synovectomy; partial		Arthroscopy	Yes	Yes	No	No
29845	Arthroscopy; wrist; surgical; synovectomy; complete		Arthroscopy	Yes	Yes	No	No
29846	Arthroscopy; wrist; surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement		Arthroscopy	Yes	Yes	No	No
29847	Arthroscopy; wrist; surgical; internal fixation for fracture or instability		Arthroscopy	Yes	Yes	No	No
29848	Endoscopy; wrist; surgical; with release of transverse carpal ligament		Release	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
29851	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee; with or without manipulation; with internal or external fixation (includes arthroscopy)		Arthroscopy	Yes	Yes	No	No
29855	Arthroscopically aided treatment of tibial fracture; proximal (plateau); unicondylar; includes internal fixation; when performed (includes arthroscopy)		Arthroscopy	Yes	Yes	No	No
29856	Arthroscopically aided treatment of tibial fracture; proximal (plateau); bicondylar; includes internal fixation; when performed (includes arthroscopy)		Arthroscopy	Yes	Yes	No	No
29860	Arthroscopy; hip; diagnostic with or without synovial biopsy (separate procedure)		Diagnostic/Screening	Yes	Yes	Yes	Yes
29861	Arthroscopy; hip; surgical; with removal of loose body or foreign body		Arthroscopy	Yes	Yes	Yes	Yes
29862	Arthroscopy; hip; surgical; with debridement/shaving of articular cartilage (chondroplasty); abrasion arthroplasty; and/or resection of labrum		Arthroscopy	Yes	Yes	Yes	Yes
29863	Arthroscopy; hip; surgical; with synovectomy		Arthroscopy	Yes	Yes	Yes	Yes
29866	Arthroscopy; knee; surgical; osteochondral autograft(s) (eg; mosaicplasty) (includes harvesting of the autograft[s])		Arthroscopy	Yes	Yes	No	No
29867	Arthroscopy; knee; surgical; osteochondral allograft (eg; mosaicplasty)		Arthroscopy	Yes	Yes	No	No
29868	Arthroscopy; knee; surgical; meniscal transplantation (includes arthrotomy for meniscal insertion); medial or lateral		Transplantation	Yes	Yes	No	No
29870	Arthroscopy; knee; diagnostic; with or without synovial biopsy (separate procedure)		Diagnostic/Screening	Yes	Yes	No	No
29871	Arthroscopy; knee; surgical; for infection; lavage and drainage		Arthroscopy	Yes	Yes	No	No
29873	Arthroscopy; knee; surgical; with lateral release		Arthroscopy	Yes	Yes	No	No
29874	Arthroscopy; knee; surgical; for removal of loose body or foreign body (eg; osteochondritis dissecans fragmentation; chondral fragmentation)		Arthroscopy	Yes	Yes	No	No
29875	Arthroscopy; knee; surgical; synovectomy; limited (eg; plica or shelf resection) (separate procedure)		Arthroscopy	Yes	Yes	No	No
29876	Arthroscopy; knee; surgical; synovectomy; major; 2 or more compartments (eg; medial or lateral)		Arthroscopy	Yes	Yes	No	No
29877	Arthroscopy; knee; surgical; debridement/shaving of articular cartilage (chondroplasty)		Arthroscopy	Yes	Yes	No	No
29879	Arthroscopy; knee; surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture		Arthroscopy	Yes	Yes	No	No
29880	Arthroscopy; knee; surgical; with meniscectomy (medial AND lateral; including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty); same or separate compartment(s); when performed		Arthroscopy	Yes	Yes	No	No
29881	Arthroscopy; knee; surgical; with meniscectomy (medial OR lateral; including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty); same or separate compartment(s); when performed		Arthroscopy	Yes	Yes	No	No
29882	Arthroscopy; knee; surgical; with meniscus repair (medial OR lateral)		Arthroscopy	No	No	No	No
29883	Arthroscopy; knee; surgical; with meniscus repair (medial AND lateral)		Arthroscopy	No	No	No	No
29884	Arthroscopy; knee; surgical; with lysis of adhesions; with or without manipulation (separate procedure)		Arthroscopy	Yes	Yes	No	No
29885	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
29886	Arthroscopy; knee; surgical; drilling for intact osteochondritis dissecans lesion		Arthroscopy	Yes	Yes	No	No
29887	Arthroscopy; knee; surgical; drilling for intact osteochondritis dissecans lesion with internal fixation		Arthroscopy	Yes	Yes	No	No
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction		Arthroscopy	Yes	Yes	No	No
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction		Arthroscopy	Yes	Yes	No	No
29891	Arthroscopy; ankle; surgical; excision of osteochondral defect of talus and/or tibia; including drilling of the defect		Arthroscopy	Yes	Yes	No	No
29892	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
29893	Endoscopic plantar fasciotomy		Arthroscopy	Yes	Yes	No	No
29894	Arthroscopy; ankle (tibiotalar and fibulotalar joints); surgical; with removal of loose body or foreign body		Arthroscopy	Yes	Yes	No	No
29895	Arthroscopy; ankle (tibiotalar and fibulotalar joints); surgical; synovectomy; partial		Arthroscopy	Yes	Yes	No	No
29897	Arthroscopy; ankle (tibiotalar and fibulotalar joints); surgical; debridement; limited		Arthroscopy	Yes	Yes	No	No
29898	Arthroscopy; ankle (tibiotalar and fibulotalar joints); surgical; debridement; extensive		Arthroscopy	Yes	Yes	No	No
29899	Arthroscopy; ankle (tibiotalar and fibulotalar joints); surgical; with ankle arthrodesis		Arthroscopy	Yes	Yes	No	No
29900	Arthroscopy; metacarpophalangeal joint; diagnostic; includes synovial biopsy		Diagnostic/Screening	No	No	No	No
29901	Arthroscopy; metacarpophalangeal joint; surgical; with debridement		Arthroscopy	Yes	Yes	No	No
29902	Arthroscopy; metacarpophalangeal joint; surgical; with reduction of displaced ulnar collateral ligament (eg; Stenar lesion)		Arthroscopy	Yes	Yes	No	No
29904	Arthroscopy; subtalar joint; surgical; with removal of loose body or foreign body		Arthroscopy	Yes	Yes	No	No
29905	Arthroscopy; subtalar joint; surgical; with synovectomy		Arthroscopy	Yes	Yes	No	No
29906	Arthroscopy; subtalar joint; surgical; with debridement		Arthroscopy	Yes	Yes	No	No
29907	Arthroscopy; subtalar joint; surgical; with subtalar arthrodesis		Arthroscopy	Yes	Yes	No	No
29914	Arthroscopy; hip; surgical; with femoroplasty (ie; treatment of cam lesion)		Arthroscopy	Yes	Yes	Yes	Yes
29915	Arthroscopy; hip; surgical; with acetabuloplasty (ie; treatment of pincer lesion)		Arthroscopy	Yes	Yes	Yes	Yes
29916	Arthroscopy; hip; surgical; with labral repair		Arthroscopy	Yes	Yes	Yes	Yes
29999	Unlisted procedure; arthroscopy		Unlisted Procedure	Yes	Yes	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
30000	Drainage abscess or hematoma, nasal, internal approach		Incision/Drainage	No	No	No	No
30020	Drainage abscess or hematoma, nasal septum		Incision/Drainage	No	No	No	No
30100	Biopsy, intranasal		Biopsy	No	No	No	No
30110	Excision, nasal polyp(s), simple		Excision	No	No	No	No
30115	Excision, nasal polyp(s), extensive		Excision	No	No	No	No
30117	Excision or destruction (eg, laser), intranasal lesion; internal approach		Excision	No	No	No	No
30118	Excision or destruction (eg, laser), intranasal lesion; external approach (lateral rhinotomy)		Excision	No	No	No	No
30120	Excision or surgical planing of skin of nose for rhinophyma		Excision	Yes	Yes	No	No
30124	Excision dermoid cyst, nose; simple, skin, subcutaneous		Excision	No	No	No	No
30125	Excision dermoid cyst, nose; complex, under bone or cartilage		Excision	No	No	No	No
30130	Excision inferior turbinate, partial or complete, any method		Excision	No	No	No	No
30140	Submucous resection inferior turbinate, partial or complete, any method		Excision	No	No	No	No
30150	Rhinectomy; partial		Excision	No	No	No	No
30160	Rhinectomy; total		Excision	No	No	No	No
30200	Injection into turbinate(s), therapeutic		Introduction	No	No	No	No
30210	Displacement therapy (Proetz type)		Removal	No	No	No	No
30220	Insertion, nasal septal prosthesis (button)		Introduction	Yes	Yes	No	No
30300	Removal foreign body, intranasal; office type procedure		Removal	No	No	No	No
30310	Removal foreign body, intranasal; requiring general anesthesia		Removal	No	No	No	No
30320	Removal foreign body, intranasal; by lateral rhinotomy		Removal	No	No	No	No
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip		Repair	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
30420	Rhinoplasty, primary; including major septal repair		Repair	Yes	Yes	Yes	Yes
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)		Repair	Yes	Yes	Yes	Yes
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)		Repair	Yes	Yes	Yes	Yes
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)		Repair	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
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies		Repair	No	No	No	No
30465	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)		Repair	No	No	No	No
30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)		Repair	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
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft		Resection	Yes	Yes	No	No
30540	Repair choanal atresia; intranasal		Repair	No	No	No	No
30545	Repair choanal atresia; transpalatine		Repair	No	No	No	No
30560	Lysis intranasal synechia		Repair	No	No	No	No
30580	Repair fistula; oromaxillary (combine with 31030 if antrotomy is included)		Repair	Yes	Yes	No	No
30600	Repair fistula; oronasal		Repair	No	No	No	No
30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)		Repair	No	No	No	No
30630	Repair nasal septal perforations		Repair	No	No	No	No
30801	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
30802	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); intramural (ie, submucosal)		Ablation	No	No	No	No
30901	Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method		Other Procedure	No	No	No	No
30903	Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method		Other Procedure	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
30906	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent		Other Procedure	No	No	No	No
30915	Ligation arteries; ethmoidal		Ligation	No	No	No	No
30920	Ligation arteries; internal maxillary artery, transantral		Ligation	No	No	No	No
30930	Fracture nasal inferior turbinate(s), therapeutic		Fracture	No	No	No	No
30999	Unlisted procedure, nose		Unlisted Procedure	Yes	Yes	No	No
31000	Lavage by cannulation; maxillary sinus (antrum puncture or natural ostium)		Incision	No	No	No	No
31002	Lavage by cannulation; sphenoid sinus		Incision	No	No	No	No
31020	Sinusotomy, maxillary (antrotomy); intranasal		Incision	Yes	Yes	No	No
31030	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) without removal of antrochoanal polyps		Incision	Yes	Yes	No	No
31032	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) with removal of antrochoanal polyps		Incision	Yes	Yes	No	No
31040	Pterygomaxillary fossa surgery, any approach		Incision	Yes	Yes	No	No
31050	Sinusotomy, sphenoid, with or without biopsy;		Incision	Yes	Yes	No	No
31051	Sinusotomy, sphenoid, with or without biopsy; with mucosal stripping or removal of polyp(s)		Incision	Yes	Yes	No	No
31070	Sinusotomy frontal; external, simple (trephine operation)		Incision	Yes	Yes	No	No
31075	Sinusotomy frontal; transorbital, unilateral (for mucocele or osteoma, Lynch type)		Incision	Yes	Yes	No	No
31080	Sinusotomy frontal; obliterative without osteoplastic flap, brow incision (includes ablation)		Incision	Yes	Yes	No	No
31081	Sinusotomy frontal; obliterative, without osteoplastic flap, coronal incision (includes ablation)		Incision	Yes	Yes	No	No
31084	Sinusotomy frontal; obliterative, with osteoplastic flap, brow incision		Incision	Yes	Yes	No	No
31085	Sinusotomy frontal; obliterative, with osteoplastic flap, coronal incision		Incision	Yes	Yes	No	No
31086	Sinusotomy frontal; nonobliterative, with osteoplastic flap, brow incision		Incision	Yes	Yes	No	No
31087	Sinusotomy frontal; nonobliterative, with osteoplastic flap, coronal incision		Incision	Yes	Yes	No	No
31090	Sinusotomy, unilateral, 3 or more paranasal sinuses (frontal, maxillary, ethmoid, sphenoid)		Incision	Yes	Yes	No	No
31200	Ethmoidectomy; intranasal, anterior		Excision	No	No	No	No
31201	Ethmoidectomy; intranasal, total		Excision	No	No	No	No
31205	Ethmoidectomy; extranasal, total		Excision	No	No	No	No
31225	Maxillectomy; without orbital exenteration		Excision	No	No	No	No
31230	Maxillectomy; with orbital exenteration (en bloc)		Excision	No	No	No	No
31231	Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)		Diagnostic/Screening	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
31235	Nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)		Diagnostic/Screening	No	No	No	No
31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)		Biopsy	Yes	Yes	No	No
31238	Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage		Endoscopy (EGD)	No	No	No	No
31239	Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy		Endoscopy (EGD)	No	No	No	No
31240	Nasal/sinus endoscopy, surgical; with concha bullosa resection		Resection	Yes	Yes	No	No
31241	Nasal/sinus endoscopy, surgical; with ligation of sphenopalatine artery		Ligation	No	No	No	No
31242	Nasal/sinus endoscopy, surgical; with destruction by radiofrequency ablation, posterior nasal nerve		Endoscopy	Yes	Yes	Yes	No
31243	Nasal/sinus endoscopy, surgical; with destruction by cryoablation, posterior nasal nerve		Endoscopy	Yes	Yes	Yes	No
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
31254	Nasal/sinus endoscopy, surgical; with ethmoidectomy, partial (anterior)		Endoscopy (EGD)	No	No	No	Yes
31255	Nasal/sinus endoscopy, surgical; with ethmoidectomy, total (anterior and posterior)		Endoscopy (EGD)	No	No	No	Yes
31256	Nasal/sinus endoscopy, surgical, with maxillary antrostomy;		Endoscopy (EGD)	No	No	No	Yes
31257	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy		Endoscopy (EGD)	No	No	No	Yes
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
31267	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus		Removal	No	No	No	Yes
31276	Nasal/sinus endoscopy, surgical with frontal sinus exploration, with or without removal of tissue from frontal sinus		Removal	No	No	No	Yes
31287	Nasal/sinus endoscopy, surgical, with sphenoidotomy;		Endoscopy (EGD)	No	No	No	Yes
31288	Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus		Removal	No	No	No	Yes

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
31290	Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; ethmoid region		Repair	No	No	No	No
31291	Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; sphenoid region		Repair	No	No	No	No
31292	Nasal/sinus endoscopy, surgical; with medial or inferior orbital wall decompression		Decompression	Yes	Yes	Yes	No
31293	Nasal/sinus endoscopy, surgical; with medial orbital wall and inferior orbital wall decompression		Decompression	Yes	Yes	Yes	No
31294	Nasal/sinus endoscopy, surgical; with optic nerve decompression		Decompression	Yes	Yes	Yes	No
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa		Dilation	No	No	No	Yes
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)		Dilation	No	No	No	Yes
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)		Dilation	No	No	No	Yes
31298	Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)		Dilation	No	No	No	Yes
31299	Unlisted procedure, accessory sinuses		Unlisted Procedure	Yes	Yes	Yes	No
31300	Laryngotomy (thyrotomy, laryngofissure); with removal of tumor or laryngocele, cordectomy		Removal	No	No	No	No
31360	Laryngectomy; total, without radical neck dissection		Excision	No	No	No	No
31365	Laryngectomy; total, with radical neck dissection		Excision	No	No	No	No
31367	Laryngectomy; subtotal supraglottic, without radical neck dissection		Excision	No	No	No	No
31368	Laryngectomy; subtotal supraglottic, with radical neck dissection		Excision	No	No	No	No
31370	Partial laryngectomy (hemilaryngectomy); horizontal		Excision	No	No	No	No
31375	Partial laryngectomy (hemilaryngectomy); laterovertical		Excision	No	No	No	No
31380	Partial laryngectomy (hemilaryngectomy); anterovertical		Excision	No	No	No	No
31382	Partial laryngectomy (hemilaryngectomy); antero-latero-vertical		Excision	No	No	No	No
31390	Pharyngolaryngectomy, with radical neck dissection; without reconstruction		Excision	No	No	No	No
31395	Pharyngolaryngectomy, with radical neck dissection; with reconstruction		Reconstruction	No	No	No	No
31400	Arytenoidectomy or arytenoidopexy, external approach		Excision	No	No	No	No
31420	Epiglottidectomy		Excision	No	No	No	No
31500	Intubation, endotracheal, emergency procedure		Introduction	No	No	No	No
31502	Tracheotomy tube change prior to establishment of fistula tract		Tracheostomy	No	No	No	No
31505	Laryngoscopy, indirect; diagnostic (separate procedure)		Diagnostic/Screening	No	No	No	No
31510	Laryngoscopy, indirect; with biopsy		Biopsy	No	No	No	No
31511	Laryngoscopy, indirect; with removal of foreign body		Removal	No	No	No	No
31512	Laryngoscopy, indirect; with removal of lesion		Removal	No	No	No	No
31513	Laryngoscopy, indirect; with vocal cord injection		Endoscopy (EGD)	No	No	No	No
31515	Laryngoscopy direct, with or without tracheoscopy; for aspiration		Aspiration	No	No	No	No
31520	Laryngoscopy direct, with or without tracheoscopy; diagnostic, newborn		Diagnostic/Screening	No	No	No	No
31525	Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn		Diagnostic/Screening	No	No	No	No
31526	Laryngoscopy direct, with or without tracheoscopy; diagnostic, with operating microscope or telescope		Diagnostic/Screening	No	No	No	No
31527	Laryngoscopy direct, with or without tracheoscopy; with insertion of obturator		Insertion	No	No	No	No
31528	Laryngoscopy direct, with or without tracheoscopy; with dilation, initial		Dilation	No	No	No	No
31529	Laryngoscopy direct, with or without tracheoscopy; with dilation, subsequent		Dilation	No	No	No	No
31530	Laryngoscopy, direct, operative, with foreign body removal;		Removal	No	No	No	No
31531	Laryngoscopy, direct, operative, with foreign body removal; with operating microscope or telescope		Removal	No	No	No	No
31535	Laryngoscopy, direct, operative, with biopsy;		Biopsy	No	No	No	No
31536	Laryngoscopy, direct, operative, with biopsy; with operating microscope or telescope		Biopsy	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
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
31545	Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with local tissue flap(s)		Reconstruction	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
31551	Laryngoplasty; for laryngeal stenosis, with Grafts, without indwelling stent placement, younger than 12 years of age		Grafts	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
31553	Laryngoplasty; for laryngeal stenosis, with Grafts, with indwelling stent placement, younger than 12 years of age		Grafts	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
31560	Laryngoscopy, direct, operative, with arytenoidectomy;		Endoscopy (EGD)	No	No	No	No
31561	Laryngoscopy, direct, operative, with arytenoidectomy; with operating microscope or telescope		Endoscopy (EGD)	No	No	No	No
31570	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic;		Endoscopy (EGD)	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
31572	Laryngoscopy, flexible; with ablation or destruction of lesion(s) with laser, unilateral		ablation	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
31574	Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral		Endoscopy (EGD)	No	No	No	No
31575	Laryngoscopy, flexible; diagnostic		Diagnostic/Screening	No	No	No	No
31576	Laryngoscopy, flexible; with biopsy(ies)		Biopsy	No	No	No	No
31577	Laryngoscopy, flexible; with removal of foreign body(s)		Removal	No	No	No	No
31578	Laryngoscopy, flexible; with removal of lesion(s), non-laser		Removal	No	No	No	No
31579	Laryngoscopy, flexible or rigid telescopic, with stroboscopy		Endoscopy (EGD)	No	No	No	No
31580	Laryngoplasty; for laryngeal web, with indwelling keel or stent insertion		Repair	No	No	No	No
31584	Laryngoplasty; with open reduction and fixation of (eg, plating) fracture, includes tracheostomy, if performed		Repair	No	No	No	No
31587	Laryngoplasty, cricoid split, without graft placement		Repair	No	No	No	No
31590	Laryngeal reinnervation by neuromuscular pedicle		Repair	No	No	No	No
31591	Laryngoplasty, medialization, unilateral		Repair	No	No	No	No
31592	Cricotracheal resection		Repair	No	No	No	No
31599	Unlisted procedure, larynx		Unlisted Procedure	No	No	No	No
31600	Tracheostomy, planned (separate procedure);		Tracheostomy	No	No	No	No
31601	Tracheostomy, planned (separate procedure); younger than 2 years		Tracheostomy	No	No	No	No
31603	Tracheostomy, emergency procedure; transtracheal		Tracheostomy	No	No	No	No
31605	Tracheostomy, emergency procedure; cricothyroid membrane		Tracheostomy	No	No	No	No
31610	Tracheostomy, fenestration procedure with skin flaps		Tracheostomy	No	No	No	No
31611	Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis)		Tracheostomy	No	No	No	No
31612	Tracheal puncture, percutaneous with transtracheal aspiration and/or injection		Tracheostomy	No	No	No	No
31613	Tracheostoma revision; simple, without flap rotation		Revision	No	No	No	No
31614	Tracheostoma revision; complex, with flap rotation		Revision	No	No	No	No
31615	Tracheobronchoscopy through established tracheostomy incision		Incision	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
31623	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings		Bronchoscopy	No	No	No	No
31624	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage		Bronchoscopy	No	No	No	No
31625	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites		Biopsy	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
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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
31628	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe		Bronchoscopy	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(i)		Bronchoscopy	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
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
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
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
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
31635	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of foreign body		Removal	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
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
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
31640	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with excision of tumor		Excision	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
31643	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application		Placement	No	No	No	No
31645	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
31646	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, subsequent		Aspiration	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
31648	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), initial lobe		Removal	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
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
31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures		Ultrasound	No	No	No	No
31653	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures		Ultrasound	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
31660	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe		Bronchoscopy	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
31717	Catheterization with bronchial brush biopsy		Catherization	No	No	No	No
31720	Catheter aspiration (separate procedure); nasotracheal		Aspiration	No	No	No	No
31725	Catheter aspiration (separate procedure); tracheobronchial with fiberscope, bedside		Aspiration	No	No	No	No
31730	Transtracheal (percutaneous) introduction of needle wire dilator/stent or indwelling tube for oxygen therapy		Introduction	No	No	No	No
31750	Tracheoplasty; cervical		Repair	No	No	No	No
31755	Tracheoplasty; tracheopharyngeal fistulization, each stage		Repair	No	No	No	No
31760	Tracheoplasty; intrathoracic		Repair	No	No	No	No
31766	Carinal reconstruction		Reconstruction	No	No	No	No
31770	Bronchoplasty; graft repair		Repair	No	No	No	No
31775	Bronchoplasty; excision stenosis and anastomosis		Excision	No	No	No	No
31780	Excision tracheal stenosis and anastomosis; cervical		Excision	No	No	No	No
31781	Excision tracheal stenosis and anastomosis; cervicothoracic		Excision	No	No	No	No
31785	Excision of tracheal tumor or carcinoma; cervical		Excision	No	No	No	No
31786	Excision of tracheal tumor or carcinoma; thoracic		Excision	No	No	No	No
31800	Suture of tracheal wound or injury; cervical		Repair	No	No	No	No
31805	Suture of tracheal wound or injury; intrathoracic		Repair	No	No	No	No
31820	Surgical closure tracheostomy or fistula; without plastic repair		Closure	No	No	No	No
31825	Surgical closure tracheostomy or fistula; with plastic repair		Closure	No	No	No	No
31830	Revision of tracheostomy scar		Revision	No	No	No	No
31899	Unlisted procedure, trachea, bronchi		Unlisted Procedure	No	No	No	No
32035	Thoracostomy; with rib resection for empyema		Incision	No	No	No	No
32036	Thoracostomy; with open flap drainage for empyema		Incision/Drainage	No	No	No	No
32096	Thoracotomy, with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral		Biopsy	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
32098	Thoracotomy, with biopsy(ies) of pleura		Biopsy	No	No	No	No
32100	Thoracotomy; with exploration		Exploratory	No	No	No	No
32110	Thoracotomy; with control of traumatic hemorrhage and/or repair of lung tear		Incision	No	No	No	No
32120	Thoracotomy; for postoperative complications		Incision	No	No	No	No
32124	Thoracotomy; with open intrapleural pneumonolysis		Incision	No	No	No	No
32140	Thoracotomy; with cyst(s) removal, includes pleural procedure when performed		Removal	No	No	No	No
32141	Thoracotomy; with resection-plication of bullae, includes any pleural procedure when performed		Resection	No	No	No	No
32150	Thoracotomy; with removal of intrapleural foreign body or fibrin deposit		Removal	No	No	No	No
32151	Thoracotomy; with removal of intrapulmonary foreign body		Removal	No	No	No	No
32160	Thoracotomy; with cardiac massage		Incision	No	No	No	No
32200	Pneumonostomy, with open drainage of abscess or cyst		Incision/Drainage	No	No	No	No
32215	Pleural scarification for repeat pneumothorax		Incision	No	No	No	No
32220	Decortication, pulmonary (separate procedure); total		Incision	No	No	No	No
32225	Decortication, pulmonary (separate procedure); partial		Incision	No	No	No	No
32310	Pleurectomy, parietal (separate procedure)		Resection	No	No	No	No
32320	Decortication and parietal pleurectomy		Resection	No	No	No	No
32400	Biopsy, pleura, percutaneous needle		Biopsy	No	No	No	No
32408	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
32440	Removal of lung, pneumonectomy;		Removal	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
32445	Removal of lung, pneumonectomy; extrapleural		Removal	No	No	No	No
32480	Removal of lung, other than pneumonectomy; single lobe (lobectomy)		Removal	No	No	No	No
32482	Removal of lung, other than pneumonectomy; 2 lobes (bilobectomy)		Removal	No	No	No	No
32484	Removal of lung, other than pneumonectomy; single segment (segmentectomy)		Removal	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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
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
32491	Removal of lung, other than pneumonectomy; with resection-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, includes any pleural procedure, when performed		Removal	Yes	Yes	Yes	No
32501	Resection and repair of portion of bronchus (bronchoplasty) when performed at time of lobectomy or segmentectomy (List separately in addition to code for primary procedure)		Resection	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
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
32505	Thoracotomy; with therapeutic wedge resection (eg, mass, nodule), initial		Resection	No	No	No	No
32506	Thoracotomy; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)	code first 32505	Resection	No	No	No	No
32507	Thoracotomy; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)		Diagnostic/Screening	No	No	No	No
32540	Extrapleural enucleation of empyema (empyemectomy)		Resection	No	No	No	No
32550	Insertion of indwelling tunneled pleural catheter with cuff		Insertion	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
32552	Removal of indwelling tunneled pleural catheter with cuff		Removal	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
32554	Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance		Introduction	No	No	No	No
32555	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance		Introduction	No	No	No	No
32556	Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance		Insertion	No	No	No	No
32557	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance		Insertion	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
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
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
32601	Thoracoscopy, diagnostic (separate procedure); lungs, pericardial sac, mediastinal or pleural space, without biopsy		Diagnostic/Screening	No	No	No	No
32604	Thoracoscopy, diagnostic (separate procedure); pericardial sac, with biopsy		Diagnostic/Screening	No	No	No	No
32606	Thoracoscopy, diagnostic (separate procedure); mediastinal space, with biopsy		Diagnostic/Screening	No	No	No	No
32607	Thoracoscopy; with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral		Diagnostic/Screening	No	No	No	No
32608	Thoracoscopy; with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral		Diagnostic/Screening	No	No	No	No
32609	Thoracoscopy; with biopsy(ies) of pleura		Biopsy	Yes	Yes	No	No
32650	Thoracoscopy, surgical; with pleurodesis (eg, mechanical or chemical)		Thoracoscopy	Yes	Yes	No	No
32651	Thoracoscopy, surgical; with partial pulmonary decortication		Thoracoscopy	Yes	Yes	No	No
32652	Thoracoscopy, surgical; with total pulmonary decortication, including intrapleural pneumonolysis		Thoracoscopy	Yes	Yes	No	No
32653	Thoracoscopy, surgical; with removal of intrapleural foreign body or fibrin deposit		Removal	Yes	Yes	No	No
32654	Thoracoscopy, surgical; with control of traumatic hemorrhage		Thoracoscopy	Yes	Yes	No	No
32655	Thoracoscopy, surgical; with resection-plication of bullae, includes any pleural procedure when performed		Resection	Yes	Yes	No	No
32656	Thoracoscopy, surgical; with parietal pleurectomy		Thoracoscopy	Yes	Yes	Yes	No
32658	Thoracoscopy, surgical; with removal of clot or foreign body from pericardial sac		Removal	Yes	Yes	Yes	No
32659	Thoracoscopy, surgical; with creation of pericardial window or partial resection of pericardial sac for drainage		Thoracoscopy	Yes	Yes	Yes	No
32661	Thoracoscopy, surgical; with excision of pericardial cyst, tumor, or mass		Excision	No	Yes	Yes	No
32662	Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, or mass		Excision	No	No	No	No
32663	Thoracoscopy, surgical; with lobectomy (single lobe)		Thoracoscopy	Yes	Yes	Yes	No
32664	Thoracoscopy, surgical; with thoracic sympathectomy		Thoracoscopy	Yes	Yes	Yes	No
32665	Thoracoscopy, surgical; with esophagomyotomy (Heller type)		Thoracoscopy	Yes	Yes	Yes	No
32666	Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass, nodule), initial unilateral		Thoracoscopy	Yes	Yes	Yes	No
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 first 32666	Thoracoscopy	Yes	Yes	Yes	No
32668	Thoracoscopy, surgical; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)	code first 32440-32488 32503-	Diagnostic/Screening	Yes	Yes	Yes	No
32669	Thoracoscopy, surgical; with removal of a single lung segment (segmentectomy)		Removal	Yes	Yes	Yes	No
32670	Thoracoscopy, surgical; with removal of two lobes (bilobectomy)		Removal	Yes	Yes	Yes	No
32671	Thoracoscopy, surgical; with removal of lung (pneumonectomy)		Removal	Yes	Yes	Yes	No
32672	Thoracoscopy, surgical; with resection-plication for emphysematous lung (bullous or non-bullous) for lung volume reduction (LVRS), unilateral includes any pleural procedure, when performed		Resection	Yes	Yes	Yes	No
32673	Thoracoscopy, surgical; with resection of thymus, unilateral or bilateral3		Resection	Yes	Yes	Yes	No
32674	Thoracoscopy, surgical; with mediastinal and regional lymphadenectomy (List separately in addition to code for primary procedure)		Thoracoscopy	Yes	Yes	Yes	No
32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment		Radiation Therapy	Yes	Yes	Yes	No
32800	Repair lung hernia through chest wall		Repair	Yes	Yes	Yes	No
32810	Closure of chest wall following open flap drainage for empyema (Clagett type procedure)		Closure	No	No	No	No
32815	Open closure of major bronchial fistula		Closure	Yes	Yes	Yes	No
32820	Major reconstruction, chest wall (posttraumatic)		Reconstruction	Yes	Yes	Yes	No
32850	Donor pneumonectomy(s) (including cold preservation), from cadaver donor		Transplantation	Yes	Yes	Yes	Yes
32851	Lung transplant, single; without cardiopulmonary bypass		Transplantation	Yes	Yes	Yes	Yes
32852	Lung transplant, single; with cardiopulmonary bypass		Transplantation	Yes	Yes	Yes	Yes
32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass		Transplantation	Yes	Yes	Yes	Yes
32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass		Transplantation	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
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
32900	Resection of ribs, extrapleural, all stages		Resection	Yes	Yes	Yes	No
32905	Thoracoplasty, Schede type or extrapleural (all stages);		Resection	Yes	Yes	Yes	No
32906	Thoracoplasty, Schede type or extrapleural (all stages); with closure of bronchopleural fistula		Resection	Yes	Yes	Yes	No
32940	Pneumonolysis, extraperiosteal, including filling or packing procedures		Release	Yes	Yes	Yes	No
32960	Pneumothorax, therapeutic, intrapleural injection of air		Introduction	Yes	Yes	Yes	No
32994	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; cryoablation		Ablation	No	No	No	No
32997	Total lung lavage (unilateral)		Bronchoscopy	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
32999	Unlisted procedure, lungs and pleura		Unlisted Procedure	Yes	Yes	Yes	No
33016	Pericardiocentesis, including imaging guidance, when performed		Aspiration	No	No	No	No
33017	Perlcardial dranage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; 6 + years without congenital cardiac anomaly		Insertion	No	No	No	No
33018	Perlcardial dranage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; birth through age 5 years without or any age with congenital cardiac anomaly		Insertion	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
33019	Perlcardial dranage with insertion of indwelling catheter, percutaneous, including CT guidance		Insertion	No	No	No	No
33020	Pericardiotomy for removal of clot or foreign body (primary procedure)		Removal	Yes	Yes	Yes	No
33025	Creation of pericardial window or partial resection for drainage		Incision/Drainage	Yes	Yes	Yes	No
33030	Pericardiectomy, subtotal or complete; without cardiopulmonary bypass		Incision	Yes	Yes	Yes	No
33031	Pericardiectomy, subtotal or complete; with cardiopulmonary bypass		Incision	Yes	Yes	Yes	No
33050	Resection of pericardial cyst or tumor		Resection	Yes	Yes	Yes	No
33120	Excision of intracardiac tumor, resection with cardiopulmonary bypass		Excision	Yes	Yes	Yes	No
33130	Resection of external cardiac tumor		Resection	Yes	Yes	Yes	No
33140	Transmyocardial laser revascularization, by thoracotomy; (separate procedure)		Revascularization	Yes	Yes	Yes	No
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
33202	Insertion of epicardial electrode(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid approach)		Insertion	Yes	Yes	Yes	No
33203	Insertion of epicardial electrode(s); endoscopic approach (eg, thoracoscopy, pericardioscopy)		Insertion	Yes	Yes	Yes	No
33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial		Insertion	Yes	Yes	Yes	Yes
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular		Insertion	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
33210	Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter (separate procedure)		Insertion	Yes	Yes	Yes	No
33211	Insertion or replacement of temporary transvenous dual chamber pacing electrodes (separate procedure)		Insertion	Yes	Yes	Yes	No
33212	Insertion of pacemaker pulse generator only; with existing single lead		Insertion	Yes	Yes	Yes	Yes
33213	Insertion of pacemaker pulse generator only; with existing dual leads		Insertion	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
33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode		Reposition	No	No	No	No
33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator		Insertion	Yes	Yes	No	No
33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator		Insertion	Yes	Yes	No	No
33218	Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator		Repair	Yes	Yes	No	No
33220	Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator		Repair	Yes	Yes	No	No
33221	Insertion of pacemaker pulse generator only; with existing multiple leads		Insertion	Yes	Yes	Yes	Yes
33222	Relocation of skin pocket for pacemaker		Reposition	No	No	No	No
33223	Relocation of skin pocket for implantable defibrillator		Reposition	No	No	No	No
33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator)		Insertion	No	No	No	Yes
33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system) (List separately in addition to code for primary procedure)		Insertion	No	No	No	Yes
33226	Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of existing generator)		Reposition	No	No	No	No
33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system		Removal	No	No	No	Yes
33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system		Removal	No	No	No	Yes
33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system		Removal	No	No	No	Yes
33230	Insertion of implantable defibrillator pulse generator only; with existing dual leads		Insertion	Yes	Yes	No	Yes
33231	Insertion of implantable defibrillator pulse generator only; with existing multiple leads		Insertion	Yes	Yes	No	Yes
33233	Removal of permanent pacemaker pulse generator only		Removal	No	No	No	No
33234	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular		Removal	No	No	No	No
33235	Removal of transvenous pacemaker electrode(s); dual lead system		Removal	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
33237	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; dual lead system		Removal	No	No	No	No
33238	Removal of permanent transvenous electrode(s) by thoracotomy		Removal	No	No	No	No
33240	Insertion of implantable defibrillator pulse generator only; with existing single lead		Insertion	Yes	Yes	No	Yes
33241	Removal of implantable defibrillator pulse generator only		Removal	No	No	No	No
33243	Removal of single or dual chamber implantable defibrillator electrode(s); by thoracotomy		Removal	No	No	No	No
33244	Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction		Removal	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
33250	Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); without cardiopulmonary bypass		Ablation	No	No	No	No
33251	Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); with cardiopulmonary bypass		Ablation	No	No	No	No
33254	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)		Ablation	No	No	No	No
33255	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass		Ablation	No	No	No	No
33256	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass		Ablation	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
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
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
33261	Operative ablation of ventricular arrhythmogenic focus with cardiopulmonary bypass		Ablation	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
33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system		Removal	No	No	No	Yes
33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system		Removal	No	No	No	Yes
33265	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass		Endoscopy (EGD)	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
33267	**Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)**		Exclusion	Yes	Yes	Yes	No
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
33269	**Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)**		Exclusion	Yes	Yes	Yes	No
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
33271	Insertion of subcutaneous implantable defibrillator electrode		Insertion	Yes	Yes	No	Yes
33272	Removal of subcutaneous implantable defibrillator electrode		Removal	No	No	No	Yes
33273	Repositioning of previously implanted subcutaneous implantable defibrillator electrode		Reposition	No	No	No	Yes

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
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
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
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		Cardiac	Yes	Yes	Yes	No
33277	Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure)		Cardiac	Yes	Yes	Yes	No
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)		Cardiac	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		Cardiac	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		Cardiac	No	No	No	No
33281	Repositioning of phrenic nerve stimulator transvenous lead(s)		Cardiac	Yes	Yes	Yes	No
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming		Insertion	Yes	Yes	Yes	No
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
33287	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator		Cardiac	Yes	Yes	Yes	No
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)		Cardiac	Yes	Yes	Yes	No
33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catherization, selective pulmonary catherization, 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	Yes	Yes
33300	Repair of cardiac wound; without bypass		Repair	No	No	No	No
33305	Repair of cardiac wound; with cardiopulmonary bypass		Repair	No	No	No	No
33310	Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); without bypass		Exploratory	Yes	Yes	Yes	No
33315	Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); with cardiopulmonary bypass		Exploratory	Yes	Yes	Yes	No
33320	Suture repair of aorta or great vessels; without shunt or cardiopulmonary bypass		Repair	Yes	Yes	Yes	No
33321	Suture repair of aorta or great vessels; with shunt bypass		Repair	Yes	Yes	Yes	No
33322	Suture repair of aorta or great vessels; with cardiopulmonary bypass		Repair	Yes	Yes	Yes	No
33330	Insertion of graft, aorta or great vessels; without shunt, or cardiopulmonary bypass		Insertion	Yes	Yes	Yes	No
33335	Insertion of graft, aorta or great vessels; with cardiopulmonary bypass		Insertion	Yes	Yes	Yes	No
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation		Transcatheter	Yes	Yes	Yes	Yes
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach		Aortic Valve	Yes	Yes	Yes	No
33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach		Aortic Valve	Yes	Yes	Yes	No
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach		Aortic Valve	Yes	Yes	Yes	No
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach		Aortic Valve	Yes	Yes	Yes	No
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)		Aortic Valve	Yes	Yes	Yes	No
33366	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)		Aortic Valve	Yes	Yes	Yes	No
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
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
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
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
33391	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; complex (eg, leaflet extension, leaflet resection, leaflet reconstruction, or annuloplasty)		Aortic Valve	Yes	Yes	Yes	No
33404	Construction of apical-aortic conduit		Aortic Valve	Yes	Yes	Yes	No
33405	Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homoGrafts or stentless valve		Aortic Valve	Yes	Yes	Yes	No
33406	Replacement, aortic valve, open, with cardiopulmonary bypass; with alloGrafts valve (freehand)		Aortic Valve	Yes	Yes	Yes	No
33410	Replacement, aortic valve, open, with cardiopulmonary bypass; with stentless tissue valve		Aortic Valve	Yes	Yes	Yes	No
33411	Replacement, aortic valve; with aortic annulus enlargement, noncoronary sinus		Aortic Valve	Yes	Yes	Yes	No
33412	Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)		Aortic Valve	Yes	Yes	Yes	No
33413	Replacement, aortic valve; by translocation of autologous pulmonary valve with alloGrafts replacement of pulmonary valve (Ross procedure)		Aortic Valve	Yes	Yes	Yes	No
33414	Repair of left ventricular outflow tract obstruction by patch enlargement of the outflow tract		Aortic Valve	Yes	Yes	Yes	No
33415	Resection or incision of subvalvular tissue for discrete subvalvular aortic stenosis		Aortic Valve	Yes	Yes	Yes	No
33416	Ventriculomyotomy (-myectomy) for idiopathic hypertrophic subaortic stenosis (eg, asymmetric septal hypertrophy)		Aortic Valve	Yes	Yes	Yes	No
33417	Aortoplasty (gusset) for supravalvular stenosis		Aortic Valve	Yes	Yes	Yes	No
33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis		Mitral Valve	Yes	Yes	Yes	No
33419	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; additional prosthesis(es) during same session (List separately in addition to code for primary procedure)		Mitral Valve	Yes	Yes	Yes	No
33420	Valvotomy, mitral valve; closed heart		Mitral Valve	Yes	Yes	Yes	No
33422	Valvotomy, mitral valve; open heart, with cardiopulmonary bypass		Mitral Valve	Yes	Yes	Yes	No
33425	Valvuloplasty, mitral valve, with cardiopulmonary bypass;		Mitral Valve	Yes	Yes	Yes	No
33426	Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring		Mitral Valve	Yes	Yes	Yes	No
33427	Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring		Mitral Valve	Yes	Yes	Yes	No
33430	Replacement, mitral valve, with cardiopulmonary bypass		Mitral Valve	Yes	Yes	Yes	No
33440	Replacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus enlargement of the left ventricular outflow tract with valved conduit replacement of pulmonary valve (Ross-Konno procedure)		Replacement	Yes	Yes	Yes	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
33460	Valvectomy, tricuspid valve, with cardiopulmonary bypass		Tricuspid Valve	Yes	Yes	Yes	No
33463	Valvuloplasty, tricuspid valve; without ring insertion		Tricuspid Valve	Yes	Yes	Yes	No
33464	Valvuloplasty, tricuspid valve; with ring insertion		Tricuspid Valve	Yes	Yes	Yes	No
33465	Replacement, tricuspid valve, with cardiopulmonary bypass		Tricuspid Valve	Yes	Yes	Yes	No
33468	Tricuspid valve repositioning and plication for Ebstein anomaly		Tricuspid Valve	Yes	Yes	Yes	No
33471	Valvotomy, pulmonary valve, closed heart, via pulmonary artery		Pulmonary Valve	Yes	Yes	Yes	No
33474	Valvotomy, pulmonary valve, open heart, with cardiopulmonary bypass		Pulmonary Valve	Yes	Yes	Yes	No
33475	Replacement, pulmonary valve		Pulmonary Valve	Yes	Yes	Yes	No
33476	Right ventricular resection for infundibular stenosis, with or without commissurotomy		Pulmonary Valve	Yes	Yes	Yes	No
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed		Pulmonary Valve	Yes	Yes	Yes	No
33478	Outflow tract augmentation (gusset), with or without commissurotomy or infundibular resection		Pulmonary Valve	Yes	Yes	Yes	No
33496	Repair of non-structural prosthetic valve dysfunction with cardiopulmonary bypass (separate procedure)		Repair	Yes	Yes	Yes	No
33500	Repair of coronary arteriovenous or arteriocardiac chamber fistula; with cardiopulmonary bypass		Repair	Yes	Yes	Yes	No
33501	Repair of coronary arteriovenous or arteriocardiac chamber fistula; without cardiopulmonary bypass		Repair	Yes	Yes	Yes	No
33502	Repair of anomalous coronary artery from pulmonary artery origin; by ligation		Ligation	Yes	Yes	Yes	No
33503	Repair of anomalous coronary artery from pulmonary artery origin; by Grafts, without cardiopulmonary bypass		Grafts	Yes	Yes	Yes	No
33504	Repair of anomalous coronary artery from pulmonary artery origin; by Grafts, with cardiopulmonary bypass		Grafts	Yes	Yes	Yes	No
33505	Repair of anomalous coronary artery from pulmonary artery origin; with construction of intrapulmonary artery tunnel (Takeuchi procedure)		Repair	Yes	Yes	Yes	No
33506	Repair of anomalous coronary artery from pulmonary artery origin; by translocation from pulmonary artery to aorta		Repair	Yes	Yes	Yes	No
33507	Repair of anomalous (eg, intramural) aortic origin of coronary artery by unroofing or translocation		Repair	Yes	Yes	Yes	No
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
33509	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure, endoscopic		Bypass	Yes	Yes	Yes	No
33510	Coronary artery bypass, vein only; single coronary venous Grafts		Bypass	Yes	Yes	Yes	No
33511	Coronary artery bypass, vein only; 2 coronary venous Graftss		Bypass	Yes	Yes	Yes	No
33512	Coronary artery bypass, vein only; 3 coronary venous Graftss		Bypass	Yes	Yes	Yes	No
33513	Coronary artery bypass, vein only; 4 coronary venous Graftss		Bypass	Yes	Yes	Yes	No
33514	Coronary artery bypass, vein only; 5 coronary venous Graftss		Bypass	Yes	Yes	Yes	No
33516	Coronary artery bypass, vein only; 6 or more coronary venous Graftss		Bypass	Yes	Yes	Yes	No
33517	Coronary artery bypass, using venous Grafts(s) and arterial Grafts(s); single vein Grafts (List separately in addition to code for primary procedure)		Bypass	Yes	Yes	Yes	No
33518	Coronary artery bypass, using venous Grafts(s) and arterial Grafts(s); 2 venous Graftss (List separately in addition to code for primary procedure)		Bypass	Yes	Yes	Yes	No
33519	Coronary artery bypass, using venous Grafts(s) and arterial Grafts(s); 3 venous Graftss (List separately in addition to code for primary procedure)		Bypass	Yes	Yes	Yes	No
33521	Coronary artery bypass, using venous Grafts(s) and arterial Grafts(s); 4 venous Graftss (List separately in addition to code for primary procedure)		Bypass	Yes	Yes	Yes	No
33522	Coronary artery bypass, using venous Grafts(s) and arterial Grafts(s); 5 venous Graftss (List separately in addition to code for primary procedure)		Bypass	Yes	Yes	Yes	No
33523	Coronary artery bypass, using venous Grafts(s) and arterial Grafts(s); 6 or more venous Graftss (List separately in addition to code for primary procedure)		Bypass	Yes	Yes	Yes	No
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
33533	Coronary artery bypass, using arterial Grafts(s); single arterial Grafts		Bypass	Yes	Yes	Yes	No
33534	Coronary artery bypass, using arterial Grafts(s); 2 coronary arterial Graftss		Bypass	Yes	Yes	Yes	No
33535	Coronary artery bypass, using arterial Grafts(s); 3 coronary arterial Graftss		Bypass	Yes	Yes	Yes	No
33536	Coronary artery bypass, using arterial Grafts(s); 4 or more coronary arterial Graftss		Bypass	Yes	Yes	Yes	No
33542	Myocardial resection (eg, ventricular aneurysmectomy)		Resection	Yes	Yes	Yes	No
33545	Repair of postinfarction ventricular septal defect, with or without myocardial resection		Repair	Yes	Yes	Yes	No
33548	Surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg, ventricular remodeling, SVR, SAVER, Dor procedures)		Repair	Yes	Yes	Yes	No
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
33600	Closure of atrioventricular valve (mitral or tricuspid) by suture or patch		Closure	Yes	Yes	Yes	No
33602	Closure of semilunar valve (aortic or pulmonary) by suture or patch		Closure	Yes	Yes	Yes	No
33606	Anastomosis of pulmonary artery to aorta (Damus-Kaye-Stansel procedure)		Revision	Yes	Yes	Yes	No
33608	Repair of complex cardiac anomaly other than pulmonary atresia with ventricular septal defect by construction or replacement of conduit from right or left ventricle to pulmonary artery		Repair	Yes	Yes	Yes	No
33610	Repair of complex cardiac anomalies (eg, single ventricle with subaortic obstruction) by surgical enlargement of ventricular septal defect		Repair	Yes	Yes	Yes	No
33611	Repair of double outlet right ventricle with intraventricular tunnel repair;		Repair	Yes	Yes	Yes	No
33612	Repair of double outlet right ventricle with intraventricular tunnel repair; with repair of right ventricular outflow tract obstruction		Repair	Yes	Yes	Yes	No
33615	Repair of complex cardiac anomalies (eg, tricuspid atresia) by closure of atrial septal defect and anastomosis of atria or vena cava to pulmonary artery (simple Fontan procedure)		Repair	Yes	Yes	Yes	No
33617	Repair of complex cardiac anomalies (eg, single ventricle) by modified Fontan procedure		Repair	Yes	Yes	Yes	No
33619	Repair of single ventricle with aortic outflow obstruction and aortic arch hypoplasia (hypoplastic left heart syndrome) (eg, Norwood procedure)		Repair	Yes	Yes	Yes	No
33620	Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)		Application	No	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
33622	Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage, Norwood, bidirectional Glenn, pulmonary artery debanding)		Reconstruction	Yes	Yes	Yes	No
33641	Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch		Repair	Yes	Yes	Yes	No
33645	Direct or patch closure, sinus venosus, with or without anomalous pulmonary venous drainage		Closure	No	No	No	No
33647	Repair of atrial septal defect and ventricular septal defect, with direct or patch closure		Repair	Yes	Yes	Yes	No
33660	Repair of incomplete or partial atrioventricular canal (ostium primum atrial septal defect), with or without atrioventricular valve repair		Repair	Yes	Yes	Yes	No
33665	Repair of intermediate or transitional atrioventricular canal, with or without atrioventricular valve repair		Repair	Yes	Yes	Yes	No
33670	Repair of complete atrioventricular canal, with or without prosthetic valve		Repair	Yes	Yes	Yes	No
33675	Closure of multiple ventricular septal defects;		Closure	Yes	Yes	Yes	No
33676	Closure of multiple ventricular septal defects; with pulmonary valvotomy or infundibular resection (acyanotic)		Closure	Yes	Yes	Yes	No
33677	Closure of multiple ventricular septal defects; with removal of pulmonary artery band, with or without gusset		Closure	Yes	Yes	Yes	No
33681	Closure of single ventricular septal defect, with or without patch;		Closure	Yes	Yes	Yes	No
33684	Closure of single ventricular septal defect, with or without patch; with pulmonary valvotomy or infundibular resection (acyanotic)		Closure	Yes	Yes	Yes	No
33688	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
33690	Banding of pulmonary artery		Placement	Yes	Yes	Yes	No
33692	Complete repair tetralogy of Fallot without pulmonary atresia;		Repair	Yes	Yes	Yes	No
33694	Complete repair tetralogy of Fallot without pulmonary atresia; with transannular patch		Repair	Yes	Yes	Yes	No
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
33702	Repair sinus of Valsalva fistula, with cardiopulmonary bypass;		Repair	Yes	Yes	Yes	No
33710	Repair sinus of Valsalva fistula, with cardiopulmonary bypass; with repair of ventricular septal defect		Repair	Yes	Yes	Yes	No
33720	Repair sinus of Valsalva aneurysm, with cardiopulmonary bypass		Repair	Yes	Yes	Yes	No
33724	Repair of isolated partial anomalous pulmonary venous return (eg, Scimitar Syndrome)		Repair	Yes	Yes	Yes	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
33726	Repair of pulmonary venous stenosis		Repair	Yes	Yes	Yes	No
33730	Complete repair of anomalous pulmonary venous return (supracardiac, intracardiac, or infracardiac types)		Repair	Yes	Yes	Yes	No
33732	Repair of cor triatriatum or supravalvular mitral ring by resection of left atrial membrane		Repair	Yes	Yes	Yes	No
33735	Atrial septectomy or septostomy; closed heart (Blalock-Hanlon type operation)		Shunt	Yes	Yes	Yes	No
33736	Atrial septectomy or septostomy; open heart with cardiopulmonary bypass		Shunt	Yes	Yes	Yes	No
33737	Atrial septectomy or septostomy; open heart, with inflow occlusion		Occlusion	Yes	Yes	Yes	No
33741	Transcatheter artrial 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
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 catherization for congential cardiac abnormalities, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricalar outflow tract, Mustard/Senning/Warden baffles); initial intracardiac shunt		Transcatheter	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 catherization for congential cardiac abnormalities, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricalar outflow tract, Mustard/Senning/Warden baffles); each additional intracardiac shunt location	ADD ON CODE	Transcatheter	No	No	No	No
33750	Shunt; subclavian to pulmonary artery (Blalock-Taussig type operation)		Shunt	Yes	Yes	Yes	No
33755	Shunt; ascending aorta to pulmonary artery (Waterston type operation)		Shunt	Yes	Yes	Yes	No
33762	Shunt; descending aorta to pulmonary artery (Potts-Smith type operation)		Shunt	Yes	Yes	Yes	No
33764	Shunt; central, with prosthetic graft		Shunt	Yes	Yes	Yes	No
33766	Shunt; superior vena cava to pulmonary artery for flow to 1 lung (classical Glenn procedure)		Shunt	Yes	Yes	Yes	No
33767	Shunt; superior vena cava to pulmonary artery for flow to both lungs (bidirectional Glenn procedure)		Shunt	Yes	Yes	Yes	No
33768	Anastomosis, cavopulmonary, second superior vena cava (List separately in addition to primary procedure)		Shunt	Yes	Yes	Yes	No
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
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
33774	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass;		Repair	Yes	Yes	Yes	No
33775	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
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
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
33778	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type);		Repair	Yes	Yes	Yes	No
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
33780	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
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
33782	Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); without coronary ostium reimplantation		Repair	Yes	Yes	Yes	No
33783	Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); with reimplantation of 1 or both coronary ostia		Repair	Yes	Yes	Yes	No
33786	Total repair, truncus arteriosus (Rastelli type operation)		Repair	Yes	Yes	Yes	No
33788	Reimplantation of an anomalous pulmonary artery		Repair	Yes	Yes	Yes	No
33800	Aortic suspension (aortopexy) for tracheal decompression (eg, for tracheomalacia) (separate procedure)		Decompression	Yes	Yes	Yes	No
33802	Division of aberrant vessel (vascular ring);		Division	No	No	No	No
33803	Division of aberrant vessel (vascular ring); with reanastomosis		Division	No	No	No	No
33813	Obliteration of aortopulmonary septal defect; without cardiopulmonary bypass		Obliteration	Yes	Yes	Yes	No
33814	Obliteration of aortopulmonary septal defect; with cardiopulmonary bypass		Obliteration	Yes	Yes	Yes	No
33820	Repair of patent ductus arteriosus; by ligation		Ligation	Yes	Yes	Yes	No
33822	Repair of patent ductus arteriosus; by division, younger than 18 years		Division	No	No	No	No
33824	Repair of patent ductus arteriosus; by division, 18 years and older		Division	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
33845	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with Grafts		Excision	Yes	Yes	Yes	No
33851	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; repair using either left subclavian artery or prosthetic material as gusset for enlargement		Excision	Yes	Yes	Yes	No
33852	Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; without cardiopulmonary bypass		Repair	Yes	Yes	Yes	No
33853	Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; with cardiopulmonary bypass		Repair	Yes	Yes	Yes	No
33858	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed, for aortic dissection		Grafts	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
33863	Ascending aorta Grafts, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)		Grafts	Yes	Yes	Yes	No
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
33866	Aortic hemiarch graft including isolation and control of the arch vessels, beveled open distal aortic anastomosis extending under one or more of the arch vessels, and total circulatory arrest or isolated cerbral 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
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 pedicule or individual arch vessel reimplantation		Grafts	Yes	Yes	Yes	No
33875	Descending thoracic aorta Grafts, with or without bypass		Grafts	Yes	Yes	Yes	No
33877	Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass		Repair	Yes	Yes	Yes	No
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
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, tolevel of celiac artery origin		Repair	Yes	Yes	Yes	No
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
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
33886	Placement of distal extension prosthesis(s) delayed after endovascular repair of descending thoracic aorta		Placement	Yes	Yes	Yes	No
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
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
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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
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
33897	Percutaneous transluminal angioplasty of native or recurrent coarctation of the aorta		Angioplasty	Yes	Yes	Yes	No
33900	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, unilateral		Repair	Yes	Yes	Yes	No
33901	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, bilateral		Repair	Yes	Yes	Yes	No
33902	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, unilateral		Repair	Yes	Yes	Yes	No
33903	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, bilateral		Repair	Yes	Yes	Yes	No
33904	Percutaneous pulmonary artery revascularization by stent placement, each additional vessel or separate lesion, normal or abnormal connections (List separately in addition to code for primary procedure)		Repair	Yes	Yes	Yes	No
33910	Pulmonary artery embolectomy; with cardiopulmonary bypass		Removal	Yes	Yes	Yes	No
33915	Pulmonary artery embolectomy; without cardiopulmonary bypass		Removal	Yes	Yes	Yes	No
33916	Pulmonary endarterectomy, with or without embolectomy, with cardiopulmonary bypass		Removal	Yes	Yes	Yes	No
33917	Repair of pulmonary artery stenosis by reconstruction with patch or graft		Repair	Yes	Yes	Yes	No
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
33922	Transection of pulmonary artery with cardiopulmonary bypass		Repair	Yes	Yes	Yes	No
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
33925	Repair of pulmonary artery arborization anomalies by unifocalization; without cardiopulmonary bypass		Repair	Yes	Yes	Yes	No
33926	Repair of pulmonary artery arborization anomalies by unifocalization; with cardiopulmonary bypass		Repair	Yes	Yes	Yes	No
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy		Implant	Yes	Yes	Yes	No
33928	Removal and replacement of total replacement heart system (artificial heart)		Removal	Yes	Yes	Yes	No
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
33930	Donor cardiectomy-pneumonectomy (including cold preservation)		Transplantation	No	No	No	Yes
33933	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
33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy		Transplantation	Yes	Yes	Yes	Yes
33940	Donor cardiectomy (including cold preservation)		Transplantation	No	No	No	Yes
33944	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
33945	Heart transplant, with or without recipient cardiectomy		Transplantation	Yes	Yes	Yes	Yes
33946	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous		ECMO	Yes	Yes	Yes	No
33947	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial		ECMO	Yes	Yes	Yes	No
33948	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous		ECMO	Yes	Yes	Yes	No
33949	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial		ECMO	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, birth through 5 years of age (includes fluoroscopic guidance, when performed)		ECMO	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), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)		ECMO	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, birth through 5 years of age		ECMO	No	No	No	No
33954	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older		ECMO	No	No	No	No
33955	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age		ECMO	No	No	No	No
33956	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older		ECMO	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, birth through 5 years of age (includes fluoroscopic guidance, when performed)		ECMO	No	No	No	No
33958	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)		ECMO	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, birth through 5 years of age (includes fluoroscopic guidance, when performed)		ECMO	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
33963	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed)		ECMO	No	No	No	No
33964	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed)		ECMO	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
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
33967	Insertion of intra-aortic balloon assist device, percutaneous		Insertion	No	No	No	No
33968	Removal of intra-aortic balloon assist device, percutaneous		Removal	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
33970	Insertion of intra-aortic balloon assist device through the femoral artery, open approach		Insertion	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
33973	Insertion of intra-aortic balloon assist device through the ascending aorta		Insertion	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
33975	Insertion of ventricular assist device; extracorporeal, single ventricle		Insertion	Yes	Yes	Yes	Yes
33976	Insertion of ventricular assist device; extracorporeal, biventricular		Insertion	Yes	Yes	Yes	Yes
33977	Removal of ventricular assist device; extracorporeal, single ventricle		Removal	Yes	Yes	Yes	Yes
33978	Removal of ventricular assist device; extracorporeal, biventricular		Removal	Yes	Yes	Yes	Yes
33979	Insertion of ventricular assist device, implantable intracorporeal, single ventricle		Insertion	Yes	Yes	Yes	Yes
33980	Removal of ventricular assist device, implantable intracorporeal, single ventricle		Removal	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
33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass		Replacement	No	No	No	Yes
33983	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass		Replacement	No	No	No	Yes
33984	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older		ECMO	No	No	No	No
33985	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age		ECMO	No	No	No	No

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33986	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older		ECMO	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
33988	Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS		ECMO	No	No	No	No
33989	Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS		ECMO	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
33991	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, arterial and venous access, with transseptal puncture		Insertion	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
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
33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only		Insertion	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
33999	Unlisted procedure, cardiac surgery		Unlisted Procedure	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
34051	Embolectomy or thrombectomy, with or without catheter; innominate, subclavian artery, by thoracic incision		Removal	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
34111	Embolectomy or thrombectomy, with or without catheter; radial or ulnar artery, by arm incision		Removal	No	No	No	No
34151	Embolectomy or thrombectomy, with or without catheter; renal, celiac, mesentery, aortoiliac artery, by abdominal incision		Removal	No	No	No	No
34201	Embolectomy or thrombectomy, with or without catheter; femoropopliteal, aortoiliac artery, by leg incision		Removal	No	No	No	No
34203	Embolectomy or thrombectomy, with or without catheter; popliteal-tibio-peroneal artery, by leg incision		Removal	No	No	No	No
34401	Thrombectomy, direct or with catheter; vena cava, iliac vein, by abdominal incision		Removal	No	No	No	No
34421	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by leg incision		Removal	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
34471	Thrombectomy, direct or with catheter; subclavian vein, by neck incision		Removal	No	No	No	No
34490	Thrombectomy, direct or with catheter; axillary and subclavian vein, by arm incision		Removal	No	No	No	No
34501	Valvuloplasty, femoral vein		Balloon Catheter	No	No	No	No
34502	Reconstruction of vena cava, any method		Reconstruction	No	No	No	No
34510	Venous valve transposition, any vein donor		Repair	No	No	No	No
34520	Cross-over vein Grafts to venous system		Grafts	No	No	No	No
34530	Saphenopopliteal vein anastomosis		Repair	No	No	No	No
34701	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)		Repair	Yes	Yes	Yes	No
34702	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)		Repair	Yes	Yes	Yes	No
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
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
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
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, and 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
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
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
34709	Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)		Placement	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

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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
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
34713	Percutaneous access and closure of femoral artery for delivery of endograft through a large sheath (12 French or larger), including ultrasound guidance, when performed, unilateral (List separately in addition to code for primary procedure)		Repair	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
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
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
34717	Endovascular repair of iliac artery at the time of aorto-iliac artery endograft placement by deployment of an iliac branched endograft including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extention(s) proximally to the aortic bifurcation and distally in the internal iliac, exteral 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
34718	Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extention(s) proximally to the aortic bifurcation and distally in the internal iliac, exteral 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
34808	Endovascular placement of iliac artery occlusion device (List separately in addition to code for primary procedure)		Placement	No	No	No	No
34812	Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral		Repair	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
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
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
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
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
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
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
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
34841	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)		Repair	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
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
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
34845	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)		Repair	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 two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])		Repair	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 three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])		Repair	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
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
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
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
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
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

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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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
35180	Repair, congenital arteriovenous fistula; head and neck		Repair	No	No	No	No
35182	Repair, congenital arteriovenous fistula; thorax and abdomen		Repair	No	No	No	No
35184	Repair, congenital arteriovenous fistula; extremities		Repair	No	No	No	No
35188	Repair, acquired or traumatic arteriovenous fistula; head and neck		Repair	No	No	No	No
35189	Repair, acquired or traumatic arteriovenous fistula; thorax and abdomen		Repair	No	No	No	No
35190	Repair, acquired or traumatic arteriovenous fistula; extremities		Repair	No	No	No	No
35201	Repair blood vessel, direct; neck		Repair	No	No	No	No
35206	Repair blood vessel, direct; upper extremity		Repair	No	No	No	No
35207	Repair blood vessel, direct; hand, finger2		Repair	No	No	No	No
35211	Repair blood vessel, direct; intrathoracic, with bypass		Repair	No	No	No	No
35216	Repair blood vessel, direct; intrathoracic, without bypass		Repair	No	No	No	No
35221	Repair blood vessel, direct; intra-abdominal		Repair	No	No	No	No
35226	Repair blood vessel, direct; lower extremity		Repair	No	No	No	No
35231	Repair blood vessel with vein graft; neck		Repair	No	No	No	No
35236	Repair blood vessel with vein graft; upper extremity		Repair	No	No	No	No
35241	Repair blood vessel with vein graft; intrathoracic, with bypass		Repair	No	No	No	No
35246	Repair blood vessel with vein graft; intrathoracic, without bypass		Repair	No	No	No	No
35251	Repair blood vessel with vein graft; intra-abdominal		Repair	No	No	No	No
35256	Repair blood vessel with vein graft; lower extremity		Repair	No	No	No	No
35261	Repair blood vessel with graft other than vein; neck		Repair	No	No	No	No
35266	Repair blood vessel with graft other than vein; upper extremity		Repair	No	No	No	No
35271	Repair blood vessel with graft other than vein; intrathoracic, with bypass		Repair	No	No	No	No
35276	Repair blood vessel with graft other than vein; intrathoracic, without bypass		Repair	No	No	No	No
35281	Repair blood vessel with graft other than vein; intra-abdominal		Repair	No	No	No	No
35286	Repair blood vessel with graft other than vein; lower extremity		Repair	No	No	No	No
35301	Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision		Removal	No	No	No	No
35302	Thromboendarterectomy, including patch graft, if performed; superficial femoral artery		Removal	No	No	No	No
35303	Thromboendarterectomy, including patch graft, if performed; popliteal artery		Removal	No	No	No	No
35304	Thromboendarterectomy, including patch graft, if performed; tibioperoneal trunk artery		Removal	No	No	No	No
35305	Thromboendarterectomy, including patch graft, if performed; tibial or peroneal artery, initial vessel		Removal	No	No	No	No
35306	Thromboendarterectomy, 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
35311	Thromboendarterectomy, including patch graft, if performed; subclavian, innominate, by thoracic incision		Removal	No	No	No	No
35321	Thromboendarterectomy, including patch graft, if performed; axillary-brachial		Removal	No	No	No	No
35331	Thromboendarterectomy, including patch graft, if performed; abdominal aorta		Removal	No	No	No	No
35341	Thromboendarterectomy, including patch graft, if performed; mesenteric, celiac, or renal		Removal	No	No	No	No
35351	Thromboendarterectomy, including patch graft, if performed; iliac		Removal	No	No	No	No
35355	Thromboendarterectomy, including patch graft, if performed; iliofemoral		Removal	No	No	No	No
35361	Thromboendarterectomy, including patch graft, if performed; combined aortoiliac		Removal	No	No	No	No
35363	Thromboendarterectomy, including patch graft, if performed; combined aortoiliofemoral		Removal	No	No	No	No
35371	Thromboendarterectomy, including patch graft, if performed; common femoral		Removal	No	No	No	No
35372	Thromboendarterectomy, including patch graft, if performed; deep (profunda) femoral		Removal	No	No	No	No
35390	Reoperation, carotid, thromboendarterectomy, more than 1 month after original operation (List separately in addition to code for primary procedure)		Removal	No	No	No	No
35400	Angioscopy (noncoronary vessels or Graftss) during therapeutic intervention (List separately in addition to code for primary procedure)		Angiography	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
35501	Bypass Grafts, with vein; common carotid-ipsilateral internal carotid		Bypass	No	No	No	No
35506	Bypass Grafts, with vein; carotid-subclavian or subclavian-carotid		Bypass	No	No	No	No
35508	Bypass Grafts, with vein; carotid-vertebral		Bypass	No	No	No	No
35509	Bypass Grafts, with vein; carotid-contralateral carotid		Bypass	No	No	No	No
35510	Bypass Grafts, with vein; carotid-brachial		Bypass	No	No	No	No
35511	Bypass Grafts, with vein; subclavian-subclavian		Bypass	No	No	No	No
35512	Bypass Grafts, with vein; subclavian-brachial		Bypass	No	No	No	No
35515	Bypass Grafts, with vein; subclavian-vertebral		Bypass	No	No	No	No
35516	Bypass Grafts, with vein; subclavian-axillary		Bypass	No	No	No	No
35518	Bypass Grafts, with vein; axillary-axillary		Bypass	No	No	No	No
35521	Bypass Grafts, with vein; axillary-femoral		Bypass	No	No	No	No
35522	Bypass Grafts, with vein; axillary-brachial		Bypass	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
35523	Bypass Grafts, with vein; brachial-ulnar or -radial		Bypass	No	No	No	No
35525	Bypass Grafts, with vein; brachial-brachial		Bypass	No	No	No	No
35526	Bypass Grafts, with vein; aortosubclavian, aortoinnominate, or aortocarotid		Bypass	No	No	No	No
35531	Bypass Grafts, with vein; aortoceliac or aortomesenteric		Bypass	No	No	No	No
35533	Bypass Grafts, with vein; axillary-femoral-femoral		Bypass	No	No	No	No
35535	Bypass Grafts, with vein; hepatorenal		Bypass	No	No	No	No
35536	Bypass Grafts, with vein; splenorenal		Bypass	No	No	No	No
35537	Bypass Grafts, with vein; aortoiliac		Bypass	No	No	No	No
35538	Bypass Grafts, with vein; aortobi-iliac		Bypass	No	No	No	No
35539	Bypass Grafts, with vein; aortofemoral		Bypass	No	No	No	No
35540	Bypass Grafts, with vein; aortobifemoral		Bypass	No	No	No	No
35556	Bypass Grafts, with vein; femoral-popliteal		Bypass	No	No	No	No
35558	Bypass Grafts, with vein; femoral-femoral		Bypass	No	No	No	No
35560	Bypass Grafts, with vein; aortorenal		Bypass	No	No	No	No
35563	Bypass Grafts, with vein; ilioiliac		Bypass	No	No	No	No
35565	Bypass Grafts, with vein; iliofemoral		Bypass	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
35570	Bypass Grafts, with vein; tibial-tibial, peroneal-tibial, or tibial/peroneal trunk-tibial		Bypass	No	No	No	No
35571	Bypass Grafts, with vein; popliteal-tibial, -peroneal artery or other distal vessels		Bypass	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
35583	In-situ vein bypass; femoral-popliteal		bypass	No	No	No	No
35585	In-situ vein bypass; femoral-anterior tibial, posterior tibial, or peroneal artery		bypass	No	No	No	No
35587	In-situ vein bypass; popliteal-tibial, peroneal		bypass	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
35601	Bypass Grafts, with other than vein; common carotid-ipsilateral internal carotid		Bypass	No	No	No	No
35606	Bypass Grafts, with other than vein; carotid-subclavian		Bypass	No	No	No	No
35612	Bypass Grafts, with other than vein; subclavian-subclavian		Bypass	No	No	No	No
35616	Bypass Grafts, with other than vein; subclavian-axillary		Bypass	No	No	No	No
35621	Bypass Grafts, with other than vein; axillary-femoral		Bypass	No	No	No	No
35623	Bypass Grafts, with other than vein; axillary-popliteal or -tibial		Bypass	No	No	No	No
35626	Bypass Grafts, with other than vein; aortosubclavian, aortoinnominate, or aortocarotid		Bypass	No	No	No	No
35631	Bypass Grafts, with other than vein; aortoceliac, aortomesenteric, aortorenal		Bypass	No	No	No	No
35632	Bypass Grafts, with other than vein; ilio-celiac		Bypass	No	No	No	No
35633	Bypass Grafts, with other than vein; ilio-mesenteric		Bypass	No	No	No	No
35634	Bypass Grafts, with other than vein; iliorenal		Bypass	No	No	No	No
35636	Bypass Grafts, with other than vein; splenorenal (splenic to renal arterial anastomosis)		Bypass	No	No	No	No
35637	Bypass Grafts, with other than vein; aortoiliac		Bypass	No	No	No	No
35638	Bypass Grafts, with other than vein; aortobi-iliac		Bypass	No	No	No	No
35642	Bypass Grafts, with other than vein; carotid-vertebral		Bypass	No	No	No	No
35645	Bypass Grafts, with other than vein; subclavian-vertebral		Bypass	No	No	No	No
35646	Bypass Grafts, with other than vein; aortobifemoral		Bypass	No	No	No	No
35647	Bypass Grafts, with other than vein; aortofemoral		Bypass	No	No	No	No
35650	Bypass Grafts, with other than vein; axillary-axillary		Bypass	No	No	No	No
35654	Bypass Grafts, with other than vein; axillary-femoral-femoral		Bypass	No	No	No	No
35656	Bypass Grafts, with other than vein; femoral-popliteal		Bypass	No	No	No	No
35661	Bypass Grafts, with other than vein; femoral-femoral		Bypass	No	No	No	No
35663	Bypass Grafts, with other than vein; ilioiliac		Bypass	No	No	No	No
35665	Bypass Grafts, with other than vein; iliofemoral		Bypass	No	No	No	No
35666	Bypass Grafts, with other than vein; femoral-anterior tibial, posterior tibial, or peroneal artery		Bypass	No	No	No	No
35671	Bypass Grafts, with other than vein; popliteal-tibial or -peroneal artery		Bypass	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
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
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
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
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
35691	Transposition and/or reimplantation; vertebral to carotid artery		Reimplantation	No	No	No	No
35693	Transposition and/or reimplantation; vertebral to subclavian artery		Reimplantation	No	No	No	No
35694	Transposition and/or reimplantation; subclavian to carotid artery		Reimplantation	No	No	No	No
35695	Transposition and/or reimplantation; carotid to subclavian artery		Reimplantation	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
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
35701	Exploration (not followed by surgical repair), with or without lysis of artery; carotid artery		Exploratory	No	No	No	No
35702	Exploration not followed by surgical repair, artery; upper extremity (eg, axillary, brachial, radial, ulnar)		Repair	No	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
35800	Exploration for postoperative hemorrhage, thrombosis or infection; neck		Exploratory	No	No	No	No
35820	Exploration for postoperative hemorrhage, thrombosis or infection; chest		Exploratory	No	No	No	No
35840	Exploration for postoperative hemorrhage, thrombosis or infection; abdomen		Exploratory	No	No	No	No
35860	Exploration for postoperative hemorrhage, thrombosis or infection; extremity		Exploratory	No	No	No	No
35870	Repair of graft-enteric fistula		Repair	No	No	No	No
35875	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula);		Removal	No	No	No	No
35876	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula); with revision of arterial or venous graft		Removal	No	No	No	No
35879	Revision, lower extremity arterial bypass, without thrombectomy, open; with vein patch angioplasty		Revision	No	No	No	No
35881	Revision, lower extremity arterial bypass, without thrombectomy, open; with segmental vein interposition		Revision	No	No	No	No
35883	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with nonautogenous patch graft (eg, Dacron, ePTFE, bovine pericardium)		Revision	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
35901	Excision of infected Grafts; neck		Excision	No	No	No	No
35903	Excision of infected Grafts; extremity		Excision	No	No	No	No
35905	Excision of infected Grafts; thorax		Excision	No	No	No	No
35907	Excision of infected Grafts; abdomen		Excision	No	No	No	No
36000	Introduction of needle or intracatheter, vein		Introduction	No	No	No	No
36002	Injection procedures (eg, thrombin) for percutaneous treatment of extremity pseudoaneurysm		Percutaneous Treatment	No	No	No	No
36005	Injection procedure for extremity venography (including introduction of needle or intracatheter)		Imaging	No	No	No	No
36010	Introduction of catheter, superior or inferior vena cava		Introduction	No	No	No	No
36011	Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)		Placement	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
36013	Introduction of catheter, right heart or main pulmonary artery		Introduction	No	No	No	No
36014	Selective catheter placement, left or right pulmonary artery		Placement	No	No	No	No
36015	Selective catheter placement, segmental or subsegmental pulmonary artery		Placement	No	No	No	No
36100	Introduction of needle or intracatheter, carotid or vertebral artery		Introduction	No	No	No	No
36140	Introduction of needle or intracatheter; extremity artery		Introduction	No	No	No	No
36160	Introduction of needle or intracatheter, aortic, translumbar		Introduction	No	No	No	No
36200	Introduction of catheter, aorta		Introduction	No	No	No	No

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36215	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family		Placement	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
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
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
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
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
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
36224	Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed		Placement	No	No	No	No
36225	Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed		Placement	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
36227	Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)		Placement	No	No	No	No
36228	Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (eg, middle cerebral artery, posterior inferior cerebellar artery) (List separately in addition to code for primary procedure)		Placement	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
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
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
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
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
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
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
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
36260	Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver)		Insertion	Yes	Yes	Yes	No
36261	Revision of implanted intra-arterial infusion pump		Revision	No	No	No	No
36262	Removal of implanted intra-arterial infusion pump		Removal	No	No	No	No
36299	Unlisted procedure, vascular injection		Unlisted Procedure	Yes	Yes	Yes	No
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
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
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
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
36415	Collection of venous blood by venipuncture		Venous	No	No	No	No
36416	Collection of capillary blood specimen (eg, finger, heel, ear stick)		Venous	No	No	No	No
36420	Venipuncture, cutdown; younger than age 1 year		Venous	No	No	No	No
36425	Venipuncture, cutdown; age 1 or over		Venous	No	No	No	No
36430	Transfusion, blood or blood components		Venous	No	No	No	No
36440	Push transfusion, blood, 2 years or younger		Venous	No	No	No	No
36450	Exchange transfusion, blood; newborn		Venous	No	No	No	No
36455	Exchange transfusion, blood; other than newborn		Venous	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
36460	Transfusion, intrauterine, fetal		Venous	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
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
36468	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia), limb or trunk		Venous	Yes	Yes	No	No
36470	Injection of sclerosing solution; single vein		Venous	Yes	Yes	No	No
36471	Injection of sclerosing solution; multiple veins, same leg		Venous	Yes	Yes	No	No
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
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
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

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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
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
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
36481	Percutaneous portal vein catheterization by any method		Catherization	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
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
36500	Venous catheterization for selective organ blood sampling		Catherization	No	No	No	No
36510	Catheterization of umbilical vein for diagnosis or therapy, newborn		Catherization	No	No	No	No
36511	Therapeutic apheresis; for white blood cells		Venous	No	No	No	No
36512	Therapeutic apheresis; for red blood cells		Venous	No	No	No	No
36513	Therapeutic apheresis; for platelets		Venous	No	No	No	No
36514	Therapeutic apheresis; for plasma pheresis		Venous	No	No	No	No
36516	Therapeutic apheresis; with extracorporeal selective adsorption or selective filtration and plasma reinfusion		Venous	No	No	No	No
36522	Photopheresis, extracorporeal		Venous	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
36556	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older		Insertion	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
36558	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older		Insertion	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
36561	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older		Insertion	No	No	No	No
36563	Insertion of tunneled centrally inserted central venous access device with subcutaneous pump		Insertion	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
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
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
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
36570	Insertion of peripherally inserted central venous access device, with subcutaneous port; younger than 5 years of age		Insertion	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
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	*For placement of centrally inserted non-tunneled central venus 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
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	*For placement of centrally inserted non-tunneled central venus 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
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
36576	Repair of central venous access device, with subcutaneous port or pump, central or peripheral insertion site		Repair	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
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
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
36582	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous port, through same venous access		Replacement	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
36584	Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access, incliuding all imaging guidance, image documentation and all associated radiological supervision and interpretation required to perfom the replacement		Catheter	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
36589	Removal of tunneled central venous catheter, without subcutaneous port or pump		Removal	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
36591	Collection of blood specimen from a completely implantable venous access device		Venous	No	No	No	No
36592	Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified		Venous	No	No	No	No
36593	Declotting by thrombolytic agent of implanted vascular access device or catheter		Venous	No	No	No	No
36595	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access		Removal	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
36596	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen		Removal	No	No	No	No
36597	Repositioning of previously placed central venous catheter under fluoroscopic guidance		Reposition	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
36600	Arterial puncture, withdrawal of blood for diagnosis		Puncture	No	No	No	No
36620	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous		Catherization	No	No	No	No
36625	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); cutdown		Catherization	No	No	No	No
36640	Arterial catheterization for prolonged infusion therapy (chemotherapy), cutdown		Catherization	No	No	No	No
36660	Catheterization, umbilical artery, newborn, for diagnosis or therapy		Catherization	No	No	No	No
36680	Placement of needle for intraosseous infusion		Placement	No	No	No	No
36800	Insertion of cannula for hemodialysis, other purpose (separate procedure); vein to vein		Insertion	No	No	No	No
36810	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external (Scribner type)		Insertion	No	No	No	No
36815	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external revision, or closure		Insertion	No	No	No	No
36818	Arteriovenous anastomosis, open; by upper arm cephalic vein transposition		Repair	No	No	No	No
36819	Arteriovenous anastomosis, open; by upper arm basilic vein transposition		Repair	No	No	No	No
36820	Arteriovenous anastomosis, open; by forearm vein transposition		Repair	No	No	No	No
36821	Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)		Repair	No	No	No	No
36823	Insertion of arterial and venous cannula(s) for isolated extracorporeal circulation including regional chemotherapy perfusion to an extremity, with or without hyperthermia, with removal of cannula(s) and repair of arteriotomy and venotomy sites		Insertion	No	No	No	No
36825	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft		Revascularization	No	No	No	No
36830	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)		Revascularization	No	No	No	No
36831	Thrombectomy, open, arteriovenous fistula without revision, autogenous or nonautogenous dialysis graft (separate procedure)		Removal	No	No	No	No
36832	Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)		Revision	No	No	No	No
36833	Revision, open, arteriovenous fistula; with thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)		Revision	No	No	No	No
36835	Insertion of Thomas shunt (separate procedure)		Shunt	No	No	No	No
36836	Percutaneous arteriovenous fistula creation, upper extremity, single access of both the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal ballon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation		Revision	No	No	No	No
36837	Percutaneous arteriovenous fistula creation, upper extremity, separate access sites of the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal ballon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation		Revision	No	No	No	No
36838	Distal revascularization and interval ligation (DRIL), upper extremity hemodialysis access (steal syndrome)		Revascularization	No	No	No	No
36860	External cannula declotting (separate procedure); without balloon catheter		Removal	No	No	No	No
36861	External cannula declotting (separate procedure); with balloon catheter		Removal	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;		Introduction	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 transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty		Introduction	No	No	No	No
36903	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment		Introduction	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);		Dialysis	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 transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty		Dialysis	No	No	No	No
36906	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit		Dialysis	No	No	No	No
36907	Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary procedure)		Dialysis	No	No	No	No
36908	Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging 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
36909	Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (List separately in addition to code for primary procedure)		Dialysis	No	No	No	No
37140	Venous anastomosis, open; portocaval		Decompression	No	No	No	No
37145	Venous anastomosis, open; renoportal		Decompression	No	No	No	No
37160	Venous anastomosis, open; caval-mesenteric		Decompression	No	No	No	No
37180	Venous anastomosis, open; splenorenal, proximal		Decompression	No	No	No	No
37181	Venous anastomosis, open; splenorenal, distal (selective decompression of esophagogastric varices, any technique)		Decompression	No	No	No	No
37182	Insertion of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract formation/dilatation, stent placement and all associated imaging guidance and documentation)		Insertion	No	No	No	No
37183	Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recanulization/dilatation, stent placement and all associated imaging guidance and documentation)		Revision	No	No	No	No
37184	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel		Removal	No	No	No	No

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37185	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure)		Removal	No	No	No	No
37186	Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction withanother percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)		Removal	No	No	No	No
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance		Removal	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
37191	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed		Insertion	No	No	No	No
37192	Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed		Reposition	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 roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed		Removal	No	No	No	No
37195	Thrombolysis, cerebral, by intravenous infusion		Infusion	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 or fluoroscopy), when performed		Transcatheter	No	No	No	No
37200	Transcatheter biopsy		Transcatheter	No	No	No	No
37211	Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day		Transcatheter	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
37213	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change,or exchange, when performed;		Transcatheter	No	No	No	No
37214	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change,or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method		Transcatheter	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; with distal embolic protection		Transcatheter	No	No	No	No
37216	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; without distal embolic protection		Transcatheter	No	No	No	No
37217	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation		Transcatheter	No	No	No	No
37218	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation		Transcatheter	No	No	No	No
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty		Revascularization	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
37222	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)		Revascularization	Yes	Yes	yes	Yes
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
37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty		Revascularization	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
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
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
37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty		Revascularization	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
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
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
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
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
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
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
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 allangioplasty within the same vessel, when performed; initial artery		Placement	Yes	Yes	yes	No
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 allangioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)		Placement	Yes	Yes	yes	No
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
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

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37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)		Occlusion	Yes	Yes	No	No
37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)		Occlusion	Yes	Yes	No	No
37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction		Occlusion	Yes	Yes	No	No
37244	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation		Occlusion	Yes	Yes	No	No
37246	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery		Balloon Catheter	Yes	Yes	yes	Yes
37247	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)		Balloon Catheter	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
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
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
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
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)		Ligation	Yes	Yes	yes	Yes
37501	Unlisted vascular endoscopy procedure		Unlisted Procedure	Yes	Yes	yes	No
37565	Ligation, internal jugular vein		Ligation	No	No	No	No
37600	Ligation; external carotid artery		Ligation	No	No	No	No
37605	Ligation; internal or common carotid artery		Ligation	No	No	No	No
37606	Ligation; internal or common carotid artery, with gradual occlusion, as with Selverstone or Crutchfield clamp		Ligation	No	No	No	No
37607	Ligation or banding of angioaccess arteriovenous fistula		Ligation	No	No	No	No
37609	Ligation or biopsy, temporal artery		Ligation	No	No	No	No
37615	Ligation, major artery (eg, post-traumatic, rupture); neck		Ligation	No	No	No	No
37616	Ligation, major artery (eg, post-traumatic, rupture); chest		Ligation	No	No	No	No
37617	Ligation, major artery (eg, post-traumatic, rupture); abdomen		Ligation	No	No	No	No
37618	Ligation, major artery (eg, post-traumatic, rupture); extremity		Ligation	No	No	No	No
37619	Ligation of inferior vena cava		Ligation	No	No	No	No
37650	Ligation of femoral vein		Ligation	No	No	No	No
37660	Ligation of common iliac vein		Ligation	No	No	No	No
37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions		Ligation	No	No	yes	Yes
37718	Ligation, division, and stripping, short saphenous vein		Ligation	No	No	yes	Yes
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below		Ligation	No	No	yes	Yes
37735	Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia		Ligation	No	No	yes	Yes
37760	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open,1 leg		Ligation	No	No	yes	Yes
37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg		Ligation	No	No	yes	Yes
37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions		Removal	No	No	No	No
37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions		Removal	No	No	No	No
37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)		Ligation	No	No	yes	Yes
37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg		Ligation	No	No	yes	Yes
37788	Penile revascularization, artery, with or without vein graft		Revascularization	Yes	Yes	yes	No
37790	Penile venous occlusive procedure		Occlusion	Yes	Yes	yes	No
37799	Unlisted procedure, vascular surgery		Unlisted Procedure	Yes	Yes	yes	No
38100	Splenectomy; total (separate procedure)		Removal	Yes	Yes	yes	No
38101	Splenectomy; partial (separate procedure)		Removal	Yes	Yes	yes	No
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
38115	Repair of ruptured spleen (splenorrhaphy) with or without partial splenectomy		Repair	No	No	No	No
38120	Laparoscopy, surgical, splenectomy		Removal	Yes	Yes	yes	No
38129	Unlisted laparoscopy procedure, spleen		Unlisted Procedure	Yes	Yes	yes	No
38200	Injection procedure for splenoportography		imaging	No	No	No	No
38204	Management of recipient hematopoietic progenitor cell donor search and cell acquisition		Bone Marrow/Stem Cell	Yes	Yes	yes	Yes
38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic		Transplantation	Yes	Yes	yes	Yes
38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous		Transplantation	Yes	Yes	yes	Yes
38207	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage		Transplantation	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
38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor		Transplantation	Yes	Yes	yes	Yes
38210	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion		Transplantation	Yes	Yes	yes	Yes
38211	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion		Transplantation	Yes	Yes	yes	Yes
38212	Transplant preparation of hematopoietic progenitor cells; red blood cell removal		Transplantation	Yes	Yes	yes	Yes
38213	Transplant preparation of hematopoietic progenitor cells; platelet depletion		Transplantation	Yes	Yes	yes	Yes
38214	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion		Transplantation	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
38220	Bone marrow; aspiration only		Bone Marrow/Stem Cell	No	No	No	No
38221	Bone marrow; biopsy, needle or trocar		Bone Marrow/Stem Cell	No	No	No	No
38222	Diagnostic bone marrow; biopsy(ies) and aspiration(s)		Bone Marrow/Stem Cell	No	No	No	No
38230	Bone marrow harvesting for transplantation; allogeneic		Transplantation	Yes	Yes	yes	Yes
38232	Bone marrow harvesting for transplantation; autologous		Transplantation	Yes	Yes	yes	Yes
38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor		Transplantation	Yes	Yes	yes	Yes
38241	Hematopoietic progenitor cell (HPC); autologous transplantation		Transplantation	Yes	Yes	yes	Yes
38242	Allogeneic lymphocyte infusions		Bone Marrow/Stem Cell	Yes	Yes	yes	Yes

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
38243	Hematopoietic progenitor cell (HPC); HPC boost		Bone Marrow/Stem Cell	Yes	Yes	yes	Yes
38300	Drainage of lymph node abscess or lymphadenitis; simple		Incision/Drainage	No	No	No	No
38305	Drainage of lymph node abscess or lymphadenitis; extensive		Incision/Drainage	No	No	No	No
38308	Lymphangiotomy or other operations on lymphatic channels		Incision	No	No	No	No
38380	Suture and/or ligation of thoracic duct; cervical approach		Ligation	No	No	No	No
38381	Suture and/or ligation of thoracic duct; thoracic approach		Ligation	No	No	No	No
38382	Suture and/or ligation of thoracic duct; abdominal approach		Ligation	No	No	No	No
38500	Biopsy or excision of lymph node(s); open, superficial		Biopsy	No	No	No	No
38505	Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary)		Biopsy	No	No	No	No
38510	Biopsy or excision of lymph node(s); open, deep cervical node(s)		Biopsy	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
38525	Biopsy or excision of lymph node(s); open, deep axillary node(s)		Biopsy	No	No	No	No
38530	Biopsy or excision of lymph node(s); open, internal mammary node(s)		Biopsy	No	No	No	No
38531	Biopsy or excision of lymph node(s); open inguinofemoral node(s)	*For bilateral procedure, report with modifier -50.	Biopsy	No	No	No	No
38542	Dissection, deep jugular node(s)		Excision	No	No	No	No
38550	Excision of cystic hygroma, axillary or cervical; without deep neurovascular dissection		Excision	No	No	No	No
38555	Excision of cystic hygroma, axillary or cervical; with deep neurovascular dissection		Excision	No	No	No	No
38562	Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic		Staging	No	No	No	No
38564	Limited lymphadenectomy for staging (separate procedure); retroperitoneal (aortic and/or splenic)		Staging	No	No	No	No
38570	Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple		Exploratory	No	No	No	No
38571	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy		Exploratory	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
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
38589	Unlisted laparoscopy procedure, lymphatic system		Unlisted Procedure	Yes	Yes	yes	No
38700	Suprahyoid lymphadenectomy		Removal	No	No	No	No
38720	Cervical lymphadenectomy (complete)		Removal	No	No	No	No
38724	Cervical lymphadenectomy (modified radical neck dissection)		Removal	No	No	No	No
38740	Axillary lymphadenectomy; superficial		Removal	No	No	No	No
38745	Axillary lymphadenectomy; complete		Removal	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
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
38760	Inguinofemoral lymphadenectomy, superficial, including Cloquet's node (separate procedure)		Removal	No	No	No	No
38765	Inguinofemoral lymphadenectomy, superficial, in continuity with pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)		Removal	No	No	No	No
38770	Pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)		Removal	No	No	No	No
38780	Retroperitoneal transabdominal lymphadenectomy, extensive, including pelvic, aortic, and renal nodes (separate procedure)		Removal	No	No	No	No
38790	Injection procedure; lymphangiography		Imaging	No	No	No	No
38792	Injection procedure; radioactive tracer for identification of sentinel node		Imaging	No	No	No	No
38794	Cannulation, thoracic duct		Introduction	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
38999	Unlisted procedure, hemic or lymphatic system		Unlisted Procedure	Yes	Yes	yes	No
39000	Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; cervical approach		Incision	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
39200	Resection of mediastinal cyst		Resection	No	No	No	No
39220	Resection of mediastinal tumor		Resection	No	No	No	No
39401	Mediastinoscopy; includes biopsy(ies) of mediastinal mass (eg, lymphoma), when performed		Endoscopy (EGD)	No	No	No	No
39402	Mediastinoscopy; with lymph node biopsy(ies) (eg, lung cancer staging)		Endoscopy (EGD)	No	No	No	No
39499	Unlisted procedure, mediastinum		Unlisted Procedure	Yes	Yes	yes	No
39501	Repair, laceration of diaphragm, any approach		Repair	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
39540	Repair, diaphragmatic hernia (other than neonatal), traumatic; acute		Repair	No	No	No	No
39541	Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic		Repair	No	No	No	No
39545	Imbrication of diaphragm for eventration, transthoracic or transabdominal, paralytic or nonparalytic		Repair	No	No	No	No
39560	Resection, diaphragm; with simple repair (eg, primary suture)		Resection	Yes	Yes	No	No
39561	Resection, diaphragm; with complex repair (eg, prosthetic material, local muscle flap)		Resection	Yes	Yes	No	No
39599	Unlisted procedure, diaphragm		Unlisted Procedure	Yes	Yes	yes	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
40490	Biopsy of lip		Biopsy	No	No	No	No
40500	Vermilionectomy (lip shave), with mucosal advancement		Excision	No	No	No	No
40510	Excision of lip; transverse wedge excision with primary closure		Excision	No	No	No	No
40520	Excision of lip; V-excision with primary direct linear closure		Excision	No	No	No	No
40525	Excision of lip; full thickness, reconstruction with local flap (eg, Estlander or fan)		Excision	No	No	No	No
40527	Excision of lip; full thickness, reconstruction with cross lip flap (Abbe-Estlander)		Excision	No	No	No	No
40530	Resection of lip, more than one-fourth, without reconstruction		Resection	No	No	No	No
40650	Repair lip, full thickness; vermilion only		Repair	No	No	No	No
40652	Repair lip, full thickness; up to half vertical height		Repair	No	No	No	No
40654	Repair lip, full thickness; over one-half vertical height, or complex		Repair	No	No	No	No
40700	Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral		Repair	No	No	No	No
40701	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1-stage procedure		Repair	No	No	No	No
40702	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1 of 2 stages		Repair	No	No	No	No
40720	Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure		Repair	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
40799	Unlisted procedure, lips		Unlisted Procedure	No	No	No	No
40800	Drainage of abscess, cyst, hematoma, vestibule of mouth; simple		Incision/Drainage	No	No	No	No
40801	Drainage of abscess, cyst, hematoma, vestibule of mouth; complicated		Incision/Drainage	No	No	No	No
40804	Removal of embedded foreign body, vestibule of mouth; simple		Removal	No	No	No	No
40805	Removal of embedded foreign body, vestibule of mouth; complicated		Removal	No	No	No	No
40806	Incision of labial frenum (frenotomy)		Incision	No	No	No	No
40808	Biopsy, vestibule of mouth		Biopsy	No	No	No	No
40810	Excision of lesion of mucosa and submucosa, vestibule of mouth; without repair		Excision	No	No	No	No
40812	Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair		Excision	No	No	No	No
40814	Excision of lesion of mucosa and submucosa, vestibule of mouth; with complex repair		Excision	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
40818	Excision of mucosa of vestibule of mouth as donor graft		Excision	No	No	No	No
40819	Excision of frenum, labial or buccal (frenumectomy, frenulectomy, frenectomy)		Excision	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
40830	Closure of laceration, vestibule of mouth; 2.5 cm or less		Closure	No	No	No	No
40831	Closure of laceration, vestibule of mouth; over 2.5 cm or complex		Closure	No	No	No	No
40840	Vestibuloplasty; anterior		Repair	No	No	No	No
40842	Vestibuloplasty; posterior, unilateral		Repair	No	No	No	No
40843	Vestibuloplasty; posterior, bilateral		Repair	No	No	No	No
40844	Vestibuloplasty; entire arch		Repair	No	No	No	No
40845	Vestibuloplasty; complex (including ridge extension, muscle repositioning)		Repair	No	No	No	No
40899	Unlisted procedure, vestibule of mouth		Unlisted Procedure	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
41005	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, superficial		Incision/Drainage	No	No	No	No
41006	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, deep, supramylohyoid		Incision/Drainage	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
41008	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submandibular space		Incision/Drainage	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
41010	Incision of lingual frenum (frenotomy)		Excision	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
41016	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submental		Incision/Drainage	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
41018	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; masticator space		Incision/Drainage	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
41100	Biopsy of tongue; anterior two-thirds		Biopsy	No	No	No	No
41105	Biopsy of tongue; posterior one-third		Biopsy	No	No	No	No
41108	Biopsy of floor of mouth		Biopsy	No	No	No	No
41110	Excision of lesion of tongue without closure		Excision	No	No	No	No
41112	Excision of lesion of tongue with closure; anterior two-thirds		Excision	No	No	No	No
41113	Excision of lesion of tongue with closure; posterior one-third		Excision	No	No	No	No
41114	Excision of lesion of tongue with closure; with local tongue flap		Excision	No	No	No	No
41115	Excision of lingual frenum (frenectomy)		Excision	No	No	No	No
41116	Excision, lesion of floor of mouth		Excision	No	No	No	No
41120	Glossectomy; less than one-half tongue		Excision	No	No	No	No
41130	Glossectomy; hemiglossectomy		Excision	No	No	No	No
41135	Glossectomy; partial, with unilateral radical neck dissection		Excision	No	No	No	No
41140	Glossectomy; complete or total, with or without tracheostomy, without radical neck dissection		Excision	No	No	No	No
41145	Glossectomy; complete or total, with or without tracheostomy, with unilateral radical neck dissection		Excision	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
41153	Glossectomy; composite procedure with resection floor of mouth, with suprahyoid neck dissection		Resection	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
41250	Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue		Repair	No	No	No	No
41251	Repair of laceration 2.5 cm or less; posterior one-third of tongue		Repair	No	No	No	No
41252	Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex		Repair	No	No	No	No
41510	Suture of tongue to lip for micrognathia (Douglas type procedure)		Other Procedure	No	No	No	No
41512	Tongue base suspension, permanent suture technique		Sleep Apnea	Yes	Yes	No	No
41520	Frenoplasty (surgical revision of frenum, eg, with Z-plasty)		Revision	No	No	No	No
41530	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session		Ablation	No	No	No	No
41599	Unlisted procedure, tongue, floor of mouth		Unlisted Procedure	Yes	Yes	Yes	No
41800	Drainage of abscess, cyst, hematoma from dentoalveolar structures		Incision/Drainage	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
41805	Removal of embedded foreign body from dentoalveolar structures; soft tissues		Removal	No	No	No	No
41806	Removal of embedded foreign body from dentoalveolar structures; bone		Removal	No	No	No	No
41820	Gingivectomy, excision gingiva, each quadrant		Excision	No	No	No	No
41821	Operculectomy, excision pericoronal tissues		Excision	No	No	No	No
41822	Excision of fibrous tuberosities, dentoalveolar structures		Excision	No	No	No	No
41823	Excision of osseous tuberosities, dentoalveolar structures		Excision	No	No	No	No
41825	Excision of lesion or tumor (except listed above), dentoalveolar structures; without repair		Excision	No	No	No	No
41826	Excision of lesion or tumor (except listed above), dentoalveolar structures; with simple repair		Excision	No	No	No	No
41827	Excision of lesion or tumor (except listed above), dentoalveolar structures; with complex repair		Excision	No	No	No	No
41828	Excision of hyperplastic alveolar mucosa, each quadrant (specify)		Excision	No	No	No	No
41830	Alveolectomy, including curettage of osteitis or sequestrectomy		Excision	No	No	No	No
41850	Destruction of lesion (except excision), dentoalveolar structures		Destruction	No	No	No	No
41870	Periodontal mucosal grafting		Grafts	Yes	Yes	No	No
41872	Gingivoplasty, each quadrant (specify)		Other Procedure	No	No	No	No
41874	Alveoloplasty, each quadrant (specify)		Other Procedure	No	No	No	No
41899	Unlisted procedure, dentoalveolar structures		Unlisted Procedure	Yes	Yes	Yes	No
42000	Drainage of abscess of palate, uvula		Incision/Drainage	No	No	No	No
42100	Biopsy of palate, uvula		Biopsy	No	No	No	No
42104	Excision, lesion of palate, uvula; without closure		Excision	No	No	No	No
42106	Excision, lesion of palate, uvula; with simple primary closure		Excision	No	No	No	No
42107	Excision, lesion of palate, uvula; with local flap closure		Excision	No	No	No	No
42120	Resection of palate or extensive resection of lesion		Resection	No	No	No	No
42140	Uvulectomy, excision of uvula		Excision	No	No	No	Yes
42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)		Excision	Yes	Yes	Yes	Yes
42160	Destruction of lesion, palate or uvula (thermal, cryo or chemical)		Destruction	No	No	No	No
42180	Repair, laceration of palate; up to 2 cm		Repair	No	No	No	No
42182	Repair, laceration of palate; over 2 cm or complex		Repair	No	No	No	No
42200	Palatoplasty for cleft palate, soft and/or hard palate only		Repair	No	No	No	No
42205	Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only		Repair	No	No	No	No
42210	Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft)		Grafts	No	No	No	No
42215	Palatoplasty for cleft palate; major revision		Revision	No	No	No	No
42220	Palatoplasty for cleft palate; secondary lengthening procedure		Repair	No	No	No	No
42225	Palatoplasty for cleft palate; attachment pharyngeal flap		Flap	No	No	No	No
42226	Lengthening of palate, and pharyngeal flap		Flap	No	No	No	No
42227	Lengthening of palate, with island flap		Flap	No	No	No	No
42235	Repair of anterior palate, including vomer flap		Flap	No	No	No	No
42260	Repair of nasolabial fistula		Repair	No	No	No	No
42280	Maxillary impression for palatal prosthesis		Prosthesis	Yes	Yes	No	No
42281	Insertion of pin-retained palatal prosthesis		Prosthesis	No	No	No	No
42299	Unlisted procedure, palate, uvula		Unlisted Procedure	Yes	Yes	Yes	Yes
42300	Drainage of abscess; parotid, simple		Incision/Drainage	No	No	No	No
42305	Drainage of abscess; parotid, complicated		Incision/Drainage	No	No	No	No
42310	Drainage of abscess; submaxillary or sublingual, intraoral		Incision/Drainage	No	No	No	No
42320	Drainage of abscess; submaxillary, external		Incision/Drainage	No	No	No	No
42330	Sialolithotomy; submandibular (submaxillary), sublingual or parotid, uncomplicated, intraoral		Incision	No	No	No	No
42335	Sialolithotomy; submandibular (submaxillary), complicated, intraoral		Incision	No	No	No	No
42340	Sialolithotomy; parotid, extraoral or complicated intraoral		Incision	No	No	No	No
42400	Biopsy of salivary gland; needle		Biopsy	No	No	No	No
42405	Biopsy of salivary gland; incisional		Biopsy	No	No	No	No
42408	Excision of sublingual salivary cyst (ranula)		Excision	No	No	No	No
42409	Marsupialization of sublingual salivary cyst (ranula)		Excision	No	No	No	No
42410	Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection		Excision	No	No	No	No
42415	Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve		Excision	No	No	No	No
42420	Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve		Excision	No	No	No	No
42425	Excision of parotid tumor or parotid gland; total, en bloc removal with sacrifice of facial nerve		Excision	No	No	No	No
42426	Excision of parotid tumor or parotid gland; total, with unilateral radical neck dissection		Excision	No	No	No	No
42440	Excision of submandibular (submaxillary) gland		Excision	No	No	No	No
42450	Excision of sublingual gland		Excision	No	No	No	No
42500	Plastic repair of salivary duct, sialodochoplasty; primary or simple		Repair	No	No	No	No
42505	Plastic repair of salivary duct, sialodochoplasty; secondary or complicated		Repair	No	No	No	No
42507	Parotid duct diversion, bilateral (Wilke type procedure)		Repair	No	No	No	No
42509	Parotid duct diversion, bilateral (Wilke type procedure); with excision of both submandibular glands		Excision	No	No	No	No
42510	Parotid duct diversion, bilateral (Wilke type procedure); with ligation of both submandibular (Wharton's) ducts		Ligation	No	No	No	No
42550	Injection procedure for sialography		Other Procedure	No	No	No	No
42600	Closure salivary fistula		Closure	No	No	No	No
42650	Dilation salivary duct		Dilation	No	No	No	No
42660	Dilation and catheterization of salivary duct, with or without injection		Dilation	No	No	No	No
42665	Ligation salivary duct, intraoral		Ligation	No	No	No	No
42699	Unlisted procedure, salivary glands or ducts		Unlisted Procedure	Yes	Yes	Yes	No
42700	Incision and drainage abscess; peritonsillar		Incision/Drainage	No	No	No	No
42720	Incision and drainage abscess; retropharyngeal or parapharyngeal, intraoral approach		Incision/Drainage	No	No	No	No
42725	Incision and drainage abscess; retropharyngeal or parapharyngeal, external approach		Incision/Drainage	No	No	No	No
42800	Biopsy; oropharynx		Biopsy	No	No	No	No
42804	Biopsy; nasopharynx, visible lesion, simple		Biopsy	No	No	No	No
42806	Biopsy; nasopharynx, survey for unknown primary lesion		Biopsy	No	No	No	No
42808	Excision or destruction of lesion of pharynx, any method		Excision	No	No	No	No
42809	Removal of foreign body from pharynx		Removal	No	No	No	No
42810	Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues		Excision	No	No	No	No
42815	Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx		Excision	No	No	No	No
42820	Tonsillectomy and adenoidectomy; younger than age 12		Removal	No	No	No	No
42821	Tonsillectomy and adenoidectomy; age 12 or over		Removal	No	No	No	No
42825	Tonsillectomy, primary or secondary; younger than age 12		Removal	No	No	No	No
42826	Tonsillectomy, primary or secondary; age 12 or over		Removal	No	No	No	No
42830	Adenoidectomy, primary; younger than age 12		Removal	No	No	No	No
42831	Adenoidectomy, primary; age 12 or over		Removal	No	No	No	No
42835	Adenoidectomy, secondary; younger than age 12		Removal	No	No	No	No
42836	Adenoidectomy, secondary; age 12 or over		Removal	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
42842	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; without closure		Resection	No	No	No	No
42844	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with local flap (eg, tongue, buccal)		Resection	No	No	No	No
42845	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with other flap		Resection	No	No	No	No
42860	Excision of tonsil tags		Excision	No	No	No	No
42870	Excision or destruction lingual tonsil, any method (separate procedure)		Excision	No	No	No	No
42890	Limited pharyngectomy		Removal	No	No	No	No
42892	Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls		Resection	No	No	No	No
42894	Resection of pharyngeal wall requiring closure with myocutaneous or fasciocutaneous flap or free muscle, skin, or fascial flap with microvascular anastomosis		Resection	No	No	No	No
42900	Suture pharynx for wound or injury		Repair	No	No	No	No
42950	Pharyngoplasty (plastic or reconstructive operation on pharynx)		Repair	No	No	No	No
42953	Pharyngoesophageal repair		Repair	No	No	No	No
42955	Pharyngostomy (fistulization of pharynx, external for feeding)		Other Procedure	No	No	No	No
42960	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); simple		Other Procedure	No	No	No	No
42961	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); complicated, requiring hospitalization		Other Procedure	No	No	No	No
42962	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); with secondary surgical intervention		Other Procedure	No	No	No	No
42970	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); simple, with posterior nasal packs, with or without anterior packs and/or cautery		Other Procedure	No	No	No	No
42971	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); complicated, requiring hospitalization		Other Procedure	No	No	No	No
42972	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); with secondary surgical intervention		Other Procedure	No	No	No	No
42975	**Drug-induced sleep endoscopy, with dynamic evaluation of velum, pharynx, tongue base, and larynx for evaluation of sleep-disordered breathing, flexible, diagnostic**		Endoscopy (EGD)	No	No	No	No
42999	Unlisted procedure, pharynx, adenoids, or tonsils		Unlisted Procedure	Yes	Yes	Yes	No
43020	Esophagotomy, cervical approach, with removal of foreign body		Removal	No	No	No	No
43030	Cricopharyngeal myotomy		Revision	No	No	No	No
43045	Esophagotomy, thoracic approach, with removal of foreign body		Removal	No	No	No	No
43100	Excision of lesion, esophagus, with primary repair; cervical approach		Excision	No	No	No	No
43101	Excision of lesion, esophagus, with primary repair; thoracic or abdominal approach		Excision	No	No	No	No
43107	Total or near total esophagectomy, without thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (transhiatal)		Excision	No	No	No	No
43108	Total or near total esophagectomy, without thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation and anastomosis(es)		Excision	No	No	No	No
43112	Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty		Excision	No	No	No	No
43113	Total or near total esophagectomy, with thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)		Excision	No	No	No	No
43116	Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis, obtaining the graft and intestinal reconstruction		Excision	No	No	No	No
43117	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagogastrostomy, with or without pyloroplasty (Ivor Lewis)		Excision	No	No	No	No
43118	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)		Excision	No	No	No	No
43121	Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without pyloroplasty		Excision	No	No	No	No
43122	Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with esophagogastrostomy, with or without pyloroplasty		Excision	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
43124	Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy		Excision	No	No	No	No
43130	Diverticulectomy of hypopharynx or esophagus, with or without myotomy; cervical approach		Excision	No	No	No	No
43135	Diverticulectomy of hypopharynx or esophagus, with or without myotomy; thoracic approach		Excision	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
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
43192	Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance		Endoscopy (EGD)	No	No	No	No
43193	Esophagoscopy, rigid, transoral; with biopsy, single or multiple		Biopsy	No	No	No	No
43194	Esophagoscopy, rigid, transoral; with removal of foreign body(s)		Removal	No	No	No	No
43195	Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)		Dilation	No	No	No	No
43196	Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire		Insertion	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
43198	Esophagoscopy, flexible, transnasal; with biopsy, single or multiple		Biopsy	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
43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance		Endoscopy (EGD)	No	No	No	No
43202	Esophagoscopy, flexible, transoral; with biopsy, single or multiple		Biopsy	No	No	No	No
43204	Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices		Endoscopy (EGD)	No	No	No	No
43205	Esophagoscopy, flexible, transoral; with band ligation of esophageal varices		Ligation	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
43206	Esophagoscopy, flexible, transoral; with optical endomicroscopy		Endoscopy (EGD)	No	No	No	No
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed		Endoscopy (EGD)	No	No	No	No
43211	Esophagoscopy, flexible, transoral; with endoscopic mucosal resection		Resection	No	No	No	No
43212	Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)		Placement	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
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
43215	Esophagoscopy, flexible, transoral; with removal of foreign body(s)		Removal	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
43217	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		Removal	No	No	No	No
43220	Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)		Dilation	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
43227	Esophagoscopy, flexible, transoral; with control of bleeding, any method		Endoscopy (EGD)	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
43231	Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination		Ultrasound	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
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
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
43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance		Endoscopy (EGD)	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
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
43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple		Biopsy	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
43241	Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter		Insertion	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
43243	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices		Endoscopy (EGD)	No	No	No	No
43244	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices		Ligation	No	No	No	No
43245	Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)		Dilation	No	No	No	No
43246	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube		Placement	No	No	No	No
43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)		Removal	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
43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)		Dilation	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
43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		Removal	No	No	No	No
43252	Esophagogastroduodenoscopy, flexible, transoral; with optical endomicroscopy		Endoscopy (EGD)	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 esop+B291hagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)		Ultrasound	No	No	No	No
43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection		Resection	No	No	No	No
43255	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method		Endoscopy (EGD)	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
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
43260	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)		ERCP	No	No	No	No
43261	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple		ERCP	No	No	No	No
43262	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy		ERCP	No	No	No	No
43263	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi		ERCP	No	No	No	No
43264	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)		ERCP	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
43265	Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)		ERCP	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
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
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
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
43275	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)		ERCP	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
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
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
43279	Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed		Laparoscopy	No	No	No	No
43280	Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)		Laparoscopy	No	No	No	No
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh		Repair	No	No	No	No
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh		Repair	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
43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed		Placement	No	No	No	No
43285	Removal of esophageal sphincter augmentation device		Removal	No	No	No	No
43286	Removal of esophageal sphincter augmentation device		Removal	No	No	No	No
43287	Esophagectomy, distal two-thirds, with laparoscopic mobilization of the abdominal and lower mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with separate thoracoscopic mobilization of the middle and upper mediastinal esophagus and thoracic esophagogastrostomy (ie, laparoscopic thoracoscopic esophagectomy, Ivor Lewis esophagectomy)		Laparoscopy	Yes	Yes	Yes	No
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
43289	Unlisted laparoscopy procedure, esophagus		Unlisted Procedure	Yes	Yes	Yes	No
43290	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon		Laparoscopy	No	No	No	No
43291	Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)		Laparoscopy	No	No	No	No
43300	Esophagoplasty (plastic repair or reconstruction), cervical approach; without repair of tracheoesophageal fistula		Reconstruction	Yes	Yes	Yes	No
43305	Esophagoplasty (plastic repair or reconstruction), cervical approach; with repair of tracheoesophageal fistula		Repair	No	No	No	No
43310	Esophagoplasty (plastic repair or reconstruction), thoracic approach; without repair of tracheoesophageal fistula		Reconstruction	Yes	Yes	Yes	No
43312	Esophagoplasty (plastic repair or reconstruction), thoracic approach; with repair of tracheoesophageal fistula		Repair	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
43314	Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; with repair of congenital tracheoesophageal fistula		Repair	No	No	No	No
43320	Esophagogastrostomy (cardioplasty), with or without vagotomy and pyloroplasty, transabdominal or transthoracic approach		Repair	No	No	No	No
43325	Esophagogastric fundoplasty, with fundic patch (Thal-Nissen procedure)		Repair	No	No	No	No
43327	Esophagogastric fundoplasty partial or complete; laparotomy		Repair	No	No	No	No
43328	Esophagogastric fundoplasty partial or complete; thoracotomy		Repair	No	No	No	No
43330	Esophagomyotomy (Heller type); abdominal approach		Repair	No	No	No	No
43331	Esophagomyotomy (Heller type); thoracic approach		Repair	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
43333	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; with implantation of mesh or other prosthesis		Hernia	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
43335	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; with implantation of mesh or other prosthesis		Hernia	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
43337	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; with implantation of mesh or other prosthesis		Hernia	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
43340	Esophagojejunostomy (without total gastrectomy); abdominal approach		Repair	No	No	No	No
43341	Esophagojejunostomy (without total gastrectomy); thoracic approach		Repair	No	No	No	No
43351	Esophagostomy, fistulization of esophagus, external; thoracic approach		Repair	No	No	No	No
43352	Esophagostomy, fistulization of esophagus, external; cervical approach		Repair	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
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
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
43400	Ligation, direct, esophageal varices		Ligation	No	No	No	No
43405	Ligation or stapling at gastroesophageal junction for pre-existing esophageal perforation		Ligation	No	No	No	No
43410	Suture of esophageal wound or injury; cervical approach		Repair	No	No	No	No
43415	Suture of esophageal wound or injury; transthoracic or transabdominal approach		Repair	No	No	No	No
43420	Closure of esophagostomy or fistula; cervical approach		Closure	No	No	No	No
43425	Closure of esophagostomy or fistula; transthoracic or transabdominal approach		Closure	No	No	No	No
43450	Dilation of esophagus, by unguided sound or bougie, single or multiple passes		Dilation	No	No	No	No
43453	Dilation of esophagus, over guide wire		Dilation	No	No	No	No
43460	Esophagogastric tamponade, with balloon (Sengstaken type)		Manipulation	No	No	No	No
43496	Free jejunum transfer with microvascular anastomosis		Transfer	No	No	No	No
43497	**Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])**		Myotomy	Yes	Yes	Yes	No
43499	Unlisted procedure, esophagus		Unlisted Procedure	Yes	Yes	Yes	No
43500	Gastrotomy; with exploration or foreign body removal		Removal	No	No	No	No
43501	Gastrotomy; with suture repair of bleeding ulcer		Repair	No	No	No	No
43502	Gastrotomy; with suture repair of pre-existing esophagogastric laceration (eg, Mallory-Weiss)		Repair	No	No	No	No
43510	Gastrotomy; with esophageal dilation and insertion of permanent intraluminal tube (eg, Celestin or Mousseaux-Barbin)		Dilation	No	No	No	No
43520	Pyloromyotomy, cutting of pyloric muscle (Fredet-Ramstedt type operation)		Incision	No	No	No	No
43605	Biopsy of stomach, by laparotomy		Biopsy	No	No	No	No
43610	Excision, local; ulcer or benign tumor of stomach		Excision	No	No	No	No
43611	Excision, local; malignant tumor of stomach		Excision	No	No	No	No
43620	Gastrectomy, total; with esophagoenterostomy		Excision	Yes	Yes	No	No
43621	Gastrectomy, total; with Roux-en-Y reconstruction		Excision	Yes	Yes	No	No
43622	Gastrectomy, total; with formation of intestinal pouch, any type		Excision	Yes	Yes	No	No
43631	Gastrectomy, partial, distal; with gastroduodenostomy		Excision	Yes	Yes	Yes	Yes
43632	Gastrectomy, partial, distal; with gastrojejunostomy		Excision	Yes	Yes	Yes	Yes
43633	Gastrectomy, partial, distal; with Roux-en-Y reconstruction		Excision	Yes	Yes	Yes	Yes
43634	Gastrectomy, partial, distal; with formation of intestinal pouch		Excision	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
43640	Vagotomy including pyloroplasty, with or without gastrostomy; truncal or selective		Excision	No	No	No	No
43641	Vagotomy including pyloroplasty, with or without gastrostomy; parietal cell (highly selective)		Excision	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
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption		Gastric Restrictive	Yes	Yes	Yes	Yes
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum		Placement	Yes	Yes	No	No
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum		Removal	Yes	Yes	No	No
43651	Laparoscopy, surgical; transection of vagus nerves, truncal		Laparoscopy	No	No	No	No
43652	Laparoscopy, surgical; transection of vagus nerves, selective or highly selective		Laparoscopy	No	No	No	No
43653	Laparoscopy, surgical; gastrostomy, without construction of gastric tube (eg, Stamm procedure) (separate procedure)		Laparoscopy	No	No	No	No
43659	Unlisted laparoscopy procedure, stomach		Unlisted Procedure	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
43753	Gastric intubation and aspiration(s) therapeutic, necessitating physician's skill (eg, for gastrointestinal hemorrhage), including lavage if performed		Laparoscopy	No	No	No	No
43754	Gastric intubation and aspiration, Diagnostic/Screening; single specimen (eg, acid analysis)		Diagnostic/Screening	No	No	No	No
43755	Gastric intubation and aspiration, Diagnostic/Screening; collection of multiple fractional specimens with gastric stimulation, single or double lumen tube (gastric secretory study) (eg, histamine, insulin, pentagastrin, calcium, secretin), includes drug administration		Diagnostic/Screening	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
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
43761	Repositioning of a naso- or oro-gastric feeding tube, through the duodenum for enteric nutrition		Reposition	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
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
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
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only		Gastric Restrictive	Yes	Yes	Yes	Yes
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only		Gastric Restrictive	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
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components		Gastric Restrictive	Yes	Yes	Yes	Yes
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)		Gastric Restrictive	Yes	Yes	Yes	Yes
43800	Pyloroplasty		Other Procedure	No	No	No	No
43810	Gastroduodenostomy		Other Procedure	Yes	Yes	No	No
43820	Gastrojejunostomy; without vagotomy		Other Procedure	Yes	Yes	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
43825	Gastrojejunostomy; with vagotomy, any type		Other Procedure	Yes	Yes	No	No
43830	Gastrostomy, open; without construction of gastric tube (eg, Stamm procedure) (separate procedure)		Other Procedure	Yes	Yes	No	No
43831	Gastrostomy, open; neonatal, for feeding		Other Procedure	Yes	Yes	No	No
43832	Gastrostomy, open; with construction of gastric tube (eg, Janeway procedure)		Other Procedure	No	No	No	No
43840	Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury		Other Procedure	No	No	No	No
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty		Gastric Restrictive	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
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)		Gastric Restrictive	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
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption		Gastric Restrictive	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
43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy		Revision	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
43870	Closure of gastrostomy, surgical		Other Procedure	No	No	No	No
43880	Closure of gastrocolic fistula		Other Procedure	No	No	No	No
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open		Other Procedure	Yes	Yes	No	No
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open		Removal	Yes	Yes	No	No
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only		Gastric Restrictive	Yes	Yes	Yes	Yes
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only		Gastric Restrictive	Yes	Yes	Yes	Yes
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only		Gastric Restrictive	Yes	Yes	Yes	Yes
43999	Unlisted procedure, stomach		Unlisted Procedure	Yes	Yes	Yes	Yes
44005	Enterolysis (freeing of intestinal adhesion) (separate procedure)		Incision	No	No	No	No
44010	Duodenotomy, for exploration, biopsy(s), or foreign body removal		Biopsy	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
44020	Enterotomy, small intestine, other than duodenum; for exploration, biopsy(s), or foreign body removal		Biopsy	No	No	No	No
44021	Enterotomy, small intestine, other than duodenum; for decompression (eg, Baker tube)		Incision	No	No	No	No
44025	Colotomy, for exploration, biopsy(s), or foreign body removal		Biopsy	No	No	No	No
44050	Reduction of volvulus, intussusception, internal hernia, by laparotomy		Hernia	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
44100	Biopsy of intestine by capsule, tube, peroral (1 or more specimens)		Biopsy	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
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
44120	Enterectomy, resection of small intestine; single resection and anastomosis		Resection	Yes	Yes	No	No
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
44125	Enterectomy, resection of small intestine; with enterostomy		Resection	Yes	Yes	No	No
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
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
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
44130	Enteroenterostomy, anastomosis of intestine, with or without cutaneous enterostomy (separate procedure)		Excision	Yes	Yes	No	No
44132	Donor enterectomy (including cold preservation), open; from cadaver donor		Transplantation	Yes	Yes	Yes	Yes
44133	Donor enterectomy (including cold preservation), open; partial, from living donor		Transplantation	Yes	Yes	Yes	Yes
44135	Intestinal allotransplantation; from cadaver donor		Transplantation	Yes	Yes	Yes	Yes
44136	Intestinal allotransplantation; from living donor		Transplantation	Yes	Yes	Yes	Yes
44137	Removal of transplanted intestinal allograft, complete		Transplantation	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
44140	Colectomy, partial; with anastomosis		Resection	No	No	No	No
44141	Colectomy, partial; with skin level cecostomy or colostomy		Resection	No	No	No	No
44143	Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)		Resection	No	No	No	No
44144	Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula		Resection	No	No	No	No
44145	Colectomy, partial; with coloproctostomy (low pelvic anastomosis)		Resection	No	No	No	No
44146	Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy		Resection	No	No	No	No
44147	Colectomy, partial; abdominal and transanal approach		Resection	No	No	No	No
44150	Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy		Resection	No	No	No	No
44151	Colectomy, total, abdominal, without proctectomy; with continent ileostomy		Resection	No	No	No	No
44155	Colectomy, total, abdominal, with proctectomy; with ileostomy		Resection	No	No	No	No
44156	Colectomy, total, abdominal, with proctectomy; with continent ileostomy		Resection	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
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
44160	Colectomy, partial, with removal of terminal ileum with ileocolostomy		Removal	No	No	No	No
44180	Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure)		Incision	No	No	No	No

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44186	Laparoscopy, surgical; jejunostomy (eg, for decompression or feeding)		Laparoscopy	No	No	No	No
44187	Laparoscopy, surgical; ileostomy or jejunostomy, non-tube		Laparoscopy	No	No	No	No
44188	Laparoscopy, surgical, colostomy or skin level cecostomy		Laparoscopy	No	No	No	No
44202	Laparoscopy, surgical; enterectomy, resection of small intestine, single resection and anastomosis		Resection	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
44204	Laparoscopy, surgical; colectomy, partial, with anastomosis		Laparoscopy	No	No	No	No
44205	Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy		Removal	No	No	No	No
44206	Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure)		Excision	No	No	No	No
44207	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)		Excision	No	No	No	No
44208	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy		Excision	No	No	No	No
44210	Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy		Excision	No	No	No	No
44211	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy, includes rectal mucosectomy, when performed		Excision	No	No	No	No
44212	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy		Excision	No	No	No	No
44213	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
44227	Laparoscopy, surgical, closure of enterostomy, large or small intestine, with resection and anastomosis		Resection	No	No	No	No
44238	Unlisted laparoscopy procedure, intestine (except rectum)		Unlisted Procedure	Yes	Yes	Yes	No
44300	Placement, enterostomy or cecostomy, tube open (eg, for feeding or decompression) (separate procedure)		Placement	No	No	No	No
44310	Ileostomy or jejunostomy, non-tube		Ostomy	No	No	No	No
44312	Revision of ileostomy; simple (release of superficial scar) (separate procedure)		Revision	No	No	No	No
44314	Revision of ileostomy; complicated (reconstruction in-depth) (separate procedure)		Revision	No	No	No	No
44316	Continent ileostomy (Kock procedure) (separate procedure)		Ostomy	No	No	No	No
44320	Colostomy or skin level cecostomy;		Ostomy	No	No	No	No
44322	Colostomy or skin level cecostomy; with multiple biopsies (eg, for congenital megacolon) (separate procedure)		Ostomy	No	No	No	No
44340	Revision of colostomy; simple (release of superficial scar) (separate procedure)		Revision	No	No	No	No
44345	Revision of colostomy; complicated (reconstruction in-depth) (separate procedure)		Revision	No	No	No	No
44346	Revision of colostomy; with repair of paracolostomy hernia (separate procedure)		Revision	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
44361	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple		Biopsy	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
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
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
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
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
44370	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with transendoscopic stent placement (includes predilation)		Placement	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
44373	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with conversion of percutaneous gastrostomy tube to percutaneous jejunostomy tube		Endoscopy (EGD)	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
44377	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with biopsy, single or multiple		Biopsy	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
44379	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with transendoscopic stent placement (includes predilation)		Placement	No	No	No	No
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
44381	Ileoscopy, through stoma; with transendoscopic balloon dilation		Dilation	No	No	No	No
44382	Ileoscopy, through stoma; with biopsy, single or multiple		Biopsy	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
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
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
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
44389	Colonoscopy through stoma; with biopsy, single or multiple		Biopsy	No	No	No	No
44390	Colonoscopy through stoma; with removal of foreign body(s)		Removal	No	No	No	No
44391	Colonoscopy through stoma; with control of bleeding, any method		Endoscopy (EGD)	No	No	No	No

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44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps		Removal	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
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
44402	Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed)		Placement	No	No	No	No
44403	Colonoscopy through stoma; with endoscopic mucosal resection		Resection	No	No	No	No
44404	Colonoscopy through stoma; with directed submucosal injection(s), any substance		Endoscopy (EGD)	No	No	No	No
44405	Colonoscopy through stoma; with transendoscopic balloon dilation		Dilation	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
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
44408	Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed		Placement	No	No	No	No
44500	Introduction of long gastrointestinal tube (eg, Miller-Abbott) (separate procedure)		Introduction	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
44603	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; multiple perforations		Repair	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
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
44615	Intestinal stricturoplasty (enterotomy and enterorrhaphy) with or without dilation, for intestinal obstruction		Dilation	No	No	No	No
44620	Closure of enterostomy, large or small intestine;		Closure	No	No	No	No
44625	Closure of enterostomy, large or small intestine; with resection and anastomosis other than colorectal		Closure	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
44640	Closure of intestinal cutaneous fistula		Closure	No	No	No	No
44650	Closure of enteroenteric or enterocolic fistula		Closure	No	No	No	No
44660	Closure of enterovesical fistula; without intestinal or bladder resection		Closure	No	No	No	No
44661	Closure of enterovesical fistula; with intestine and/or bladder resection		Closure	No	No	No	No
44680	Intestinal plication (separate procedure)		Repair	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
44701	Intraoperative colonic lavage (List separately in addition to code for primary procedure)		Other Procedure	No	No	No	No
44705	Preparation of fecal microbiota for instillation, including assessment of donor specimen		Other Procedure	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
44720	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each		Transplantation	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
44799	Unlisted procedure, small intestine		Unlisted Procedure	Yes	Yes	Yes	No
44800	Excision of Meckel's diverticulum (diverticulectomy) or omphalomesenteric duct		Excision	No	No	No	No
44820	Excision of lesion of mesentery (separate procedure)		Excision	No	No	No	No
44850	Suture of mesentery (separate procedure)		Repair	No	No	No	No
44899	Unlisted procedure, Meckel's diverticulum and the mesentery		Unlisted Procedure	Yes	Yes	Yes	No
44900	Incision and drainage of appendiceal abscess, open		Incision/Drainage	No	No	No	No
44950	Appendectomy;		Excision	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
44960	Appendectomy; for ruptured appendix with abscess or generalized peritonitis		Excision	No	No	No	No
44970	Laparoscopy, surgical, appendectomy		Laparoscopy	No	No	No	No
44979	Unlisted laparoscopy procedure, appendix		Unlisted Procedure	Yes	Yes	Yes	No
45000	Transrectal drainage of pelvic abscess		Incision/Drainage	No	No	No	No
45005	Incision and drainage of submucosal abscess, rectum		Incision/Drainage	No	No	No	No
45020	Incision and drainage of deep supralevator, pelvirectal, or retrorectal abscess		Incision/Drainage	No	No	No	No
45100	Biopsy of anorectal wall, anal approach (eg, congenital megacolon)		Biopsy	No	No	No	No
45108	Anorectal myomectomy		Excision	No	No	No	No
45110	Proctectomy; complete, combined abdominoperineal, with colostomy		Excision	No	No	No	No
45111	Proctectomy; partial resection of rectum, transabdominal approach		Excision	No	No	No	No
45112	Proctectomy, combined abdominoperineal, pull-through procedure (eg, colo-anal anastomosis)		Excision	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
45114	Proctectomy, partial, with anastomosis; abdominal and transsacral approach		Excision	No	No	No	No
45116	Proctectomy, partial, with anastomosis; transsacral approach only (Kraske type)		Excision	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
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
45121	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with subtotal or total colectomy, with multiple biopsies		Excision	No	No	No	No
45123	Proctectomy, partial, without anastomosis, perineal approach		Excision	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
45130	Excision of rectal procidentia, with anastomosis; perineal approach		Excision	No	No	No	No
45135	Excision of rectal procidentia, with anastomosis; abdominal and perineal approach		Excision	No	No	No	No

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45136	Excision of ileoanal reservoir with ileostomy		Excision	No	No	No	No
45150	Division of stricture of rectum		Division	No	No	No	No
45160	Excision of rectal tumor by proctotomy, transsacral or transcoccygeal approach		Excision	No	No	No	No
45171	Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)		Excision	No	No	No	No
45172	Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness)		Excision	No	No	No	No
45190	Destruction of rectal tumor (eg, electrodesiccation, electrosurgery, laser ablation, laser resection, cryosurgery) transanal approach		Destruction	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
45303	Proctosigmoidoscopy, rigid; with dilation (eg, balloon, guide wire, bougie)		Dilation	No	No	No	No
45305	Proctosigmoidoscopy, rigid; with biopsy, single or multiple		Biopsy	No	No	No	No
45307	Proctosigmoidoscopy, rigid; with removal of foreign body		Removal	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
45309	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by snare technique		Removal	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
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
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
45321	Proctosigmoidoscopy, rigid; with decompression of volvulus		Endoscopy (EGD)	No	No	No	No
45327	Proctosigmoidoscopy, rigid; with transendoscopic stent placement (includes predilation)		Placement	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
45331	Sigmoidoscopy, flexible; with biopsy, single or multiple		Biopsy	No	No	No	No
45332	Sigmoidoscopy, flexible; with removal of foreign body(s)		Removal	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
45334	Sigmoidoscopy, flexible; with control of bleeding, any method		Endoscopy (EGD)	No	No	No	No
45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance		Endoscopy (EGD)	No	No	No	No
45337	Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed		Placement	No	No	No	No
45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		Removal	No	No	No	No
45340	Sigmoidoscopy, flexible; with transendoscopic balloon dilation		Dilation	No	No	No	No
45341	Sigmoidoscopy, flexible; with endoscopic ultrasound examination		Ultrasound	No	No	No	No
45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)		Biopsy	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
45347	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)		Placement	No	No	No	No
45349	Sigmoidoscopy, flexible; with endoscopic mucosal resection		Resection	No	No	No	No
45350	Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)		Ligation	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
45379	Colonoscopy, flexible; with removal of foreign body(s)		Removal	No	No	No	No
45380	Colonoscopy, flexible; with biopsy, single or multiple		Biopsy	No	No	No	No
45381	Colonoscopy, flexible; with directed submucosal injection(s), any substance		Endoscopy (EGD)	No	No	No	No
45382	Colonoscopy, flexible; with control of bleeding, any method		Endoscopy (EGD)	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
45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		Removal	No	No	No	No
45386	Colonoscopy, flexible; with transendoscopic balloon dilation		Dilation	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
45389	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)		Placement	No	No	No	No
45390	Colonoscopy, flexible; with endoscopic mucosal resection		Endoscopy (EGD)	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
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
45393	Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed		Placement	No	No	No	No
45395	Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy		Ostomy	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
45398	Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids)		Ligation	No	No	No	No
45399	Unlisted procedure, colon		Unlisted Procedure	Yes	Yes	Yes	No
45400	Laparoscopy, surgical; proctopexy (for prolapse)		Laparoscopy	No	No	No	No
45402	Laparoscopy, surgical; proctopexy (for prolapse), with sigmoid resection		Resection	No	No	No	No
45499	Unlisted laparoscopy procedure, rectum		Unlisted Procedure	Yes	Yes	Yes	No
45500	Proctoplasty; for stenosis		Repair	No	No	No	No
45505	Proctoplasty; for prolapse of mucous membrane		Repair	No	No	No	No
45520	Perirectal injection of sclerosing solution for prolapse		Repair	No	No	No	No
45540	Proctopexy (eg, for prolapse); abdominal approach		Repair	No	No	No	No
45541	Proctopexy (eg, for prolapse); perineal approach		Repair	No	No	No	No
45550	Proctopexy (eg, for prolapse); with sigmoid resection, abdominal approach		Repair	No	No	No	No
45560	Repair of rectocele (separate procedure)		Repair	No	No	No	No
45562	Exploration, repair, and presacral drainage for rectal injury;		Repair	No	No	No	No
45563	Exploration, repair, and presacral drainage for rectal injury; with colostomy		Repair	No	No	No	No
45800	Closure of rectovesical fistula;		Closure	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
45805	Closure of rectovesical fistula; with colostomy		Closure	No	No	No	No
45820	Closure of rectourethral fistula;		Closure	No	No	No	No
45825	Closure of rectourethral fistula; with colostomy		Closure	No	No	No	No
45900	Reduction of procidentia (separate procedure) under anesthesia		Reduction	No	No	No	No
45905	Dilation of anal sphincter (separate procedure) under anesthesia other than local		Dilation	No	No	No	No
45910	Dilation of rectal stricture (separate procedure) under anesthesia other than local		Dilation	No	No	No	No
45915	Removal of fecal impaction or foreign body (separate procedure) under anesthesia		Removal	No	No	No	No
45990	Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), Diagnostic/Screening		Diagnostic/Screening	No	No	No	No
45999	Unlisted procedure, rectum		Unlisted Procedure	Yes	Yes	Yes	No
46020	Placement of seton		Placement	No	No	No	No
46030	Removal of anal seton, other marker		Removal	No	No	No	No
46040	Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure)		Incision/Drainage	No	No	No	No
46045	Incision and drainage of intramural, intramuscular, or submucosal abscess, transanal, under anesthesia		Incision/Drainage	No	No	No	No
46050	Incision and drainage, perianal abscess, superficial		Incision/Drainage	No	No	No	No
46060	Incision and drainage of ischiorectal or intramural abscess, with fistulectomy or fistulotomy, submuscular, with or without placement of seton		Incision/Drainage	No	No	No	No
46070	Incision, anal septum (infant)		Incision	No	No	No	No
46080	Sphincterotomy, anal, division of sphincter (separate procedure)		Incision	No	No	No	No
46083	Incision of thrombosed hemorrhoid, external		Incision	No	No	No	No
46200	Fissurectomy, including sphincterotomy, when performed		Excision	No	No	No	No
46220	Excision of single external papilla or tag, anus		Excision	No	No	No	No
46221	Hemorrhoidectomy, internal, by rubber band ligation(s)		Ligation	No	No	No	No
46230	Excision of multiple external papillae or tags, anus		Excision	No	No	No	No
46250	Hemorrhoidectomy, external, 2 or more columns/groups		Excision	No	No	No	No
46255	Hemorrhoidectomy, internal and external, single column/group;		Excision	No	No	No	No
46257	Hemorrhoidectomy, internal and external, single column/group; with fissurectomy		Excision	No	No	No	No
46258	Hemorrhoidectomy, internal and external, single column/group; with fistulectomy, including fissurectomy, when performed		Excision	No	No	No	No
46260	Hemorrhoidectomy, internal and external, 2 or more columns/groups;		Excision	No	No	No	No
46261	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fissurectomy		Excision	No	No	No	No
46262	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fistulectomy, including fissurectomy, when performed		Excision	No	No	No	No
46270	Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous		Excision	No	No	No	No
46275	Surgical treatment of anal fistula (fistulectomy/fistulotomy); intersphincteric		Excision	No	No	No	No
46280	Surgical treatment of anal fistula (fistulectomy/fistulotomy); transsphincteric, suprasphincteric, extrasphincteric or multiple, including placement of seton, when performed		Placement	No	No	No	No
46285	Surgical treatment of anal fistula (fistulectomy/fistulotomy); second stage		Excision	No	No	No	No
46288	Closure of anal fistula with rectal advancement flap		Closure	No	No	No	No
46320	Excision of thrombosed hemorrhoid, external		Excision	No	No	No	No
46500	Injection of sclerosing solution, hemorrhoids		Introduction	No	No	No	No
46505	Chemodenervation of internal anal sphincter		Introduction	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
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
46604	Anoscopy; with dilation (eg, balloon, guide wire, bougie)		Dilation	No	No	No	No
46606	Anoscopy; with biopsy, single or multiple		Biopsy	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
46608	Anoscopy; with removal of foreign body		Removal	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
46611	Anoscopy; with removal of single tumor, polyp, or other lesion by snare technique		Removal	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
46614	Anoscopy; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)		Endoscopy (EGD)	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
46700	Anoplasty, plastic operation for stricture; adult		Repair	No	No	No	No
46705	Anoplasty, plastic operation for stricture; infant		Repair	No	No	No	No
46706	Repair of anal fistula with fibrin glue		Repair	No	No	No	No
46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])		Repair	No	No	No	No
46710	Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; transperineal approach		Repair	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
46715	Repair of low imperforate anus; with anoperineal fistula (cut-back procedure)		Repair	No	No	No	No
46716	Repair of low imperforate anus; with transposition of anoperineal or anovestibular fistula		Repair	No	No	No	No
46730	Repair of high imperforate anus without fistula; perineal or sacroperineal approach		Repair	No	No	No	No
46735	Repair of high imperforate anus without fistula; combined transabdominal and sacroperineal approaches		Repair	No	No	No	No
46740	Repair of high imperforate anus with rectourethral or rectovaginal fistula; perineal or sacroperineal approach		Repair	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
46744	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, sacroperineal approach		Repair	No	No	No	No
46746	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach;		Repair	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
46750	Sphincteroplasty, anal, for incontinence or prolapse; adult		Repair	No	No	No	No
46751	Sphincteroplasty, anal, for incontinence or prolapse; child		Repair	No	No	No	No
46753	Graft (Thiersch operation) for rectal incontinence and/or prolapse		Grafts	No	No	No	No
46754	Removal of Thiersch wire or suture, anal canal		Removal	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
46760	Sphincteroplasty, anal, for incontinence, adult; muscle transplant		Transplantation	Yes	Yes	Yes	No
46761	Sphincteroplasty, anal, for incontinence, adult; levator muscle imbrication (Park posterior anal repair)		Repair	No	No	No	No
46900	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical		Destruction	No	No	No	No
46910	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation		Destruction	No	No	No	No
46916	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery		Destruction	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
46922	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision		Destruction	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
46930	Destruction of internal hemorrhoid(s) by thermal energy (eg, infrared coagulation, cautery, radiofrequency)		Destruction	No	No	No	No
46940	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); initial		Destruction	No	No	No	No
46942	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); subsequent		Destruction	No	No	No	No
46945	Hemorrhoidectomy, internal, by ligation other than rubber band; single hemorrhoid column/group		Destruction	No	No	No	No
46946	Hemorrhoidectomy, internal, by ligation other than rubber band; 2 or more hemorrhoid columns/groups		Destruction	No	No	No	No
46947	Hemorrhoidopexy (eg, for prolapsing internal hemorrhoids) by stapling		Destruction	No	No	No	No
46948	Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, including ultrasound guidance, with mucoplexy, when performed	Cat III conversion 0249T	Removal	No	No	No	No
46999	Unlisted procedure, anus		Unlisted Procedure	Yes	Yes	Yes	No
47000	Biopsy of liver, needle; percutaneous		Biopsy	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
47010	Hepatotomy, for open drainage of abscess or cyst, 1 or 2 stages		Incision/Drainage	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
47100	Biopsy of liver, wedge		Biopsy	No	No	No	No
47120	Hepatectomy, resection of liver; partial lobectomy		Resection	No	No	No	No
47122	Hepatectomy, resection of liver; trisegmentectomy		Resection	No	No	No	No
47125	Hepatectomy, resection of liver; total left lobectomy		Resection	No	No	No	No
47130	Hepatectomy, resection of liver; total right lobectomy		Resection	No	No	No	No
47133	Donor hepatectomy (including cold preservation), from cadaver donor		Transplantation	Yes	Yes	Yes	Yes
47135	Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age		Transplantation	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
47141	Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)		Transplantation	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
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
47144	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with trisegment split of whole liver graft into 2 partial liver grafts (ie, left lateral segment [segments II and III] and right trisegment [segments I and IV through VIII])		Transplantation	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 lobe [segments II, III, and IV] and right lobe [segments I and V through VIII])		Transplantation	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
47147	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each		Transplantation	No	No	No	No
47300	Marsupialization of cyst or abscess of liver		Repair	No	No	No	No
47350	Management of liver hemorrhage; simple suture of liver wound or injury		Management	No	No	No	No
47360	Management of liver hemorrhage; complex suture of liver wound or injury, with or without hepatic artery ligation		Management	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
47362	Management of liver hemorrhage; re-exploration of hepatic wound for removal of packing		Management	No	No	No	No
47370	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency		Ablation	Yes	Yes	No	No
47371	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); cryosurgical		Ablation	Yes	Yes	No	No
47379	Unlisted laparoscopic procedure, liver		Unlisted Procedure	Yes	Yes	Yes	No
47380	Ablation, open, of 1 or more liver tumor(s); radiofrequency		Ablation	Yes	Yes	No	No
47381	Ablation, open, of 1 or more liver tumor(s); cryosurgical		Ablation	Yes	Yes	No	No
47382	Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency		Ablation	Yes	Yes	No	No
47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation		Ablation	Yes	Yes	No	No
47399	Unlisted procedure, liver		Unlisted Procedure	Yes	Yes	Yes	No
47400	Hepaticotomy or hepaticostomy with exploration, drainage, or removal of calculus		Incision	No	No	No	No
47420	Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; without transduodenal sphincterotomy or sphincteroplasty		Incision	No	No	No	No
47425	Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; with transduodenal sphincterotomy or sphincteroplasty		Incision	No	No	No	No
47460	Transduodenal sphincterotomy or sphincteroplasty, with or without transduodenal extraction of calculus (separate procedure)		Incision	No	No	No	No
47480	Cholecystotomy or cholecystostomy, open, with exploration, drainage, or removal of calculus (separate procedure)		Incision	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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
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
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
47533	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; external		Placement	No	No	No	No
47534	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; internal-external		Placement	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
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
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
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
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
47540	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, with placement of separate biliary drainage catheter (eg, external or internal-external)		Placement	No	No	No	No
47541	Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation, new access		Placement	No	No	No	No
47542	Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous, including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, each duct (List separately in addition to code for primary procedure)		Dilation	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
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
47550	Biliary endoscopy, intraoperative (choledochoscopy) (List separately in addition to code for primary procedure)		Endoscopy (EGD)	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
47553	Biliary endoscopy, percutaneous via T-tube or other tract; with biopsy, single or multiple		Biopsy	No	No	No	No
47554	Biliary endoscopy, percutaneous via T-tube or other tract; with removal of calculus/calculi		Removal	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
47556	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) with stent		Dilation	No	No	No	No
47562	Laparoscopy, surgical; cholecystectomy		Laparoscopy	No	No	No	No
47563	Laparoscopy, surgical; cholecystectomy with cholangiography		Laparoscopy	No	No	No	No
47564	Laparoscopy, surgical; cholecystectomy with exploration of common duct		Laparoscopy	No	No	No	No
47570	Laparoscopy, surgical; cholecystoenterostomy		Laparoscopy	No	No	No	No
47579	Unlisted laparoscopy procedure, biliary tract		Unlisted Procedure	Yes	Yes	Yes	No
47600	Cholecystectomy;		Excision	No	No	No	No
47605	Cholecystectomy; with cholangiography		Excision	No	No	No	No
47610	Cholecystectomy with exploration of common duct;		Exploratory	No	No	No	No
47612	Cholecystectomy with exploration of common duct; with choledochoenterostomy		Exploratory	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
47700	Exploration for congenital atresia of bile ducts, without repair, with or without liver biopsy, with or without cholangiography		Exploratory	No	No	No	No
47701	Portoenterostomy (eg, Kasai procedure)		Excision	No	No	No	No
47711	Excision of bile duct tumor, with or without primary repair of bile duct; extrahepatic		Excision	No	No	No	No
47712	Excision of bile duct tumor, with or without primary repair of bile duct; intrahepatic		Excision	No	No	No	No
47715	Excision of choledochal cyst		Excision	No	No	No	No
47720	Cholecystoenterostomy; direct		Repair	No	No	No	No
47721	Cholecystoenterostomy; with gastroenterostomy		Repair	No	No	No	No
47740	Cholecystoenterostomy; Roux-en-Y		Repair	No	No	No	No
47741	Cholecystoenterostomy; Roux-en-Y with gastroenterostomy		Repair	No	No	No	No
47760	Anastomosis, of extrahepatic biliary ducts and gastrointestinal tract		Repair	No	No	No	No
47765	Anastomosis, of intrahepatic ducts and gastrointestinal tract		Repair	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
47780	Anastomosis, Roux-en-Y, of extrahepatic biliary ducts and gastrointestinal tract		Repair	No	No	No	No
47785	Anastomosis, Roux-en-Y, of intrahepatic biliary ducts and gastrointestinal tract		Repair	No	No	No	No
47800	Reconstruction, plastic, of extrahepatic biliary ducts with end-to-end anastomosis		Reconstruction	No	No	No	No
47801	Placement of choledochal stent		Placement	No	No	No	No
47802	U-tube hepaticoenterostomy		Repair	No	No	No	No
47900	Suture of extrahepatic biliary duct for pre-existing injury (separate procedure)		Repair	No	No	No	No
47999	Unlisted procedure, biliary tract		Unlisted Procedure	Yes	Yes	Yes	No
48000	Placement of drains, peripancreatic, for acute pancreatitis;		Placement	No	No	No	No
48001	Placement of drains, peripancreatic, for acute pancreatitis; with cholecystostomy, gastrostomy, and jejunostomy		Placement	No	No	No	No
48020	Removal of pancreatic calculus		Removal	No	No	No	No
48100	Biopsy of pancreas, open (eg, fine needle aspiration, needle core biopsy, wedge biopsy)		Biopsy	No	No	No	No
48102	Biopsy of pancreas, percutaneous needle		Biopsy	No	No	No	No
48105	Resection or debridement of pancreas and peripancreatic tissue for acute necrotizing pancreatitis		Resection	No	No	No	No
48120	Excision of lesion of pancreas (eg, cyst, adenoma)		Excision	No	No	No	No
48140	Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy		Excision	No	No	No	No
48145	Pancreatectomy, distal subtotal, with or without splenectomy; with pancreaticojejunostomy		Excision	No	No	No	No
48146	Pancreatectomy, distal, near-total with preservation of duodenum (Child-type procedure)		Excision	No	No	No	No
48148	Excision of ampulla of Vater		Excision	No	No	No	No
48150	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreatojejunostomy		Excision	Yes	Yes	Yes	No
48152	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); without pancreatojejunostomy		Excision	Yes	Yes	Yes	No
48153	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); with pancreatojejunostomy		Excision	Yes	Yes	Yes	No
48154	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); without pancreatojejunostomy		Excision	Yes	Yes	Yes	No
48155	Pancreatectomy, total		Excision	Yes	Yes	Yes	No
48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells		Transplantation	Yes	Yes	Yes	Yes
48400	Injection procedure for intraoperative pancreatography (List separately in addition to code for primary procedure)		Introduction	No	No	No	No
48500	Marsupialization of pancreatic cyst		Repair	No	No	No	No
48510	External drainage, pseudocyst of pancreas, open		Incision/Drainage	No	No	No	No
48520	Internal anastomosis of pancreatic cyst to gastrointestinal tract; direct		Repair	No	No	No	No
48540	Internal anastomosis of pancreatic cyst to gastrointestinal tract; Roux-en-Y		Repair	No	No	No	No
48545	Pancreatorrhaphy for injury		Repair	No	No	No	No
48547	Duodenal exclusion with gastrojejunostomy for pancreatic injury		Repair	No	No	No	No
48548	Pancreaticojejunostomy, side-to-side anastomosis (Puestow-type operation)		Repair	No	No	No	No
48550	Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation		Transplantation	Yes	Yes	Yes	Yes
48551	Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft from surrounding soft tissues, splenectomy, duodenotomy, ligation of bile duct, ligation of mesenteric vessels, and Y-graft arterial anastomoses from iliac artery to superior mesenteric artery and to splenic artery		Transplantation	No	No	No	No
48552	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each		Transplantation	No	No	No	No
48554	Transplantation of pancreatic allograft		Transplantation	Yes	Yes	Yes	Yes
48556	Removal of transplanted pancreatic allograft		Transplantation	Yes	Yes	Yes	Yes
48999	Unlisted procedure, pancreas		Unlisted Procedure	Yes	Yes	Yes	Yes
49000	Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)		Exploratory	No	No	No	No
49002	Reopening of recent laparotomy		Incision	No	No	No	No
49010	Exploration, retroperitoneal area with or without biopsy(s) (separate procedure)		Excision	No	No	No	No
49013	Preperitoneal pelvic packing for hemorrhage associated with pelvic trauma, including local exploration		Insertion	Yes	Yes	Yes	No
49014	Re-exploration of pelvic wound with removal of preperitoneal pelvic packing, including repacking, when performed		Removal	Yes	Yes	Yes	No
49020	Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess, open		Incision/Drainage	No	No	No	No
49040	Drainage of subdiaphragmatic or subphrenic abscess, open		Incision/Drainage	No	No	No	No
49060	Drainage of retroperitoneal abscess, open		Incision/Drainage	No	No	No	No
49062	Drainage of extraperitoneal lymphocele to peritoneal cavity, open		Incision/Drainage	No	No	No	No
49082	Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance		Excision	No	No	No	No
49083	Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance		Excision	No	No	No	No
49084	Peritoneal lavage, including imaging guidance, when performed		Incision	No	No	No	No
49180	Biopsy, abdominal or retroperitoneal mass, percutaneous needle		Biopsy	No	No	No	No
49185	Sclerotherapy of a fluid collection (eg, lymphocele, cyst, or seroma), percutaneous, including contrast injection(s), sclerosant injection(s), diagnostic study, imaging guidance (eg, ultrasound, fluoroscopy) and radiological supervision and interpretation when performed		Excision	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
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
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
49215	Excision of presacral or sacrococcygeal tumor		Excision	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
49250	Umbilectomy, omphalectomy, excision of umbilicus (separate procedure)		Excision	No	No	No	No
49255	Omentectomy, epiploectomy, resection of omentum (separate procedure)		Resection	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
49320	Laparoscopy, abdomen, peritoneum, and omentum, Diagnostic/Screening, with or without collection of specimen(s) by brushing or washing (separate procedure)		Diagnostic/Screening	No	No	No	No
49321	Laparoscopy, surgical; with biopsy (single or multiple)		Biopsy	No	No	No	No
49322	Laparoscopy, surgical; with aspiration of cavity or cyst (eg, ovarian cyst) (single or multiple)		Aspiration	No	No	No	No
49323	Laparoscopy, surgical; with drainage of lymphocele to peritoneal cavity		Incision/Drainage	No	No	No	No
49324	Laparoscopy, surgical; with insertion of tunneled intraperitoneal catheter		Insertion	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
49326	Laparoscopy, surgical; with omentopexy (omental tacking procedure) (List separately in addition to code for primary procedure)		Excision	No	No	No	No
49327	Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), intra-abdominal, intrapelvic, and/or retroperitoneum, including imaging guidance, if performed, single or multiple (List separately in addition to code for primary procedure)		Placement	No	No	No	No
49329	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum		Unlisted Procedure	Yes	Yes	Yes	No
49400	Injection of air or contrast into peritoneal cavity (separate procedure)		Introduction	No	No	No	No
49402	Removal of peritoneal foreign body from peritoneal cavity		Removal	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
49406	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous		Removal	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
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
49412	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)		Placement	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
49419	Insertion of tunneled intraperitoneal catheter, with subcutaneous port (ie, totally implantable)		Insertion	No	No	No	No
49421	Insertion of tunneled intraperitoneal catheter for dialysis, open		Insertion	No	No	No	No
49422	Removal of tunneled intraperitoneal catheter		Removal	No	No	No	No
49423	Exchange of previously placed abscess or cyst drainage catheter under radiological guidance (separate procedure)		Excision	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
49425	Insertion of peritoneal-venous shunt		Insertion	No	No	No	No
49426	Revision of peritoneal-venous shunt		Revision	No	No	No	No
49427	Injection procedure (eg, contrast media) for evaluation of previously placed peritoneal-venous shunt		Excision	No	No	No	No
49428	Ligation of peritoneal-venous shunt		Ligation	No	No	No	No
49429	Removal of peritoneal-venous shunt		Removal	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
49436	Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catheter		Revision	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
49441	Insertion of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report		Insertion	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
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
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
49451	Replacement of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report		Replacement	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
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
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
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
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
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
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
49500	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; reducible		Hernia	No	No	No	No

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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
49505	Repair initial inguinal hernia, age 5 years or older; reducible		Hernia	No	No	No	No
49507	Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated		Hernia	No	No	No	No
49520	Repair recurrent inguinal hernia, any age; reducible		Hernia	No	No	No	No
49521	Repair recurrent inguinal hernia, any age; incarcerated or strangulated		Hernia	No	No	No	No
49525	Repair inguinal hernia, sliding, any age		Hernia	No	No	No	No
49540	Repair lumbar hernia		Hernia	No	No	No	No
49550	Repair initial femoral hernia, any age; reducible		Hernia	No	No	No	No
49553	Repair initial femoral hernia, any age; incarcerated or strangulated		Hernia	No	No	No	No
49555	Repair recurrent femoral hernia; reducible		Hernia	No	No	No	No
49557	Repair recurrent femoral hernia; incarcerated or strangulated		Hernia	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
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
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
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
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
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
49600	Repair of small omphalocele, with primary closure		Hernia	No	No	No	No
49605	Repair of large omphalocele or gastroschisis; with or without prosthesis		Hernia	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
49610	Repair of omphalocele (Gross type operation); first stage		Hernia	No	No	No	No
49611	Repair of omphalocele (Gross type operation); second stage		Hernia	No	No	No	No
49613	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian) any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible		Hernia	No	No	No	No
49614	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian) any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated		Hernia	No	No	No	No
49615	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian) any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible		Hernia	No	No	No	No
49616	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian) any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated		Hernia	No	No	No	No
49617	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian) any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible		Hernia	No	No	No	No
49618	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian) any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated		Hernia	No	No	No	No
49621	Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis when performed; reducible		Hernia	No	No	No	No
49622	Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis when performed; incarcerated or strangulated		Hernia	No	No	No	No
49623	Removal of total or near total non-infected mesh or other prosthesis at the time of initial or recurrent anterior abdominal hernia repair or parastomal hernia repair, any approach (ie, open, laparoscopic, robotic) (List separately in addition to code for primary procedure)		Hernia	No	No	No	No
49650	Laparoscopy, surgical; repair initial inguinal hernia		Hernia	No	No	No	No
49651	Laparoscopy, surgical; repair recurrent inguinal hernia		Hernia	No	No	No	No
49659	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy		Unlisted Procedure	Yes	Yes	Yes	No
49900	Suture, secondary, of abdominal wall for evisceration or dehiscence		Repair	No	No	No	No
49904	Omental flap, extra-abdominal (eg, for reconstruction of sternal and chest wall defects)		Flap	No	No	No	No
49905	Omental flap, intra-abdominal (List separately in addition to code for primary procedure)		Flap	No	No	No	No
49906	Free omental flap with microvascular anastomosis		Flap	No	No	No	No
49999	Unlisted procedure, abdomen, peritoneum and omentum		Unlisted Procedure	Yes	Yes	Yes	Yes

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50010	Renal exploration, not necessitating other specific procedures		Exploratory	No	No	No	No
50020	Drainage of perirenal or renal abscess, open		Incision/Drainage	No	No	No	No
50040	Nephrostomy, nephrotomy with drainage		Incision/Drainage	No	No	No	No
50045	Nephrotomy, with exploration		Incision	No	No	No	No
50060	Nephrolithotomy; removal of calculus		Removal	No	No	No	No
50065	Nephrolithotomy; secondary surgical operation for calculus		Incision	No	No	No	No
50070	Nephrolithotomy; complicated by congenital kidney abnormality		Incision	No	No	No	No
50075	Nephrolithotomy; removal of large staghorn calculus filling renal pelvis and calyces (including anatrophic pyelolithotomy)		Removal	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
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
50100	Transection or repositioning of aberrant renal vessels (separate procedure)		Reposition	No	No	No	No
50120	Pyelotomy; with exploration		Exploratory	No	No	No	No
50125	Pyelotomy; with drainage, pyelostomy		Incision/Drainage	No	No	No	No
50130	Pyelotomy; with removal of calculus (pyelolithotomy, pelviolithotomy, including coagulum pyelolithotomy)		Removal	No	No	No	No
50135	Pyelotomy; complicated (eg, secondary operation, congenital kidney abnormality)		Incision	No	No	No	No
50200	Renal biopsy; percutaneous, by trocar or needle		Biopsy	No	No	No	No
50205	Renal biopsy; by surgical exposure of kidney		Biopsy	No	No	No	No
50220	Nephrectomy, including partial ureterectomy, any open approach including rib resection		Excision	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
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
50234	Nephrectomy with total ureterectomy and bladder cuff; through same incision		Excision	No	No	No	No
50236	Nephrectomy with total ureterectomy and bladder cuff; through separate incision		Excision	No	No	No	No
50240	Nephrectomy, partney		Excision	No	No	No	No
50250	Ablation, open, 1 or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound guidance and monitoring, if performed		Ablation	Yes	Yes	No	No
50280	Excision or unroofing of cyst(s) of kidney		Excision	No	No	No	No
50290	Excision of perinephric cyst		Excision	No	No	No	No
50300	Donor nephrectomy (including cold preservation); from cadaver donor, unilateral or bilateral		Transplantation	No	No	No	No
50320	Donor nephrectomy (including cold preservation); open, from living donor		Transplantation	No	No	No	No
50323	Backbench standard preparation of cadaver donor renal allograft prior to transplantation, including dissection and removal of perinephric fat, diaphragmatic and retroperitoneal attachments, excision of adrenal gland, and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary		Transplantation	No	No	No	No
50325	Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, including dissection and removal of perinephric fat and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary		Transplantation	No	No	No	No
50327	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each		Transplantation	No	No	No	No
50328	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each		Transplantation	No	No	No	No
50329	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each		Transplantation	No	No	No	No
50340	Recipient nephrectomy (separate procedure)		Transplantation	Yes	Yes	Yes	Yes
50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy		Transplantation	Yes	Yes	Yes	Yes
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy		Transplantation	Yes	Yes	Yes	Yes
50370	Removal of transplanted renal allograft		Transplantation	Yes	Yes	Yes	Yes
50380	Renal autotransplantation, reimplantation of kidney		Transplantation	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
50384	Removal (via snare/capture) of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation		Removal	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
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
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
50389	Removal of nephrostomy tube, requiring fluoroscopic guidance (eg, with concurrent indwelling ureteral stent)		Removal	No	No	No	No
50390	Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous		Aspiration	No	No	No	No
50391	Instillation(s) of therapeutic agent into renal pelvis and/or ureter through established nephrostomy, pyelostomy or ureterostomy tube (eg, anticarcinogenic or antifungal agent)		Introduction	No	No	No	No
50396	Manometric studies through nephrostomy or pyelostomy tube, or indwelling ureteral catheter		Study	No	No	No	No
50400	Pyeloplasty (Foley 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
50405	Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; complicated (congenital kidney abnormality, secondary pyeloplasty, solitary kidney, calycoplasty)		Repair	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
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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
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
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
50434	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract		Revision	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
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
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, use 52334. ****For endoscopic surgery, see 50551-50561.	Dilation	No	No	No	No
50500	Nephrorrhaphy, suture of kidney wound or injury		Fixation	No	No	No	No
50520	Closure of nephrocutaneous or pyelocutaneous fistula		Closure	No	No	No	No
50525	Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; abdominal approach		Closure	No	No	No	No
50526	Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; thoracic approach		Closure	No	No	No	No
50540	Symphysiotomy for horseshoe kidney with or without pyeloplasty and/or other plastic procedure, unilateral or bilateral (1 operation)		REvision	No	No	No	No
50541	Laparoscopy, surgical; ablation of renal cysts		Ablation	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
50543	Laparoscopy, surgical; partial nephrectomy		Laparoscopy	No	No	No	No
50544	Laparoscopy, surgical; pyeloplasty		Laparoscopy	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
50546	Laparoscopy, surgical; nephrectomy, including partial ureterectomy		Laparoscopy	No	No	No	No
50547	Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor		Laparoscopy	No	No	No	No
50548	Laparoscopy, surgical; nephrectomy with total ureterectomy		Laparoscopy	No	No	No	No
50549	Unlisted Procedure laparoscopy procedure, renal		Unlisted Procedure	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
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
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
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
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
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
50570	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service		Endoscopy (EGD)	No	No	No	No
50572	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter		Catherization	No	No	No	No
50574	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy		Biopsy	No	No	No	No
50575	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with endopyelotomy (includes cystoscopy, ureteroscopy, dilation of ureter and ureteral pelvic junction, incision of ureteral pelvic junction and insertion of endopyelotomy stent)		Stent	No	No	No	No
50576	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy		Fulguration	No	No	No	No
50580	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus		Removal	No	No	No	No
50590	Lithotripsy, extracorporeal shock wave		Destruction	No	No	No	No
50592	Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency		Ablation	No	No	No	No
50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy		Ablation	No	No	No	No
50600	Ureterotomy with exploration or drainage (separate procedure)		Exploratory	No	No	No	No
50605	Ureterotomy for insertion of indwelling stent, all types		Insertion	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
50610	Ureterolithotomy; upper one-third of ureter		Removal	No	No	No	No
50620	Ureterolithotomy; middle one-third of ureter		Removal	No	No	No	No
50630	Ureterolithotomy; lower one-third of ureter		Removal	No	No	No	No
50650	Ureterectomy, with bladder cuff (separate procedure)		Removal	No	No	No	No
50660	Ureterectomy, total, ectopic ureter, combination abdominal, vaginal and/or perineal approach		Removal	No	No	No	No
50684	Injection procedure for ureterography or ureteropyelography through ureterostomy or indwelling ureteral catheter		Imaging	No	No	No	No
50686	Manometric studies through ureterostomy or indwelling ureteral catheter		Study	No	No	No	No
50688	Change of ureterostomy tube or externally accessible ureteral stent via ileal conduit		Revision	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
50690	Injection procedure for visualization of ileal conduit and/or ureteropyelography, exclusive of radiologic service		Imaging	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
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
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
50700	Ureteroplasty, plastic operation on ureter (eg, stricture)		Revision	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
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
50715	Ureterolysis, with or without repositioning of ureter for retroperitoneal fibrosis		Repair	No	No	No	No
50722	Ureterolysis for ovarian vein syndrome		Repair	No	No	No	No
50725	Ureterolysis for retrocaval ureter, with reanastomosis of upper urinary tract or vena cava		Repair	No	No	No	No
50727	Revision of urinary-cutaneous anastomosis (any type urostomy)		Revision	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
50740	Ureteropyelostomy, anastomosis of ureter and renal pelvis		Repair	No	No	No	No
50750	Ureterocalycostomy, anastomosis of ureter to renal cayx		Repair	No	No	No	No
50760	Ureteroureterostomy		Repair	No	No	No	No
50770	Transureteroureterostomy, anastomosis of ureter to contralateral ureter		Repair	No	No	No	No
50780	Ureteroneocystostomy; anastomosis of single ureter to bladder		Repair	No	No	No	No
50782	Ureteroneocystostomy; anastomosis of duplicated ureter to bladder		Repair	No	No	No	No
50783	Ureteroneocystostomy; with extensive ureteral tailoring		Repair	No	No	No	No
50785	Ureteroneocystostomy; with vesico-psoas hitch or bladder flap		Flap	No	No	No	No
50800	Ureteroenterostomy, direct anastomosis of ureter to intestine		Repair	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
50815	Ureterocolon conduit, including intestine anastomosis		Repair	No	No	No	No
50820	Ureteroileal conduit (ileal bladder), including intestine anastomosis (Bricker operation)		Repair	No	No	No	No
50825	Continent diversion, including intestine anastomosis using any segment of small and/or large intestine (Kock pouch or Camey enterocystoplasty)		Repair	No	No	No	No
50830	Urinary undiversion (eg, taking down of ureteroileal conduit, ureterosigmoidostomy or ureteroenterostomy with ureteroureterostomy or ureteroneocystostomy)		Repair	No	No	No	No
50840	Replacement of all or part of ureter by intestine segment, including intestine anastomosis		Replacement	No	No	No	No
50845	Cutaneous appendico-vesicostomy		Repair	No	No	No	No
50860	Ureterostomy, transplantation of ureter to skin		Transplantation	Yes	Yes	Yes	Yes
50900	Ureterorrhaphy, suture of ureter (separate procedure)		Repair	No	No	No	No
50920	Closure of ureterocutaneous fistula		Closure	No	No	No	No
50930	Closure of ureterovisceral fistula (including visceral repair)		Closure	No	No	No	No
50940	Deligation of ureter		Repair	No	No	No	No
50945	Laparoscopy, surgical; ureterolithotomy		Laparoscopy	No	No	No	No
50947	Laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteral stent placement		Placement	No	No	No	No
50948	Laparoscopy, surgical; ureteroneocystostomy without cystoscopy and ureteral stent placement		Laparoscopy	No	No	No	No
50949	Unlisted Procedure laparoscopy procedure, ureter		Unlisted Procedure	Yes	Yes	Yes	No
50951	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service		Endoscopy (EGD)	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
50955	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy		Biopsy	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
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
50970	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service		Endoscopy (EGD)	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
50974	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy		Biopsy	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
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
51020	Cystotomy or cystostomy; with fulguration and/or insertion of radioactive materney		Fulguration	No	No	No	No
51030	Cystotomy or cystostomy; with cryosurgical destruction of intravesical lesion		Incision	No	No	No	No
51040	Cystostomy, cystotomy with drainage		Incision/Drainage	No	No	No	No
51045	Cystotomy, with insertion of ureteral catheter or stent (separate procedure)		Insertion	No	No	No	No
51050	Cystolithotomy, cystotomy with removal of calculus, without vesical neck resection		Removal	No	No	No	No
51060	Transvesical ureterolithotomy		Incision	No	No	No	No
51065	Cystotomy, with calculus basket extraction and/or ultrasonic or electrohydraulic fragmentation of ureteral calculus		Incision	No	No	No	No
51080	Drainage of perivesical or prevesical space abscess		Incision/Drainage	No	No	No	No
51100	Aspiration of bladder; by needle		Aspiration	No	No	No	No
51101	Aspiration of bladder; by trocar or intracatheter		Aspiration	No	No	No	No
51102	Aspiration of bladder; with insertion of suprapubic catheter		Aspiration	No	No	No	No

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51500	Excision of urachal cyst or sinus, with or without umbilical hernia repair		Excision	No	No	No	No
51520	Cystotomy; for simple excision of vesical neck (separate procedure)		Excision	No	No	No	No
51525	Cystotomy; for excision of bladder diverticulum, single or multiple (separate procedure)		Excision	No	No	No	No
51530	Cystotomy; for excision of bladder tumor		Excision	No	No	No	No
51535	Cystotomy for excision, incision, or repair of ureterocele		Excision	No	No	No	No
51550	Cystectomy, partial; simple		Excision	No	No	No	No
51555	Cystectomy, partial; complicated (eg, postradiation, previous surgery, difficult location)		Excision	No	No	No	No
51565	Cystectomy, partial, with reimplantation of ureter(s) into bladder (ureteroneocystostomy)		Reimplantation	No	No	No	No
51570	Cystectomy, complete; (separate procedure)		Excision	No	No	No	No
51575	Cystectomy, complete; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes		Excision	No	No	No	No
51580	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations		Transplantation	Yes	Yes	Yes	Yes
51585	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes		Excision	No	No	No	No
51590	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis		Excision	No	No	No	No
51595	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes		Excision	No	No	No	No
51596	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
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
51600	Injection procedure for cystography or voiding urethrocystography		Imaging	No	No	No	No
51605	Injection procedure and placement of chain for contrast and/or chain urethrocystography		Imaging	No	No	No	No
51610	Injection procedure for retrograde urethrocystography		Imaging	No	No	No	No
51700	Bladder irrigation, simple, lavage and/or instillation		Introduction	No	No	No	No
51701	Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)		Introduction	No	No	No	No
51702	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)		Introduction	No	No	No	No
51703	Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)		Introduction	No	No	No	No
51705	Change of cystostomy tube; simple		Replacement	No	No	No	No
51710	Change of cystostomy tube; complicated		Replacement	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
51720	Bladder instillation of anticarcinogenic agent (including retention time)		Introduction	No	No	No	No
51725	Simple cystometrogram (CMG) (eg, spinal manometer)		Study	No	No	No	No
51726	Complex cystometrogram (ie, calibrated electronic equipment);		Study	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
51728	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique		Study	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
51736	Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)		Study	No	No	No	No
51741	Complex uroflowmetry (eg, calibrated electronic equipment)		Study	No	No	No	No
51784	Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique		Study	No	No	No	No
51785	Needle electromyography studies (EMG) of anal or urethral sphincter, any technique		Study	No	No	No	No
51792	Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)		Study	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
51798	Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging		Monitoring	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
51820	Cystourethroplasty with unilateral or bilateral ureteroneocystostomy		Repair	No	No	No	No
51840	Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); simple		Repair	No	No	No	No
51841	Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); complicated (eg, secondary repair)		Repair	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
51860	Cystorrhaphy, suture of bladder wound, injury or rupture; simple		Repair	No	No	No	No
51865	Cystorrhaphy, suture of bladder wound, injury or rupture; complicated		Repair	No	No	No	No
51880	Closure of cystostomy (separate procedure)		Closure	No	No	No	No
51900	Closure of vesicovaginal fistula, abdominal approach		Closure	No	No	No	No
51920	Closure of vesicouterine fistula		Closure	No	No	No	No
51925	Closure of vesicouterine fistula; with hysterectomy		Closure	No	No	No	No
51940	Closure, exstrophy of bladder		Closure	No	No	No	No
51960	Enterocystoplasty, including intestinal anastomosis		Repair	No	No	No	No
51980	Cutaneous vesicostomy		Repair	No	No	No	No
51990	Laparoscopy, surgical; urethral suspension for stress incontinence		Laparoscopy	No	No	No	No
51992	Laparoscopy, surgical; sling operation for stress incontinence (eg, fascia or synthetic)		Laparoscopy	No	No	No	No
51999	Unlisted Procedure laparoscopy procedure, bladder		Unlisted Procedure	Yes	Yes	Yes	No
52000	Cystourethroscopy (separate procedure)		Endoscopy (EGD)	No	No	No	No
52001	Cystourethroscopy with irrigation and evacuation of multiple obstructing clots		Endoscopy (EGD)	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
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
52010	Cystourethroscopy, with ejaculatory duct catheterization, with or without irrigation, instillation, or duct radiography, exclusive of radiologic service		Endoscopy (EGD)	No	No	No	No
52204	Cystourethroscopy, with biopsy(s)		Biopsy	No	No	No	No
52214	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands		Fulguration	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
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
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

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52240	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)		Fulguration	No	No	No	No
52250	Cystourethroscopy with insertion of radioactive substance, with or without biopsy or fulguration		Insertion	No	No	No	No
52260	Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia		Dilation	No	No	No	No
52265	Cystourethroscopy, with dilation of bladder for interstitial cystitis; local anesthesia		Dilation	No	No	No	No
52270	Cystourethroscopy, with internal urethrotomy; female		Endoscopy (EGD)	No	No	No	No
52275	Cystourethroscopy, with internal urethrotomy; male		Endoscopy (EGD)	No	No	No	No
52276	Cystourethroscopy with direct vision internal urethrotomy		Endoscopy (EGD)	No	No	No	No
52277	Cystourethroscopy, with resection of external sphincter (sphincterotomy)		Resection	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
52282	Cystourethroscopy, with insertion of permanent urethral stent		Insertion	No	No	No	No
52283	Cystourethroscopy, with steroid injection into stricture		Endoscopy (EGD)	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		Endoscopy	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/ortrigone		Endoscopy (EGD)	No	No	No	No
52287	Cystourethroscopy, with injection(s) for chemodenervation of the bladder		Introduction	No	No	No	No
52290	Cystourethroscopy; with ureteral meatotomy, unilateral or bilateral		Endoscopy (EGD)	No	No	No	No
52300	Cystourethroscopy; with resection or fulguration of orthotopic ureterocele(s), unilateral or bilateral		Resection	No	No	No	No
52301	Cystourethroscopy; with resection or fulguration of ectopic ureterocele(s), unilateral or bilateral		Resection	No	No	No	No
52305	Cystourethroscopy; with incision or resection of orifice of bladder diverticulum, single or multiple		Resection	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
52315	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated		Removal	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
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
52320	Cystourethroscopy (including ureteral catheterization); with removal of ureteral calculus		Removal	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
52327	Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material		Introduction	No	No	No	No
52330	Cystourethroscopy (including ureteral catheterization); with manipulation, without removal of ureteral calculus		Manipulation	No	No	No	No
52332	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)		Insertion	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
52341	Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)		Balloon Catheter	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
52343	Cystourethroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)		Balloon Catheter	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
52345	Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)		Balloon Catheter	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
52351	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; Diagnostic/Screening		Diagnostic/Screening	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
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)		Endoscopy (EGD)	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
52355	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor		Resection	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
52400	Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds		Resection	No	No	No	No
52402	Cystourethroscopy with transurethral resection or incision of ejaculatory ducts		Resection	No	No	No	No
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant		Insertion	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
52450	Transurethral incision of prostate		Incision	No	No	No	No
52500	Transurethral resection of bladder neck (separate procedure)		Resection	No	No	No	No
52601	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)Yes		Resection	Yes	Yes	No	No
52630	Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)		Resection	Yes	Yes	No	No
52640	Transurethral resection; of postoperative bladder neck contracture		Resection	Yes	Yes	No	No
52647	Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included if performed)		Resection	Yes	Yes	No	No
52648	Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)		Resection	Yes	Yes	No	No

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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
52700	Transurethral drainage of prostatic abscess		Incision/Drainage	No	No	No	No
53000	Urethrotomy or urethrostomy, external (separate procedure); pendulous urethra		Incision	No	No	No	No
53010	Urethrotomy or urethrostomy, external (separate procedure); perineal urethra, external		Incision	No	No	No	No
53020	Meatotomy, cutting of meatus (separate procedure); except infant		Incision	No	No	No	No
53025	Meatotomy, cutting of meatus (separate procedure); infant		Incision	No	No	No	No
53040	Drainage of deep periurethral abscess		Incision/Drainage	No	No	No	No
53060	Drainage of Skene's gland abscess or cyst		Incision/Drainage	No	No	No	No
53080	Drainage of perineal urinary extravasation; uncomplicated (separate procedure)		Incision/Drainage	No	No	No	No
53085	Drainage of perineal urinary extravasation; complicated		Incision/Drainage	No	No	No	No
53200	Biopsy of urethra		Biopsy	No	No	No	No
53210	Urethrectomy, total, including cystostomy; female		Excision	No	No	No	No
53215	Urethrectomy, total, including cystostomy; male		Excision	No	No	No	No
53220	Excision or fulguration of carcinoma of urethra		Excision	No	No	No	No
53230	Excision of urethral diverticulum (separate procedure); female		Excision	No	No	No	No
53235	Excision of urethral diverticulum (separate procedure); male		Excision	No	No	No	No
53240	Marsupialization of urethral diverticulum, male or female		Excision	No	No	No	No
53250	Excision of bulbourethral gland (Cowper's gland)		Excision	No	No	No	No
53260	Excision or fulguration; urethral polyp(s), distal urethra		Fulguration	No	No	No	No
53265	Excision or fulguration; urethral caruncle		Fulguration	No	No	No	No
53270	Excision or fulguration; Skene's glands		Fulguration	No	No	No	No
53275	Excision or fulguration; urethral prolapse		Fulguration	No	No	No	No
53400	Urethroplasty; first stage, for fistula, diverticulum, or stricture (eg, Johannsen type)		Repair	No	No	No	No
53405	Urethroplasty; second stage (formation of urethra), including urinary diversion		Repair	No	No	No	No
53410	Urethroplasty, 1-stage reconstruction of male anterior urethra		Repair	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
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
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
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
53431	Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence (eg, Tenago, Leadbetter procedure)		Repair	No	No	Yes	No
53440	Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)		Repair	No	No	No	No
53442	Removal or revision of sling for male urinary incontinence (eg, fascia or synthetic)		Removal	No	No	No	No
53444	Insertion of tandem cuff (dual cuff)		Insertion	No	No	No	No
53445	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff		Insertion	No	No	No	No
53446	Removal of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff		Removal	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
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
53449	Repair of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff		Repair	No	No	No	No
53450	Urethromeatoplasty, with mucosal advancement		Repair	No	No	No	No
53451	**Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance**		Balloon Catheter	No	No	No	No
53452	**Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance**		Balloon Catheter	No	No	No	No
53453	**Periurethral transperineal adjustable balloon continence device; removal, each balloon**		Balloon Catheter	No	No	No	No
53454	**Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume**		Balloon Catheter	Yes	Yes	Yes	No
53460	Urethromeatoplasty, with partial excision of distal urethral segment (Richardson type procedure)		Repair	No	No	No	No
53500	Urethrolysis, transvaginal, secondary, open, including cystourethroscopy (eg, postsurgical obstruction, scarring)		Repair	No	No	No	No
53502	Urethrorrhaphy, suture of urethral wound or injury, female		Repair	No	No	No	No
53505	Urethrorrhaphy, suture of urethral wound or injury; penile		Repair	No	No	No	No
53510	Urethrorrhaphy, suture of urethral wound or injury; perineal		Repair	No	No	No	No
53515	Urethrorrhaphy, suture of urethral wound or injury; prostatomembranous		Repair	No	No	No	No
53520	Closure of urethrostomy or urethrocutaneous fistula, male (separate procedure)		Repair	No	No	No	No
53600	Dilation of urethral stricture by passage of sound or urethral dilator, male; initial		Dilation	No	No	No	No
53601	Dilation of urethral stricture by passage of sound or urethral dilator, male; subsequent		Dilation	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
53620	Dilation of urethral stricture by passage of filiform and follower, male; initial		Dilation	No	No	No	No
53621	Dilation of urethral stricture by passage of filiform and follower, male; subsequent		Dilation	No	No	No	No
53660	Dilation of female urethra including suppository and/or instillation; initial		Dilation	No	No	No	No
53661	Dilation of female urethra including suppository and/or instillation; subsequent		Dilation	No	No	No	No
53665	Dilation of female urethra, general or conduction (spinal) anesthesia		Dilation	No	No	No	No
53850	Transurethral destruction of prostate tissue; by microwave thermotherapy		Destruction	No	No	No	No
53852	Transurethral destruction of prostate tissue; by radiofrequency thermotherapy		Destruction	No	No	No	No
53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy		Destruction	No	No	No	No
53855	Insertion of a temporary prostatic urethral stent, including urethral measurement		Insertion	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
53899	Unlisted Procedure procedure, urinary system		Unlisted Procedure	Yes	Yes	No	No
54000	Slitting of prepuce, dorsal or lateral (separate procedure); newborn		Incision	No	No	No	No
54001	Slitting of prepuce, dorsal or lateral (separate procedure); except newborn		Incision	No	No	No	No
54015	Incision and drainage of penis, deep		Incision	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
54050	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical		Destruction	No	No	No	No
54055	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation		Destruction	No	No	No	No
54056	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery		Destruction	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
54060	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision		Destruction	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
54100	Biopsy of penis; (separate procedure)		Biopsy	No	No	No	No
54105	Biopsy of penis; deep structures		Biopsy	No	No	No	No
54110	Excision of penile plaque (Peyronie disease)		Excision	No	No	No	No
54111	Excision of penile plaque (Peyronie disease); with graft to 5 cm in length		Excision	No	No	No	No
54112	Excision of penile plaque (Peyronie disease); with graft greater than 5 cm in length		Excision	No	No	No	No
54115	Removal foreign body from deep penile tissue (eg, plastic implant)		Removal	No	No	No	No
54120	Amputation of penis; partial		Amputation	Yes	Yes	No	No
54125	Amputation of penis; complete		Amputation	Yes	Yes	Yes	Yes
54130	Amputation of penis, radical; with bilateral inguinofemoral lymphadenectomy		Amputation	Yes	Yes	No	No
54135	Amputation of penis, radical; in continuity with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes		Amputation	Yes	Yes	No	No
54150	Circumcision, using clamp or other device with regional dorsal penile or ring block		Excision	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
54161	Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age		Excision	No	No	No	No
54162	Lysis or excision of penile post-circumcision adhesions		Excision	No	No	No	No
54163	Repair incomplete circumcision		Repair	No	No	No	No
54164	Frenulotomy of penis		Revision	No	No	No	No
54200	Injection procedure for Peyronie disease;		Introduction	No	No	No	No
54205	Injection procedure for Peyronie disease; with surgical exposure of plaque1		Introduction	No	No	No	No
54220	Irrigation of corpora cavernosa for priapism		Introduction	No	No	No	No
54230	Injection procedure for corpora cavernosography		Introduction	No	No	No	No
54231	Dynamic cavernosometry, including intracavernosal injection of vasoactive drugs (eg, papaverine, phentolamine)		Introduction	No	No	No	No
54235	Injection of corpora cavernosa with pharmacologic agent(s) (eg, papaverine, phentolamine)		Introduction	No	No	No	No
54240	Penile plethysmography		Introduction	No	No	No	No
54250	Nocturnal penile tumescence and/or rigidity test		Introduction	No	No	No	No
54300	Plastic operation of penis for straightening of chordee (eg, hypospadias), with or without mobilization of urethra		Repair	No	No	No	No
54304	Plastic operation on penis for correction of chordee or for first stage hypospadias repair with or without transplantation of prepuce and/or skin flaps		Repair	No	No	No	No
54308	Urethroplasty for second stage hypospadias repair (including urinary diversion); less than 3 cm		Repair	No	No	No	No
54312	Urethroplasty for second stage hypospadias repair (including urinary diversion); greater than 3 cm		Repair	No	No	No	No
54316	Urethroplasty for second stage hypospadias repair (including urinary diversion) with free skin graft obtained from site other than genitalia		Repair	No	No	No	No
54318	Urethroplasty for third stage hypospadias repair to release penis from scrotum (eg, third stage Cecil repair)		Repair	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
54324	1-stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps (eg, flip-flap, prepucial flap)		Repair	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
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
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
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
54340	Repair of hypospadias complication(s) (ie, fistula, stricture, diverticula); by closure, incision, or excision, simple		Repair	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
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
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
54360	Plastic operation on penis to correct angulation		Revision	Yes	Yes	No	No
54380	Plastic operation on penis for epispadias distal to external sphincter		Repair	No	No	No	No
54385	Plastic operation on penis for epispadias distal to external sphincter; with incontinence		Repair	No	No	No	No
54390	Plastic operation on penis for epispadias distal to external sphincter; with exstrophy of bladder		Repair	No	No	No	No
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)		Insertion	Yes	Yes	Yes	Yes
54401	Insertion of penile prosthesis; inflatable (self-contained)		Insertion	Yes	Yes	Yes	Yes
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir		Insertion	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
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis		Repair	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
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
54415	Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis		Removal	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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
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
54420	Corpora cavernosa-saphenous vein shunt (priapism operation), unilateral or bilateral		Shunt	No	No	No	No
54430	Corpora cavernosa-corpus spongiosum shunt (priapism operation), unilateral or bilateral		Shunt	No	No	No	No
54435	Corpora cavernosa-glans penis fistulization (eg, biopsy needle, Winter procedure, rongeur, or punch) for priapism		Repair	No	No	No	No
54437	Repair of traumatic corporeal tear(s)		Repair	No	No	No	No
54438	Replantation, penis, complete amputation including urethral repair		Replantation	No	No	No	No
54440	Plastic operation of penis for injury		Repair	No	No	No	No
54450	Foreskin manipulation including lysis of preputial adhesions and stretching		Manipulation	No	No	No	No
54500	Biopsy of testis, needle (separate procedure)		Biopsy	No	No	No	No
54505	Biopsy of testis, incisional (separate procedure)		Biopsy	No	No	No	No
54512	Excision of extraparenchymal lesion of testis		Excision	No	No	No	No
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach		Excision	Yes	Yes	Yes	Yes
54522	Orchiectomy, partney		Excision	No	No	Yes	No
54530	Orchiectomy, radical, for tumor; inguinal approach		Excision	No	No	Yes	No
54535	Orchiectomy, radical, for tumor; with abdominal exploration		Excision	No	No	Yes	No
54550	Exploration for undescended testis (inguinal or scrotal area)		Exploratory	No	No	No	No
54560	Exploration for undescended testis with abdominal exploration		Exploratory	No	No	No	No
54600	Reduction of torsion of testis, surgical, with or without fixation of contralateral testis		Reduction	No	No	No	No
54620	Fixation of contralateral testis (separate procedure)		Fixation	No	No	No	No
54640	Orchiopexy, inguinal approach, with or without hernia repair		Repair	No	No	No	Yes
54650	Orchiopexy, abdominal approach, for intra-abdominal testis (eg, Fowler-Stephens)		Repair	No	No	No	No
54660	Insertion of testicular prosthesis (separate procedure)		Insertion	Yes	Yes	Yes	Yes
54670	Suture or repair of testicular injury		Repair	No	No	No	No
54680	Transplantation of testis(es) to thigh (because of scrotal destruction)		Transplantation	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
54692	Laparoscopy, surgical; orchiopexy for intra-abdominal testis		Laparoscopy	No	No	Yes	No
54699	Unlisted Procedure laparoscopy procedure, testis		Unlisted Procedure	No	No	Yes	No
54700	Incision and drainage of epididymis, testis and/or scrotal space (eg, abscess or hematoma)		Incision/Drainage	No	No	No	No
54800	Biopsy of epididymis, needle		Biopsy	No	No	No	No
54830	Excision of local lesion of epididymis		Excision	No	No	No	No
54840	Excision of spermatocele, with or without epididymectomy		Excision	No	No	No	No
54860	Epididymectomy; unilateral		Excision	No	No	No	No
54861	Epididymectomy; bilateral		Excision	No	No	No	No
54865	Exploration of epididymis, with or without biopsy		Exploratory	No	No	No	No
54900	Epididymovasostomy, anastomosis of epididymis to vas deferens; unilateral		Repair	No	No	No	No
54901	Epididymovasostomy, anastomosis of epididymis to vas deferens; bilateral		Repair	No	No	No	No
55000	Puncture aspiration of hydrocele, tunica vaginalis, with or without injection of medication		Incision	No	No	No	No
55040	Excision of hydrocele; unilateral		Excision	No	No	No	No
55041	Excision of hydrocele; bilateral		Excision	No	No	No	No
55060	Repair of tunica vaginalis hydrocele (Bottle type)		Repair	No	No	No	No
55100	Drainage of scrotal wall abscess		Incision/Drainage	No	No	No	No
55110	Scrotal exploration		Exploratory	No	No	No	No
55120	Removal of foreign body in scrotum		Removal	No	No	No	No
55150	Resection of scrotum		Resection	Yes	Yes	No	No
55175	Scrotoplasty; simple		Repair	Yes	Yes	Yes	Yes
55180	Scrotoplasty; complicated		Repair	Yes	Yes	Yes	Yes
55200	Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure)		Incision	No	No	No	No
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)		Excision	No	No	No	No
55300	Vasotomy for vasograms, seminal vesiculograms, or epididymograms, unilateral or bilateral		Introduction	No	No	No	No
55400	Vasovasostomy, vasovasorrhaphy		Repair	No	No	No	No
55500	Excision of hydrocele of spermatic cord, unilateral (separate procedure)		Excision	No	No	No	No
55520	Excision of lesion of spermatic cord (separate procedure)		Excision	No	No	No	No
55530	Excision of varicocele or ligation of spermatic veins for varicocele; (separate procedure)		Excision	No	No	No	No
55535	Excision of varicocele or ligation of spermatic veins for varicocele; abdominal approach		Excision	No	No	No	No
55540	Excision of varicocele or ligation of spermatic veins for varicocele; with hernia repair		Excision	No	No	No	No
55550	Laparoscopy, surgical, with ligation of spermatic veins for varicocele		Laparoscopy	No	No	No	No
55559	Unlisted Procedure laparoscopy procedure, spermatic cord		Unlisted Procedure	Yes	Yes	Yes	Yes
55600	Vesiculotomy		Incision	No	No	No	No
55605	Vesiculotomy; complicated		Incision	No	No	No	No
55650	Vesiculectomy, any approach		Excision	No	No	No	No
55680	Excision of Mullerian duct cyst		Excision	No	No	No	No
55700	Biopsy, prostate; needle or punch, single or multiple, any approach		Biopsy	No	No	No	No
55705	Biopsy, prostate; incisional, any approach		Biopsy	No	No	No	No
55706	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance		Biopsy	No	No	No	No
55720	Prostatotomy, external drainage of prostatic abscess, any approach; simple		Incision	No	No	No	No
55725	Prostatotomy, external drainage of prostatic abscess, any approach; complicated		Incision	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
55810	Prostatectomy, perineal radical		Excision	No	No	No	No
55812	Prostatectomy, perineal radical; with lymph node biopsy(s) (limited pelvic lymphadenectomy)		Excision	No	No	No	No
55815	Prostatectomy, perineal radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes		Excision	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
55831	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); retropubic, subtotal		Excision	No	No	No	No
55840	Prostatectomy, retropubic radical, with or without nerve sparing		Excision	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
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
55860	Exposure of prostate, any approach, for insertion of radioactive substance		Excision	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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
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
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
55867	Laparoscopy, surgical prostatectomy, simple subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urthral calibration and/or dilation, and internal urethrotomy), includes robotic assistance, when performed		Laparoscopy	No	No	No	No
55870	Electroejaculation		Other Procedure	No	No	No	Yes
55873	Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)0		Ablation	No	No	No	No
55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed		Placement	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
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
55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance		Ablation	No	No	No	No
55899	Unlisted Procedure procedure, male genital system		Unlisted Procedure	Yes	Yes	Yes	No
55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application		Placement	No	No	No	No
55970	Intersex surgery; male to female		Other Procedure	Yes	Yes	Yes	Yes
55980	Intersex surgery; female to male		Other Procedure	Yes	Yes	Yes	Yes
56405	Incision and drainage of vulva or perineal abscess		Incision/Drainage	No	No	No	No
56420	Incision and drainage of Bartholin's gland abscess		Incision/Drainage	No	No	No	No
56440	Marsupialization of Bartholin's gland cyst		Incision	No	No	No	No
56441	Lysis of labial adhesions		Incision	No	No	No	No
56442	Hymenotomy, simple incision		Incision	No	No	No	No
56501	Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)		Destruction	No	No	No	No
56515	Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)		Destruction	No	No	No	No
56605	Biopsy of vulva or perineum (separate procedure); 1 lesion		Biopsy	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
56620	Vulvectomy simple; partney		Excision	Yes	Yes	Yes	No
56625	Vulvectomy simple; complete		Excision	Yes	Yes	Yes	Yes
56630	Vulvectomy, radical, partial		Excision	No	No	Yes	No
56631	Vulvectomy, radical, partial; with unilateral inguinofemoral lymphadenectomy		Excision	No	No	No	No
56632	Vulvectomy, radical, partial; with bilateral inguinofemoral lymphadenectomy		Excision	No	No	No	No
56633	Vulvectomy, radical, complete		Excision	No	No	No	No
56634	Vulvectomy, radical, complete; with unilateral inguinofemoral lymphadenectomy		Excision	No	No	No	No
56637	Vulvectomy, radical, complete; with bilateral inguinofemoral lymphadenectomy		Excision	No	No	No	No
56640	Vulvectomy, radical, complete, with inguinofemoral, iliac, and pelvic lymphadenectomy		Excision	No	No	No	No
56700	Partial hymenectomy or revision of hymenal ring		Revision	No	No	No	No
56740	Excision of Bartholin's gland or cyst		Excision	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
56805	Clitoroplasty for intersex state		Repair	Yes	Yes	Yes	Yes
56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)		Repair	No	No	No	Yes
56820	Colposcopy of the vulva;		Endoscopy (EGD)	No	No	No	No
56821	Colposcopy of the vulva; with biopsy(s)		Endoscopy (EGD)	No	No	No	No
57000	Colpotomy; with exploration		Exploratory	No	No	No	No
57010	Colpotomy; with drainage of pelvic abscess		Incision/Drainage	No	No	No	No
57020	Colpocentesis (separate procedure)		Incision	No	No	No	No
57022	Incision and drainage of vaginal hematoma; obstetrical/postpartum		Incision	No	No	No	No
57023	Incision and drainage of vaginal hematoma; non-obstetrical (eg, post-trauma, spontaneous bleeding)		Incision	No	No	No	No
57061	Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)		Destruction	No	No	No	No
57065	Destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)		Destruction	No	No	No	No
57100	Biopsy of vaginal mucosa; simple (separate procedure)		Biopsy	No	No	No	No
57105	Biopsy of vaginal mucosa; extensive, requiring suture (including cysts)		Biopsy	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
57107	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)		Removal	No	No	Yes	Yes
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
57110	Vaginectomy, complete removal of vaginal wall		Removal	Yes	Yes	Yes	Yes
57111	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)		Removal	Yes	Yes	Yes	Yes
57120	Colpocleisis (Le Fort type)		Excision	No	No	No	No
57130	Excision of vaginal septum		Excision	No	No	No	No
57135	Excision of vaginal cyst or tumor		Excision	No	No	No	No
57150	Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease		Introduction	No	No	No	No
57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy		Insertion	No	No	No	No
57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy		Insertion	No	No	No	No
57160	Fitting and insertion of pessary or other intravaginal support device		Insertion	No	No	No	No
57170	Diaphragm or cervical cap fitting with instructions		Introduction	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
57200	Colporrhaphy, suture of injury of vagina (nonobstetrical)		Repair	No	No	No	No
57210	Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical)		Repair	No	No	No	No
57220	Plastic operation on urethral sphincter, vaginal approach (eg, Kelly urethral plication)		Repair	No	No	No	No
57230	Plastic repair of urethrocele		Repair	No	No	No	No
57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele		Repair	No	No	No	No
57250	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy		Repair	No	No	No	No
57260	Combined anteroposterior colporrhaphy		Repair	No	No	No	No
57265	Combined anteroposterior colporrhaphy; with enterocele repair		Repair	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
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
57268	Repair of enterocele, vaginal approach (separate procedure)		Repair	No	No	No	No
57270	Repair of enterocele, abdominal approach (separate procedure)		Repair	No	No	No	No
57280	Colpopexy, abdominal approach		Repair	No	No	No	No
57282	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)		Repair	No	No	No	No
57283	Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)		Repair	No	No	No	No
57284	Paravaginal defect repair (including repair of cystocele, if performed); open abdominal approach		Repair	No	No	No	No
57285	Paravaginal defect repair (including repair of cystocele, if performed); vaginal approach		Repair	No	No	No	No
57287	Removal or revision of sling for stress incontinence (eg, fascia or synthetic)		Revision	No	No	No	No
57288	Sling operation for stress incontinence (eg, fascia or synthetic)		Repair	No	No	No	No
57289	Pereyra procedure, including anterior colporrhaphy		Repair	No	No	No	No
57291	Construction of artificial vagina; without graft		Reconstruction	Yes	Yes	Yes	Yes
57292	Construction of artificial vagina; with graft		Reconstruction	Yes	Yes	Yes	Yes
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach		Revision	Yes	Yes	No	No
57296	Revision (including removal) of prosthetic vaginal graft; open abdominal approach		Revision	Yes	Yes	No	No
57300	Closure of rectovaginal fistula; vaginal or transanal approach		Closure	No	No	No	No
57305	Closure of rectovaginal fistula; abdominal approach		Closure	No	No	No	No
57307	Closure of rectovaginal fistula; abdominal approach, with concomitant colostomy		Closure	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
57310	Closure of urethrovaginal fistula		Closure	No	No	No	No
57311	Closure of urethrovaginal fistula; with bulbocavernosus transplant		Transplantation	Yes	Yes	Yes	Yes
57320	Closure of vesicovaginal fistula; vaginal approach		Closure	No	No	No	No
57330	Closure of vesicovaginal fistula; transvesical and vaginal approach		Closure	No	No	No	No
57335	Vaginoplasty for intersex state		Repair	Yes	Yes	Yes	Yes
57400	Dilation of vagina under anesthesia (other than local)		Manipulation	No	No	No	No
57410	Pelvic examination under anesthesia (other than local)		Examination	No	No	No	No
57415	Removal of impacted vaginal foreign body (separate procedure) under anesthesia (other than local)		Removal	No	No	No	No
57420	Colposcopy of the entire vagina, with cervix if present;		Endoscopy (EGD)	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
57423	Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach		Endoscopy (EGD)	No	No	No	No
57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)		Laparoscopy	No	No	No	No
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach	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	Revision	Yes	Yes	No	No
57452	Colposcopy of the cervix including upper/adjacent vagina;		Endoscopy (EGD)	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
57455	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix		Endoscopy (EGD)	No	No	No	No
57456	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage		Endoscopy (EGD)	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
57461	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix		Endoscopy (EGD)	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 additon to code for primary procedure	ADD ON CODE - Use in conjuction with 57420-57452, 57454-57456, 57460-57461	Endoscopy	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
57505	Endocervical curettage (not done as part of a dilation and curettage)		Excision	No	No	No	No
57510	Cautery of cervix; electro or thermal		Excision	No	No	No	No
57511	Cautery of cervix; cryocautery, initial or repeat		Excision	No	No	No	No
57513	Cautery of cervix; laser ablation		Excision	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
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
57530	Trachelectomy (cervicectomy), amputation of cervix (separate procedure)		Amputation	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
57540	Excision of cervical stump, abdominal approach		Excision	No	No	No	No
57545	Excision of cervical stump, abdominal approach; with pelvic floor repair		Excision	No	No	No	No
57550	Excision of cervical stump, vaginal approach		Excision	No	No	No	No
57555	Excision of cervical stump, vaginal approach; with anterior and/or posterior repair		Excision	No	No	No	No
57556	Excision of cervical stump, vaginal approach; with repair of enterocele		Excision	No	No	No	No
57558	Dilation and curettage of cervical stump		Dilation	No	No	No	No
57700	Cerclage of uterine cervix, nonobstetrical		Repair	No	No	No	No
57720	Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach		Repair	No	No	No	No
57800	Dilation of cervical canal, instrumental (separate procedure)		Dilation	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
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)		Biopsy	No	No	No	No
58120	Dilation and curettage, Diagnostic/Screening and/or therapeutic (nonobstetrical)		Dilation	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
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
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
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
58152	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocystopexy (eg, Marshall-Marchetti-Krantz, Burch)		Hysterectomy	Yes	Yes	No	No
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
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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
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
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 transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, orany combination thereof 8		Hysterectomy	Yes	Yes	No	No
58260	Vaginal hysterectomy, for uterus 250 g or less		Hysterectomy	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
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
58267	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control2		Hysterectomy	No	No	No	No
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele		Hysterectomy	Yes	Yes	No	No
58275	Vaginal hysterectomy, with total or partial vaginectomy		Hysterectomy	Yes	Yes	Yes	Yes
58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele		Hysterectomy	No	No	No	Yes
58285	Vaginal hysterectomy, radical (Schauta type operation)		Hysterectomy	No	No	No	Yes
58290	Vaginal hysterectomy, for uterus greater than 250 g		Hysterectomy	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
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
58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele		Hysterectomy	Yes	Yes	No	No
58300	Insertion of intrauterine device (IUD)		Insertion	No	No	No	No
58301	Removal of intrauterine device (IUD)		Removal	No	No	No	No
58321	Artificial insemination; intra-cervical		Introduction	Yes	Yes	Kindbody	Kindbody
58322	Artificial insemination; intra-uterine		Introduction	Yes	Yes	Kindbody	Kindbody
58323	Sperm washing for artificial insemination		Introduction	Yes	Yes	Kindbody	Kindbody
58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography		Catherization	No	No	No	No
58345	Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography		Introduction	No	No	No	No
58346	Insertion of Heyman capsules for clinical brachytherapy		Insertion	No	No	No	No
58350	Chromotubation of oviduct, including materials		Introduction	No	No	No	No
58353	Endometrial ablation, thermal, without hysteroscopic guidance		Ablation	No	No	No	No
58356	Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed		Ablation	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
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
58520	Hysterorrhaphy, repair of ruptured uterus (nonobstetrical)		Repair	No	No	No	No
58540	Hysteroplasty, repair of uterine anomaly (Strassman type)		Repair	No	No	No	No
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less		Hysterectomy	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
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g		Hysterectomy	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
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
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
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	No
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less		Hysterectomy	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
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g		Hysterectomy	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
58555	Hysteroscopy, Diagnostic/Screening (separate procedure)		Diagnostic/Screening	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
58559	Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)		Laparoscopy	No	No	No	No
58560	Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)		Resection	No	No	No	No
58561	Hysteroscopy, surgical; with removal of leiomyomata		Removal	No	No	No	No
58562	Hysteroscopy, surgical; with removal of impacted foreign body		Removal	No	No	No	No
58563	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)		Ablation	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
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less		Hysterectomy	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
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g		Hysterectomy	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
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
58578	Unlisted Procedure laparoscopy procedure, uterus		Unlisted Procedure	Yes	Yes	No	No
58579	Unlisted Procedure hysteroscopy procedure, uterus		Unlisted Procedure	Yes	Yes	No	No
58580	Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency		Ablation	No	No	No	No
58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral		Ligation	Yes	Yes	No	No
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
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
58615	Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach		Occlusion	No	No	No	No
58660	Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)		Laparoscopy	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)		Removal	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
58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)		Fulguration	No	No	No	No
58671	Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)		Occlusion	Yes	Yes	No	No
58672	Laparoscopy, surgical; with fimbrioplasty		Laparoscopy	No	No	No	No
58673	Laparoscopy, surgical; with salpingostomy (salpingoneostomy)		Laparoscopy	No	No	No	No
58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency		Ablation	No	No	No	No
58679	Unlisted Procedure laparoscopy procedure, oviduct, ovary		Unlisted Procedure	Yes	Yes	No	No
58700	Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)		Excision	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
58740	Lysis of adhesions (salpingolysis, ovariolysis)		Repair	Yes	Yes	No	No
58750	Tubotubal anastomosis		Repair	Yes	Yes	No	No
58752	Tubouterine implantation		Repair	Yes	Yes	No	No
58760	Fimbrioplasty		Repair	Yes	Yes	No	No
58770	Salpingostomy (salpingoneostomy)		Repair	Yes	Yes	No	No
58800	Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); vaginal approach		Incision/Drainage	No	No	No	No
58805	Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); abdominal approach		Incision/Drainage	No	No	No	No
58820	Drainage of ovarian abscess; vaginal approach, open		Incision/Drainage	No	No	No	No
58822	Drainage of ovarian abscess; abdominal approach		Incision/Drainage	No	No	No	No
58825	Transposition, ovary(s)		Incision	Yes	Yes	No	No
58900	Biopsy of ovary, unilateral or bilateral (separate procedure)		Biopsy	No	No	No	No
58920	Wedge resection or bisection of ovary, unilateral or bilateral		Resection	No	No	No	No
58925	Ovarian cystectomy, unilateral or bilateral		Excision	No	No	No	No
58940	Oophorectomy, partial or total, unilateral or bilateral		Excision	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
58950	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy		Resection	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
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
58953	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking		Hysterectomy	Yes	Yes	No	No
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
58956	Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy		Hysterectomy	Yes	Yes	No	No
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
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
58960	Laparotomy, for staging or restaging of ovarian, tubal, or primary peritoneal malignancy (second look), with or without omentectomy, peritoneal washing, biopsy of abdominal and pelvic peritoneum, diaphragmatic assessment with pelvic and limited para-aortic lymphadenectomy		Staging	No	No	No	No
58970	Follicle puncture for oocyte retrieval, any method		Unlisted Procedure	Yes	Yes	Kindbody	Kindbody
58974	Embryo transfer, intrauterine		Unlisted Procedure	Yes	Yes	Kindbody	Kindbody
58976	Gamete, zygote, or embryo intrafallopian transfer, any method		Unlisted Procedure	Yes	Yes	Kindbody	Kindbody
58999	Unlisted Procedure procedure, female genital system (nonobstetrical)		Unlisted Procedure	Yes	Yes	Yes	Yes
59000	Amniocentesis; Diagnostic/Screening		Diagnostic/Screening	No	No	No	No
59001	Amniocentesis; therapeutic amniotic fluid reduction (includes ultrasound guidance)		Reduction	No	No	No	No
59012	Cordocentesis (intrauterine), any method		OB/GYN	No	No	No	No
59015	Chorionic villus sampling, any method		OB/GYN	No	No	No	No
59020	Fetal contraction stress test		OB/GYN	No	No	No	No
59025	Fetal non-stress test		OB/GYN	No	No	No	No
59030	Fetal scalp blood sampling		OB/GYN	No	No	No	No
59050	Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; supervision and interpretation		OB/GYN	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
59070	Transabdominal amnioinfusion, including ultrasound guidance		OB/GYN	No	No	No	No
59072	Fetal umbilical cord occlusion, including ultrasound guidance		OB/GYN	No	No	No	No
59074	Fetal fluid drainage (eg, vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance		OB/GYN	No	No	No	No
59076	Fetal shunt placement, including ultrasound guidance		OB/GYN	No	No	No	No
59100	Hysterotomy, abdominal (eg, for hydatidiform mole, abortion)		OB/GYN	Yes	Yes	No	No
59120	Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach		OB/GYN	No	No	No	No
59121	Surgical treatment of ectopic pregnancy; tubal or ovarian, without salpingectomy and/or oophorectomy		OB/GYN	No	No	No	No
59130	Surgical treatment of ectopic pregnancy; abdominal pregnancy		OB/GYN	No	No	No	No
59136	Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy with partial resection of uterus		OB/GYN	No	No	No	No
59140	Surgical treatment of ectopic pregnancy; cervical, with evacuation		OB/GYN	No	No	No	No
59150	Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy		OB/GYN	No	No	No	No
59151	Laparoscopic treatment of ectopic pregnancy; with salpingectomy and/or oophorectomy		OB/GYN	No	No	No	No
59160	Curettage, postpartum		OB/GYN	No	No	No	No
59200	Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure)		OB/GYN	No	No	No	No
59300	Episiotomy or vaginal repair, by other than attending		OB/GYN	No	No	No	No
59320	Cerclage of cervix, during pregnancy; vaginal		OB/GYN	No	No	No	No
59325	Cerclage of cervix, during pregnancy; abdominal		OB/GYN	No	No	No	No
59350	Hysterorrhaphy of ruptured uterus		OB/GYN	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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
59409	Vaginal delivery only (with or without episiotomy and/or forceps)		OB/GYN	No	No	No	No
59410	Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care		OB/GYN	No	No	No	No
59412	External cephalic version, with or without tocolysis		OB/GYN	No	No	No	No
59414	Delivery of placenta (separate procedure)		OB/GYN	No	No	No	No
59425	Antepartum care only; 4-6 visits		OB/GYN	No	No	No	No
59426	Antepartum care only; 7 or more visits		OB/GYN	No	No	No	No
59430	Postpartum care only (separate procedure)		OB/GYN	No	No	No	No
59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care		OB/GYN	No	No	No	No
59514	Cesarean delivery only		OB/GYN	No	No	No	No
59515	Cesarean delivery only; including postpartum care		OB/GYN	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
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
59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps)		OB/GYN	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
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
59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery		OB/GYN	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
59812	Treatment of incomplete abortion, any trimester, completed surgically		OB/GYN	No	No	No	No
59820	Treatment of missed abortion, completed surgically; first trimester		OB/GYN	No	No	No	No
59821	Treatment of missed abortion, completed surgically; second trimester		OB/GYN	No	No	No	No
59830	Treatment of septic abortion, completed surgically		OB/GYN	No	No	No	No
59840	Induced abortion, by dilation and curettage		OB/GYN	Yes	Yes	Yes	No
59841	Induced abortion, by dilation and evacuation		OB/GYN	Yes	Yes	Yes	No
59850	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines		OB/GYN	Yes	Yes	Yes	No
59851	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation		OB/GYN	Yes	Yes	Yes	No
59852	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed intra-amniotic injection)		OB/GYN	Yes	Yes	Yes	No
59855	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines		OB/GYN	Yes	Yes	No	No
59856	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation		OB/GYN	Yes	Yes	Yes	No
59857	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed medical evacuation)		OB/GYN	Yes	Yes	No	No
59866	Multifetal pregnancy reduction(s) (MPR)		OB/GYN	Yes	Yes	No	No
59870	Uterine evacuation and curettage for hydatidiform mole		OB/GYN	No	No	No	No
59871	Removal of cerclage suture under anesthesia (other than local)		OB/GYN	No	No	No	No
59897	Unlisted Procedure fetal invasive procedure, including ultrasound guidance, when performed		Unlisted Procedure	Yes	Yes	Yes	No
59898	Unlisted Procedure laparoscopy procedure, maternity care and delivery		Unlisted Procedure	Yes	Yes	Yes	No
59899	Unlisted Procedure procedure, maternity care and delivery		Unlisted Procedure	Yes	Yes	Yes	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
60000	Incision and drainage of thyroglossal duct cyst, infected		Incision/Drainage	No	No	No	No
60100	Biopsy thyroid, percutaneous core needle		Biopsy	No	No	No	No
60200	Excision of cyst or adenoma of thyroid, or transection of isthmus		Excision	No	No	No	No
60210	Partial thyroid lobectomy, unilateral; with or without isthmusectomy		Excision	No	No	No	No
60212	Partial thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy		Excision	No	No	No	No
60220	Total thyroid lobectomy, unilateral; with or without isthmusectomy		Excision	No	No	No	No
60225	Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy		Excision	No	No	No	No
60240	Thyroidectomy, total or complete		Excision	No	No	No	No
60252	Thyroidectomy, total or subtotal for malignancy; with limited neck dissection		Excision	No	No	No	No
60254	Thyroidectomy, total or subtotal for malignancy; with radical neck dissection		Excision	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
60270	Thyroidectomy, including substernal thyroid; sternal split or transthoracic approach		Excision	No	No	No	No
60271	Thyroidectomy, including substernal thyroid; cervical approach		Excision	No	No	No	No
60280	Excision of thyroglossal duct cyst or sinus		Excision	No	No	No	No
60281	Excision of thyroglossal duct cyst or sinus; recurrent		Excision	No	No	No	No
60300	Aspiration and/or injection, thyroid cyst		Removal	No	No	No	No
60500	Parathyroidectomy or exploration of parathyroid(s)		Exploratory	No	No	No	No
60502	Parathyroidectomy or exploration of parathyroid(s); re-exploration		Exploratory	No	No	No	No
60505	Parathyroidectomy or exploration of parathyroid(s); with mediastinal exploration, sternal split or transthoracic approach		Exploratory	No	No	No	No
60512	Parathyroid autotransplantation (List separately in addition to code for primary procedure)		Transplantation	Yes	Yes	Yes	Yes
60520	Thymectomy, partial or total; transcervical approach (separate procedure)		Removal	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
60522	Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure)		Removal	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
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
60600	Excision of carotid body tumor; without excision of carotid artery		Excision	No	No	No	No
60605	Excision of carotid body tumor; with excision of carotid artery		Excision	No	No	No	No
60650	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
60659	Unlisted laparoscopy procedure, endocrine system		Unlisted Procedure	Yes	Yes	Yes	No
60699	Unlisted procedure, endocrine system		Unlisted Procedure	Yes	Yes	No	No
61000	Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; initial		Aspiration	No	No	No	No
61001	Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; subsequent taps		Aspiration	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
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
61050	Cisternal or lateral cervical (C1-C2) puncture; without injection (separate procedure)		Puncture	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
61070	Puncture of shunt tubing or reservoir for aspiration or injection procedure		Puncture	No	No	No	No
61105	Twist drill hole for subdural or ventricular puncture		Puncture	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
61108	Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for evacuation and/or drainage of subdural hematoma		Puncture	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
61140	Burr hole(s) or trephine; with biopsy of brain or intracranial lesion		Biopsy	No	No	No	No
61150	Burr hole(s) or trephine; with drainage of brain abscess or cyst		Incision/Drainage	No	No	No	No
61151	Burr hole(s) or trephine; with subsequent tapping (aspiration) of intracranial abscess or cyst		Puncture	No	No	No	No
61154	Burr hole(s) with evacuation and/or drainage of hematoma, extradural or subdural		Incision/Drainage	No	No	No	No
61156	Burr hole(s); with aspiration of hematoma or cyst, intracerebral		Aspiration	No	No	No	No
61210	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
61215	Insertion of subcutaneous reservoir, pump or continuous infusion system for connection to ventricular catheter		Insertion	Yes	Yes	No	No
61250	Burr hole(s) or trephine, supratentorial, exploratory, not followed by other surgery		Puncture	No	No	No	No
61253	Burr hole(s) or trephine, infratentorial, unilateral or bilateral		Puncture	No	No	No	No
61304	Craniectomy or craniotomy, exploratory; supratentorial		Exploratory	Yes	Yes	Yes	No
61305	Craniectomy or craniotomy, exploratory; infratentorial (posterior fossa)		Exploratory	Yes	Yes	Yes	No
61312	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural		Removal	Yes	Yes	Yes	No
61313	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; intracerebral		Removal	Yes	Yes	Yes	No
61314	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; extradural or subdural		Removal	Yes	Yes	Yes	No
61315	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; intracerebellar		Removal	Yes	Yes	Yes	No
61316	Incision and subcutaneous placement of cranial bone graft (List separately in addition to code for primary procedure)		Placement	Yes	Yes	Yes	No
61320	Craniectomy or craniotomy, drainage of intracranial abscess; supratentorial		Incision/Drainage	Yes	Yes	Yes	No
61321	Craniectomy or craniotomy, drainage of intracranial abscess; infratentorial		Incision/Drainage	Yes	Yes	Yes	No
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
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
61330	Decompression of orbit only, transcranial approach		Decompression	Yes	Yes	Yes	No
61333	Exploration of orbit (transcranial approach); with removal of lesion		Exploratory	Yes	Yes	Yes	No
61340	Subtemporal cranial decompression (pseudotumor cerebri, slit ventricle syndrome)		Decompression	Yes	Yes	Yes	No
61343	Craniectomy, suboccipital with cervical laminectomy for decompression of medulla and spinal cord, with or without dural graft (eg, Arnold-Chiari malformation)		Decompression	Yes	Yes	Yes	Yes
61345	Other cranial decompression, posterior fossa		Decompression	Yes	Yes	Yes	No
61450	Craniectomy, subtemporal, for section, compression, or decompression of sensory root of gasserian ganglion		Decompression	Yes	Yes	Yes	No
61458	Craniectomy, suboccipital; for exploration or decompression of cranial nerves		Decompression	Yes	Yes	Yes	No
61460	Craniectomy, suboccipital; for section of 1 or more cranial nerves		Resection	Yes	Yes	Yes	No
61500	Craniectomy; with excision of tumor or other bone lesion of skull		Excision	Yes	Yes	Yes	No
61501	Craniectomy; for osteomyelitis		Removal	Yes	Yes	Yes	No
61510	Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma		Excision	Yes	Yes	Yes	No
61512	Craniectomy, trephination, bone flap craniotomy; for excision of meningioma, supratentorial		Excision	Yes	Yes	Yes	No
61514	Craniectomy, trephination, bone flap craniotomy; for excision of brain abscess, supratentorial		Excision	Yes	Yes	Yes	No
61516	Craniectomy, trephination, bone flap craniotomy; for excision or fenestration of cyst, supratentorial		Excision	Yes	Yes	Yes	No
61517	Implantation of brain intracavitary chemotherapy agent (List separately in addition to code for primary procedure)		Implant	Yes	Yes	Yes	No
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
61519	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; meningioma		Excision	Yes	Yes	Yes	No
61520	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; cerebellopontine angle tumor		Excision	Yes	Yes	Yes	No
61521	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; midline tumor at base of skull		Excision	Yes	Yes	Yes	No
61522	Craniectomy, infratentorial or posterior fossa; for excision of brain abscess		Excision	Yes	Yes	Yes	No
61524	Craniectomy, infratentorial or posterior fossa; for excision or fenestration of cyst		Excision	Yes	Yes	Yes	No
61526	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor		Excision	Yes	Yes	Yes	No
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
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
61533	Craniotomy with elevation of bone flap; for subdural implantation of an electrode array, for long-term seizure monitoring		Implant	Yes	Yes	Yes	No
61534	Craniotomy with elevation of bone flap; for excision of epileptogenic focus without electrocorticography during surgery		Excision	Yes	Yes	Yes	No
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
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
61537	Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, without electrocorticography during surgery		Open Treatment	Yes	Yes	Yes	No
61538	Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, with electrocorticography during surgery		Electrocorticography (EEG	Yes	Yes	Yes	No
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

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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
61541	Craniotomy with elevation of bone flap; for transection of corpus callosum		Removal	Yes	Yes	Yes	No
61543	Craniotomy with elevation of bone flap; for partial or subtotal (functional) hemispherectomy		Removal	Yes	Yes	Yes	No
61544	Craniotomy with elevation of bone flap; for excision or coagulation of choroid plexus		Excision	Yes	Yes	Yes	No
61545	Craniotomy with elevation of bone flap; for excision of craniopharyngioma		Excision	Yes	Yes	Yes	No
61546	Craniotomy for hypophysectomy or excision of pituitary tumor, intracranial approach		Excision	Yes	Yes	Yes	No
61548	Hypophysectomy or excision of pituitary tumor, transnasal or transseptal approach, nonstereotactic		Excision	Yes	Yes	Yes	No
61550	Craniectomy for craniosynostosis; single cranial suture		Closure	Yes	Yes	Yes	No
61552	Craniectomy for craniosynostosis; multiple cranial sutures		Closure	Yes	Yes	Yes	No
61556	Craniotomy for craniosynostosis; frontal or parietal bone flap		Closure	Yes	Yes	Yes	No
61557	Craniotomy for craniosynostosis; bifrontal bone flap		Closure	Yes	Yes	Yes	No
61558	Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); not requiring bone grafts		Closure	Yes	Yes	Yes	No
61559	Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); recontouring with multiple osteotomies and bone autografts (eg, barrel-stave procedure) (includes obtaining grafts)		Closure	Yes	Yes	Yes	No
61563	Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); without optic nerve decompression		Excision	Yes	Yes	Yes	No
61564	Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); with optic nerve decompression		Excision	Yes	Yes	Yes	No
61566	Craniotomy with elevation of bone flap; for selective amygdalohippocampectomy		Removal	Yes	Yes	Yes	No
61567	Craniotomy with elevation of bone flap; for multiple subpial transections, with electrocorticography during surgery		Exploratory	Yes	Yes	Yes	No
61570	Craniectomy or craniotomy; with excision of foreign body from brain		Excision	Yes	Yes	Yes	No
61571	Craniectomy or craniotomy; with treatment of penetrating wound of brain		Exploratory	Yes	Yes	Yes	No
61575	Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion		Biopsy	Yes	Yes	Yes	No
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
61580	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital exenteration		Removal	Yes	Yes	Yes	No
61581	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, orbital exenteration, ethmoidectomy, sphenoidectomy and/or maxillectomy		Removal	Yes	Yes	Yes	No
61582	Craniofacial approach to anterior cranial fossa; extradural, including unilateral or bifrontal craniotomy, elevation of frontal lobe(s), osteotomy of base of anterior cranial fossa		Removal	Yes	Yes	Yes	No
61583	Craniofacial approach to anterior cranial fossa; intradural, including unilateral or bifrontal craniotomy, elevation or resection of frontal lobe, osteotomy of base of anterior cranial fossa		Resection	Yes	Yes	Yes	No
61584	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); without orbital exenteration		Reconstruction	Yes	Yes	Yes	No
61585	Orbitocranial 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
61586	Bicoronal, transzygomatic and/or LeFort I osteotomy approach to anterior cranial fossa with or without internal fixation, without bone graft		Reconstruction	Yes	Yes	Yes	No
61590	Infratemporal pre-auricular approach to middle cranial fossa (parapharyngeal space, infratemporal and midline skull base, nasopharynx), with or without disarticulation of the mandible, including parotidectomy, craniotomy, decompression and/or mobilization of the facial nerve and/or petrous carotidartery		Reconstruction	Yes	Yes	Yes	No
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
61592	Orbitocranial zygomatic approach to middle cranial fossa (cavernous sinus and carotid artery, clivus, basilar artery or petrous apex) including osteotomy of zygoma, craniotomy, extra- or intradural elevation of temporal lobe		Decompression	Yes	Yes	Yes	No
61595	Transtemporal approach to posterior cranial fossa, jugular foramen or midline skull base, including mastoidectomy, decompression of sigmoid sinus and/or facial nerve, with or without mobilization		Decompression	Yes	Yes	Yes	No
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
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
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
61600	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; extradural		Resection	Yes	Yes	Yes	No
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
61605	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; extradural		Resection	Yes	Yes	Yes	No
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
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
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
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
61613	Obliteration of carotid aneurysm, arteriovenous malformation, or carotid-cavernous fistula by dissection within cavernous sinus		Destruction	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
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
61618	Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by free tissue graft (eg, pericranium, fascia, tensor fascia lata, adipose tissue, homologous or synthetic grafts)		Repair	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
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
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
61626	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; non-central nervous system, head or neck (extracranial, brachiocephalic branch)		Occlusion	Yes	Yes	Yes	No
61630	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous		Balloon Catheter	Yes	Yes	No	No
61635	Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed		Placement	Yes	Yes	No	No
61640	Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel		Balloon Catheter	Yes	Yes	No	No
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
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
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
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
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
61680	Surgery of intracranial arteriovenous malformation; supratentorial, simple		Reconstruction	Yes	Yes	Yes	No
61682	Surgery of intracranial arteriovenous malformation; supratentorial, complex		Reconstruction	Yes	Yes	Yes	No
61684	Surgery of intracranial arteriovenous malformation; infratentorial, simple		Reconstruction	Yes	Yes	Yes	No
61686	Surgery of intracranial arteriovenous malformation; infratentorial, complex		Reconstruction	Yes	Yes	Yes	No
61690	Surgery of intracranial arteriovenous malformation; dural, simple		Reconstruction	Yes	Yes	Yes	No
61692	Surgery of intracranial arteriovenous malformation; dural, complex		Reconstruction	Yes	Yes	Yes	No
61697	Surgery of complex intracranial aneurysm, intracranial approach; carotid circulation		Resection	Yes	Yes	Yes	No
61698	Surgery of complex intracranial aneurysm, intracranial approach; vertebrobasilar circulation		Resection	Yes	Yes	Yes	No
61700	Surgery of simple intracranial aneurysm, intracranial approach; carotid circulation		Resection	Yes	Yes	Yes	No
61702	Surgery of simple intracranial aneurysm, intracranial approach; vertebrobasilar circulation		Resection	Yes	Yes	Yes	No

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61703	Surgery of intracranial aneurysm, cervical approach by application of occluding clamp to cervical carotid artery (Selverstone-Crutchfield type)		Resection	Yes	Yes	Yes	No
61705	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial and cervical occlusion of carotid artery		Resection	Yes	Yes	Yes	No
61708	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial electrothrombosis		Resection	Yes	Yes	Yes	No
61710	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intra-arterial embolization, injection procedure, or balloon catheter		Resection	Yes	Yes	Yes	No
61711	Anastomosis, arterial, extracranial-intracranial (eg, middle cerebral/cortical) arteries		Resection	Yes	Yes	Yes	No
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
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
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
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
61750	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion		Biopsy	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
61760	Stereotactic implantation of depth electrodes into the cerebrum for long-term seizure monitoring		Implant	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
61781	Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)		Stereotactic	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
61783	Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)		Stereotactic	No	No	No	No
61790	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); gasserian ganglion		Creation	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
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion		Stereotactic	Yes	Yes	Yes	No
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
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion		Stereotactic	Yes	Yes	Yes	No
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
61800	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)		Application	No	No	No	No
61850	Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical		Implant	Yes	Yes	No	No
61860	Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical		Implant	Yes	Yes	No	No
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
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
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
61868	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; each additional array (List separately in addition to primary procedure)		Implant	Yes	Yes	No	No
61880	Revision or removal of intracranial neurostimulator electrodes1		Revision	Yes	Yes	No	No
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
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
61888	Revision or removal of cranial neurostimulator pulse generator or receiver		Revision	Yes	Yes	No	No
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)		Neurostimulator	Yes	Yes	Yes	No
61891	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)		Neurostimulator	Yes	Yes	Yes	No
61892	Removal of skull-mounted cranial neurostimulator pulse generator or receiver with cranioplasty, when performed		Neurostimulator	Yes	Yes	Yes	No
62000	Elevation of depressed skull fracture; simple, extradural		Repair	No	No	No	No
62005	Elevation of depressed skull fracture; compound or comminuted, extradural		Repair	No	No	No	No
62010	Elevation of depressed skull fracture; with repair of dura and/or debridement of brain		Repair	No	No	No	No
62100	Craniotomy for repair of dural/cerebrospinal fluid leak, including surgery for rhinorrhea/otorrhea		Repair	No	No	No	No
62115	Reduction of craniomegalic skull (eg, treated hydrocephalus); not requiring bone grafts or cranioplasty		Reduction	No	No	No	No
62117	Reduction of craniomegalic skull (eg, treated hydrocephalus); requiring craniotomy and reconstruction with or without bone graft (includes obtaining grafts)		Reduction	No	No	No	No
62120	Repair of encephalocele, skull vault, including cranioplasty		Repair	No	No	No	No
62121	Craniotomy for repair of encephalocele, skull base		Repair	No	No	No	No
62140	Cranioplasty for skull defect; up to 5 cm diameter		Repair	No	No	No	No
62141	Cranioplasty for skull defect; larger than 5 cm diameter		Repair	No	No	No	No
62142	Removal of bone flap or prosthetic plate of skull		Removal	No	No	No	No
62143	Replacement of bone flap or prosthetic plate of skull		Replacement	No	No	No	No
62145	Cranioplasty for skull defect with reparative brain surgery		Repair	No	No	No	No
62146	Cranioplasty with autograft (includes obtaining bone grafts); up to 5 cm diameter		Repair	No	No	No	No
62147	Cranioplasty with autograft (includes obtaining bone grafts); larger than 5 cm diameter		Repair	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
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
62161	Neuroendoscopy, intracranial; with dissection of adhesions, fenestration of septum pellucidum or intraventricular cysts (including placement, replacement, or removal of ventricular catheter)		Removal	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
62164	Neuroendoscopy, intracranial; with excision of brain tumor, including placement of external ventricular catheter for drainage		Excision	No	No	No	No
62165	Neuroendoscopy, intracranial; with excision of pituitary tumor, transnasal or trans-sphenoidal approach		Excision	No	No	No	No
62180	Ventriculocisternostomy (Torkildsen type operation)		Shunt	No	No	No	No
62190	Creation of shunt; subarachnoid/subdural-atrial, -jugular, -auricular		Creation	No	No	No	No
62192	Creation of shunt; subarachnoid/subdural-peritoneal, -pleural, other terminus		Creation	No	No	No	No
62194	Replacement or irrigation, subarachnoid/subdural catheter		Replacement	No	No	No	No
62200	Ventriculocisternostomy, third ventricle		Shunt	No	No	No	No
62201	Ventriculocisternostomy, third ventricle; stereotactic, neuroendoscopic method		Shunt	No	No	No	No
62220	Creation of shunt; ventriculo-atrial, -jugular, -auricular		Creation	No	No	No	No
62223	Creation of shunt; ventriculo-peritoneal, -pleural, other terminus		Creation	No	No	No	No
62225	Replacement or irrigation, ventricular catheter		Replacement	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
62252	Reprogramming of programmable cerebrospinal shunt		Shunt	No	No	No	No
62256	Removal of complete cerebrospinal fluid shunt system; without replacement		Removal	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
62263	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic 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
62264	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day		Ligation	Yes	Yes	No	No

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62267	Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for Diagnostic/Screening purposes		Aspiration	No	No	No	No
62268	Percutaneous aspiration, spinal cord cyst or syrinx		Aspiration	No	No	No	No
62269	Biopsy of spinal cord, percutaneous needle		Biopsy	No	No	No	No
62270	Spinal puncture, lumbar, Diagnostic/Screening		Diagnostic/Screening	No	No	No	No
62272	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter)		Puncture	No	No	No	No
62273	Injection, epidural, of blood or clot patch		Insertion	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
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
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
62284	Injection procedure for myelography and/or computed tomography, lumbar		Radiological Drug	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
62290	Injection procedure for discography, each level; lumbar		Measurement	No	No	No	No
62291	Injection procedure for discography, each level; cervical or thoracic		Measurement	No	No	No	No
62292	Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar		Introduction	No	No	No	No
62294	Injection procedure, arterial, for occlusion of arteriovenous malformation, spinal		Occlusion	No	No	No	No
62302	Myelography via lumbar injection, including radiological supervision and interpretation; cervical		Imaging	No	No	No	No
62303	Myelography via lumbar injection, including radiological supervision and interpretation; thoracic		Imaging	No	No	No	No
62304	Myelography via lumbar injection, including radiological supervision and interpretation; lumbosacral		Imaging	No	No	No	No
62305	Myelography via lumbar injection, including radiological supervision and interpretation; 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical)		Imaging	Yes	Yes	No	No
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
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, fluoroscopyor CT)		Diagnostic/Screening	No	No	No	Yes
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
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
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
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
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
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
62328	Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance		Aspiration	No	No	No	No
62329	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance		Aspiration	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
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
62355	Removal of previously implanted intrathecal or epidural catheter		Removal	No	No	No	No
62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir		Implant	Yes	Yes	No	No
62361	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump		Implant	Yes	Yes	No	No
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
62365	Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion		Removal	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
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		Analysis	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		Analysis	No	No	No	No
62370	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified health care professional)		Analysis	No	No	No	No
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar		Decompression	Yes	Yes	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
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
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
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
63012	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)		Removal	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
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
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
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
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
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
63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical		Decompression	Yes	Yes	Yes	Yes
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar		Decompression	Yes	Yes	Yes	Yes
63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addition to code for primary procedure)		Decompression	Yes	Yes	Yes	Yes
63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in addition to code for primary procedure)		Decompression	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
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
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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
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
63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments		Decompression	Yes	Yes	Yes	Yes
63051	Laminoplasty, 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
63052	**Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure)**		Decompression	Yes	Yes	Yes	Yes
63053	**Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional segment (List separately in addition to code for primary procedure)**		Decompression	Yes	Yes	Yes	Yes
63055	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
63056	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
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
63064	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; single segment		Decompression	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
63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace		Decompression	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
63077	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, single interspace		Decompression	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
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
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
63085	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment		Resection	Yes	Yes	Yes	Yes
63086	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic 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
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
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
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
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
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
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
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
63170	Laminectomy with myelotomy (eg, Bischof or DREZ type), cervical, thoracic, or thoracolumbar		Removal	No	No	No	No
63172	Laminectomy with drainage of intramedullary cyst/syrinx; to subarachnoid space		Removal	No	No	No	No
63173	Laminectomy with drainage of intramedullary cyst/syrinx; to peritoneal or pleural space		Removal	No	No	No	No
63185	Laminectomy with rhizotomy; 1 or 2 segments		Removal	No	No	Yes	Yes
63190	Laminectomy with rhizotomy; more than 2 segments		Removal	No	No	Yes	Yes
63191	Laminectomy with section of spinal accessory nerve		Removal	No	No	No	No
63197	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage, thoracic		Removal	No	No	No	No
63200	Laminectomy, with release of tethered spinal cord, lumbar		Release	Yes	Yes	Yes	Yes
63250	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical		Excision	No	No	No	No
63251	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracic		Excision	No	No	No	No
63252	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar		Excision	No	No	No	No
63265	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical		Excision	Yes	Yes	Yes	Yes
63266	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic		Excision	Yes	Yes	Yes	Yes
63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar		Excision	Yes	Yes	Yes	Yes
63268	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; sacral		Excision	Yes	Yes	No	No
63270	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical		Excision	Yes	Yes	No	No
63271	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; thoracic		Excision	Yes	Yes	No	No
63272	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar		Excision	Yes	Yes	No	No
63273	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; sacral		Excision	Yes	Yes	No	No
63275	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical		Biopsy	No	No	No	No
63276	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, thoracic		Biopsy	No	No	No	No
63277	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar		Biopsy	No	No	No	No
63278	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, sacral		Biopsy	No	No	No	No
63280	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, cervical		Biopsy	No	No	No	No
63281	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, thoracic		Biopsy	No	No	No	No
63282	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar		Biopsy	No	No	No	No
63283	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, sacral		Biopsy	No	No	No	No
63285	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, cervical		Biopsy	No	No	No	No
63286	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracic		Biopsy	No	No	No	No
63287	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar		Biopsy	No	No	No	No
63290	Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level		Biopsy	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
63300	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical		Excision	No	No	No	No
63301	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach		Excision	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
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
63304	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical		Excision	No	No	No	No
63305	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach		Excision	No	No	No	No
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
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
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
63600	Creation of lesion of spinal cord by stereotactic method, percutaneous, any modality (including stimulation and/or recording)		Creation	No	No	No	No
63610	Stereotactic stimulation of spinal cord, percutaneous, separate procedure not followed by other surgery		Stereotactic	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion		Stereotactic	Yes	Yes	No	No
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
63650	Percutaneous implantation of neurostimulator electrode array, epidural		Implant	Yes	Yes	Yes	Yes
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural		Implant	Yes	Yes	Yes	Yes
63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed		Removal	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
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed		Revision	No	No	No	Yes
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
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling		Replacement	Yes	Yes	Yes	Yes
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver		Revision	No	No	No	Yes
63700	Repair of meningocele; less than 5 cm diameter		Repair	No	No	No	No
63702	Repair of meningocele; larger than 5 cm diameter		Repair	No	No	No	No
63704	Repair of myelomeningocele; less than 5 cm diameter		Repair	No	No	No	No
63706	Repair of myelomeningocele; larger than 5 cm diameter		Repair	No	No	No	No
63707	Repair of dural/cerebrospinal fluid leak, not requiring laminectomy		Repair	No	No	No	No
63709	Repair of dural/cerebrospinal fluid leak or pseudomeningocele, with laminectomy		Repair	No	No	No	No
63710	Dural graft, spinal		Grafts	No	No	No	No
63740	Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; including laminectomy		Creation	No	No	No	No
63741	Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; percutaneous, not requiring laminectomy		Creation	No	No	No	No
63744	Replacement, irrigation or revision of lumbosubarachnoid shunt		Replacement	No	No	No	No
63746	Removal of entire lumbosubarachnoid shunt system without replacement		Removal	No	No	No	No
64400	Injection, anesthetic agent; trigeminal nerve, any division or branch		Introduction	No	No	No	No
64405	Injection, anesthetic agent; greater occipital nerve		Introduction	No	No	No	No
64408	Injection, anesthetic agent; vagus nerve		Introduction	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
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
64417	Injection, anesthetic agent; axillary nerve, including imaging guidanc,e when performed		Introduction	No	No	No	No
64418	Injection, anesthetic agent; suprascapular nerve		Introduction	No	No	No	No
64420	Injection, anesthetic agent; intercostal nerve, single		Introduction	No	No	No	No
64421	Injection, anesthetic agent; intercostal nerves, multiple, regional block		Introduction	No	No	No	No
64425	Injection, anesthetic agent; ilioinguinal, iliohypogastric nerves		Introduction	No	No	No	No
64430	Injection, anesthetic agent; pudendal nerve		Introduction	No	No	No	No
64435	Injection, anesthetic agent; paracervical (uterine) nerve		Introduction	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
64446	Injection(s), anesthestic agent(s) and/or steroid: sciatic nerve, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed		Introduction	No	No	No	No
64447	Injection, anesthetic agent(s) and/or steroid:femoral nerve, including imaging guidance, when performed		Introduction	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
64449	Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)		Introduction	No	No	No	No
64450	Injection, anesthetic agent; other peripheral nerve or branch		Introduction	No	No	No	No
64451	Injection(s), anesthetic agent(s) and/or steriod; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)		Injection	Yes	Yes	Yes	No
64454	Injection(s), anesthetic agent(s) and/or steriod;genicular nerve branches, including imaging guidance, when performed		Injection	Yes	Yes	Yes	No
64455	Injection(s), anesthetic agent and/or steroid; plantar common digital nerve(s) (eg, Morton's neuroma)		Introduction	No	No	No	No
64461	Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)		Introduction	No	No	No	No
64462	Paravertebral block (PVB) (paraspinous 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
64463	Paravertebral block (PVB) (paraspinous block), thoracic; continuous infusion by catheter (includes imaging guidance, when performed)		Introduction	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
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
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
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
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
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
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
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
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
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
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
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
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
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
64505	Injection, anesthetic agent; sphenopalatine ganglion		Introduction	No	No	No	No
64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)		Introduction	No	No	No	Yes
64517	Injection, anesthetic agent; superior hypogastric plexus		Introduction	No	No	No	No
64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)		Introduction	No	No	No	Yes
64530	Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring		Introduction	No	No	No	No
64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve		Implant	Yes	Yes	No	No
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)		Implant	Yes	Yes	No	No
64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed		Implant	Yes	Yes	No	No
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming		Stimulation Device	Yes	Yes	No	No
64568	**Open** implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator		Insertion	Yes	Yes	No	No
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator		Revision	Yes	Yes	No	No
64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator		Removal	Yes	Yes	No	No
64575	**Open** implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)		Incision	No	No	No	No
64580	**Open** implantation of neurostimulator electrode array; neuromuscular		Incision	No	No	No	No
64581	**Open** implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)		Incision	Yes	Yes	No	No
64582	**Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array**		Implant	Yes	Yes	Yes	No
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	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
64584	Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array		Removal	Yes	Yes	Yes	No
64585	Revision or removal of peripheral neurostimulator electrode array		Revision	Yes	Yes	No	No
64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling		Insertion	Yes	Yes	No	No
64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver		Revision	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		Neurostimulator	Yes	Yes	Yes	No
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)		Neurostimulator	Yes	Yes	Yes	No
64598	Revision or removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator		Neurostimulator	Yes	Yes	Yes	No
64600	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch		Destruction	No	No	No	No
64605	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale		Destruction	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
64611	Chemodenervation of parotid and submandibular salivary glands, bilateral		Denervation	No	No	No	No
64612	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm)		Denervation	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
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
64617	Chemodenervation of muscle(s); larynx, unilateral, percutaneous (eg, for spasmodic dysphonia), includes guidance by needle electromyography, when performed		Denervation	No	No	No	No
64620	Destruction by neurolytic agent, intercostal nerve		Destruction	No	No	No	No
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed		Destruction	Yes	Yes	Yes	No
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint with image guidance (ie, fluoroscopy or computed tomography)		Ablation	Yes	Yes	Yes	No
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral		Destruction	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	No
64630	Destruction by neurolytic agent; pudendal nerve		Destruction	No	No	No	No
64632	Destruction by neurolytic agent; plantar common digital nerve		Destruction	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
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)		Destruction	Yes	Yes	Yes	Yes
64635	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
64636	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
64640	Destruction by neurolytic agent; other peripheral nerve or branch		Destruction	Yes	Yes	No	No
64642	Chemodenervation of one extremity; 1-4 muscle(s)		Denervation	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
64644	Chemodenervation of one extremity; 5 or more muscles		Denervation	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
64646	Chemodenervation of trunk muscle(s); 1-5 muscle(s)		Denervation	No	No	No	No
64647	Chemodenervation of trunk muscle(s); 6 or more muscles		Denervation	No	No	No	No
64650	Chemodenervation of eccrine glands; both axillae		Denervation	No	No	No	No
64653	Chemodenervation of eccrine glands; other area(s) (eg, scalp, face, neck), per day		Denervation	No	No	No	No
64680	Destruction by neurolytic agent, with or without radiologic monitoring; celiac plexus		Destruction	No	No	No	No
64681	Destruction by neurolytic agent, with or without radiologic monitoring; superior hypogastric plexus		Destruction	No	No	No	No
64702	Neuroplasty; digital, 1 or both, same digit		Repair	No	No	No	No
64704	Neuroplasty; nerve of hand or foot		Repair	No	No	No	No
64708	Neuroplasty, major peripheral nerve, arm or leg, open; other than specified		Repair	No	No	No	No
64712	Neuroplasty, major peripheral nerve, arm or leg, open; sciatic nerve		Repair	No	No	No	No
64713	Neuroplasty, major peripheral nerve, arm or leg, open; brachial plexus		Repair	No	No	No	No
64714	Neuroplasty, major peripheral nerve, arm or leg, open; lumbar plexus		Repair	No	No	No	No
64716	Neuroplasty and/or transposition; cranial nerve (specify)		Repair	Yes	Yes	No	No
64718	Neuroplasty and/or transposition; ulnar nerve at elbow		Repair	No	No	No	No
64719	Neuroplasty and/or transposition; ulnar nerve at wrist		Repair	No	No	No	No
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel		Repair	No	No	No	No
64722	Decompression; unspecified nerve(s) (specify)		Decompression	Yes	Yes	No	No
64726	Decompression; plantar digital nerve		Decompression	Yes	Yes	No	No
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
64732	Transection or avulsion of; supraorbital nerve		Removal	Yes	Yes	No	No
64734	Transection or avulsion of; infraorbital nerve		Removal	Yes	Yes	No	No
64736	Transection or avulsion of; mental nerve		Removal	Yes	Yes	No	No
64738	Transection or avulsion of; inferior alveolar nerve by osteotomy		Removal	Yes	Yes	No	No
64740	Transection or avulsion of; lingual nerve		Removal	Yes	Yes	No	No
64742	Transection or avulsion of; facial nerve, differential or complete		Removal	Yes	Yes	No	No
64744	Transection or avulsion of; greater occipital nerve		Removal	Yes	Yes	No	No
64746	Transection or avulsion of; phrenic nerve		Removal	Yes	Yes	No	No
64755	Transection or avulsion of; vagus nerves limited to proximal stomach (selective proximal vagotomy, proximal gastric vagotomy, parietal cell vagotomy, supra- or highly selective vagotomy)		Removal	Yes	Yes	No	No
64760	Transection or avulsion of; vagus nerve (vagotomy), abdominal		Removal	Yes	Yes	No	No
64763	Transection or avulsion of obturator nerve, extrapelvic, with or without adductor tenotomy		Removal	Yes	Yes	No	No
64766	Transection or avulsion of obturator nerve, intrapelvic, with or without adductor tenotomy		Removal	Yes	Yes	No	No
64771	Transection or avulsion of other cranial nerve, extradural		Removal	Yes	Yes	No	No
64772	Transection or avulsion of other spinal nerve, extradural		Removal	Yes	Yes	No	No
64774	Excision of neuroma; cutaneous nerve, surgically identifiable		Excision	Yes	Yes	No	No
64776	Excision of neuroma; digital nerve, 1 or both, same digit		Excision	Yes	Yes	No	No
64778	Excision of neuroma; digital nerve, each additional digit (List separately in addition to code for primary procedure)		Excision	Yes	Yes	No	No
64782	Excision of neuroma; hand or foot, except digital nerve		Excision	Yes	Yes	No	No
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
64784	Excision of neuroma; major peripheral nerve, except sciatic		Excision	Yes	Yes	No	No
64786	Excision of neuroma; sciatic nerve		Excision	Yes	Yes	No	No
64787	Implantation of nerve end into bone or muscle (List separately in addition to neuroma excision)		Implant	Yes	Yes	No	No
64788	Excision of neurofibroma or neurolemmoma; cutaneous nerve		Excision	Yes	Yes	No	No
64790	Excision of neurofibroma or neurolemmoma; major peripheral nerve		Excision	Yes	Yes	No	No
64792	Excision of neurofibroma or neurolemmoma; extensive (including malignant type)		Excision	Yes	Yes	No	No
64795	Biopsy of nerve		Biopsy	No	No	No	No
64802	Sympathectomy, cervical		Removal	Yes	Yes	No	No
64804	Sympathectomy, cervicothoracic		Removal	Yes	Yes	No	No
64809	Sympathectomy, thoracolumbar		Removal	Yes	Yes	No	No
64818	Sympathectomy, lumbar		Removal	No	No	No	No
64820	Sympathectomy; digital arteries, each digit		Removal	No	No	No	No
64821	Sympathectomy; radial artery		Removal	No	No	No	No
64822	Sympathectomy; ulnar artery		Removal	No	No	No	No
64823	Sympathectomy; superficial palmar arch		Removal	No	No	No	No
64831	Suture of digital nerve, hand or foot; 1 nerve		Fixation	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
64834	Suture of 1 nerve; hand or foot, common sensory nerve		Fixation	No	No	No	No
64835	Suture of 1 nerve; median motor thenar		Fixation	No	No	No	No
64836	Suture of 1 nerve; ulnar motor		Fixation	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
64837	Suture of each additional nerve, hand or foot (List separately in addition to code for primary procedure)		Fixation	No	No	No	No
64840	Suture of posterior tibial nerve		Fixation	No	No	No	No
64856	Suture of major peripheral nerve, arm or leg, except sciatic; including transposition		Fixation	No	No	No	No
64857	Suture of major peripheral nerve, arm or leg, except sciatic; without transposition		Fixation	No	No	No	No
64858	Suture of sciatic nerve		Fixation	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
64861	Suture of; brachial plexus		Fixation	No	No	No	No
64862	Suture of; lumbar plexus		Fixation	No	No	No	No
64864	Suture of facial nerve; extracranial		Fixation	No	No	No	No
64865	Suture of facial nerve; infratemporal, with or without grafting		Fixation	No	No	No	No
64866	Anastomosis; facial-spinal accessory		Reconstruction	No	No	No	No
64868	Anastomosis; facial-hypoglossal		Reconstruction	No	No	No	No
64872	Suture of nerve; requiring secondary or delayed suture (List separately in addition to code for primary neurorrhaphy)		Fixation	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
64876	Suture of nerve; requiring shortening of bone of extremity (List separately in addition to code for nerve suture)		Fixation	No	No	No	No
64885	Nerve graft (includes obtaining graft), head or neck; up to 4 cm in length		Grafts	No	No	No	No
64886	Nerve graft (includes obtaining graft), head or neck; more than 4 cm length		Grafts	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
64891	Nerve graft (includes obtaining graft), single strand, hand or foot; more than 4 cm length		Grafts	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
64893	Nerve graft (includes obtaining graft), single strand, arm or leg; more than 4 cm length		Grafts	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
64896	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length		Grafts	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
64898	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; more than 4 cm length		Grafts	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
64902	Nerve graft, each additional nerve; multiple strands (cable) (List separately in addition to code for primary procedure)		Grafts	Yes	Yes	No	No
64905	Nerve pedicle transfer; first stage		Transfer	No	No	No	No
64907	Nerve pedicle transfer; second stage		Transfer	No	No	No	No
64910	Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve		Repair	No	No	No	No
64911	Nerve repair; with autogenous vein graft (includes harvest of vein graft), each nerve		Repair	No	No	No	No
64912	Nerve repair; with nerve allograft, each nerve, first strand (cable)		Repair	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
64999	Unlisted procedure, nervous system		Unlisted Procedure	Yes	Yes	Yes	No
65091	Evisceration of ocular contents; without implant		Destruction	Yes	Yes	No	No
65093	Evisceration of ocular contents; with implant		Destruction	No	No	No	No
65101	Enucleation of eye; without implant		Destruction	No	No	No	No
65103	Enucleation of eye; with implant, muscles not attached to implant		Destruction	No	No	No	No
65105	Enucleation of eye; with implant, muscles attached to implant		Destruction	No	No	No	No
65110	Exenteration of orbit (does not include skin graft), removal of orbital contents; only		Removal	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
65114	Exenteration of orbit (does not include skin graft), removal of orbital contents; with muscle or myocutaneous flap		Removal	Yes	Yes	No	No
65125	Modification of ocular implant with placement or replacement of pegs (eg, drilling receptacle for prosthesis appendage) (separate procedure)		Replacement	No	No	No	No
65130	Insertion of ocular implant secondary; after evisceration, in scleral shell		Insertion	Yes	Yes	No	No
65135	Insertion of ocular implant secondary; after enucleation, muscles not attached to implant		Insertion	Yes	Yes	No	No
65140	Insertion of ocular implant secondary; after enucleation, muscles attached to implant		Insertion	Yes	Yes	No	No
65150	Reinsertion of ocular implant; with or without conjunctival graft		Reinsertion	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
65175	Removal of ocular implant		Removal	No	No	No	No
65205	Removal of foreign body, external eye; conjunctival superficial		Removal	No	No	No	No
65210	Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating		Removal	No	No	No	No
65220	Removal of foreign body, external eye; corneal, without slit lamp		Removal	No	No	No	No
65222	Removal of foreign body, external eye; corneal, with slit lamp		Removal	No	No	No	No
65235	Removal of foreign body, intraocular; from anterior chamber of eye or lens		Removal	Yes	Yes	No	No
65260	Removal of foreign body, intraocular; from posterior segment, magnetic extraction, anterior or posterior route		Removal	No	No	No	No
65265	Removal of foreign body, intraocular; from posterior segment, nonmagnetic extraction		Removal	No	No	No	No
65270	Repair of laceration; conjunctiva, with or without nonperforating laceration sclera, direct closure		Repair	No	No	No	No
65272	Repair of laceration; conjunctiva, by mobilization and rearrangement, without hospitalization		Repair	No	No	No	No
65273	Repair of laceration; conjunctiva, by mobilization and rearrangement, with hospitalization		Repair	No	No	No	No
65275	Repair of laceration; cornea, nonperforating, with or without removal foreign body		Repair	No	No	No	No
65280	Repair of laceration; cornea and/or sclera, perforating, not involving uveal tissue		Repair	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
65286	Repair of laceration; application of tissue glue, wounds of cornea and/or sclera		Repair	No	No	No	No
65290	Repair of wound, extraocular muscle, tendon and/or Tenon's capsule		Repair	No	No	No	No
65400	Excision of lesion, cornea (keratectomy, lamellar, partial), except pterygium		Excision	No	No	No	No
65410	Biopsy of cornea		Biopsy	No	No	No	No
65420	Excision or transposition of pterygium; without graft		Excision	No	No	No	No
65426	Excision or transposition of pterygium; with graft		Excision	No	No	No	No
65430	Scraping of cornea, Diagnostic/Screening, for smear and/or culture		Diagnostic/Screening	No	No	No	No
65435	Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage)		Removal	No	No	No	No
65436	Removal of corneal epithelium; with application of chelating agent (eg, EDTA)		Removal	No	No	No	No
65450	Destruction of lesion of cornea by cryotherapy, photocoagulation or thermocauterization		Destruction	No	No	No	No
65600	Multiple punctures of anterior cornea (eg, for corneal erosion, tattoo)		Puncture	No	No	No	No
65710	Keratoplasty (corneal transplant); anterior lamellar		Transplantation	Yes	Yes	Yes	Yes
65730	Keratoplasty (corneal transplant); penetrating (except in aphakia or pseudophakia)		Transplantation	Yes	Yes	Yes	Yes
65750	Keratoplasty (corneal transplant); penetrating (in aphakia)		Transplantation	Yes	Yes	Yes	Yes
65755	Keratoplasty (corneal transplant); penetrating (in pseudophakia)		Transplantation	Yes	Yes	Yes	Yes
65756	Keratoplasty (corneal transplant); endothelial		Transplantation	No	Yes	Yes	Yes
65757	Backbench preparation of corneal endothelial allograft prior to transplantation (List separately in addition to code for primary procedure)		Transplantation	No	No	No	No
65760	Keratomileusis		Revision	No	No	No	No
65765	Keratophakia		Revision	No	No	No	No
65767	Epikeratoplasty		Revision	No	No	No	No
65770	Keratoprosthesis		Replacement	No	No	No	No
65771	Radial keratotomy		Revision	Yes	Yes	No	No
65772	Corneal relaxing incision for correction of surgically induced astigmatism		Corneal	No	No	No	No
65775	Corneal wedge resection for correction of surgically induced astigmatism		Incision	No	No	No	No
65778	Placement of amniotic membrane on the ocular surface; without sutures		Resection	Yes	Yes	No	No
65779	Placement of amniotic membrane on the ocular surface; single layer, sutured		Placement	Yes	Yes	No	No
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers		Transplantation	Yes	Yes	No	No
65781	Ocular surface reconstruction; limbal stem cell allograft (eg, cadaveric or living donor)		Reconstruction	Yes	Yes	No	No
65782	Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining graft)		Reconstruction	No	No	No	No
65785	Implantation of intrastromal corneal ring segments		Implant	Yes	Yes	No	No
65800	Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous		Removal	No	No	No	No
65810	Paracentesis of anterior chamber of eye (separate procedure); with removal of vitreous and/or discission of anterior hyaloid membrane, with or without air injection		Removal	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
65820	Goniotomy		Incision	No	No	No	No
65850	Trabeculotomy ab externo		Revision	No	No	No	No
65855	Trabeculoplasty by laser surgery		Revision	No	No	No	No
65860	Severing adhesions of anterior segment, laser technique (separate procedure)		Incision	Yes	Yes	No	No
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
65870	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); anterior synechiae, except goniosynechiae		Incision	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 synechiae		Incision	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
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
65900	Removal of epithelial downgrowth, anterior chamber of eye		Removal	No	No	No	No
65920	Removal of implanted material, anterior segment of eye		Removal	No	No	No	No
65930	Removal of blood clot, anterior segment of eye		Removal	No	No	No	No
66020	Injection, anterior chamber of eye (separate procedure); air or liquid		Introduction	No	No	No	No
66030	Injection, anterior chamber of eye (separate procedure); medication		Introduction	No	No	No	No
66130	Excision of lesion, sclera		Excision	No	No	No	No
66150	Fistulization of sclera for glaucoma; trephination with iridectomy		Revision	No	No	No	No
66155	Fistulization of sclera for glaucoma; thermocauterization with iridectomy		Revision	No	No	No	No
66160	Fistulization of sclera for glaucoma; sclerectomy with punch or scissors, with iridectomy		Revision	No	No	No	No
66170	Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery		Revision	No	No	No	No
66172	Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)		Revision	No	No	No	No
66174	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); without retention of device or stent		Dilation	No	No	No	No
66175	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); with retention of device or stent		Dilation	No	No	No	No
66179	Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft		Shunt	No	No	No	No
66180	Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft		Shunt	No	No	No	No
66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach		Insertion	No	No	No	No
66184	Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft		Revision	No	No	No	No
66185	Revision of aqueous shunt to extraocular equatorial plate reservoir; with graft		Revision	No	No	No	No
66225	Repair of scleral staphyloma; with graft		Repair	No	No	No	No
66250	Revision or repair of operative wound of anterior segment, any type, early or late, major or minor procedure2		Revision	No	No	No	No
66500	Iridotomy by stab incision (separate procedure); except transfixion		Incision	No	No	No	No
66505	Iridotomy by stab incision (separate procedure); with transfixion as for iris bombe		Incision	No	No	No	No
66600	Iridectomy, with corneoscleral or corneal section; for removal of lesion		Removal	No	No	No	No
66605	Iridectomy, with corneoscleral or corneal section; with cyclectomy		Excision	No	No	No	No
66625	Iridectomy, with corneoscleral or corneal section; peripheral for glaucoma (separate procedure)		Excision	No	No	No	No
66630	Iridectomy, with corneoscleral or corneal section; sector for glaucoma (separate procedure)		Excision	No	No	No	No
66635	Iridectomy, with corneoscleral or corneal section; optical (separate procedure)		Excision	No	No	No	No
66680	Repair of iris, ciliary body (as for iridodialysis)		Repair	No	No	No	No
66682	Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision (eg, McCannel suture)		Fixation	No	No	No	No
66700	Ciliary body destruction; diathermy		Destruction	No	No	No	No
66710	Ciliary body destruction; cyclophotocoagulation, transscleral		Destruction	No	No	No	No
66711	Ciliary body destruction; cyclophotocoagulation, endoscopic		Destruction	No	No	No	No
66720	Ciliary body destruction; cryotherapy		Destruction	No	No	No	No
66740	Ciliary body destruction; cyclodialysis		Destruction	No	No	No	No
66761	Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)		Destruction	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
66770	Destruction of cyst or lesion iris or ciliary body (nonexcisional procedure)		Destruction	No	No	No	No
66820	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); stab incision technique (Ziegler or Wheeler knife)		Incision	No	No	No	No
66821	Discission 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
66825	Repositioning of intraocular lens prosthesis, requiring an incision (separate procedure)		Reposition	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
66840	Removal of lens material; aspiration technique, 1 or more stages		Removal	No	No	No	No
66850	Removal of lens material; phacofragmentation technique (mechanical or ultrasonic) (eg, phacoemulsification), with aspiration		Aspiration	No	No	No	No
66852	Removal of lens material; pars plana approach, with or without vitrectomy		Removal	No	No	No	No
66920	Removal of lens material; intracapsular		Removal	No	No	No	No
66930	Removal of lens material; intracapsular, for dislocated lens		Removal	No	No	No	No
66940	Removal of lens material; extracapsular (other than 66840, 66850, 66852)		Removal	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 capsulorrhexis) or performed on patients in the amblyogenic developmental stage		Revision	No	No	No	No
66983	Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure)		Revision	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
66985	Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal		Insertion	Yes	Yes	Yes	No
66986	Exchange of intraocular lens		Replacement	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 capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation		Removal	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
66989	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more		Removal	No	No	No	No
66990	Use of ophthalmic endoscope (List separately in addition to code for primary procedure)		Endoscopy (EGD)	No	No	No	No
66991	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, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more		Removal	No	No	No	No
66999	Unlisted procedure, anterior segment of eye		Unlisted Procedure	Yes	Yes	No	No
67005	Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal		Removal	No	No	No	No
67010	Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal with mechanical vitrectomy		Removal	No	No	No	No
67015	Aspiration or release of vitreous, subretinal or choroidal fluid, pars plana approach (posterior sclerotomy)		Aspiration	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
67027	Implantation of intravitreal drug delivery system (eg, ganciclovir implant), includes concomitant removal of vitreous		Implant	No	No	No	No
67028	Intravitreal injection of a pharmacologic agent (separate procedure)		Introduction	No	No	No	No
67030	Discission of vitreous strands (without removal), pars plana approach		Revision	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
67036	Vitrectomy, mechanical, pars plana approach		Removal	No	No	No	No
67039	Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation		Removal	No	No	No	No
67040	Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation		Removal	No	No	No	No
67041	Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)		Removal	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
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
67101	Repair of retinal detachment, including drainage of subretinal fluid when performed; cryotherapy		Repair	No	No	No	No
67105	Repair of retinal detachment, including drainage of subretinal fluid when performed; photocoagulation		Repair	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
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
67110	Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)		Repair	No	No	No	No

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67113	Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, including, when performed, air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens		Repair	No	No	No	No
67115	Release of encircling material (posterior segment)		Release	No	No	No	No
67120	Removal of implanted material, posterior segment; extraocular		Removal	No	No	No	No
67121	Removal of implanted material, posterior segment; intraocular		Removal	No	No	No	No
67141	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; cryotherapy, diathermy		Repair	No	No	No	No
67145	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; photocoagulation		Repair	No	No	No	No
67208	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; cryotherapy, diathermy		Destruction	No	No	No	No
67210	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation		Destruction	No	No	No	No
67218	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of source (includes removal of source)		Destruction	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
67221	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy (includes intravenous infusion)		Destruction	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
67227	Destruction of extensive or progressive retinopathy (eg, diabetic retinopathy), cryotherapy, diathermy		Destruction	No	No	No	No
67228	Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation		Diabetes	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
67250	Scleral reinforcement (separate procedure); without graft		Repair	No	No	No	No
67255	Scleral reinforcement (separate procedure); with graft		Repair	No	No	No	No
67299	Unlisted procedure, posterior segment		Unlisted Procedure	Yes	Yes	Yes	No
67311	Strabismus surgery, recession or resection procedure; 1 horizontal muscle		Resection	No	No	No	No
67312	Strabismus surgery, recession or resection procedure; 2 horizontal muscles		Resection	No	No	No	No
67314	Strabismus surgery, recession or resection procedure; 1 vertical muscle (excluding superior oblique)		Resection	No	No	No	No
67316	Strabismus surgery, recession or resection procedure; 2 or more vertical muscles (excluding superior oblique)		Resection	No	No	No	No
67318	Strabismus surgery, any procedure, superior oblique muscle		Revision	No	No	No	No
67320	Transposition procedure (eg, for paretic extraocular muscle), any extraocular muscle (specify) (List separately in addition to code for primary procedure)		Revision	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
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
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
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
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
67343	Release of extensive scar tissue without detaching extraocular muscle (separate procedure)		Release	No	No	No	No
67345	Chemodenervation of extraocular muscle		Denervation	No	No	No	No
67346	Biopsy of extraocular muscle		Biopsy	No	No	No	No
67399	Unlisted procedure, extraocular muscle		Unlisted Procedure	Yes	Yes	No	No
67400	Orbitotomy without bone flap (frontal or transconjunctival approach); for exploration, with or without biopsy		Exploratory	No	No	No	No
67405	Orbitotomy without bone flap (frontal or transconjunctival approach); with drainage only		Incision/Drainage	No	No	No	No
67412	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of lesion		Removal	No	No	No	No
67413	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of foreign body		Removal	No	No	No	No
67414	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of bone for decompression		Removal	No	No	No	No
67415	Fine needle aspiration of orbital contents		Aspiration	No	No	No	No
67420	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of lesion		Removal	No	No	No	No
67430	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of foreign body		Removal	No	No	No	No
67440	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with drainage		Incision/Drainage	No	No	No	No
67445	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of bone for decompression		Decompression	No	No	No	No
67450	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); for exploration, with or without biopsy		Exploratory	No	No	No	No
67500	Retrobulbar injection; medication (separate procedure, does not include supply of medication)		Introduction	No	No	No	No
67505	Retrobulbar injection; alcohol		Introduction	No	No	No	No
67515	Injection of medication or other substance into Tenon's capsule		Introduction	No	No	No	No
67516	Suprachoroidal space injection of pharmacologic agent (separate procedure)		Injectable Drug	No	No	No	No
67550	Orbital implant (implant outside muscle cone); insertion		Insertion	No	No	No	No
67560	Orbital implant (implant outside muscle cone); removal or revision		Removal	No	No	No	No
67570	Optic nerve decompression (eg, incision or fenestration of optic nerve sheath)		Decompression	No	No	No	No
67599	Unlisted procedure, orbit		Unlisted Procedure	Yes	Yes	Yes	No
67700	Blepharotomy, drainage of abscess, eyelid		Incision/Drainage	No	No	No	No
67710	Severing of tarsorrhaphy		Revision	No	No	No	No
67715	Canthotomy (separate procedure)		Release	No	No	No	No
67800	Excision of chalazion; single		Excision	No	No	No	No
67801	Excision of chalazion; multiple, same lid		Excision	No	No	No	No
67805	Excision of chalazion; multiple, different lids		Excision	No	No	No	No
67808	Excision of chalazion; under general anesthesia and/or requiring hospitalization, single or multiple		Excision	No	No	No	No
67810	Incisional biopsy of eyelid skin including lid margin		Biopsy	No	No	No	No
67820	Correction of trichiasis; epilation, by forceps only		Revision	No	No	No	No
67825	Correction of trichiasis; epilation by other than forceps (eg, by electrosurgery, cryotherapy, laser surgery)		Revision	No	No	No	No
67830	Correction of trichiasis; incision of lid margin		Incision	No	No	No	No
67835	Correction of trichiasis; incision of lid margin, with free mucous membrane graft		Incision	No	No	No	No
67840	Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure		Excision	No	No	No	No
67850	Destruction of lesion of lid margin (up to 1 cm)		Destruction	No	No	No	No
67875	Temporary closure of eyelids by suture (eg, Frost suture)		Closure	No	No	No	No
67880	Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy		Reconstruction	No	No	No	No
67882	Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy; with transposition of tarsal plate		Reconstruction	No	No	No	No
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)		Repair	Yes	Yes	yes	Yes
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)		Repair	Yes	Yes	yes	Yes
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)		Repair	Yes	Yes	yes	Yes
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach		Repair	Yes	Yes	yes	Yes
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach		Repair	Yes	Yes	yes	Yes
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)		Repair	Yes	Yes	yes	Yes
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)		Repair	Yes	Yes	yes	Yes
67909	Reduction of overcorrection of ptosis		Reduction	Yes	Yes	No	No
67911	Correction of lid retraction		Revision	No	No	No	No
67912	Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)		Revision	No	No	No	No
67914	Repair of ectropion; suture		Repair	No	No	No	No
67915	Repair of ectropion; thermocauterization		Repair	No	No	No	No
67916	Repair of ectropion; excision tarsal wedge		Repair	No	No	No	No
67917	Repair of ectropion; extensive (eg, tarsal strip operations)		Repair	No	No	No	No
67921	Repair of entropion; suture		Repair	No	No	No	No
67922	Repair of entropion; thermocauterization		Repair	No	No	No	No
67923	Repair of entropion; excision tarsal wedge		Repair	No	No	No	No
67924	Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)		Repair	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
67935	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; full thickness		Fixation	No	No	No	No
67938	Removal of embedded foreign body, eyelid		Removal	No	No	No	No
67950	Canthoplasty (reconstruction of canthus)		Reconstruction	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

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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
67971	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, 1 stage or first stage		Reconstruction	Yes	Yes	Yes	No
67973	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, lower, 1 stage or first stage		Reconstruction	Yes	Yes	Yes	No
67974	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, upper, 1 stage or first stage		Reconstruction	Yes	Yes	Yes	No
67975	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; second stage		Reconstruction	Yes	Yes	Yes	No
67999	Unlisted procedure, eyelids		Unlisted Procedure	Yes	Yes	Yes	No
68020	Incision of conjunctiva, drainage of cyst		Incision	No	No	No	No
68040	Expression of conjunctival follicles (eg, for trachoma)		Removal	No	No	No	No
68100	Biopsy of conjunctiva		Biopsy	No	No	No	No
68110	Excision of lesion, conjunctiva; up to 1 cm		Excision	No	No	No	No
68115	Excision of lesion, conjunctiva; over 1 cm		Excision	No	No	No	No
68130	Excision of lesion, conjunctiva; with adjacent sclera		Excision	No	No	No	No
68135	Destruction of lesion, conjunctiva		Destruction	No	No	No	No
68200	Subconjunctival injection		Introduction	No	No	No	No
68320	Conjunctivoplasty; with conjunctival graft or extensive rearrangement		Grafts	Yes	Yes	yes	No
68325	Conjunctivoplasty; with buccal mucous membrane graft (includes obtaining graft)		Grafts	Yes	Yes	yes	No
68326	Conjunctivoplasty, reconstruction cul-de-sac; with conjunctival graft or extensive rearrangement		Reconstruction	Yes	Yes	yes	No
68328	Conjunctivoplasty, reconstruction cul-de-sac; with buccal mucous membrane graft (includes obtaining graft)		Reconstruction	Yes	Yes	yes	No
68330	Repair of symblepharon; conjunctivoplasty, without graft		Repair	No	No	No	No
68335	Repair of symblepharon; with free graft conjunctiva or buccal mucous membrane (includes obtaining graft)		Repair	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
68360	Conjunctival flap; bridge or partial (separate procedure)		Flap	Yes	Yes	yes	No
68362	Conjunctival flap; total (such as Gunderson thin flap or purse string flap)		Flap	Yes	Yes	yes	No
68371	Harvesting conjunctival allograft, living donor		Transplantation	Yes	Yes	yes	Yes
68399	Unlisted procedure, conjunctiva		Unlisted Procedure	Yes	Yes	yes	No
68400	Incision, drainage of lacrimal gland		Incision	No	No	No	No
68420	Incision, drainage of lacrimal sac (dacryocystotomy or dacryocystostomy)		Incision	No	No	No	No
68440	Snip incision of lacrimal punctum		Incision	No	No	No	No
68500	Excision of lacrimal gland (dacryoadenectomy), except for tumor; total		Excision	No	No	No	No
68505	Excision of lacrimal gland (dacryoadenectomy), except for tumor; partial		Excision	No	No	No	No
68510	Biopsy of lacrimal gland		Biopsy	No	No	No	No
68520	Excision of lacrimal sac (dacryocystectomy)		Excision	No	No	No	No
68525	Biopsy of lacrimal sac		Biopsy	No	No	No	No
68530	Removal of foreign body or dacryolith, lacrimal passages		Removal	No	No	No	No
68540	Excision of lacrimal gland tumor; frontal approach		Excision	No	No	No	No
68550	Excision of lacrimal gland tumor; involving osteotomy		Excision	No	No	No	No
68700	Plastic repair of canaliculi		Repair	No	No	No	No
68705	Correction of everted punctum, cautery		Repair	No	No	No	No
68720	Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity)		Revision	No	No	No	No
68745	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); without tube		Reconstruction	No	No	No	No
68750	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); with insertion of tube or stent		Reconstruction	No	No	No	No
68760	Closure of the lacrimal punctum; by thermocauterization, ligation, or laser surgery		Closure	No	No	No	No
68761	Closure of the lacrimal punctum; by plug, each		Closure	No	No	No	No
68770	Closure of lacrimal fistula (separate procedure)		Closure	No	No	No	No
68801	Dilation of lacrimal punctum, with or without irrigation		Dilation	No	No	No	No
68810	Probing of nasolacrimal duct, with or without irrigation;		Dilation	No	No	No	No
68811	Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia		Dilation	No	No	No	No
68815	Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent		Insertion	No	No	No	No
68816	Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation		Balloon Catheter	No	No	No	No
68840	Probing of lacrimal canaliculi, with or without irrigation		Dilation	No	No	No	No
68841	Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal canaliculus, each		Insertion	Yes	Yes	Yes	No
68850	Injection of contrast medium for dacryocystography		Introduction	No	No	No	No
68899	Unlisted procedure, lacrimal system		Unlisted Procedure	Yes	Yes	No	No
69000	Drainage external ear, abscess or hematoma; simple		Incision/Drainage	No	No	No	No
69005	Drainage external ear, abscess or hematoma; complicated		Incision/Drainage	No	No	No	No
69020	Drainage external auditory canal, abscess		Incision/Drainage	No	No	No	No
69090	Ear piercing		Other Procedure	Yes	Yes	No	No
69100	Biopsy external ear		Biopsy	No	No	No	No
69105	Biopsy external auditory canal		Biopsy	No	No	No	No
69110	Excision external ear; partial, simple repair1		Excision	No	No	No	No
69120	Excision external ear; complete amputation		Amputation	Yes	Yes	yes	No
69140	Excision exostosis(es), external auditory canal		Excision	No	No	No	No
69145	Excision soft tissue lesion, external auditory canal		Excision	No	No	No	No
69150	Radical excision external auditory canal lesion; without neck dissection		Excision	No	No	No	No
69155	Radical excision external auditory canal lesion; with neck dissection		Excision	No	No	No	No
69200	Removal foreign body from external auditory canal; without general anesthesia		Removal	No	No	No	No
69205	Removal foreign body from external auditory canal; with general anesthesia		Removal	No	No	No	No
69209	Removal impacted cerumen using irrigation/lavage, unilateral		Removal	No	No	No	No
69210	Removal impacted cerumen requiring instrumentation, unilateral		Removal	No	No	No	No
69220	Debridement, mastoidectomy cavity, simple (eg, routine cleaning)		Debridement	No	No	No	No
69222	Debridement, mastoidectomy cavity, complex (eg, with anesthesia or more than routine cleaning)		Debridement	Yes	Yes	yes	No
69300	Otoplasty, protruding ear, with or without size reduction		Revision	Yes	Yes	yes	No
69310	Reconstruction of external auditory canal (meatoplasty) (eg, for stenosis due to injury, infection) (separate procedure)		Reconstruction	Yes	Yes	No	No
69320	Reconstruction external auditory canal for congenital atresia, single stage		Reconstruction	Yes	Yes	No	No
69399	Unlisted procedure, external ear		Unlisted Procedure	Yes	Yes	yes	No
69420	Myringotomy including aspiration and/or eustachian tube inflation		Aspiration	No	No	No	No
69421	Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia		Aspiration	No	No	No	No
69424	Ventilating tube removal requiring general anesthesia		Removal	No	No	No	No
69433	Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia		Insertion	No	No	No	No
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia		Insertion	No	No	No	No
69440	Middle ear exploration through postauricular or ear canal incision		Exploratory	No	No	No	No
69450	Tympanolysis, transcanal		Incision	No	No	No	No
69501	Transmastoid antrotomy (simple mastoidectomy)		Excision	No	No	No	No
69502	Mastoidectomy; complete		Excision	No	No	No	No
69505	Mastoidectomy; modified radical		Excision	No	No	No	No
69511	Mastoidectomy; radical		Excision	No	No	No	No
69530	Petrous apicectomy including radical mastoidectomy		Excision	No	No	No	No
69535	Resection temporal bone, external approach		Resection	Yes	Yes	Yes	No
69540	Excision aural polyp		Excision	No	No	No	No
69550	Excision aural glomus tumor; transcanal		Excision	No	No	No	No
69552	Excision aural glomus tumor; transmastoid		Excision	No	No	No	No
69554	Excision aural glomus tumor; extended (extratemporal)		Excision	No	No	No	No
69601	Revision mastoidectomy; resulting in complete mastoidectomy		Revision	No	No	No	No
69602	Revision mastoidectomy; resulting in modified radical mastoidectomy		Revision	No	No	No	No
69603	Revision mastoidectomy; resulting in radical mastoidectomy		Revision	No	No	No	No
69604	Revision mastoidectomy; resulting in tympanoplasty		Revision	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
69620	Myringoplasty (surgery confined to drumhead and donor area)		Repair	No	No	No	No
69631	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction		Repair	No	No	No	No
69632	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction (eg, postfenestration)		Reconstruction	No	No	No	No
69633	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis [PORP], total ossicular replacement prosthesis [TORP])		Reconstruction	No	No	No	No
69635	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); without ossicular chain reconstruction		Repair	Yes	No	No	No
69636	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction		Reconstruction	Yes	Yes	Yes	No

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69637	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis [PORP], total ossicular replacement prosthesis [TORP])		Reconstruction	Yes	Yes	Yes	No
69641	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction		Repair	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
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
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
69645	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, without ossicular chain reconstruction		Repair	No	No	No	No
69646	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, with ossicular chain reconstruction		Reconstruction	No	No	No	No
69650	Stapes mobilization		Revision	No	No	No	No
69660	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material;		Revision	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
69662	Revision of stapedectomy or stapedotomy		Revision	No	No	No	No
69666	Repair oval window fistula		repair	No	No	No	No
69667	Repair round window fistula		Repair	No	No	No	No
69670	Mastoid obliteration (separate procedure)		Removal	No	No	No	No
69676	Tympanic neurectomy		Hearing	No	No	No	No
69700	Closure postauricular fistula, mastoid (separate procedure)		Closure	No	No	No	No
69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube [ie, balloon dilation]; unilateral		Dilation	Yes	Yes	Yes	No
69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube [ie, balloon dilation]; bilateral		Dilation	Yes	Yes	Yes	No
69710	Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone		revision	No	No	No	No
69711	Removal or repair of electromagnetic bone conduction hearing device in temporal bone		Removal	No	No	No	No
69714	Implantation, osseointegrated implant, skull, with percutaneous attachment to external speech processor		Implant	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
69717	Replacement (including removal of existing device), osseointegrated implant, skull; with percutaneous attachment to external speech processor		Replacement	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
69720	Decompression facial nerve, intratemporal; lateral to geniculate ganglion		Decompression	No	No	No	No
69725	Decompression facial nerve, intratemporal; including medial to geniculate ganglion		Decompression	No	No	No	No
69726	Removal, entire osseointegrated implant, skull; with percutaneous attachment to external speech processor		Removal	Yes	Yes	Yes	No
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
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
69729	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside of the mastoid and resulting in removal of breater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex		Implant	Yes	Yes	Yes	No
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
69740	Suture facial nerve, intratemporal, with or without graft or decompression; lateral to geniculate ganglion		Fixation	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
69799	Unlisted procedure, middle ear		Unlisted Procedure	No	No	No	No
69801	Labyrinthotomy, with perfusion of vestibuloactive drug(s), transcanal		Introduction	No	No	No	No
69805	Endolymphatic sac operation; without shunt		removal	No	No	No	No
69806	Endolymphatic sac operation; with shunt		Removal	No	No	No	No
69905	Labyrinthectomy; transcanal		Removal	No	No	No	No
69910	Labyrinthectomy; with mastoidectomy		Removal	No	No	No	No
69915	Vestibular nerve section, translabyrinthine approach		Removal	No	No	No	No
69930	Cochlear device implantation, with or without mastoidectomy		Implant	Yes	Yes	Yes	Yes
69949	Unlisted procedure, inner ear		Unlisted Procedure	Yes	Yes	No	No
69950	Vestibular nerve section, transcranial approach		Reconstruction	No	No	No	No
69955	Total facial nerve decompression and/or repair (may include graft)		Decompression	Yes	Yes	No	No
69960	Decompression internal auditory canal		Decompression	Yes	Yes	No	No
69970	Removal of tumor, temporal bone6		Removal	No	No	No	No
69979	Unlisted procedure, temporal bone, middle fossa approach		Unlisted Procedure	Yes	Yes	Yes	No
69990	Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)		Computer Assisted Surge	Yes	Yes	No	No

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70010	Myelography, posterior fossa, radiological supervision and interpretation		Study	No	No	No	No
70015	Cisternography, positive contrast, radiological supervision and interpretation		Study	No	No	No	No
70030	Radiologic examination, eye, for detection of foreign body		X-Ray	No	No	No	No
70100	Radiologic examination, mandible; partial, less than 4 views		X-Ray	No	No	No	No
70110	Radiologic examination, mandible; complete, minimum of 4 views		X-Ray	No	No	No	No
70120	Radiologic examination, mastoids; less than 3 views per side		X-Ray	No	No	No	No
70130	Radiologic examination, mastoids; complete, minimum of 3 views per side		X-Ray	No	No	No	No
70134	Radiologic examination, internal auditory meati, complete		X-Ray	No	No	No	No
70140	Radiologic examination, facial bones; less than 3 views		X-Ray	No	No	No	No
70150	Radiologic examination, facial bones; complete, minimum of 3 views		X-Ray	No	No	No	No
70160	Radiologic examination, nasal bones, complete, minimum of 3 views		X-Ray	No	No	No	No
70170	Dacryocystography, nasolacrimal duct, radiological supervision and interpretation		X-Ray	No	No	No	No
70190	Radiologic examination; optic foramina		X-Ray	No	No	No	No
70200	Radiologic examination; orbits, complete, minimum of 4 views		X-Ray	No	No	No	No
70210	Radiologic examination, sinuses, paranasal, less than 3 views		X-Ray	No	No	No	No
70220	Radiologic examination, sinuses, paranasal, complete, minimum of 3 views		X-Ray	No	No	No	No
70240	Radiologic examination, sella turcica		X-Ray	No	No	No	No
70250	Radiologic examination, skull; less than 4 views		X-Ray	No	No	No	No
70260	Radiologic examination, skull; complete, minimum of 4 views		X-Ray	No	No	No	No
70300	Radiologic examination, teeth; single view		X-Ray	No	No	No	No
70310	Radiologic examination, teeth; partial examination, less than full mouth		X-Ray	No	No	No	No
70320	Radiologic examination, teeth; complete, full mouth		X-Ray	No	No	No	No
70328	Radiologic examination, temporomandibular joint, open and closed mouth; unilateral		X-Ray	No	No	No	No
70330	Radiologic examination, temporomandibular joint, open and closed mouth; bilateral		X-Ray	No	No	No	No
70332	Temporomandibular joint arthrography, radiological supervision and interpretation		Study	No	No	No	No
70336	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)		MRI	Yes	Yes	Yes	Yes
70350	Cephalogram, orthodontic		X-Ray	No	No	No	Yes
70355	Orthopantogram (eg, panoramic x-ray)		X-Ray	No	No	No	No
70360	Radiologic examination; neck, soft tissue		X-Ray	No	No	No	No
70370	Radiologic examination; pharynx or larynx, including fluoroscopy and/or magnification technique		Fluoroscopy	No	No	No	No
70371	Complex dynamic pharyngeal and speech evaluation by cine or video recording		Study	No	No	No	No
70380	Radiologic examination, salivary gland for calculus		X-Ray	No	No	No	No
70390	Sialography, radiological supervision and interpretation		Study	No	No	No	No
70450	Computed tomography, head or brain; without contrast material		CT	No	No	No	Yes
70460	Computed tomography, head or brain; with contrast material(s)		CT	No	No	No	Yes
70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections		CT	No	No	No	Yes
70480	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		CT	No	No	No	Yes
70481	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)		CT	No	No	No	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
70486	Computed tomography, maxillofacial area; without contrast material		CT	No	No	No	Yes
70487	Computed tomography, maxillofacial area; with contrast material(s)		CT	No	No	No	Yes
70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections		CT	No	No	No	Yes
70490	Computed tomography, soft tissue neck; without contrast material		CT	No	No	No	Yes
70491	Computed tomography, soft tissue neck; with contrast material(s)		CT	No	No	No	Yes
70492	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections		CT	No	No	No	Yes
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		CT	No	No	No	Yes
70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		CT	No	No	No	Yes
70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		MRI	Yes	Yes	Yes	Yes
70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)		MRI	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
70544	Magnetic resonance angiography, head; without contrast material(s)		MRA	Yes	Yes	Yes	Yes
70545	Magnetic resonance angiography, head; with contrast material(s)		MRA	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
70547	Magnetic resonance angiography, neck; without contrast material(s)		MRA	Yes	Yes	Yes	Yes
70548	Magnetic resonance angiography, neck; with contrast material(s)		MRA	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
70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		MRI	Yes	Yes	Yes	Yes
70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)		MRI	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
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
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing		MRI	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
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

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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
71045	Radiologic examination, chest; single view		X-Ray	No	No	No	No
71046	Radiologic examination, chest; 2 views		X-Ray	No	No	No	No
71047	Radiologic examination, chest; 3 views		X-Ray	No	No	No	No
71048	Radiologic examination, chest; 4 or more views		X-Ray	No	No	No	No
71100	Radiologic examination, ribs, unilateral; 2 views		X-Ray	No	No	No	No
71101	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views		X-Ray	No	No	No	No
71110	Radiologic examination, ribs, bilateral; 3 views		X-Ray	No	No	No	No
71111	Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views		X-Ray	No	No	No	No
71120	Radiologic examination; sternum, minimum of 2 views		X-Ray	No	No	No	No
71130	Radiologic examination; sternoclavicular joint or joints, minimum of 3 views		X-Ray	No	No	No	No
71250	Computed tomography, thorax; without contrast material		CT	No	No	No	Yes
71260	Computed tomography, thorax; with contrast material(s)		CT	No	No	No	Yes
71270	Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections		CT	No	No	No	Yes
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material		CT	No	No	No	Yes
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		CTA	No	No	No	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
71551	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)		MRI	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
71555	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)		MRA	Yes	Yes	Yes	Yes
72020	Radiologic examination, spine, single view, specify level		X-Ray	No	No	No	No
72040	Radiologic examination, spine, cervical; 2 or 3 views		X-Ray	No	No	No	No
72050	Radiologic examination, spine, cervical; 4 or 5 views		X-Ray	No	No	No	No
72052	Radiologic examination, spine, cervical; 6 or more views		X-Ray	No	No	No	No
72070	Radiologic examination, spine; thoracic, 2 views		X-Ray	No	No	No	No
72072	Radiologic examination, spine; thoracic, 3 views		X-Ray	No	No	No	No
72074	Radiologic examination, spine; thoracic, minimum of 4 views		X-Ray	No	No	No	No
72080	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views		X-Ray	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
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
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
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
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views		X-Ray	No	No	No	No
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views		X-Ray	No	No	No	No
72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views		X-Ray	No	No	No	No
72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views		X-Ray	No	No	No	No
72125	Computed tomography, cervical spine; without contrast material		CT	No	No	No	Yes
72126	Computed tomography, cervical spine; with contrast material		CT	No	No	No	Yes
72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections		CT	No	No	No	Yes
72128	Computed tomography, thoracic spine; without contrast material		CT	No	No	No	Yes
72129	Computed tomography, thoracic spine; with contrast material		CT	No	No	No	Yes
72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections		CT	No	No	No	Yes
72131	Computed tomography, lumbar spine; without contrast material		CT	No	No	No	Yes
72132	Computed tomography, lumbar spine; with contrast material		CT	No	No	No	Yes
72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections		CT	No	No	No	Yes
72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		MRI	Yes	Yes	Yes	Yes
72142	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)		MRI	Yes	Yes	Yes	Yes
72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		MRI	Yes	Yes	Yes	Yes
72147	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)		MRI	Yes	Yes	Yes	Yes
72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		MRI	Yes	Yes	Yes	Yes
72149	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)		MRI	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
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
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
72159	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)		MRA	Yes	Yes	Yes	Yes
72170	Radiologic examination, pelvis; 1 or 2 views		X-Ray	No	No	No	No
72190	Radiologic examination, pelvis; complete, minimum of 3 views		X-Ray	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		CTA	No	No	No	Yes
72192	Computed tomography, pelvis; without contrast material		CT	No	No	No	Yes
72193	Computed tomography, pelvis; with contrast material(s)		CT	No	No	No	Yes
72194	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections		CT	No	No	No	Yes
72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)		MRI	Yes	Yes	Yes	Yes
72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		MRI	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
72198	Magnetic resonance angiography, pelvis, with or without contrast material(s)		MRA	Yes	Yes	Yes	Yes
72200	Radiologic examination, sacroiliac joints; less than 3 views		X-Ray	No	No	No	No
72202	Radiologic examination, sacroiliac joints; 3 or more views		X-Ray	No	No	No	No
72220	Radiologic examination, sacrum and coccyx, minimum of 2 views		X-Ray	No	No	No	No
72240	Myelography, cervical, radiological supervision and interpretation		X-Ray	Yes	Yes	No	No
72255	Myelography, thoracic, radiological supervision and interpretation		X-Ray	Yes	Yes	No	No
72265	Myelography, lumbosacral, radiological supervision and interpretation		X-Ray	Yes	Yes	No	No
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
72285	Discography, cervical or thoracic, radiological supervision and interpretation		Imaging	No	No	No	No
72295	Discography, lumbar, radiological supervision and interpretation		Imaging	No	No	No	No
73000	Radiologic examination; clavicle, complete		X-Ray	No	No	No	No
73010	Radiologic examination; scapula, complete		X-Ray	No	No	No	No
73020	Radiologic examination, shoulder; 1 view		X-Ray	No	No	No	No
73030	Radiologic examination, shoulder; complete, minimum of 2 views		X-Ray	No	No	No	No
73040	Radiologic examination, shoulder, arthrography, radiological supervision and interpretation		X-Ray	No	No	No	No
73050	Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction		X-Ray	No	No	No	No
73060	Radiologic examination; humerus, minimum of 2 views		X-Ray	No	No	No	No
73070	Radiologic examination, elbow; 2 views		X-Ray	No	No	No	No
73080	Radiologic examination, elbow; complete, minimum of 3 views		X-Ray	No	No	No	No
73085	Radiologic examination, elbow, arthrography, radiological supervision and interpretation		X-Ray	No	No	No	No
73090	Radiologic examination; forearm, 2 views		X-Ray	No	No	No	No
73092	Radiologic examination; upper extremity, infant, minimum of 2 views		X-Ray	No	No	No	No
73100	Radiologic examination, wrist; 2 views		X-Ray	No	No	No	No
73110	Radiologic examination, wrist; complete, minimum of 3 views		X-Ray	No	No	No	No
73115	Radiologic examination, wrist, arthrography, radiological supervision and interpretation		X-Ray	No	No	No	No
73120	Radiologic examination, hand; 2 views		X-Ray	No	No	No	No
73130	Radiologic examination, hand; minimum of 3 views		X-Ray	No	No	No	No
73140	Radiologic examination, finger(s), minimum of 2 views		X-Ray	No	No	No	No
73200	Computed tomography, upper extremity; without contrast material		CT	No	No	No	Yes
73201	Computed tomography, upper extremity; with contrast material(s)		CT	No	No	No	Yes
73202	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections		CT	No	No	No	Yes
73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing		CTA	No	No	No	Yes
73218	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)		MRI	Yes	Yes	Yes	Yes
73219	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)		MRI	Yes	Yes	Yes	Yes
73220	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
73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		MRI	Yes	Yes	Yes	Yes
73222	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)		MRI	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
73225	Magnetic resonance angiography, upper extremity, with or without contrast material(s)		MRA	Yes	Yes	Yes	Yes
73501	Radiologic examination, hip, unilateral, with pelvis when performed; 1 view		X-Ray	No	No	No	No
73502	Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views		X-Ray	No	No	No	No
73503	Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views		X-Ray	No	No	No	No
73521	Radiologic examination, hips, bilateral, with pelvis when performed; 2 views		X-Ray	No	No	No	No
73522	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views		X-Ray	No	No	No	No
73523	Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views		X-Ray	No	No	No	No
73525	Radiologic examination, hip, arthrography, radiological supervision and interpretation		X-Ray	No	No	No	No
73551	Radiologic examination, femur; 1 view		X-Ray	No	No	No	No
73552	Radiologic examination, femur; minimum 2 views		X-Ray	No	No	No	No
73560	Radiologic examination, knee; 1 or 2 views		X-Ray	No	No	No	No
73562	Radiologic examination, knee; 3 views		X-Ray	No	No	No	No
73564	Radiologic examination, knee; complete, 4 or more views		X-Ray	No	No	No	No
73565	Radiologic examination, knee; both knees, standing, anteroposterior		X-Ray	No	No	No	No
73580	Radiologic examination, knee, arthrography, radiological supervision and interpretation		X-Ray	No	No	No	No
73590	Radiologic examination; tibia and fibula, 2 views		X-Ray	No	No	No	No
73592	Radiologic examination; lower extremity, infant, minimum of 2 views		X-Ray	No	No	No	No
73600	Radiologic examination, ankle; 2 views		X-Ray	No	No	No	No
73610	Radiologic examination, ankle; complete, minimum of 3 views		X-Ray	No	No	No	No
73615	Radiologic examination, ankle, arthrography, radiological supervision and interpretation		X-Ray	No	No	No	No
73620	Radiologic examination, foot; 2 views		X-Ray	No	No	No	No
73630	Radiologic examination, foot; complete, minimum of 3 views		X-Ray	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
73650	Radiologic examination; calcaneus, minimum of 2 views		X-Ray	No	No	No	No
73660	Radiologic examination; toe(s), minimum of 2 views		X-Ray	No	No	No	No
73700	Computed tomography, lower extremity; without contrast material		CT	No	No	No	Yes
73701	Computed tomography, lower extremity; with contrast material(s)		CT	No	No	No	Yes
73702	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections		CT	No	No	No	Yes
73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing		CTA	No	No	No	Yes
73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)		MRI	Yes	Yes	Yes	Yes
73719	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)		MRI	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
73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		MRI	Yes	Yes	Yes	Yes
73722	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)		MRI	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
73725	Magnetic resonance angiography, lower extremity, with or without contrast material(s)		MRA	Yes	Yes	Yes	Yes
74018	Radiologic examination, abdomen; single view		X-Ray	No	No	No	No
74019	Radiologic examination, abdomen; 2 views		X-Ray	No	No	No	No
74021	Radiologic examination, abdomen; complete, 3+ Views		X-Ray	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
74150	Computed tomography, abdomen; without contrast material		CT	No	No	No	Yes
74160	Computed tomography, abdomen; with contrast material(s)		CT	No	No	No	Yes
74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections		CT	No	No	No	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
74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing		CTA	No	No	No	Yes
74176	Computed tomography, abdomen and pelvis; without contrast material		CT	No	No	No	Yes
74177	Computed tomography, abdomen and pelvis; with contrast material(s)		CT	No	No	No	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
74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		MRI	Yes	Yes	Yes	Yes
74182	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)		MRI	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
74185	Magnetic resonance angiography, abdomen, with or without contrast material(s)		MRA	Yes	Yes	Yes	Yes
74190	Peritoneogram (eg, after injection of air or contrast), radiological supervision and interpretation		X-Ray	No	No	No	No
74210	Radiologic examination; pharynx and/or cervical esophagus		X-Ray	No	No	No	No
74220	Radiologic examination; esophagus		X-Ray	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
74230	Swallowing function, with cineradiography/videoradiography		Fluoroscopy	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
74240	Radiologic examination, gastrointestinal tract, upper; with or without delayed images, without KUB		X-Ray	No	No	No	No
74246	Radiological 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
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
74250	Radiologic examination, small intestine, includes multiple serial images;		X-Ray	No	No	No	No
74251	Radiologic examination, small intestine, includes multiple serial images; via enteroclysis tube		X-Ray	No	No	No	No
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material		CT	No	No	No	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
74263	Computed tomographic (CT) colonography, screening, including image postprocessing		CT	No	No	No	Yes
74270	Radiologic examination, colon; contrast (eg, barium) enema, with or without KUB		X-Ray	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
74283	Therapeutic enema, contrast or air, for reduction of intussusception or other intraluminal obstruction (eg, meconium ileus)		Fluoroscopy	No	No	No	No
74290	Cholecystography, oral contrast		X-Ray	No	No	No	No
74300	Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation		X-Ray	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
74328	Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation		Catherization	Yes	Yes	No	No
74329	Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation		Catherization	Yes	Yes	No	No
74330	Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation		Catherization	Yes	Yes	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
74340	Introduction of long gastrointestinal tube (eg, Miller-Abbott), including multiple fluoroscopies and images, radiological supervision and interpretation		Introduction	No	No	No	No
74355	Percutaneous placement of enteroclysis tube, radiological supervision and interpretation		Placement	No	No	No	No
74360	Intraluminal dilation of strictures and/or obstructions (eg, esophagus), radiological supervision and interpretation		Dilation	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
74400	Urography (pyelography), intravenous, with or without KUB, with or without tomography		Study	No	No	No	No
74410	Urography, infusion, drip technique and/or bolus technique;		Infusion	No	No	No	No
74415	Urography, infusion, drip technique and/or bolus technique; with nephrotomography		Infusion	No	No	No	No
74420	Urography, retrograde, with or without KUB		Study	No	No	No	No
74425	Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation		Study	No	No	No	No
74425	Urography, antegrade, radiological supervision and interpretation		Study	No	No	No	No
74430	Cystography, minimum of 3 views, radiological supervision and interpretation		X-Ray	No	No	No	No
74440	Vasography, vesiculography, or epididymography, radiological supervision and interpretation		Study	No	No	No	No
74450	Urethrocystography, retrograde, radiological supervision and interpretation		X-Ray	No	No	No	No
74455	Urethrocystography, voiding, radiological supervision and interpretation		X-Ray	No	No	No	No
74470	Radiologic examination, renal cyst study, translumbar, contrast visualization, radiological supervision and interpretation		X-Ray	No	No	No	No
74485	Dilation of ureter(s) or urethra, radiological supervision and interpretation		Dilation	No	No	No	No
74710	Pelvimetry, with or without placental localization	code discontinued 1/1/24	X-Ray	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
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
74740	Hysterosalpingography, radiological supervision and interpretation		X-Ray	No	No	No	No
74742	Transcervical catheterization of fallopian tube, radiological supervision and interpretation		Catherization	No	No	No	No
74775	Perineogram (eg, vaginogram, for sex determination or extent of anomalies)		Imaging	No	No	No	No
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;		MRI	Yes	Yes	Yes	Yes
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging		MRI	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
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
75565	Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)		MRI	Yes	Yes	Yes	Yes
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium		CT	No	No	No	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
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 ventricalar** [LV] cardiac function, **right ventricular** [RV] structure and function and evaluation of **vascular** structures, if performed)		CT	No	No	No	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
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		CTA	No	No	No	No
75600	Aortography, thoracic, without serialography, radiological supervision and interpretation		X-Ray	No	No	No	No
75605	Aortography, thoracic, by serialography, radiological supervision and interpretation		X-Ray	No	No	No	No
75625	Aortography, abdominal, by serialography, radiological supervision and interpretation		X-Ray	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
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
75705	Angiography, spinal, selective, radiological supervision and interpretation		Fluoroscopy	No	No	No	No
75710	Angiography, extremity, unilateral, radiological supervision and interpretation		Fluoroscopy	No	No	No	No
75716	Angiography, extremity, bilateral, radiological supervision and interpretation		Fluoroscopy	No	No	No	No
75726	Angiography, visceral, selective or supraselective (with or without flush aortogram), radiological supervision and interpretation		Fluoroscopy	No	No	No	No
75731	Angiography, adrenal, unilateral, selective, radiological supervision and interpretation		Fluoroscopy	No	No	No	No
75733	Angiography, adrenal, bilateral, selective, radiological supervision and interpretation		Fluoroscopy	No	No	No	No
75736	Angiography, pelvic, selective or supraselective, radiological supervision and interpretation		Fluoroscopy	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
75741	Angiography, pulmonary, unilateral, selective, radiological supervision and interpretation		Fluoroscopy	No	No	No	No
75743	Angiography, pulmonary, bilateral, selective, radiological supervision and interpretation		Fluoroscopy	No	No	No	No
75746	Angiography, pulmonary, by nonselective catheter or venous injection, radiological supervision and interpretation		Fluoroscopy	No	No	No	No
75756	Angiography, internal mammary, radiological supervision and interpretation		Fluoroscopy	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
75801	Lymphangiography, extremity only, unilateral, radiological supervision and interpretation		X-Ray	No	No	No	No
75803	Lymphangiography, extremity only, bilateral, radiological supervision and interpretation		X-Ray	No	No	No	No
75805	Lymphangiography, pelvic/abdominal, unilateral, radiological supervision and interpretation		X-Ray	No	No	No	No
75807	Lymphangiography, pelvic/abdominal, bilateral, radiological supervision and interpretation		X-Ray	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
75810	Splenoportography, radiological supervision and interpretation		X-Ray	No	No	No	No
75820	Venography, extremity, unilateral, radiological supervision and interpretation		X-Ray	No	No	No	No
75822	Venography, extremity, bilateral, radiological supervision and interpretation		X-Ray	No	No	No	No
75825	Venography, caval, inferior, with serialography, radiological supervision and interpretation		X-Ray	No	No	No	No
75827	Venography, caval, superior, with serialography, radiological supervision and interpretation		X-Ray	No	No	No	No
75831	Venography, renal, unilateral, selective, radiological supervision and interpretation		X-Ray	No	No	No	No
75833	Venography, renal, bilateral, selective, radiological supervision and interpretation		X-Ray	No	No	No	No
75840	Venography, adrenal, unilateral, selective, radiological supervision and interpretation		X-Ray	No	No	No	No
75842	Venography, adrenal, bilateral, selective, radiological supervision and interpretation		X-Ray	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
75870	Venography, superior sagittal sinus, radiological supervision and interpretation		X-Ray	No	No	No	No
75872	Venography, epidural, radiological supervision and interpretation		X-Ray	No	No	No	No
75880	Venography, orbital, radiological supervision and interpretation		X-Ray	No	No	No	No
75885	Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation		Fluoroscopy	No	No	No	No
75887	Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation		Fluoroscopy	No	No	No	No
75889	Hepatic venography, wedged or free, with hemodynamic evaluation, radiological supervision and interpretation		X-Ray	No	No	No	No
75891	Hepatic venography, wedged or free, without hemodynamic evaluation, radiological supervision and interpretation		X-Ray	No	No	No	No
75893	parathyroid hormone, renin), radiological supervision and interpretation		Catherization	No	No	No	No
75894	Transcatheter therapy, embolization, any method, radiological supervision and interpretation		Transcatheter	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
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
75902	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen, radiologic supervision and interpretation		Removal	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
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
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
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
75970	Transcatheter biopsy, radiological supervision and interpretation		Biopsy	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
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
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
76010	Radiologic examination from nose to rectum for foreign body, single view, child		X-Ray	No	No	No	No
76080	Radiologic examination, abscess, fistula or sinus tract study, radiological supervision and interpretation		X-Ray	No	No	No	No
76098	Radiological examination, surgical specimen		X-Ray	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
76100	Radiologic examination, single plane body section (eg, tomography), other than with urography		X-Ray	No	No	No	No
76120	Cineradiography/videoradiography, except where specifically included		X-Ray	No	No	No	No
76125	Cineradiography/videoradiography to complement routine examination (List separately in addition to code for primary procedure)		X-Ray	No	No	No	No
76140	Consultation on X-ray examination made elsewhere, written report		X-Ray	No	No	No	No
76145	Medical physics dose evaluation for radiation exposure that exceeds institutional review threshold, including report		Testing	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; not requiring image postprocessing on an independent workstation		Imaging	No	No	No	No
76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation		Imaging	No	No	No	No
76380	Computed tomography, limited or localized follow-up study		CT	No	No	No	Yes
76390	Magnetic resonance spectroscopy		SPECT	Yes	Yes	Yes	Yes
76391	Magnetic resonance (eg, vibration) elastography		MRI	Yes	Yes	Yes	No
76496	Unlisted fluoroscopic procedure (eg, diagnostic, interventional)		Fluoroscopy	No	No	No	No
76497	Unlisted computed tomography procedure (eg, diagnostic, interventional)		CT	No	No	No	No
76498	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)		Diagnostic/Screening	Yes	Yes	No	No
76499	Unlisted diagnostic radiographic procedure	no auth needed when billed with 77067 on same day with same supplier	Diagnostic/Screening	Yes	Yes	No	No
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
76510	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter		Ultrasound	No	No	No	No
76511	Ophthalmic ultrasound, diagnostic; quantitative A-scan only		Ultrasound	No	No	No	No
76512	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)		Ultrasound	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
76514	Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)		Ultrasound	No	No	No	No
76516	Ophthalmic biometry by ultrasound echography, A-scan;		Ultrasound	No	No	No	No
76519	Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation		Ultrasound	No	No	No	No
76529	Ophthalmic ultrasonic foreign body localization		Ultrasound	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
76604	Ultrasound, chest (includes mediastinum), real time with image documentation		Ultrasound	No	No	No	No
76641	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete		Ultrasound	No	No	No	No
76642	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited		Ultrasound	No	No	No	No
76700	Ultrasound, abdominal, real time with image documentation; complete		Ultrasound	No	No	No	No
76705	Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)		Ultrasound	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
76770	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete		Ultrasound	No	No	No	No
76775	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited		Ultrasound	No	No	No	No
76776	Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation		Ultrasound	No	No	No	No
76800	Ultrasound, spinal canal and contents		Ultrasound	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
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
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
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
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
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
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
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
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
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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
76817	Ultrasound, pregnant uterus, real time with image documentation, transvaginal		Ultrasound	No	No	No	No
76818	Fetal biophysical profile; with non-stress testing		Ultrasound	No	No	No	No
76819	Fetal biophysical profile; without non-stress testing		Ultrasound	No	No	No	No
76820	Doppler velocimetry, fetal; umbilical artery		Ultrasound	No	No	No	No
76821	Doppler velocimetry, fetal; middle cerebral artery		Ultrasound	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
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
76827	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete		ECHO	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
76830	Ultrasound, transvaginal		Ultrasound	No	No	No	No
76831	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed		Ultrasound	No	No	No	No
76856	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete		Ultrasound	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
76870	Ultrasound, scrotum and contents		Ultrasound	No	No	No	No
76872	Ultrasound, transrectal;		Ultrasound	No	No	No	No
76873	Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)		Ultrasound	No	No	No	No
76881	Ultrasound, extremity, nonvascular, real-time with image documentation; complete		Ultrasound	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
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
76885	Ultrasound, infant hips, real time with imaging documentation; dynamic (requiring physician or other qualified health care professional manipulation)		Ultrasound	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
76932	Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation		Biopsy	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
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
76940	Ultrasound guidance for, and monitoring of, parenchymal tissue ablation		Ultrasound	No	No	No	No
76941	supervision and interpretation		Ultrasound	No	No	No	No
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation		Biopsy	No	No	No	No
76945	Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation		Ultrasound	No	No	No	No
76946	Ultrasonic guidance for amniocentesis, imaging supervision and interpretation		Ultrasound	No	No	No	No
76948	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation		Ultrasound	No	No	Kindbody	Kindbody
76965	Ultrasonic guidance for interstitial radioelement application		Ultrasound	No	No	No	No
76970	Ultrasound study follow-up (specify)		Ultrasound	No	No	No	No
76975	Gastrointestinal endoscopic ultrasound, supervision and interpretation		Ultrasound	No	No	No	No
76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method		Ultrasound	No	No	No	No
76978	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion	Crossover from C9744 *Do not re	Ultrasound	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
76981	Ultrasound, elastography; parenchyma (eg, organ)		Ultrasound	No	No	No	No
76982	Ultrasound, elastography; first target lesion		Ultrasound	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
76984	Ultrasound, intraoperative thoracic aorta (eg, epiaortic), diagnostic		Ultrasound	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		Ultrasound	No	No	No	No
76988	Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; placement, manipulation of transducer, and image acquisition only		Ultrasound	No	No	No	No
76989	Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; interpretation and report only		Ultrasound	No	No	No	No
76998	Ultrasonic guidance, intraoperative		Ultrasound	No	No	No	No
76999	Unlisted ultrasound procedure (eg, diagnostic, interventional)		Ultrasound	No	No	No	No
77001	(catheter only or complete), or removal (includes fluoroscopic guidance for		Fluoroscopy	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
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
77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)		Fluoroscopy	No	No	No	No
77011	Computed tomography guidance for stereotactic localization		CT	No	No	No	No
77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation		CT	No	No	No	No
77013	Computed tomography guidance for, and monitoring of, parenchymal tissue ablation		CT	No	No	No	No
77014	Computed tomography guidance for placement of radiation therapy fields		CT	No	No	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
77022	Magnetic resonance imaging guidance for, and monitoring of, parenchymal tissue ablation		MRI	Yes	Yes	Yes	Yes
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	Crossover from C8904	MRI	No	No	Yes	Yes
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	Crossover from C8907	MRI	No	No	Yes	Yes
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
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
77053	Mammary ductogram or galactogram, single duct, radiological supervision and interpretation		MRI	No	No	No	No
77054	Mammary ductogram or galactogram, multiple ducts, radiological supervision and interpretation		MRI	No	No	No	No
77061	Digital breast tomosynthesis; unilateral		X-Ray	No	No	No	No
77062	Digital breast tomosynthesis; bilateral		X-Ray	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
77065	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral		X-Ray	No	No	No	No
77066	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral		X-Ray	No	No	No	No
77067	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed		X-Ray	No	No	No	No
77071	Manual application of stress performed by physician or other qualified health care professional for joint radiography, including contralateral joint if indicated		Imaging	No	No	No	No
77072	Bone age studies		Study	No	No	No	No
77073	Bone length studies (orthoroentgenogram, scanogram)		Study	No	No	No	No
77074	Radiologic examination, osseous survey; limited (eg, for metastases)		X-Ray	No	No	No	No
77075	Radiologic examination, osseous survey; complete (axial and appendicular skeleton)		X-Ray	No	No	No	No
77076	Radiologic examination, osseous survey, infant		X-Ray	No	No	No	No
77077	Joint survey, single view, 2 or more joints (specify)		Study	No	No	No	No
77078	Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)		CT	No	No	No	No
77080	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)		X-Ray	No	No	No	No
77081	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)		X-Ray	No	No	No	No
77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply		MRI	Yes	Yes	Yes	Yes
77085	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment		X-Ray	No	No	No	No
77086	Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)		X-Ray	No	No	No	No
77089	Trabecular bone score (TBS), structural condition of the bone microarchitecture; using dual X-ray absorptiometry (DXA) or other imaging data on gray-scale variogram, calculation, with interpretation and report on fracture-risk		X-Ray	Yes	Yes	Yes	No
77090	Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical preparation and transmission of data for analysis to be performed elsewhere		X-Ray	Yes	Yes	Yes	No
77091	Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical calculation only		X-Ray	Yes	Yes	Yes	No
77092	Trabecular bone score (TBS), structural condition of the bone microarchitecture; interpretation and report on fracture-risk only by other qualified health care professional		X-Ray	Yes	Yes	Yes	No
77261	Therapeutic radiology treatment planning; simple		Radiation Therapy	No	No	No	No
77262	Therapeutic radiology treatment planning; intermediate		Radiation Therapy	No	No	No	No
77263	Therapeutic radiology treatment planning; complex		Radiation Therapy	No	No	No	No
77280	Therapeutic radiology simulation-aided field setting; simple		Radiation Therapy	No	No	No	No
77285	Therapeutic radiology simulation-aided field setting; intermediate		Radiation Therapy	No	No	No	No
77290	Therapeutic radiology simulation-aided field setting; complex		Radiation Therapy	No	No	No	No
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)		Radiation Therapy	No	No	No	No
77295	3-dimensional radiotherapy plan, including dose-volume histograms		Radiation Therapy	No	No	No	No
77299	Unlisted procedure, therapeutic radiology clinical treatment planning		Radiation Therapy	No	No	No	No
77300	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician		Radiation Therapy	No	No	No	No
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications		Radiation Therapy	No	No	No	No
77306	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)		Radiation Therapy	No	No	No	No
77307	Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)		Radiation Therapy	No	No	No	No

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77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)		Radiation Therapy	No	No	No	No
77317	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)		Radiation Therapy	No	No	No	No
77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)		Radiation Therapy	No	No	No	No
77321	Special teletherapy port plan, particles, hemibody, total body		Radiation Therapy	No	No	No	No
77331	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician		Radiation Therapy	No	No	No	No
77332	Treatment devices, design and construction; simple (simple block, simple bolus)		Radiation Therapy	No	No	No	No
77333	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)		Radiation Therapy	No	No	No	No
77334	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)		Radiation Therapy	No	No	No	No
77336	Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy		Radiation Therapy	No	No	No	No
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan		Radiation Therapy	No	No	No	No
77370	Special medical radiation physics consultation		Radiation Therapy	No	No	No	No
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based		Radiation Therapy	Yes	Yes	No	Yes
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based		Radiation Therapy	Yes	Yes	No	Yes
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions		Radiation Therapy	Yes	Yes	No	Yes
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple		Radiation Therapy	Yes	Yes	No	Yes
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex		Radiation Therapy	Yes	Yes	No	Yes
77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed		Radiation Therapy	Yes	Yes	No	Yes
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services		Radiation Therapy	No	No	No	No
77401	Radiation treatment delivery, superficial and/or ortho voltage, per day		Radiation Therapy	Yes	Yes	No	Yes
77402	Radiation treatment delivery, =>1 MeV; simple		Radiation Therapy	Yes	Yes	No	Yes
77407	Radiation treatment delivery, =>1 MeV; intermediate		Radiation Therapy	Yes	Yes	No	Yes
77412	Radiation treatment delivery, => 1 MeV; complex		Radiation Therapy	Yes	Yes	No	Yes
77417	Therapeutic radiology port image(s)		Radiation Therapy	Yes	Yes	No	No
77423	High energy neutron radiation treatment delivery; 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)		Radiation Therapy	Yes	Yes	No	Yes
77424	Intraoperative radiation treatment delivery, x-ray, single treatment session		Radiation Therapy	Yes	Yes	No	Yes
77425	Intraoperative radiation treatment delivery, electrons, single treatment session		Radiation Therapy	Yes	Yes	No	Yes
77427	Radiation treatment management, 5 treatments		Radiation Therapy	No	No	No	No
77431	Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only		Radiation Therapy	No	No	No	No
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)		Radiation Therapy	No	No	No	No
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions		Radiation Therapy	No	No	No	No
77469	Intraoperative radiation treatment management		Radiation Therapy	No	No	No	No
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)		Radiation Therapy	No	No	No	No
77499	Unlisted procedure, therapeutic radiology treatment management		Radiation Therapy	Yes	Yes	Yes	No
77520	Proton treatment delivery; simple, without compensation		Radiation Therapy	Yes	Yes	Yes	Yes
77522	Proton treatment delivery; simple, with compensation		Radiation Therapy	Yes	Yes	Yes	Yes
77523	Proton treatment delivery; intermediate		Radiation Therapy	Yes	Yes	Yes	Yes
77525	Proton treatment delivery; complex		Radiation Therapy	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
77605	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)		Radiation Therapy	No	No	No	Yes
77610	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators		Radiation Therapy	No	No	No	Yes
77615	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators		Radiation Therapy	No	No	No	Yes
77620	Hyperthermia generated by intracavitary probe(s)		Radiation Therapy	No	No	No	Yes
77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care)		Radiation Therapy	No	No	No	Yes
77761	Intracavitary radiation source application; simple		Radiation Therapy	No	No	No	Yes
77762	Intracavitary radiation source application; intermediate		Radiation Therapy	No	No	No	Yes
77763	Intracavitary radiation source application; complex		Radiation Therapy	No	No	No	Yes
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
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
77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel		Radiation Therapy	No	No	No	Yes
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
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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed		Radiation Therapy	No	No	No	Yes
77789	Surface application of low dose rate radionuclide source		Radiation Therapy	No	No	No	No
77790	Supervision, handling, loading of radiation source		Radiation Therapy	No	No	No	No
77799	Unlisted procedure, clinical brachytherapy		Radiation Therapy	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
78013	Thyroid imaging (including vascular flow, when performed);		Imaging	Yes	Yes	Yes	No
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
78015	Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)		Imaging	Yes	Yes	Yes	No
78016	Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)		Imaging	Yes	Yes	Yes	No
78018	Thyroid carcinoma metastases imaging; whole body		Imaging	Yes	Yes	Yes	No
78020	Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)		Measurement	No	No	No	No
78070	Parathyroid planar imaging (including subtraction, when performed);		Imaging	No	No	No	No
78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)		SPECT	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
78075	Adrenal imaging, cortex and/or medulla		Imaging	No	No	No	No
78099	Unlisted endocrine procedure, diagnostic nuclear medicine		Unlisted Procedure	Yes	Yes	Yes	No
78102	Bone marrow imaging; limited area		Imaging	Yes	Yes	Yes	No
78103	Bone marrow imaging; multiple areas		Imaging	Yes	Yes	Yes	No
78104	Bone marrow imaging; whole body		Imaging	Yes	Yes	Yes	No
78110	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); single sampling		Measurement	No	No	No	No
78111	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); multiple samplings		Measurement	No	No	No	No
78120	Red cell volume determination (separate procedure); single sampling		Measurement	No	No	No	No
78121	Red cell volume determination (separate procedure); multiple samplings		Measurement	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
78130	Red cell survival study		Study	No	No	No	No
78140	Labeled red cell sequestration, differential organ/tissue (eg, splenic and/or hepatic)		Measurement	No	No	No	No
78185	Spleen imaging only, with or without vascular flow		Imaging	No	No	No	No
78191	Platelet survival study		Study	No	No	No	No
78195	Lymphatics and lymph nodes imaging		Imaging	No	No	No	No
78199	Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine		Unlisted Procedure	Yes	Yes	Yes	No
78201	Liver imaging; static only		Imaging	No	No	No	No
78202	Liver imaging; with vascular flow		Imaging	No	No	No	No
78215	Liver and spleen imaging; static only		Imaging	No	No	No	No
78216	Liver and spleen imaging; with vascular flow		Imaging	No	No	No	No
78226	Hepatobiliary system imaging, including gallbladder when present;		Imaging	No	No	No	No
78227	Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed		Imaging	No	No	No	No
78230	Salivary gland imaging;		Imaging	No	No	No	No
78231	Salivary gland imaging; with serial images		Imaging	No	No	No	No
78232	Salivary gland function study		Study	No	No	No	No
78258	Esophageal motility		Diagnostic/Screening	No	No	No	No
78261	Gastric mucosa imaging		Imaging	No	No	No	No
78262	Gastroesophageal reflux study		Study	No	No	No	No
78264	Gastric emptying imaging study (eg, solid, liquid, or both);		Study	No	No	No	No
78265	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit		Study	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
78267	Urea breath test, C-14 (isotopic); acquisition for analysis		Diagnostic/Screening	No	No	No	No
78268	Urea breath test, C-14 (isotopic); analysis		Diagnostic/Screening	No	No	No	No
78278	Acute gastrointestinal blood loss imaging		Imaging	No	No	No	No
78282	Gastrointestinal protein loss		Diagnostic/Screening	No	No	No	No
78290	Intestine imaging (eg, ectopic gastric mucosa, Meckel's localization, volvulus)		Imaging	No	No	No	No
78291	Peritoneal-venous shunt patency test (eg, for LeVeen, Denver shunt)		shunt	No	No	No	No
78299	Unlisted gastrointestinal procedure, diagnostic nuclear medicine		Unlisted Procedure	Yes	Yes	Yes	No
78300	Bone and/or joint imaging; limited area		Imaging	Yes	Yes	Yes	No
78305	Bone and/or joint imaging; multiple areas		Imaging	Yes	Yes	Yes	No
78306	Bone and/or joint imaging; whole body		Imaging	Yes	Yes	Yes	No
78315	Bone and/or joint imaging; 3 phase study		Imaging	Yes	Yes	Yes	No
78350	Bone density (bone mineral content) study, 1 or more sites; single photon absorptiometry		Study	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
78399	Unlisted musculoskeletal procedure, diagnostic nuclear medicine		Unlisted Procedure	Yes	Yes	Yes	No
78414	Determination of central c-v hemodynamics (non-imaging) (eg, ejection fraction with probe technique) with or without pharmacologic intervention or exercise, single or multiple determinations		Diagnostic/Screening	No	No	No	No
78428	Cardiac shunt detection		shunt	No	No	No	No
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 trasmission scan	part of 78459	PET Scan	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 trasmission scan	part of 78491	PET Scan	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 trasmission scan	part of 78492	PET Scan	Yes	Yes	Yes	Yes

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
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
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 trasmission scan		PET Scan	Yes	Yes	Yes	Yes
78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress [List separately in addition to code for primary procedure]		PET Scan	Yes	Yes	Yes	Yes
78445	Non-cardiac vascular flow imaging (ie, angiography, venography)		Imaging	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
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
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
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
78456	Acute venous thrombosis imaging, peptide		Imaging	No	No	No	No
78457	Venous thrombosis imaging, venogram; unilateral		Imaging	No	No	No	No
78458	Venous thrombosis imaging, venogram; bilateral		Imaging	No	No	No	No
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation		PET Scan	Yes	Yes	Yes	Yes
78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative		Imaging	No	No	No	Yes
78468	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique		Imaging	No	No	No	Yes
78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification		SPECT	No	No	No	Yes
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
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
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
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
78491	Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress		PET Scan	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
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
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
78499	Unlisted cardiovascular procedure, diagnostic nuclear medicine		Unlisted Procedure	Yes	Yes	Yes	No
78579	Pulmonary ventilation imaging (eg, aerosol or gas)		Imaging	No	No	No	No
78580	Pulmonary perfusion imaging (eg, particulate)		Imaging	No	No	No	No
78582	Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging		Imaging	No	No	No	No
78597	Quantitative differential pulmonary perfusion, including imaging when performed		Diagnostic/Screening	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
78599	Unlisted respiratory procedure, diagnostic nuclear medicine		Unlisted Procedure	Yes	Yes	Yes	No
78600	Brain imaging, less than 4 static views;		Imaging	No	No	No	No
78601	Brain imaging, less than 4 static views; with vascular flow		Imaging	No	No	No	No
78605	Brain imaging, minimum 4 static views;		Imaging	No	No	No	No
78606	Brain imaging, minimum 4 static views; with vascular flow		Imaging	No	No	No	No
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation		PET Scan	Yes	Yes	Yes	Yes
78609	Brain imaging, positron emission tomography (PET); perfusion evaluation		PET Scan	Yes	Yes	Yes	Yes
78610	Brain imaging, vascular flow only		Imaging	No	No	No	No
78630	Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography		Imaging	No	No	No	No
78635	Cerebrospinal fluid flow, imaging (not including introduction of material); ventriculography		Imaging	No	No	No	No
78645	Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation		Imaging	No	No	No	No
78650	Cerebrospinal fluid leakage detection and localization		Diagnostic/Screening	No	No	No	No
78660	Radiopharmaceutical dacryocystography		Diagnostic/Screening	No	No	No	No
78699	Unlisted nervous system procedure, diagnostic nuclear medicine		Unlisted Procedure	No	No	No	No
78700	Kidney imaging morphology;		Imaging	No	No	No	No
78701	Kidney imaging morphology; with vascular flow		Imaging	No	No	No	No
78707	Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention		Imaging	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
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
78725	Kidney function study, non-imaging radioisotopic study		Study	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
78730	Urinary bladder residual study (List separately in addition to code for primary procedure)		Study	No	No	No	No
78740	Ureteral reflux study (radiopharmaceutical voiding cystogram)		Study	No	No	No	No
78761	Testicular imaging with vascular flow		Imaging	No	No	No	No
78799	Unlisted genitourinary procedure, diagnostic nuclear medicine		Unlisted Procedure	Yes	Yes	Yes	No
78800	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); limited area		Diagnostic/Screening	Yes	Yes	No	No
78801	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); multiple areas		Diagnostic/Screening	Yes	Yes	No	No
78802	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, single day imaging		Imaging	Yes	Yes	Yes	No
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	No
78804	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, requiring 2 or more days imaging		Imaging	Yes	Yes	Yes	No
78808	Injection procedure for radiopharmaceutical localization by non-imaging probe study, intravenous (eg, parathyroid adenoma)		Study	No	No	No	No
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)		PET Scan	Yes	Yes	Yes	Yes
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh		PET Scan	Yes	Yes	Yes	Yes
78813	Positron emission tomography (PET) imaging; whole body		PET Scan	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
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
78816	Positron emission tomography (PET) with concurrently acquired CT for attenuation correction and anatomical localization imaging; whole body		PET Scan	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	No
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 acquisitons (eg, lung ventilation and perfusion), single day imaging, or single area or acquisiton over 2 or more days		SPECT	Yes	Yes	Yes	No
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 acquisitons (eg, lung ventilation and perfusion), single day imaging, or single area or acquisiton over 2 or more days		SPECT	Yes	Yes	Yes	No
78835	Radiopharmaceutical quantification measurement(s) single area [List separately in addition to code for primary procedure]		Measurement	no	No	No	No
78999	Unlisted miscellaneous procedure, diagnostic nuclear medicine		Diagnostic/Screening	No	No	No	No
79005	Radiopharmaceutical therapy, by oral administration		Radiation Therapy	No	No	No	Yes
79101	Radiopharmaceutical therapy, by intravenous administration		Radiation Therapy	No	No	No	Yes
79200	Radiopharmaceutical therapy, by intracavitary administration		Radiation Therapy	No	No	No	No
79300	Radiopharmaceutical therapy, by interstitial radioactive colloid administration		Radiation Therapy	No	No	No	No
79403	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion		Radiation Therapy	No	No	No	Yes
79440	Radiopharmaceutical therapy, by intra-articular administration		Radiation Therapy	No	No	No	No
79445	Radiopharmaceutical therapy, by intra-arterial particulate administration		Radiation Therapy	No	No	No	No
79999	Radiopharmaceutical therapy, unlisted procedure		Radiation Therapy	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
80047	Basic metabolic panel (Calcium, ionized) This panel must include the following: Calcium, ionized (82330) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea Nitrogen (BUN) (84520)		Organ/Disease Panels	No	No	No	No
80048	Basic metabolic panel (Calcium, total) This panel must include the following: Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)		Organ/Disease Panels	No	No	No	No
80050	General health panel This panel must include the following: Comprehensive metabolic panel (80053) Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009) Thyroid stimulating hormone (TSH) (84443)		Organ/Disease Panels	No	No	No	No
80051	Electrolyte panel This panel must include the following: Carbon dioxide (bicarbonate) (82374) Chloride (82435) Potassium (84132) Sodium (84295)		Organ/Disease Panels	No	No	No	No
80053	Comprehensive metabolic panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphatase, alkaline (84075) Potassium (84132) Protein, total (84155) Sodium (84295) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450) Urea nitrogen (BUN) (84520)		Organ/Disease Panels	No	No	No	No
80055	Obstetric panel This panel must include the following: Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009) Hepatitis B surface antigen (HBsAg) (87340) Antibody, rubella (86762) Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART) (86592) Antibody screen, RBC, each serum technique (86850) Blood typing, ABO (86900) AND Blood typing, Rh (D) (86901)		Organ/Disease Panels	No	No	No	No
80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)		Organ/Disease Panels	No	No	No	No
80069	Renal function panel This panel must include the following: Albumin (82040) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphorus inorganic (phosphate) (84100) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)		Organ/Disease Panels	No	No	No	No
80074	Acute hepatitis panel This panel must include the following: Hepatitis A antibody (HAAb), IgM antibody (86709) Hepatitis B core antibody (HBcAb), IgM antibody (86705) Hepatitis B surface antigen (HBsAg) (87340) Hepatitis C antibody (86803)		Organ/Disease Panels	No	No	No	No
80076	Hepatic function panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Bilirubin, direct (82248) Phosphatase, alkaline (84075) Protein, total (84155) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450)		Organ/Disease Panels	No	No	No	No
80081	Obstetric panel (includes HIV testing)		Organ/Disease Panels	No	No	No	No
80143	Therapeutic Drug Assay; Acetaminophen		Therapeutic Drug Assay	Yes	Yes	Yes	No
80145	Therapeutic Drug Assay; Adalimumab		Therapeutic Drug Assay	Yes	Yes	Yes	No
80150	Amikacin		Therapeutic Drug Assays	No	No	No	No
80151	Therapeutic Drug Assay: Amiodarone		Therapeutic Drug Assay	Yes	Yes	Yes	No
80155	Caffeine		Therapeutic Drug Assays	No	No	No	No
80156	Carbamazepine; total		Therapeutic Drug Assays	No	No	No	No
80157	Carbamazepine; free		Therapeutic Drug Assays	No	No	No	No
80158	Cyclosporine		Therapeutic Drug Assays	No	No	No	No
80159	Cocaine		Therapeutic Drug Assays	No	No	No	No
80161	Therapeutic Drug Assay: - 10, 11-epoxide		Therapeutic Drug Assay	Yes	Yes	Yes	No
80162	Digoxin; total		Therapeutic Drug Assays	No	No	No	No
80163	Digoxin; free		Therapeutic Drug Assays	No	No	No	No
80164	Valproic acid (dipropylacetic acid); total		Therapeutic Drug Assays	No	No	No	No
80165	Valproic acid (dipropylacetic acid); free		Therapeutic Drug Assays	No	No	No	No
80167	Therapeutic Drug Assay; Felbamate		Therapeutic Drug Assay	Yes	Yes	Yes	No
80168	Ethosuximide		Therapeutic Drug Assays	No	No	No	No
80169	Everolimus		Therapeutic Drug Assays	No	No	No	No
80170	Gentamicin		Therapeutic Drug Assays	No	No	No	No
80171	Gabapentin, whole blood, serum, or plasma		Therapeutic Drug Assays	No	No	No	No
80173	Haloperidol		Therapeutic Drug Assays	No	No	No	No
80175	Lamotrigine		Therapeutic Drug Assays	No	No	No	No
80176	Lidocaine		Therapeutic Drug Assays	No	No	No	No
80177	Levetiracetam		Therapeutic Drug Assays	No	No	No	No
80178	Lithium		Therapeutic Drug Assays	No	No	No	No
80179	Therapeutic Drug Assay; Salicylate		Therapeutic Drug Assay	No	No	No	No
80180	Mycophenolate (mycophenolic acid)		Therapeutic Drug Assays	No	No	No	No
80181	Therapeutic Drug Assay; Flecainide		Therapeutic Drug Assay	No	No	No	No
80183	Oxcarbazepine		Therapeutic Drug Assays	No	No	No	No
80184	Phenobarbital		Therapeutic Drug Assays	No	No	No	No
80185	Phenytoin; total		Therapeutic Drug Assays	No	No	No	No
80186	Phenytoin; free		Therapeutic Drug Assays	No	No	No	No
80187	Therapeutic Drug Assay; Posaconazole		Therapeutic Drug Assay	Yes	Yes	Yes	No
80188	Primidone		Therapeutic Drug Assays	No	No	No	No
80189	Therapeutic Drug Assay: Itraconazole		Therapeutic Drug Assay	No	No	No	No
80190	Procainamide;		Therapeutic Drug Assays	No	No	No	No
80192	Procainamide, with metabolites (eg, n-acetyl procainamide)		Therapeutic Drug Assays	No	No	No	No
80193	Therapeutic Drug Assay; Leflunomide		Therapeutic Drug Assay	No	No	No	No
80194	Quinidine		Therapeutic Drug Assays	No	No	No	No
80195	Sirolimus		Therapeutic Drug Assays	No	No	No	No
80197	Tacrolimus		Therapeutic Drug Assays	No	No	No	No
80198	Theophylline		Therapeutic Drug Assays	No	No	No	No
80199	Tiagabine		Therapeutic Drug Assays	No	No	No	No
80200	Tobramycin		Therapeutic Drug Assays	No	No	No	No
80201	Topiramate		Therapeutic Drug Assays	No	No	No	No
80202	Vancomycin		Therapeutic Drug Assays	No	No	No	No
80203	Zonisamide		Therapeutic Drug Assays	No	No	No	No
80204	Therapeutic Drug Assay: Methotrexate		Therapeutic Drug Assay	No	No	No	No
80210	Therapeutic Drug Assay: Rufinamide		Therapeutic Drug Assay	No	No	No	No
80220	Hydroxychloroquine		Therapeutic Drug Assay	Yes	Yes	Yes	No
80230	Therapeutic Drug Assay; Infliximab		Therapeutic Drug Assay	No	No	No	No
80235	Therapeutic Drug Assay; Lacosamide		Therapeutic Drug Assay	No	No	No	No
80280	Therapeutic Drug Assay: Vedolizumab		Therapeutic Drug Assay	No	No	No	No
80285	Therapeutic Drug Assay: Voriconazole		Therapeutic Drug Assay	No	No	No	No
80299	Quantitation of therapeutic drug, not elsewhere specified		Therapeutic Drug Assays	No	No	No	No
80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; capt	*In-network providers get 1 per month with no authorization; if more than 1 per month or an OON provider - auth is reqired. **No auth if done while inpatient, observation or ED	Drug Class Screening	Yes	Yes	No	No
80306	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; read by instrument assisted direct optical observation (eg, utilizing immunoassay [eg, dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service	*In-network providers get 1 per month with no authorization; if more than 1 per month or an OON provider - auth is reqired. **No auth if done while inpatient, observation or ED	Drug Class Screening	Yes	Yes	No	No
80307	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; by instrument chemistry analyzers (eg, utilizing immunoassay (eg, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA)), chromatography (eg, GC, HPLC), and mass spectrometry either with or without chromatography, (eg, DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service	*In-network providers get 1 per month with no authorization; if more than 1 per month or an OON provider - auth is reqired. **No auth if done while inpatient, observation or ED	Drug Class Screening	Yes	Yes	No	No
80320	Alcohols	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80321	Alcohol biomarkers: 1 or 2	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80322	Alcohol biomarkers: 3 or more	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80323	Alkaloids, not otherwise specified	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80324	Amphetamines: 1 or 2	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80325	Amphetamines: 3 or 4	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80326	Amphetamines: 5 or more	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80327	Anabolic steroids: 1 or 2	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80328	Anabolic steroids: 3 or more	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80329	Analgesics, non-opioid: 1 or 2	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
80330	Analgesics, non-opioid; 3-5	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80331	Analgesics, non-opioid; 6 or more	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80332	Antidepressants, serotonergic class; 1 or 2	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80333	Antidepressants, serotonergic class; 3-5	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80334	Antidepressants, serotonergic class; 6 or more	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80335	Antidepressants, tricyclic and other cyclicals; 1 or 2	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80336	Antidepressants, tricyclic and other cyclicals; 3-5	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80337	Antidepressants, tricyclic and other cyclicals; 3-5	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80338	Antidepressants, tricyclic and other cyclicals; 3-5	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80339	Antiepileptics, not otherwise specified; 1-3	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80340	Antiepileptics, not otherwise specified; 4-6	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80341	Antiepileptics, not otherwise specified; 7 or more	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80342	Antipsychotics, not otherwise specified; 1-3	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80343	Antipsychotics, not otherwise specified; 4-6	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80344	Antipsychotics, not otherwise specified; 7 or more	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80345	Barbiturates	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80346	Benzodiazepines; 1-12	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80347	Benzodiazepines; 13 or more	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80348	Buprenorphine	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80349	Cannabinoids, natural	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80350	Cannabinoids, synthetic; 1-3	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80351	Cannabinoids, synthetic; 4-6	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80352	Cannabinoids, synthetic; 7 or more	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80353	Cocaine	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80354	Fentanyl	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80355	Gabapentin, non-blood	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80356	Heroin metabolite	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80357	Ketamine and norketamine	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80358	Methadone	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80359	Methylenedioxyamphetamines (MDA, MDEA, MDMA)	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80360	Methylphenidate	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80361	Opiates, 1 or more	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80362	Opioids and opiate analogs; 1 or 2	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80363	Opioids and opiate analogs; 3 or 4	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80364	Opioids and opiate analogs; 5 or more	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80365	Oxycodone	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No

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80366	Pregabalin	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80367	Propoxyphene	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80368	Sedative hypnotics (non-benzodiazepines)	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80369	Skeletal muscle relaxants; 1 or 2	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80370	Skeletal muscle relaxants; 3 or more	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80371	Stimulants, synthetic	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80372	Tapentadol	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80373	Tramadol	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80374	Stereoisomer (enantiomer) analysis, single drug class	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80375	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 1-3	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80376	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 4-6	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80377	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 7 or more	INN-one per month except with ER, OBS or IP which had no limit	Definitive Drug Testing	Yes-see notes	Yes-see notes	Yes-see notes	No
80400	ACTH stimulation panel; for adrenal insufficiency This panel must include the following: Cortisol (82533 x 2)		Evocative/Suppression Testing	No	No	No	No
80402	ACTH stimulation panel; for 21 hydroxylase deficiency This panel must include the following: Cortisol (82533 x 2) 17 hydroxyprogesterone (83498 x 2)		Evocative/Suppression Testing	No	No	No	No
80406	ACTH stimulation panel; for 3 beta-hydroxydehydrogenase deficiency This panel must include the following: Cortisol (82533 x 2) 17 hydroxypregnenolone (84143 x 2)		Evocative/Suppression Testing	No	No	No	No
80408	Aldosterone suppression evaluation panel (eg, saline infusion) This panel must include the following: Aldosterone (82088 x 2) Renin (84244 x 2)		Evocative/Suppression Testing	No	No	No	No
80410	Calcitonin stimulation panel (eg, calcium, pentagastrin) This panel must include the following: Calcitonin (82308 x 3)		Evocative/Suppression Testing	No	No	No	No
80412	Corticotropic releasing hormone (CRH) stimulation panel This panel must include the following: Cortisol (82533 x 6) Adrenocorticotropic hormone (ACTH) (82024 x 6)		Evocative/Suppression Testing	No	No	No	No
80414	Chorionic gonadotropin stimulation panel; testosterone response This panel must include the following: Testosterone (84403 x 2 on 3 pooled blood samples)		Evocative/Suppression Testing	No	No	No	No
80415	Chorionic gonadotropin stimulation panel; estradiol response This panel must include the following: Estradiol total (82670 x 2 on 3 pooled blood samples)		Evocative or Suppression Testing	No	No	No	No
80416	Renal vein renin stimulation panel (eg, captopril) This panel must include the following: Renin (84244 x 6)		Evocative/Suppression Testing	No	No	No	No
80417	Peripheral vein renin stimulation panel (eg, captopril) This panel must include the following: Renin (84244 x 2)		Evocative/Suppression Testing	No	No	No	No
80418	Combined rapid anterior pituitary evaluation panel This panel must include the following: Adrenocorticotropic hormone (ACTH) (82024 x 4) Luteinizing hormone (LH) (83002 x 4) Follicle stimulating hormone (FSH) (83001 x 4) Prolactin (84146 x 4) Human growth hormone (HGH) (83003 x 4) Cortisol (82533 x 4) Thyroid stimulating hormone (TSH) (84443 x 4)		Evocative/Suppression Testing	No	No	No	No
80420	Dexamethasone suppression panel, 48 hour This panel must include the following: Free cortisol, urine (82530 x 2) Cortisol (82533 x 2) Volume measurement for timed collection (81050 x 2)		Evocative/Suppression Testing	No	No	No	No
80422	Glucagon tolerance panel; for insulinoma This panel must include the following: Glucose (82947 x 3) Insulin (83525 x 3)		Evocative/Suppression Testing	No	No	No	No
80424	Glucagon tolerance panel; for pheochromocytoma This panel must include the following: Catecholamines, fractionated (82384 x 2)		Evocative/Suppression Testing	No	No	No	No
80426	Gonadotropin releasing hormone stimulation panel This panel must include the following: Follicle stimulating hormone (FSH) (83001 x 4) Luteinizing hormone (LH) (83002 x 4)		Evocative/Suppression Testing	No	No	No	No
80428	Growth hormone stimulation panel (eg, arginine infusion, l-dopa administration) This panel must include the following: Human growth hormone (HGH) (83003 x 4)		Evocative/Suppression Testing	No	No	No	No
80430	Growth hormone suppression panel (glucose administration) This panel must include the following: Glucose (82947 x 3) Human growth hormone (HGH) (83003 x 4)		Evocative/Suppression Testing	No	No	No	No
80432	Insulin-induced C-peptide suppression panel This panel must include the following: Insulin (83525) C-peptide (84681 x 5) Glucose (82947 x 5)		Evocative/Suppression Testing	No	No	No	No
80434	Insulin tolerance panel; for ACTH insufficiency This panel must include the following: Cortisol (82533 x 5) Glucose (82947 x 5)		Evocative/Suppression Testing	No	No	No	No
80435	Insulin tolerance panel; for growth hormone deficiency This panel must include the following: Glucose (82947 x 5) Human growth hormone (HGH) (83003 x 5)		Evocative/Suppression Testing	No	No	No	No
80436	Metyrapone panel This panel must include the following: Cortisol (82533 x 2) 11 deoxycortisol (82634 x 2)		Evocative/Suppression Testing	No	No	No	No
80438	Thyrotropin releasing hormone (TRH) stimulation panel; 1 hour This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 3)		Evocative/Suppression Testing	No	No	No	No
80439	Thyrotropin releasing hormone (TRH) stimulation panel; 2 hour This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 4)		Evocative/Suppression Testing	No	No	No	No
80503	Pathology clinical consultation; for a clinical problem, with limited review of patient's history and medical records and straightforward medical decision making When using time for code selection, 5-20 minutes of total time is spent on the date of the consultation.		Consultation	No	No	No	No
80504	Pathology clinical consultation; for a moderately complex clinical problem, with review of patient's history and medical records and moderate level of medical decision making When using time for code selection, 21-40 minutes of total time is spent on the date of the consultation.		Consultation	Yes	Yes	Yes	No
80505	Pathology clinical consultation; for a highly complex clinical problem, with comprehensive review of patient's history and medical records and high level of medical decision making When using time for code selection, 41-60 minutes of total time is spent on the date of the consultation.		Consultation	Yes	Yes	Yes	No
80506	Pathology clinical consultation; prolonged service, each additional 30 minutes (List separately in addition to code for primary procedure)	add on code	Consultation	Yes	Yes	Yes	No
81000	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy		Urinalysis Procedures	No	No	No	No
81001	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy		Urinalysis Procedures	No	No	No	No
81002	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy		Urinalysis Procedures	No	No	No	No
81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy		Urinalysis Procedures	No	No	No	No
81005	Urinalysis; qualitative or semiquantitative, except immunoassays		Urinalysis Procedures	No	No	No	No
81007	Urinalysis; bacteriuria screen, except by culture or dipstick		Urinalysis Procedures	No	No	No	No
81015	Urinalysis; microscopic only		Urinalysis Procedures	No	No	No	No
81020	Urinalysis; 2 or 3 glass test		Urinalysis Procedures	No	No	No	No
81025	Urine pregnancy test, by visual color comparison methods		Urinalysis Procedures	No	No	No	No
81050	Volume measurement for timed collection, each		Urinalysis Procedures	No	No	No	No
81099	Unlisted urinalysis procedure		Urinalysis Procedures	No	No	No	No
81105	Human Platelet Antigen 1 genotyping (HPA-1), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura) gene analysis, common variant, HPA-1a/b (L33P)		Molecular Pathology	Yes	Yes	Yes	No
81106	Human Platelet Antigen 2 genotyping (HPA-2), GP1BA (glycoprotein Ib [platelet], alpha polypeptide [GPIba]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura) gene analysis, common variant, HPA-2a/b (T145M)		Molecular Pathology	Yes	Yes	Yes	No
81107	Human Platelet Antigen 3 genotyping (HPA-3), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex], antigen CD41 [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura) gene analysis, common variant, HPA-3a/b (I843S)		Molecular Pathology	Yes	Yes	Yes	No
81108	Human Platelet Antigen 4 genotyping (HPA-4), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura) gene analysis, common variant, HPA-4a/b (R143Q)		Molecular Pathology	Yes	Yes	Yes	No
81109	Human Platelet Antigen 5 genotyping (HPA-5), ITGA2 (integrin, alpha 2 [CD49B, alpha 2 subunit of VLA-2 receptor] [GPIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura) gene analysis, common variant (eg, HPA-5a/b (K505E))		Molecular Pathology	Yes	Yes	Yes	No
81110	Human Platelet Antigen 6 genotyping (HPA-6w), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa, antigen CD61] [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura) gene analysis, common variant, HPA-6a/b (R489Q)		Molecular Pathology	Yes	Yes	Yes	No
81111	Human Platelet Antigen 9 genotyping (HPA-9w), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIa complex, antigen CD41] [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura) gene analysis, common variant, HPA-9a/b (V837M)		Molecular Pathology	Yes	Yes	Yes	No
81112	Human Platelet Antigen 15 genotyping (HPA-15), CD109 (CD109 molecule) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura) gene analysis, common variant, HPA-15a/b (S682Y)		Molecular Pathology	Yes	Yes	Yes	No
81120	IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common variants (eg, R132H, R132C)		Molecular Pathology	Yes	Yes	Yes	No
81121	IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W, R172M)		Molecular Pathology	Yes	Yes	Yes	No

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81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed		Molecular Pathology	Yes	Yes	Yes	No
81162	BRCA1, (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) Gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements)		Molecular Pathology	Yes	Yes	Yes	No
81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis		Molecular Pathology	Yes	Yes	Yes	Yes
81164	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)		Molecular Pathology	Yes	Yes	Yes	Yes
81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis		Molecular Pathology	Yes	Yes	Yes	Yes
81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication / deletion analysis (ie, detection of large gene rearrangements)		Molecular Pathology	Yes	Yes	Yes	Yes
81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication / deletion analysis (ie, detection of large gene rearrangements)		Molecular Pathology	Yes	Yes	Yes	Yes
81168	CCND1/IGH (t(11;14))(eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative and quantitative, if performed		Molecular Pathology	Yes	Yes	Yes	No
81170	ABL1 GENE (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance) gene analysis, variants in the kinase domain		Molecular Pathology	Yes	Yes	Yes	No
81171	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles		Molecular Pathology	Yes	Yes	Yes	No
81172	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; characterazation of alleles (eg, expanded size and methylation status)		Molecular Pathology	Yes	Yes	Yes	No
81173	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis, full gene sequence		Molecular Pathology	Yes	Yes	Yes	No
81174	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis, known familial variant		Molecular Pathology	Yes	Yes	Yes	No
81175	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence		Molecular Pathology	Yes	Yes	Yes	No
81176	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted sequence analysis (eg, exon 12)		Molecular Pathology	Yes	Yes	Yes	No
81177	ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		Molecular Pathology	Yes	Yes	Yes	No
81178	ATXN1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		Molecular Pathology	Yes	Yes	Yes	No
81179	ATXN2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		Molecular Pathology	Yes	Yes	Yes	No
81180	ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		Molecular Pathology	Yes	Yes	Yes	No
81181	ATXN7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		Molecular Pathology	Yes	Yes	Yes	No
81182	ATXN8OS (ataxin 8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		Molecular Pathology	Yes	Yes	Yes	No
81183	ATXN10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		Molecular Pathology	Yes	Yes	Yes	No
81184	CACNA1A (calcium voltage-gated channel subunit alpha 1A) (eg, spinocerebellar ataxia) gene analyisis; evaluation to detect abnormal (eg, expanded) alleles		Molecular Pathology	Yes	Yes	Yes	No
81185	CACNA1A (calcium voltage-gated channel subunit alpha 1A) (eg, spinocerebellar ataxia) gene analyisis; full gene sequence		Molecular Pathology	Yes	Yes	Yes	No
81186	CACNA1A (calcium voltage-gated channel subunit alpha 1A) (eg, spinocerebellar ataxia) gene analyisis; known familial variant		Molecular Pathology	Yes	Yes	Yes	No
81187	CNBP (CCHC-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		Molecular Pathology	Yes	Yes	Yes	No
81188	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analyisis; evaluation to detect abnormal (eg, expanded) alleles		Molecular Pathology	Yes	Yes	Yes	No
81189	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analyisis; full gene sequence		Molecular Pathology	Yes	Yes	Yes	No
81190	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analyisis; known familial variant(s)		Molecular Pathology	Yes	Yes	Yes	No
81191	NTRK1 (neurotrophic receptor tyrosine kinase 1)(eg, solid tumors) translocation analysis		Molecular Pathology	Yes	Yes	Yes	No
81192	NTRK2 (neurotrophic receptor tyrosine kinase 2)(eg, solid tumors) translocation analysis		Molecular Pathology	Yes	Yes	Yes	No
81193	NTRK3 (neurotrophic receptor tyrosine kinase 3)(eg, solid tumors) translocation analysis		Molecular Pathology	Yes	Yes	Yes	No
81194	NTRK (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, 3)(eg, solid tumors) translocation analysis		Molecular Pathology	Yes	Yes	Yes	No
81200	ASPA GENE (aspartoacylase) (eg, Canavan disease) gene analysis, common variants (eg, E285A, Y231X)		Molecular Pathology	Yes	Yes	No	No
81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence		Molecular Pathology	Yes	Yes	No	No
81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants		Molecular Pathology	Yes	Yes	No	No
81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants		Molecular Pathology	Yes	Yes	No	No
81204	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or methylation status)		Molecular Pathology	Yes	Yes	Yes	No
81205	BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, maple syrup urine disease) gene analysis, common variants (eg, R183P, G278S, E422X)		Molecular Pathology	Yes	Yes	No	No
81206	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative		Molecular Pathology	Yes	Yes	No	No
81207	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative		Molecular Pathology	Yes	Yes	No	No
81208	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative		Molecular Pathology	Yes	Yes	No	No
81209	BLM (Bloom syndrome, RecQ helicase-like) (eg, Bloom syndrome) gene analysis, 2281del6ins7 variant		Molecular Pathology	Yes	Yes	No	No
81210	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)		Molecular Pathology	Yes	Yes	No	No
81212	BRCA1, (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) Gene analysis; 185delAG, 5385insC, 6174delT variants		Molecular Pathology	Yes	Yes	Yes	No
81215	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant		Molecular Pathology	Yes	Yes	Yes	No
81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis		Molecular Pathology	Yes	Yes	Yes	No
81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis;known familial variant		Molecular Pathology	Yes	Yes	Yes	No
81218	CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence		Molecular Pathology	Yes	Yes	No	No
81219	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9		Molecular Pathology	Yes	Yes	No	No
81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)		Molecular Pathology	Yes	Yes	No	No
81221	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants		Molecular Pathology	Yes	Yes	No	No
81222	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants		Molecular Pathology	Yes	Yes	No	No
81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence		Molecular Pathology	Yes	Yes	No	No
81224	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility)		Molecular Pathology	Yes	Yes	No	No
81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)		Molecular Pathology	Yes	Yes	No	No
81226	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)		Molecular Pathology	Yes	Yes	No	No
81227	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639G>A, c.173+1000C>T)		Molecular Pathology	Yes	Yes	No	No
81228	Cytogenomic analysis **for constitutional chromosomal abnormalities**; interrogation of genomic regions for copy number variants, comparative genomic hybridization [CGH] microarray analysis		Molecular Pathology	Yes	Yes	No	No
81229	Cytogenomic (genome-wide) analysis **for constitutional chromosomal abnormalities**; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants **comparitive genomic hybridization (CGH) microarray analysis**		Molecular Pathology	Yes	Yes	No	No
81230	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)		Molecular Pathology	Yes	Yes	No	No
81231	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)		Molecular Pathology	Yes	Yes	No	No
81232	DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)		Molecular Pathology	Yes	Yes	No	No
81233	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481C, C481R, C481F)		Molecular Pathology	Yes	Yes	Yes	No
81234	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles		Molecular Pathology	Yes	Yes	Yes	No
81235	EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)		Molecular Pathology	Yes	Yes	No	No
81236	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence		Molecular Pathology	Yes	Yes	Yes	No
81237	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large B-cell lymphoma) gene analysis, common variant(s) (eg, codon 646)		Molecular Pathology	Yes	Yes	Yes	No
81238	F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence		Molecular Pathology	Yes	Yes	No	No
81239	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)		Molecular Pathology	Yes	Yes	Yes	No
81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant		Molecular Pathology	Yes	Yes	No	No
81241	F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant		Molecular Pathology	Yes	Yes	No	No
81242	FANCC (Fanconi anemia, complementation group C) (eg, Fanconi anemia, type C) gene analysis, common variant (eg, IVS4+4A>T)		Molecular Pathology	Yes	Yes	No	No
81243	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles		Molecular Pathology	Yes	Yes	No	No
81244	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status)		Molecular Pathology	Yes	Yes	No	No
81245	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (ie, exons 14, 15)		Molecular Pathology	Yes	Yes	No	No
81246	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)		Molecular Pathology	Yes	Yes	No	No
81247	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-)		Molecular Pathology	Yes	Yes	No	No
81248	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; known familial variant(s)		Molecular Pathology	Yes	Yes	No	No
81249	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence		Molecular Pathology	Yes	Yes	No	No
81250	G6PC (glucose-6-phosphatase, catalytic subunit) (eg, Glycogen storage disease, type 1a, von Gierke disease) gene analysis, common variants (eg, R83C, Q347X)		Molecular Pathology	Yes	Yes	No	No
81251	GBA (glucosidase, beta, acid) (eg, Gaucher disease) gene analysis, common variants (eg, N370S, 84GG, L444P, IVS2+1G>A)		Molecular Pathology	Yes	Yes	No	No

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81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence		Molecular Pathology	Yes	Yes	No	No
81253	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants		Molecular Pathology	Yes	Yes	No	No
81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])		Molecular Pathology	Yes	Yes	No	No
81255	HEXA (hexosaminidase A [alpha polypeptide]) (eg, Tay-Sachs disease) gene analysis, common variants (ea. 1278InsTATC, 1421+1G>C, G269S)		Molecular Pathology	Yes	Yes	No	No
81256	HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D)		Molecular Pathology	Yes	Yes	No	No
81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, Constant Spring)		Molecular Pathology	Yes	Yes	No	No
81258	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; known familial variant		Molecular Pathology	Yes	Yes	No	No
81259	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; full gene sequence		Molecular Pathology	Yes	Yes	No	No
81260	IKBKAP (inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase complex-associated protein) (eg, familial dysautonomia) gene analysis, common variants (eg, 2507+6T>C, R696P)		Molecular Pathology	Yes	Yes	No	No
81261	IKBKAP (inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase complex-associated protein) (eg, familial dysautonomia) gene analysis, common variants (eg, 2507+6T>C, R696P)		Molecular Pathology	Yes	Yes	No	No
81262	IGH@ (immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, Southern blot)		Molecular Pathology	Yes	Yes	No	No
81263	IGH@ (immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis		Molecular Pathology	Yes	Yes	No	No
81264	IGK@ (immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)		Molecular Pathology	Yes	Yes	No	No
81265	Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample] and donor testing, twin zygosity testing, or maternal cell contamination of fetal cells)		Molecular Pathology	Yes	Yes	No	No
81266	Comparative analysis using Short Tandem Repeat (STR) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (List separately in addition to code for primary procedure)		Molecular Pathology	Yes	Yes	No	No
81267	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection		Molecular Pathology	Yes	Yes	No	No
81268	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; with cell selection (eg, CD3, CD33), each cell type		Molecular Pathology	Yes	Yes	No	No
81269	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; duplication/deletion variants		Molecular Pathology	Yes	Yes	Yes	No
81270	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant		Molecular Pathology	Yes	Yes	No	No
81271	HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles		Molecular Pathology	Yes	Yes	Yes	No
81272	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [GIST], acute myeloid leukemia, melanoma), gene analysis, targeted sequence analysis (ea. exon 8, 11, 13, 17, 18)		Molecular Pathology	Yes	Yes	No	No
81273	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, D816 variant(s)		Molecular Pathology	Yes	Yes	No	No
81274	HTT (huntingtin) (eg, Huntington disease) gene analysis; characterization of alleles (eg, expanded size)		Molecular Pathology	Yes	Yes	Yes	No
81275	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)		Molecular Pathology	Yes	Yes	No	No
81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (ea. codon 61, codon 146)		Molecular Pathology	Yes	Yes	No	No
81277	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities		Genetic Testing	Yes	Yes	Yes	No
81278	IGH@/BCL2(t(14;18))(eg, follicular lymphoma) translocation analysis, major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative		Molecular Pathology	Yes	Yes	Yes	No
81279	JAK2 (Janus kinase 2)(eg,myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)		Molecular Pathology	Yes	Yes	Yes	No
81283	IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant		Molecular Pathology	No	No	No	No
81284	FXN (frataxin) (Eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles		Molecular Pathology	Yes	Yes	Yes	No
81285	FXN (frataxin) (Eg, Friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)		Molecular Pathology	Yes	Yes	Yes	No
81286	FXN (frataxin) (Eg, Friedreich ataxia) gene analysis; full gene sequence		Molecular Pathology	Yes	Yes	Yes	No
81287	MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme), promoter methylation analysis		Molecular Pathology	Yes	Yes	No	No
81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; promoter methylation analysis		Molecular Pathology	Yes	Yes	No	No
81289	FXN (frataxin) (Eg, Friedreich ataxia) gene analysis; known familial variant(s)		Molecular Pathology	Yes	Yes	Yes	No
81290	MCOLN1 (mucolipin 1) (eg, Mucolipidosis, type IV) gene analysis, common variants (eg, IVS3-2A>G, del6.4kb)		Molecular Pathology	Yes	Yes	No	No
81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)		Molecular Pathology	Yes	Yes	No	No
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis		Molecular Pathology	Yes	Yes	No	No
81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants		Molecular Pathology	Yes	Yes	No	No
81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants		Molecular Pathology	Yes	Yes	No	No
81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis		Molecular Pathology	Yes	Yes	No	No
81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants		Molecular Pathology	Yes	Yes	No	No
81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants		Molecular Pathology	Yes	Yes	No	No
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis		Molecular Pathology	Yes	Yes	No	No
81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants		Molecular Pathology	Yes	Yes	No	No
81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants		Molecular Pathology	Yes	Yes	No	No
81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed		Molecular Pathology	Yes	Yes	No	No
81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis		Molecular Pathology	Yes	Yes	No	No
81303	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant		Molecular Pathology	Yes	Yes	No	No
81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants		Molecular Pathology	Yes	Yes	No	No
81305	MYD88 (myeloid differentiation primary response 88) (eg, Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant		Molecular Pathology	Yes	Yes	Yes	No
81306	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)		Molecular Pathology	Yes	Yes	Yes	No
81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence		Genetic Testing	Yes	Yes	Yes	No
81308	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant		Genetic Testing	Yes	Yes	Yes	No
81309	PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (eg,colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9,20)		Genetic Testing	Yes	Yes	Yes	No
81310	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants		Molecular Pathology	Yes	Yes	No	No
81311	NRAS (neuroblastoma RAS viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 and 13) and exon 3 (eg, codon 61)		Molecular Pathology	Yes	Yes	No	No
81312	PABPN1 (poly[A] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		Molecular Pathology	Yes	Yes	Yes	No
81313	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)		Molecular Pathology	Yes	Yes	No	No
81314	PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)		Molecular Pathology	Yes	Yes	No	No
81315	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative		Molecular Pathology	Yes	Yes	No	No
81316	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative		Molecular Pathology	Yes	Yes	No	No
81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis		Molecular Pathology	Yes	Yes	No	No
81318	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants		Molecular Pathology	Yes	Yes	No	No
81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants		Molecular Pathology	Yes	Yes	No	No
81320	PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F)		Molecular Pathology	Yes	Yes	Yes	No
81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis		Molecular Pathology	Yes	Yes	No	No
81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant		Molecular Pathology	Yes	Yes	No	No
81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant		Molecular Pathology	Yes	Yes	No	No
81324	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis		Molecular Pathology	Yes	Yes	No	No
81325	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis		Molecular Pathology	Yes	Yes	No	No
81326	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant		Molecular Pathology	Yes	Yes	No	No
81327	SEPT9 (Septin9) (eg, colorectal cancer) promoter methylation analysis		Molecular Pathology	Yes	Yes	No	No
81328	SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5)		Molecular Pathology	Yes	Yes	No	No
81329	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; dosage/deletion analysis (eg, carrier testing), includes SMN2 (survival of motor neuron 2, centromeric) analysis, if performed		Molecular Pathology	No	No	No	No
81330	SMPD1(sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, Niemann-Pick disease, Type A) gene analysis, common variants (eg, R496L, L302P, fsP330)		Molecular Pathology	Yes	Yes	No	No

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81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis		Molecular Pathology	Yes	Yes	No	No
81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)		Molecular Pathology	Yes	Yes	No	No
81333	TGFBI (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, R124H, R124C, R124L, R555W, R555Q)		Molecular Pathology	Yes	Yes	Yes	No
81334	RUNX1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy), gene analysis, targeted sequence analysis (eg, exons 3-8)		Molecular Pathology	Yes	Yes	Yes	No
81335	TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)		Molecular Pathology	Yes	Yes	No	No
81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence		Molecular Pathology	Yes	Yes	Yes	No
81337	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)		Molecular Pathology	Yes	Yes	Yes	No
81338	MPL (MPL proto-oncogene, thrombopoietin receptor)(eg, myeloproliferative disorder) gene analysis, common variants (eg, W515A, W515K, W515L, W515R)		Molecular Pathology	Yes	Yes	Yes	No
81339	MPL (MPL proto-oncogene, thrombopoietin receptor)(eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10		Molecular Pathology	Yes	Yes	Yes	No
81340	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction)		Molecular Pathology	Yes	Yes	No	No
81341	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, Southern blot)		Molecular Pathology	Yes	Yes	No	No
81342	TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)		Molecular Pathology	Yes	Yes	No	No
81343	PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		Molecular Pathology	Yes	Yes	Yes	No
81344	TBP (TATA box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		Molecular Pathology	Yes	Yes	Yes	No
81345	TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)		Molecular Pathology	Yes	Yes	Yes	No
81346	TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)		Molecular Pathology	Yes	Yes	No	No
81347	SF3B1 (splicing factor (3b) subunit B1)(eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, A672T, E622D, L833F, R625C, R625L)		Molecular Pathology	Yes	Yes	Yes	No
81348	SRSF2 (serine and arginine-rich splicing factor 2)(eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, P95F, P95L)		Molecular Pathology	Yes	Yes	Yes	No
81349	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-of-heterozygosity variants, low-pass sequencing analysis		Molecular Pathology	Yes	Yes	Yes	No
81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, irinotecan metabolism), gene analysis, common variants (ee, *28, *36, *37)		Molecular Pathology	Yes	Yes	No	No
81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence		Molecular Pathology	Yes	Yes	Yes	No
81352	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)		Molecular Pathology	Yes	Yes	Yes	No
81353	TP53 (tumor protein 53) (ee, Li-Fraumeni syndrome) gene analysis; known familial variant		Molecular Pathology	Yes	Yes	Yes	No
81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639G>A, c.173+1000C>T)		Molecular Pathology	Yes	Yes	No	No
81357	U2AF1 (U2 small nuclear RNA auxiliary factor 1)(eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, S34F, S34Y, Q157R, Q157P)		Molecular Pathology	Yes	Yes	Yes	No
81360	ZRSR2 (zinc finger CCCH-type, RNA binding motif and serine/arginine-rich 2)(eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variant(s)(eg, E65fs, E122fs, R448fs)		Molecular Pathology	Yes	Yes	Yes	No
81361	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (ee, HbS, HbC, HbE)		Molecular Pathology	Yes	Yes	No	No
81362	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)		Molecular Pathology	Yes	Yes	No	No
81363	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)		Molecular Pathology	Yes	Yes	No	No
81364	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence		Molecular Pathology	Yes	Yes	No	No
81370	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA- A, -B, -C, -DRB1/3/4/5, and -DQB1		Molecular Pathology	Yes	Yes	No	No
81371	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA- A, -B, and -DRB1 (eg, verification typing)		Molecular Pathology	Yes	Yes	No	No
81372	HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA- A, -B, and -C)		Molecular Pathology	Yes	Yes	No	No
81373	HLA Class I typing, low resolution (eg, antigen equivalents); one locus (eg, HLA- A, -B, or -C), each		Molecular Pathology	Yes	Yes	No	No
81374	HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each		Molecular Pathology	Yes	Yes	No	No
81375	HLA Class II typing, low resolution (eg, antigen equivalents); HLA- DRB1/3/4/5 and -DQB1		Molecular Pathology	Yes	Yes	No	No
81376	HLA Class II typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each		Molecular Pathology	Yes	Yes	No	No
81377	HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each		Molecular Pathology	Yes	Yes	No	No
81378	HLA Class I and II typing, high resolution (ie, alleles or allele groups), HLA- A, -B, -C, and -DRB1		Molecular Pathology	Yes	Yes	No	No
81379	HLA Class I typing, high resolution (ie, alleles or allele groups); complete (ie, HLA- A, -B, and -C)		Molecular Pathology	Yes	Yes	No	No
81380	HLA Class I typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA- A, -B, or -C), each		Molecular Pathology	Yes	Yes	No	No
81381	HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each		Molecular Pathology	Yes	Yes	No	No
81382	HLA Class II typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each		Molecular Pathology	Yes	Yes	No	No
81383	HLA Class II typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, HLA-DQB1*06:02P), each		Molecular Pathology	Yes	Yes	No	No
81400	Molecular pathology procedure, level 1 (eg, identification of singel germline variant (eg SNP) by techniques such as restriction enzyme digestion or melt curve analysis)		Molecular Pathology	Yes	Yes	No	No
81401	Molecular pathology procedure, level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat)		Molecular Pathology	Yes	Yes	No	No
81402	Molecular pathology procedure, level 3 (eg, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants of 1 exon, loss of heterozygosity [LOH], uniparental disomy[UPD])		Molecular Pathology	Yes	Yes	No	No
81403	Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons)		Molecular Pathology	Yes	Yes	No	No
81404	Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis)		Molecular Pathology	Yes	Yes	No	No
81405	Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, regionally targeted cytogenomic array analysis)		Molecular Pathology	Yes	Yes	No	No
81406	Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons, cytogenomic array analysis for neoplasia)		Molecular Pathology	Yes	Yes	No	No
81407	Molecular pathology procedure, Level 8 (eg, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform)		Molecular Pathology	Yes	Yes	No	No
81408	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis)		Molecular Pathology	Yes	Yes	No	No
81410	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including FBN1, TGFBR1, TGFBR2, COL3A1, MYH11, ACTA2, [illegible]		Molecular Pathology	Yes	Yes	No	No
81411	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); duplication/deletion analysis panel, must include analyses for TGFBR1, TGFBR2, MYH11, and COL3A1		Molecular Pathology	Yes	Yes	No	No
81412	Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, and SMPD1		Molecular Pathology	Yes	Yes	No	No
81413	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNQ1, RYR2, and SCN5A		Molecular Pathology	Yes	Yes	No	No
81414	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analysis panel, must include analysis of at least 2 genes, including KCNH2 and KCNQ1		Molecular Pathology	Yes	Yes	No	No
81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis		Molecular Pathology	Yes	Yes	Yes	Yes
81416	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings) (List separately in addition to code for primary procedure)		Molecular Pathology	Yes	Yes	Yes	Yes
81417	Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome)		Molecular Pathology	Yes	Yes	Yes	Yes
81418	Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel, must include testing of a least 6 genes, including CYP2C19, CYP2D6 and CYP2D6 duplication/deletion analysis		Molecular Pathology	Yes	Yes	Yes	No
81419	Epilepsy genomic sequence analysis panel, must include analyses for ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8A, SLC2A1, SLC9A6, STXBP1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, and ZEB2		Multianalyate Assays	Yes	Yes	Yes	No
81420	Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21		Molecular Pathology	No	No	No	No
81422	Fetal chromosomal microdeletion(s) genomic sequence analysis (eg, DiGeorge syndrome, Cri-du-chat syndrome), circulating cell-free fetal DNA in maternal blood		Molecular Pathology	No	No	No	No
81425	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis		Molecular Pathology	Yes	Yes	No	No
81426	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings) (List separately in addition to code for primary procedure		Molecular Pathology	Yes	Yes	No	No
81427	Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome)		Molecular Pathology	Yes	Yes	No	No
81430	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel, must include sequencing of at least 60 genes, including CDH23, CLRN1, GJB2, GPR98, MTRNR1, MYO7A, MYO15A, PCDH15, OTOF, SLC26A4, TMC1, TMPRSS3, USH1C, USH1G, USH2A, and WFS1		Molecular Pathology	Yes	Yes	No	No

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81431	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); duplication/deletion analysis panel, must include copy number analyses for STRC and DFNB1 deletions in GJB2 and GJB6 genes		Molecular Pathology	Yes	Yes	No	No
81432	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 10 genes, always including BRCA1, BRCA2, CDH1, MLH1, MSH2, MSH6, PALB2, PTEN, STK11, and TP53		Molecular Pathology	Yes	Yes	Yes	Yes
81433	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); duplication/deletion analysis panel, must include analyses for BRCA1, BRCA2, MLH1, MSH2, and STK11		Molecular Pathology	Yes	Yes	Yes	Yes
81434	Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 15 genes, including ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RHO, RP1, RP2, RPE65, RPGR, and USH2A		Molecular Pathology	Yes	Yes	No	No
81435	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); genomic sequence analysis panel, must include sequencing of at least 10 genes, including APC, BMPR1A, CDH1, MLH1, MSH2, MSH6, MUTYH, PTEN, SMAD4, and STK11		Molecular Pathology	Yes	Yes	No	No
81436	Hereditary colon cancer disorders (eg, lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); duplication/deletion analysis panel, must include analysis of at least 5 genes, including MLH1, MSH2, EPCAM, SMAD4, and STK11		Molecular Pathology	Yes	Yes	No	No
81437	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); genomic sequence analysis panel, must include sequencing of at least 6 genes, including MAX, SDHB, SDHC, SDHD, TMEM127, and VHL		Molecular Pathology	Yes	Yes	No	No
81438	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); duplication/deletion analysis panel, must include analyses for SDHB, SDHC, SDHD, and VHL		Molecular Pathology	Yes	Yes	No	No
81439	Hereditary cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy), genomic sequence analysis panel, must include sequencing of at least 5 cardiomyopathy-related genes (eg, DSG2, MYBPC3, MYH7, PKP2, TTN)		Molecular Pathology	Yes	Yes	No	No
81440	Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, COQ2, COX10, DGUOK, MPV17, OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, SUCLA2, SUCLG1, TAZ, TK2, and TYMP		Molecular Pathology	Yes	Yes	No	No
81441	Inherited bone marrow failure syndromes (IBMFS)(eg, Fanconi anemia, dyskeratosis congenita, Diamond-Blackfan anemia, Shwachman-Diamond syndrome, GATA2 deficiency syndrome, congenital amegakaryocytic thrombocytopenia) sequence analysis panel, must include sequencing of at least 30 genes, including BRCA2, BRIP1, DKC1, FANCA, FANCB, FANCC, FANCD2, FANCE, FANCF, FANCG, FANCI, FANCL, GATA1, GATA2, MPL, NHP2,NOP10, PALB2, RAD51C, RPL11, RPL35A, RPL5, RPS10, RPS19, RPS24, RPS26, RPS27, SBDS, TERT and TINF2		Molecular Pathology	Yes	Yes	Yes	No
81442	Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, must include sequencing of at least 12 genes, including BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2, and SOS1		Molecular Pathology	Yes	Yes	No	No
81443	Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disorders [eg, Bloom syndrome, Canavan disease, Fanconi anemia type C, mucolipidosis type VI, Gaucher disease, Tay-Sachs disease], beta hemoglobinopathies, phenylketonuria, galactosemia), genomic sequence analysis panel, must include sequencing of at least 15 genes (eg, ACADM, ARSA, ASPA, ATP7B, BCKDHA, BCKDHB, BLM, CTFR, DHCR7, FANCC, G6PC, GAA, GALT, GBA, GBE1 HBB, HEXA, IKBKAP, MCOLN1, PAH)		Molecular Pathology	Yes	Yes	Yes	No
81445	Targeted genomic sequence analysis panel, solid organ neoplasm, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, MET, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed; DNA analysis or combined DNA and RNA analysis		Molecular Pathology	Yes	Yes	No	No
81448	Hereditary peripheral neuropathies (eg, Charcot-Marie-Tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes (eg, BSCL2, GJB1, MFN2, MPZ, REEP1, SPAST, SPG11, SPTLC1)		Molecular Pathology	Yes	Yes	No	No
81449	Targeted genomic sequence analysis panel, solid organ neoplasm, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, MET, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed; RNA analysis		Molecular Pathology	Yes	Yes	No	No
81450	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NOTCH1, NPM1, NRAS), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis		Molecular Pathology	Yes	Yes	No	No
81451	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, 51-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NOTCH1, NPM1, NRAS), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis		Molecular Pathology	Yes	Yes	No	No
81455	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MET, MLL, NOTCH1, NPM1, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis		Molecular Pathology	Yes	Yes	No	No
81456	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MET, MLL, NOTCH1, NPM1, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis		Molecular Pathology	Yes	Yes	Yes	No
81457	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability		Molecular Pathology	Yes	Yes	Yes	No
81458	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability		Molecular Pathology	Yes	Yes	Yes	No
81459	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements		Molecular Pathology	Yes	Yes	Yes	No
81460	Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [MERFF], neuropathy, ataxia, and retinitis pigmentosa [NARP], Leber hereditary optic neuropathy [LHON]), genomic sequence, must include sequence analysis of entire mitochondrial genome with heteroplasmy detection		Molecular Pathology	Yes	Yes	No	No
81462	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants and rearrangements		Molecular Pathology	Yes	Yes	Yes	No
81463	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis, copy number variants, and microsatellite instability		Molecular Pathology	Yes	Yes	Yes	No
81464	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements		Molecular Pathology	Yes	Yes	Yes	No
81465	Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed		Molecular Pathology	Yes	Yes	No	No
81470	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); genomic sequence analysis panel, must include sequencing of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDMSC, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2		Molecular Pathology	Yes	Yes	No	No
81471	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); duplication/deletion gene analysis, must include analysis of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDMSC, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2		Molecular Pathology	Yes	Yes	No	No
81479	Unlisted molecular pathology procedure		Molecular Pathology	Yes	Yes	No	No
81490	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score		Multianalyte Assays	Yes	Yes	Yes	No
81493	Coronary artery disease, mRNA, gene expression profiling by real-time RT-PCR of 23 genes, utilizing whole peripheral blood, algorithm reported as a risk score		Multianalyte Assays	Yes	Yes	Yes	No
81500	Oncology (ovarian), biochemical assays of two proteins (CA-125 and HE4), utilizing serum, with menopausal status, algorithm reported as a risk score		Multianalyte Assays	Yes	Yes	Yes	No
81503	Oncology (ovarian), biochemical assays of five proteins (CA-125, apolipoprotein A1, beta-2 microglobulin, transferrin, and pre-albumin), utilizing serum, algorithm reported as a risk score		Multianalyte Assays	Yes	Yes	Yes	No
81504	Oncology (tissue of origin), microarray gene expression profiling of > 2000 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as tissue similarity scores		Multianalyte Assays	Yes	Yes	Yes	No
81506	Endocrinology (type 2 diabetes), biochemical assays of seven analytes (glucose, HbA1c, insulin, hs-CRP, adiponectin, ferritin, interleukin 2-receptor alpha), utilizing serum or plasma, algorithm reporting a risk score		Multianalyte Assays	Yes	Yes	Yes	No
81507	Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy		Multianalyte Assays	Yes	Yes	Yes	No
81508	Fetal congenital abnormalities, biochemical assays of two proteins (PAPP-A, hCG [any form]), utilizing maternal serum, algorithm reported as a risk score		Multianalyte Assays	Yes	Yes	Yes	No
81509	Fetal congenital abnormalities, biochemical assays of three proteins (PAPP-A, hCG [any form], DIA), utilizing maternal serum, algorithm reported as a risk score		Multianalyte Assays	Yes	Yes	Yes	No
81510	Fetal congenital abnormalities, biochemical assays of three analytes (AFP, uE3, hCG [any form]), utilizing maternal serum, algorithm reported as a risk score		Multianalyte Assays	Yes	Yes	Yes	No
81511	Fetal congenital abnormalities, biochemical assays of four analytes (AFP, uE3, hCG [any form], DIA) utilizing maternal serum, algorithm reported as a risk score (may include additional results from previous biochemical testing)		Multianalyte Assays	Yes	Yes	Yes	No

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81512	Fetal congenital abnormalities, biochemical assays of five analytes (AFP, uE3, total hCG, hyperglycosylated hCG, DIA) utilizing maternal serum, algorithm reported as a risk score		Multianalyte Assays	Yes	Yes	Yes	No
81513	Infectious disease, bacterial vaginosis, quantitative real-time amplification of RNA markers for Atopobium vaginae, Gardnerella vaginalis, and Lactobacillus species, utilizing vaginal-fluid specimens, algorithm reported as a positive or negative result for bacterial vaginosis		Multianalyte Assays	Yes	Yes	Yes	No
81514	Infectious disease, bacterial vaginosis and vaginitis, quantitative real-time amplification of RNA markers for Gardnerella vaginalis, Atopobium vaginae, Megasphaera type 1, Bacterial Vaginosis Associated Bacteria-2 (BVAB-2), and Lactobacillus species (L. crispatus and L. jensenii), utilizing vaginal-fluid specimens, algorithm reported as a positive or negative result for high likelihood of bacterial vaginosis, includes separate detection of Trichomonas vaginalis and/or Candida species (C. albicans, C. tropicalis, C. parapsilosis, C. dubliniensis), Candida glabrata& Candida Kruse when reported		Multianalyte Assays	Yes	Yes	Yes	No
81517	Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal peptide [PIIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using immunoassays, utilizing serum, prognostic algorithm reported as a risk score and risk of liver fibrosis and liver-related clinical events within 5 years		Multianalyte Assays	Yes	Yes	Yes	No
81518	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes, (7 content and 4 housekeeping), utilizing formalin-fixed paraffin embedded tissue, algorithm reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy		Multianalyte Assays	Yes	Yes	Yes	No
81519	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score		Multianalyte Assays	Yes	Yes	No	No
81520	Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence risk score		Multianalyte Assays	Yes	Yes	Yes	No
81521	Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis		Multianalyte Assays	Yes	Yes	Yes	No
81522	Oncology (breast),mRNA, gene expression profiling by RT-PCR of 12 genes (8 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk score		Genetic Testing	Yes	Yes	Yes	No
81523	Oncology (breast), mRNA, next-generation sequencing gene expression profiling of 70 content genes and 31 housekeeping genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk to distant metastasis		Genetic Testing	Yes	Yes	Yes	No
81525	Oncology (colon), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence score		Multianalyte Assays	Yes	Yes	Yes	No
81528	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result		Multianalyte Assays	No	No	No	No
81529	Oncology (cutaneous melanoma), mRNA, gene expression profiling by real-time RT-PCR if 31 genes (28 content and3 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk, including likelihood of sentineal lymph node metastasis		Multianalyte Assays	Yes	Yes	Yes	No
81535	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; first single drug or drug combination		Multianalyte Assays	Yes	Yes	Yes	No
81536	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; each additional single drug or drug combination (List separately in addition to code for primary procedure)		Multianalyte Assays	Yes	Yes	Yes	No
81538	Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall survival		Multianalyte Assays	Yes	Yes	Yes	No
81539	Oncology (high-grade prostate cancer), biochemical assay of four proteins (Total PSA, Free PSA, Intact PSA, and human kallikrein-2 [hK2]), utilizing plasma or serum, prognostic algorithm reported as a probability score		Multianalyte Assays	Yes	Yes	Yes	No
81540	Oncology (tumor of unknown origin), mRNA, gene expression profiling by real-time RT-PCR of 92 genes (87 content and 5 housekeeping) to classify tumor into main cancer type and subtype, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a probability of a predicted main cancer type and subtype		Multianalyte Assays	Yes	Yes	Yes	No
81541	Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a disease-specific mortality risk score		Multianalyte Assays	Yes	Yes	Yes	No
81542	Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score		Genetic Testing	Yes	Yes	Yes	No
81546	Oncology (thyroid), mRNA, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)		Multianalyte Assays	Yes	Yes	Yes	No
81551	Oncology (prostate), promoter methylation profiling by real-time PCR of 3 genes (GSTP1, APC, RASSF1), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a likelihood of prostate cancer detection on repeat biopsy		Multianalyte Assays	Yes	Yes	Yes	No
81552	Oncology (uveal melanoma), mRNA, gene expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping), utilizing fine needle aspirate or formalin-fixed parafffin-embedded tissue, algorithm reported as risk of metastasis		Genetic Testing	Yes	Yes	Yes	No
81554	Pulmonary disease (idopathic pulmonary fibrosis [IPF]), mRNA, gene expression analysis of 190 genes, utilizing transbronchial biopsies, diagnostic algorithm reported as categorical result (eg, positive or negative for high probability of usual interstitial pneumonia [UIP])		Multianalyte Assays	Yes	Yes	Yes	No
81560	Transplantation medicine (allograft rejection, pediatric liver and small bowel), measurement of donor and third-party-induced CD154+T-cytotoxic memory cells, utilizing whole peripheral blood, algorithm reported as a rejection risk score		Multianalyte Assays	Yes	Yes	Yes	No
81595	Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score		Multianalyte Assays	Yes	Yes	Yes	No
81596	Infectious disease, chronic hepatitis C virus (HCV) infection, six biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, and haptoglobin) utilizing serum, prognostic algorithm reported as scores for fibrosis and necroinflammatory activity in liver		Multianalyte Assays	No	No	No	No
81599	Unlisted multianalyte assay with algorithmic analysis		Multianalyte Assays	Yes	Yes	No	No
82009	Ketone body(s) (eg, acetone, acetoacetic acid, beta-hydroxybutyrate); qualitative		Multianalyte Assays	No	No	No	No
82010	Ketone body(s) (ee. acetone. acetoacetic acid. beta-hydroxybutyrate); quantitative		Chemistry Procedures	No	No	No	No
82013	Acetylcholinesterase		Chemistry Procedures	Yes	Yes	No	No
82016	Acylcarnitines: qualitative. each specimen		Chemistry Procedures	No	No	No	No
82017	Acylcarnitines; quantitative, each specimen		Chemistry Procedures	No	No	No	No
82024	Adrenocorticotropic hormone (ACTH)		Chemistry Procedures	No	No	No	No
82030	Adenosine. 5-monoohosohate. cvclic (cyclic AMP)		Chemistry Procedures	No	No	No	No
82040	Albumin: serum. plasma or whole blood		Chemistry Procedures	No	No	No	No
82042	Albumin; other source. quantitative. each specimen (amniotic fluid)		Chemistry Procedures	No	No	No	No
82043	Albumin; urine (eg, microalbumin), quantitative		Chemistry Procedures	No	No	No	No
82044	Albumin; urine (eg, microalbumin), semiquantitative (eg, reagent strip assay)		Chemistry Procedures	No	No	No	No
82045	Albumin: ischemia modified		Chemistry Procedures	No	No	No	No
82075	Alcohol (ethanol); breath		Chemistry Procedures	No	No	No	No
82077	Alcohol (ethanol); any specimen except urine and breath, immunoassay (eg, IA, EIA, ELISA, RIA, EMIT, FPIA) and enzymatic methods (eg, alcohol dehydrogenase)		Chemistry	No	No	No	No
82085	Aldolase		Chemistry Procedures	No	No	No	No
82088	Aldosterone		Chemistry Procedures	No	No	No	No
82103	Alpha-1-antitrvosin: total		Chemistry Procedures	No	No	No	No
82104	Alpha-1-antitrypsin; phenotype. This test is used to detect hereditary decreases in the production of alpha1-antitrypsin by specific phenotype		Chemistry Procedures	Yes	Yes	Yes	No
82105	Alpha-fetoprotein (AFP); serum		Chemistry Procedures	No	No	No	No
82106	Alpha-fetoprotein (AFP); amniotic fluid		Chemistry Procedures	No	No	No	No
82107	Alpha-fetoprotein (AFP); AFP-L3 fraction isoform and total AFP (including ratio)		Chemistry Procedures	No	No	No	No
82108	Aluminum		Chemistry Procedures	No	No	No	No
82120	Amines, vaginal fluid, qualitative		Chemistry Procedures	No	No	No	No
82127	Amino acids; single, qualitative, each specimen		Chemistry Procedures	No	No	No	No
82128	Amino acids; multiple. qualitative. each specimen		Chemistry Procedures	No	No	No	No
82131	Amino acids; single. quantitative. each specimen		Chemistry Procedures	No	No	No	No
82135	Aminolevulinic acid, delta (ALA)		Chemistry Procedures	Yes	Yes	No	No
82136	Amino acids, 2 to 5 amino acids, quantitative, each specimen		Chemistry Procedures	No	No	No	No
82139	Amino acids, 6 or more amino acids, quantitative, each specimen		Chemistry Procedures	No	No	No	No
82140	Ammonia		Chemistry Procedures	No	No	No	No
82143	Amniotic fluid scan (spectrophotometric)		Chemistry Procedures	No	No	No	No
82150	Amylase		Chemistry Procedures	No	No	No	No
82154	Androstanediol glucuronide		Chemistry Procedures	No	No	No	No
82157	Androstenedione		Chemistry Procedures	No	No	No	No
82160	Androsterone		Chemistry Procedures	No	No	No	No
82163	Angiotensin II		Chemistry Procedures	No	No	No	No
82164	Angiotensin I - converting enzyme (ACE)		Chemistry Procedures	No	No	No	No
82166	Anti-mullerian hormone (AMH)		Chemistry Procedures	No	No	No	No
82172	Apolipoprotein. each		Chemistry Procedures	No	No	No	No
82175	Arsenic		Chemistry Procedures	No	No	No	No
82180	Ascorbic acid (Vitamin C), blood		Chemistry Procedures	No	No	No	No
82190	Atomic absorption spectroscopy, each analyte		Chemistry Procedures	No	No	No	No
82232	Beta-2 microglobulin		Chemistry Procedures	No	No	No	No
82239	Bile acids; total		Chemistry Procedures	No	No	No	No
82240	Bile acids; cholylglycine		Chemistry Procedures	No	No	No	No
82247	Bilirubin; total		Chemistry Procedures	No	No	No	No
82248	Bilirubin, direct		Chemistry Procedures	No	No	No	No
82252	Bilirubin; feces, qualitative		Chemistry Procedures	No	No	No	No
82261	Biotinidase. each specimen		Chemistry Procedures	No	No	No	No
82270	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (ie, patient was provided 3 cards or single triple card for consecutive collection)		Chemistry Procedures	No	No	No	No
82271	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; other sources		Chemistry Procedures	No	No	No	No
82272	Blood, occult, by peroxidase activity (eg, guaiac), qualitative, feces, 1-3 simultaneous determinations, performed for other than colorectal neoplasm screening		Chemistry Procedures	No	No	No	No
82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations		Chemistry Procedures	No	No	No	No
82286	Bradvkinin		Chemistry Procedures	No	No	No	No
82300	Cadmium		Chemistry Procedures	No	No	No	No
82306	Vitamin D, 25 hydroxy, includes fraction(s), if performed		Chemistry Procedures	No	No	No	No
82308	Calcitonin		Chemistry Procedures	No	No	No	No
82310	Calcium; total		Chemistry Procedures	No	No	No	No
82330	Calcium; ionized		Chemistry Procedures	No	No	No	No
82331	Calcium; after calcium infusion test		Chemistry Procedures	No	No	No	No
82340	Calcium; urine quantitative, timed specimen		Chemistry Procedures	No	No	No	No
82355	Calculus; qualitative analysis		Chemistry Procedures	No	No	No	No
82360	Calculus; quantitative analysis, chemical		Chemistry Procedures	No	No	No	No
82365	Calculus; infrared spectroscopy		Chemistry Procedures	No	No	No	No
82370	Calculus; X-ray diffraction		Chemistry Procedures	No	No	No	No
82373	Carbohydrate deficient transferrin		Chemistry Procedures	No	No	No	No
82374	Carbon dioxide (bicarbonate)		Chemistry Procedures	No	No	No	No
82375	Carboxyhemoglobin; quantitative		Chemistry Procedures	No	No	No	No
82376	Carboxyhemoglobin: qualitative		Chemistry Procedures	No	No	No	No
82378	Carcinoembryonic antigen (CEA)		Chemistry Procedures	No	No	No	No
82379	Assay of carnitine (total and free), quantitative, each specimen		Chemistry Procedures	No	No	No	No
82380	Assay of carotene		Chemistry Procedures	No	No	No	No
82382	Assay of catecholamines; total urine		Chemistry Procedures	No	No	No	No
82383	Assay blood catecholamines		Chemistry Procedures	No	No	No	No
82384	Assay catecholamines: fractionated		Chemistry Procedures	No	No	No	No
82387	Assay of cathepsin-D		Chemistry Procedures	No	No	No	No
82390	Assay of ceruloplasmin		Chemistry Procedures	No	No	No	No
82397	Chemiluminescent assay		Chemistry Procedures	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
82415	Assay of chloramphenicol		Chemistry Procedures	No	No	No	No
82435	Assay of blood chloride		Chemistry Procedures	No	No	No	No
82436	Assay of urine chloride		Chemistry Procedures	No	No	No	No
82438	Assay other fluid chlorides		Chemistry Procedures	No	No	No	No
82441	Chlorinated hydrocarbons, screen		Chemistry Procedures	No	No	No	No
82465	Cholesterol, serum or whole blood, total		Chemistry Procedures	No	No	No	No
82480	Assay serum cholinesterase		Chemistry Procedures	No	No	No	No
82482	Assay rbc cholinesterase		Chemistry Procedures	No	No	No	No
82485	Assay chondroitin B sulfate. quantitative		Chemistry Procedures	No	No	No	No
82495	Assay of chromium		Chemistry Procedures	No	No	No	No
82507	Assay of citrate		Chemistry Procedures	No	No	No	No
82523	Collagen crosslinks. any method		Chemistry Procedures	No	No	No	No
82525	Assay of copper		Chemistry Procedures	No	No	No	No
82528	Assay of corticosterone		Chemistry Procedures	No	No	No	No
82530	Cortisol free		Chemistry Procedures	No	No	No	No
82533	Total cortisol		Chemistry Procedures	No	No	No	No
82540	Assay of creatine		Chemistry Procedures	No	No	No	No
82542	Column chromatography, includes mass spectrometry, if performed (eg, HPLC, LC, LC/MS, LC/MS-MS, GC, GC/MS-MS, GC/MS, HPLC/MS), non-drug analyte(s) not elsewhere specified, qualitative or quantitative, each specimen		Chemistry Procedures	No	No	No	No
82550	Assay of creatine kinase (CK), (CPK); total		Chemistry Procedures	No	No	No	No
82552	Assay of creatine kinase (CK) (CPK); isoenzymes		Chemistry Procedures	No	No	No	No
82553	Creatine kinase (CK), (CPK); MB fraction only		Chemistry Procedures	No	No	No	No
82554	Creatine kinase (CK), (CPK); isoforms		Chemistry Procedures	No	No	No	No
82565	Assay of creatinine; blood		Chemistry Procedures	No	No	No	No
82570	Assay of creatinine; other source		Chemistry Procedures	No	No	No	No
82575	Creatinine clearance test		Chemistry Procedures	No	No	No	No
82585	Assay of cryofibrinogen		Chemistry Procedures	No	No	No	No
82595	Assay of cryoglobulin, qualitative or semi-quantitative (eg, cryocrit)		Chemistry Procedures	No	No	No	No
82600	Assay of cyanide		Chemistry Procedures	No	No	No	No
82607	Cyanocobalamin (Vitamin B-12);		Chemistry Procedures	No	No	No	No
82608	Cyanocobalamin (Vitamin B-12); unsaturated binding capacity		Chemistry Procedures	No	No	No	No
82610	Cystatin C		Chemistry Procedures	No	No	No	No
82615	Cystine and homocystine, urine, qualitative		Chemistry Procedures	No	No	No	No
82626	Dehydroepiandrosterone (DHEA)		Chemistry Procedures	No	No	No	No
82627	Dehydroepiandrosterone-sulfate (DHEA-S)		Chemistry Procedures	No	No	No	No
82633	Desoxycorticosterone, 11-		Chemistry Procedures	No	No	No	No
82634	Desoxycortisol, 11-		Chemistry Procedures	No	No	No	No
82638	Dibucaine number		Chemistry Procedures	No	No	No	No
82642	Dihydrotestosterone (DHT)		Chemistry Procedures	No	No	No	No
82652	Vitamin D; 1, 25 dihydroxy, includes fraction(s), if performed		Chemistry Procedures	No	No	No	No
82653	Elastase, pancreatic (EL-1), fecal; quantitative		Chemistry Procedures	No	No	No	No
82656	Elastase, pancreatic (EL-1), fecal; qualitative or semi-quantitative		Chemistry Procedures	No	No	No	No
82657	Enzyme activity in blood cells, cultured cells, or tissue, not elsewhere specified; nonradioactive substrate, each specimen		Chemistry Procedures	No	No	No	No
82658	Enzyme activity in blood cells, cultured cells, or tissue, not elsewhere specified; radioactive substrate, each specimen		Chemistry Procedures	No	No	No	No
82664	Electrophoretic technique, not elsewhere specified		Chemistry Procedures	No	No	No	No
82668	Assay of erythropoietin		Chemistry Procedures	No	No	No	No
82670	Estradiol; total		Chemistry Procedures	No	No	No	No
82671	Assay of estrogens; fractionated		Chemistry Procedures	No	No	No	No
82672	Assay of estrogen; total		Chemistry Procedures	No	No	No	No
82677	Assay of estriol		Chemistry Procedures	No	No	No	No
82679	Assay of estrone		Chemistry Procedures	No	No	No	No
82681	Estradiol, free, direct measurement (eg, equilibrium dialysis)		Chemistry Procedures	No	No	No	No
82693	Assay of ethylene glycol		Chemistry Procedures	No	No	No	No
82696	Assay of etiocholanolone		Chemistry Procedures	No	No	No	No
82705	Fat or lipids, feces; qualitative		Chemistry Procedures	No	No	No	No
82710	Fat or lipids, feces; quantitative		Chemistry Procedures	No	No	No	No
82715	Fat differential, feces, quantitative		Chemistry Procedures	No	No	No	No
82725	Assay of fatty acids, nonesterified		Chemistry Procedures	No	No	No	No
82726	Very long chain fatty acids		Chemistry Procedures	No	No	No	No
82728	Assay of ferritin		Chemistry Procedures	No	No	No	No
82731	Assay of fetal fibronectin, cervicovaginal secretions, semi-quantitative		Chemistry Procedures	No	No	No	No
82735	Assay of fluoride		Chemistry Procedures	No	No	No	No
82746	Assay of folic acid: serum		Chemistry Procedures	No	No	No	No
82747	Assay of folic acid: rbc		Chemistry Procedures	No	No	No	No
82757	Assay of semen fructose		Chemistry Procedures	No	No	No	No
82759	Assay of rbc galactokinase		Chemistry Procedures	No	No	No	No
82760	Assay of galactose		Chemistry Procedures	No	No	No	No
82775	Assay galactose-1-phosphate uridyl transferase; quantitative		Chemistry Procedures	No	No	No	No
82776	Galactose-1-phosphate uridyl transferase: screen		Chemistry Procedures	No	No	No	No
82777	Galectin-3		Chemistry Procedures	No	No	No	No
82784	Gammaglobulin (immunoglobulin); IgA, IgD, IgG, IgM, each		Chemistry Procedures	No	No	No	No
82785	Gammaglobulin (immunoglobulin); IgE		Chemistry Procedures	No	No	No	No
82787	Gammaglobulin (immunoglobulin); immunoglobulin subclasses (ee. IgG1. 2. 3. or 4). each		Chemistry Procedures	No	No	No	No
82800	Gases, blood, pH only		Chemistry Procedures	No	No	No	No
82803	Gases, blood, any combination of pH, pCO2, pO2, CO2, HCO3 (including calculated O2 saturation);		Chemistry Procedures	No	No	No	No
82805	Gases, blood, any combination of pH, pCO2, pO2, CO2, HCO3 (including calculated O2 saturation); with O2 saturation, by direct measurement, except pulse oximetry		Chemistry Procedures	No	No	No	No
82810	Gases, blood, O2 saturation only, by direct measurement, except pulse oximetry		Chemistry Procedures	No	No	No	No
82820	Hemoglobin-oxygen affinity (pO2 for 50% hemoglobin saturation with oxygen)		Chemistry Procedures	No	No	No	No
82930	Gastric acid analysis, includes pH if performed, each specimen		Chemistry Procedures	No	No	No	No
82938	Gastrin after secretin stimulation		Chemistry Procedures	No	No	No	No
82941	Assay of gastrin		Chemistry Procedures	No	No	No	No
82943	Assay of glucagon		Chemistry Procedures	No	No	No	No
82945	Glucose, body fluid, other than blood		Chemistry Procedures	No	No	No	No
82946	Glucagon tolerance test		Chemistry Procedures	No	No	No	No
82947	Glucose; quantitative, blood (except reagent strip)		Chemistry Procedures	No	No	No	No
82948	Glucose; blood, reagent strip		Chemistry Procedures	No	No	No	No
82950	Glucose; post glucose dose (includes glucose)		Chemistry Procedures	No	No	No	No
82951	Glucose; tolerance test (GTT), 3 specimens (includes glucose)		Chemistry Procedures	No	No	No	No
82952	Glucose; tolerance test, each additional beyond 3 specimens (List separately in addition to code for primary procedure)		Chemistry Procedures	No	No	No	No
82955	Glucose-6-phosphate dehydrogenase (G6PD); quantitative		Chemistry Procedures	No	No	No	No
82960	Glucose-6-phosphate dehydrogenase (G6PD); screen		Chemistry Procedures	Yes	Yes	No	No
82962	Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically for home use		Chemistry Procedures	No	No	No	No
82963	Assay of glucosidase, beta		Chemistry Procedures	No	No	No	No
82965	Assay of glutamate dehydrogenase		Chemistry Procedures	No	No	No	No
82977	Assay of glutamyltransferase, gamma (GGT)		Chemistry Procedures	No	No	No	No
82978	Assay of glutathione		Chemistry Procedures	No	No	No	No
82979	Assay glutathione reductase. RBC		Chemistry Procedures	No	No	No	No
82985	Assay of glycated protein		Chemistry Procedures	No	No	No	No
83001	Assay of gonadotropin; follicle stimulating hormone (FSH)		Chemistry Procedures	No	No	No	No
83002	Assay of gonadotropin; luteinizing hormone (LH)		Chemistry Procedures	No	No	No	No
83003	Growth hormone, human (HGH) (somatotropin)		Chemistry Procedures	No	No	No	No
83006	Growth stimulation expressed gene 2 (ST2. Interleukin 1 receptor like-1)		Chemistry Procedures	No	No	No	No
83009	Helicobacter pylori. blood test analysis for urease activity. non-radioactive isotope (ee. C-13)		Chemistry Procedures	No	No	No	No
83010	Haptoglobin; quantitative		Chemistry Procedures	No	No	No	No
83012	Haptoglobin, phenotypes		Chemistry Procedures	No	No	No	No
83013	Helicobacter pylori; breath test analysis for urease activity. non-radioactive isotope (ee. C-13)		Chemistry Procedures	No	No	No	No
83014	Helicobacter pylori; breath test analysis for urease activity, non-radioactive isotope (eg, C-13)		Chemistry Procedures	No	No	No	No
83015	Heavy metal (eg, arsenic, barium, beryllium, bismuth, antimony, mercury); qualitative, any number of analytes		Chemistry Procedures	No	No	No	No
83018	Heavy metal (eg, arsenic, barium, beryllium, bismuth, antimony, mercury); quantitative, each, not elsewhere specified		Chemistry Procedures	No	No	No	No
83020	Hemoglobin fractionation and quantitation; electrophoresis (eg, A2, S, C, and/or F)		Chemistry Procedures	No	No	No	No
83021	Hemoglobin fractionation and quantitation; chromatography (eg, A2, S, C, and/or F)		Chemistry Procedures	No	No	No	No
83026	Hemoglobin; by copper sulfate method, non-automated		Chemistry Procedures	No	No	No	No
83030	Hemoglobin; F (Fetal). chemical		Chemistry Procedures	No	No	No	No
83033	Hemoglobin; F (fetal), qualitative		Chemistry Procedures	No	No	No	No
83036	Hemoglobin; glycosylated (A1C)		Chemistry Procedures	No	No	No	No
83037	Hemoglobin; glycosylated (A1C) by device cleared by FDA for home use		Chemistry Procedures	No	No	No	No
83045	Hemoglobin; methemoglobin. qualitative		Chemistry Procedures	No	No	No	No
83050	Hemoglobin; methemoglobin. quantitative		Chemistry Procedures	No	No	No	No
83051	Hemoglobin; plasma		Chemistry Procedures	No	No	No	No
83060	Hemoglobin; sulfhemoglobin, quantitative		Chemistry Procedures	No	No	No	No
83065	Hemoglobin; thermolabile		Chemistry Procedures	No	No	No	No
83068	Hemoglobin; unstable, screen		Chemistry Procedures	No	No	No	No
83069	Hemoglobin; urine		Chemistry Procedures	No	No	No	No
83070	Hemosiderin, qualitative		Chemistry Procedures	No	No	No	No
83080	b-Hexosaminidase, each assay		Chemistry Procedures	No	No	No	No
83088	Assay of histamine		Chemistry Procedures	No	No	No	No
83090	Assay of homocysteine		Chemistry Procedures	No	No	No	No
83150	Assay of homovanillic acid (HVA)		Chemistry Procedures	No	No	No	No
83491	Assay of hydroxycorticosteroids, 17- (17-OHCS)		Chemistry Procedures	No	No	No	No
83497	Hydroxyindolacetic acid, 5- (HIAA)		Chemistry Procedures	No	No	No	No
83498	Hydroxyprogesterone, 17-d		Chemistry Procedures	No	No	No	No
83500	Hydroxyproline; free		Chemistry Procedures	No	No	No	No
83505	Hydroxyproline; total		Chemistry Procedures	No	No	No	No
83516	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, multiple step method		Chemistry Procedures	No	No	No	No
83518	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, single step method (eg, reagent strip)		Chemistry Procedures	No	No	No	No
83519	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, by radioimmunoassay (eg, RIA)		Chemistry Procedures	No	No	No	No
83520	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, not otherwise specified		Chemistry Procedures	No	No	No	No
83521	Immunoglobulin light chains (ie, kappa, lambda). free, each		Chemistry Procedures	No	No	No	No
83525	Insulin; total		Chemistry Procedures	No	No	No	No
83527	Insulin; free		Chemistry Procedures	No	No	No	No
83528	Assay of intrinsic factor		Chemistry Procedures	No	No	No	No
83529	Interleukin-6 (IL-6)		Chemistry Procedures	No	No	No	No
83540	Assay of iron		Chemistry Procedures	No	No	No	No
83550	Iron binding capacity		Chemistry Procedures	No	No	No	No
83570	Isocitric dehydrogenase (IDH)		Chemistry Procedures	No	No	No	No
83582	Ketogenic steroids, fractionation		Chemistry Procedures	No	No	No	No
83586	Ketosteroids, 17- (17-KS); total		Chemistry Procedures	No	No	No	No
83593	Ketosteroids, 17- (17-KS); fractionation		Chemistry Procedures	No	No	No	No
83605	Lactate (lactic acid)		Chemistry Procedures	No	No	No	No
83615	Lactate dehydrogenase (LD), (LDH);		Chemistry Procedures	No	No	No	No
83625	Lactate dehydrogenase (LD), (LDH); isoenzymes, separation and quantitation		Chemistry Procedures	No	No	No	No
83630	Lactoferrin, fecal; qualitative		Chemistry Procedures	No	No	No	No
83631	Lactoferrin, fecal; quantitative		Chemistry Procedures	No	No	No	No
83632	Lactogen, human placental (HPL) human chorionic somatomammotropin		Chemistry Procedures	No	No	No	No
83633	Lactose, urine, qualitative		Chemistry Procedures	No	No	No	No
83655	Assay of lead		Chemistry Procedures	No	No	No	No
83661	Fetal lung maturity assessment: lecithin sphingomyelin (L/S) ratio		Chemistry Procedures	No	No	No	No
83662	Fetal lung maturity assessment: foam stability test		Chemistry Procedures	No	No	No	No
83663	Fetal lung maturity assessment; fluorescence polarization		Chemistry Procedures	No	No	No	No
83664	Fetal lung maturity assessment; lamellar body density		Chemistry Procedures	No	No	No	No
83670	Leucine aminopeptidase (LAP)		Chemistry Procedures	No	No	No	No
83690	Assay of lipase		Chemistry Procedures	No	No	No	No
83695	Assay of lipoprotein(a)		Chemistry Procedures	No	No	No	No
83698	Lipoprotein-associated phospholipase A2 (Lp-PLA2)		Chemistry Procedures	No	No	No	No
83700	Lipoprotein, blood; electrophoretic separation and quantitation		Chemistry Procedures	No	No	No	No
83701	Lipoprotein, blood; high resolution fractionation and quantitation of lipoproteins including lipoprotein subclasses when performed (eg, electrophoresis, ultracentrifugation)		Chemistry Procedures	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
83704	Lipoprotein, blood; quantitation of lipoprotein particle number(s) (eg, by nuclear magnetic resonance spectroscopy), includes lipoprotein particle subclass(es), when performed		Chemistry Procedures	No	No	No	No
83718	Lipoprotein, direct measurement: high density cholesterol (HDL cholesterol)		Chemistry Procedures	No	No	No	No
83719	Lipoprotein, direct measurement; VLDL cholesterol		Chemistry Procedures	No	No	No	No
83721	Lipoprotein, direct measurement; LDL cholesterol		Chemistry Procedures	No	No	No	No
83722	Lipoprotein, direct measurement: small dense LDL cholesterol		Chemistry Procedures	No	No	No	No
83727	Luteinizing releasing factor (LRH)		Chemistry Procedures	No	No	No	No
83735	Assay of magnesium		Chemistry Procedures	No	No	No	No
83775	Assay malate dehydrogenase		Chemistry Procedures	No	No	No	No
83785	Assay of manganese		Chemistry Procedures	No	No	No	No
83789	Mass spectrometry and tandem mass spectrometry (eg, MS, MS/MS, MALDI, MS-TOF, QTOF), non-drug analyte(s) not elsewhere specified, qualitative or quantitative, each specimen		Chemistry Procedures	No	No	No	No
83825	Assay of mercury, quantitative		Chemistry Procedures	No	No	No	No
83835	Assay of metanephrines		Chemistry Procedures	No	No	No	No
83857	Assay of methemalbumin		Chemistry Procedures	No	No	No	No
83861	Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolarity		Chemistry Procedures	No	No	No	No
83864	Mucopolysaccharides, acid, quantitative		Chemistry Procedures	No	No	No	No
83872	Mucin, synovial fluid (Ropes test)		Chemistry Procedures	No	No	No	No
83873	Myelin basic protein, cerebrospinal fluid		Chemistry Procedures	No	No	No	No
83874	Assay of myoglobin		Chemistry Procedures	No	No	No	No
83876	Assay myelin basic protein, cerebrospinal fluid		Chemistry Procedures	No	No	No	No
83880	Assay of natriuretic peptide		Chemistry Procedures	No	No	No	No
83883	Nephelometry, each analyte not elsewhere specified		Chemistry Procedures	No	No	No	No
83885	Assay of nickel		Chemistry Procedures	No	No	No	No
83915	Assay of nucleotidase 5'-		Chemistry Procedures	No	No	No	No
83916	Oligoclonal immune (oligoclonal bands)		Chemistry Procedures	No	No	No	No
83918	Organic acids; total, quantitative, each specimen		Chemistry Procedures	No	No	No	No
83919	Organic acids; qualitative, each specimen		Chemistry Procedures	No	No	No	No
83921	Organic acid, single, quantitative		Chemistry Procedures	No	No	No	No
83930	Osmolality: blood		Chemistry Procedures	No	No	No	No
83935	Osmolality; urine		Chemistry Procedures	No	No	No	No
83937	Osteocalcin (bone g1a protein)		Chemistry Procedures	No	No	No	No
83945	Assay of oxalate		Chemistry Procedures	No	No	No	No
83950	Oncoprotein: her-2/neu		Chemistry Procedures	No	No	No	No
83951	Oncoprotein: des-gamma-carboxy-prothrombin (DCP)		Chemistry Procedures	No	No	No	No
83970	Assay of parathormone (parathyroid hormone)		Chemistry Procedures	No	No	No	No
83986	Assay of pH; body fluid, not otherwise specified		Chemistry Procedures	No	No	No	No
83987	pH, exhaled breath condensate		Chemistry Procedures	No	No	No	No
83992	Phencyclidine (PCP)		Chemistry Procedures	INN-one per month except with ER, OBS or IP which had no limit	INN-one per month except with ER, OBS or IP which had no limit	INN-one per month except with ER, OBS or IP which had no limit	No
83993	Assay for calprotectin fecal		Chemistry Procedures	No	No	No	No
84030	Phenylalanine (PKU), blood		Chemistry Procedures	No	No	No	No
84035	Phenylketones, qualitative		Chemistry Procedures	No	No	No	No
84060	Phosphatase, acid; total		Chemistry Procedures	No	No	No	No
84066	Phosphatase, acid: prostatic		Chemistry Procedures	No	No	No	No
84075	Phosphatase, alkaline:		Chemistry Procedures	No	No	No	No
84078	Phosphatase, alkaline; heat stable (total not included)		Chemistry Procedures	No	No	No	No
84080	Phosphatase, alkaline; isoenzymes		Chemistry Procedures	No	No	No	No
84081	Assay phosphatidylglycerol		Chemistry Procedures	No	No	No	No
84085	Phosphogluconate, 6-, dehydrogenase, RBC		Chemistry Procedures	No	No	No	No
84087	Phosphohexose isomerase		Chemistry Procedures	No	No	No	No
84100	Phosphorus inorganic (phosphate);		Chemistry Procedures	No	No	No	No
84105	Phosphorus inorganic (phosphate); urine		Chemistry Procedures	No	No	No	No
84106	Porphobilinogen, urine; qualitative		Chemistry Procedures	No	No	No	No
84110	Porphobilinogen, urine; quantitative		Chemistry Procedures	No	No	No	No
84112	Evaluation of cervicovaginal fluid for specific amniotic fluid protein(s) (eg, placental alpha microglobulin-1 [PAMG-1], placental protein 12 [PP12], alpha-fetoprotein), qualitative, each specimen		Chemistry Procedures	No	No	No	No
84119	Porphyrins, urine; qualitative		Chemistry Procedures	No	No	No	No
84120	Porphyrins, urine; quantitation and fractionation		Chemistry Procedures	No	No	No	No
84126	Porphyrins, feces, quantitative		Chemistry Procedures	No	No	No	No
84132	Potassium; serum, plasma or whole blood		Chemistry Procedures	No	No	No	No
84133	Potassium; urine		Chemistry Procedures	No	No	No	No
84134	Assay of prealbumin		Chemistry Procedures	No	No	No	No
84135	Assay of pregnanediol		Chemistry Procedures	No	No	No	No
84138	Assay of pregnanetriol		Chemistry Procedures	No	No	No	No
84140	Assay of pregnenolone		Chemistry Procedures	No	No	No	No
84143	Assay of 17-hydroxyprogenenolone		Chemistry Procedures	No	No	No	No
84144	Assay of progesterone		Chemistry Procedures	No	No	No	No
84145	Procalcitonin (PCT)		Chemistry Procedures	No	No	No	No
84146	Assay of prolactin		Chemistry Procedures	No	No	No	No
84150	Assay of prostaglandin, each		Chemistry Procedures	No	No	No	No
84152	Prostate specific antigen (PSA); complexed (direct measurement)		Chemistry Procedures	No	No	No	No
84153	Prostate specific antigen (PSA): total		Chemistry Procedures	No	No	No	No
84154	Prostate specific antigen (PSA): free		Chemistry Procedures	No	No	No	No
84155	Protein, total, except by refractometry; serum, plasma or whole blood		Chemistry Procedures	No	No	No	No
84156	Protein, total, except by refractometry; urine		Chemistry Procedures	No	No	No	No
84157	Protein, total, except by refractometry; other source (ee. synovial fluid, cerebrospinal fluid)		Chemistry Procedures	No	No	No	No
84160	Protein, total, by refractometry; any source		Chemistry Procedures	No	No	No	No
84163	Pregnancy-associated plasma protein-A (PAPP-A)		Chemistry Procedures	No	No	No	No
84165	Protein; electrophoretic fractionation and quantitation, serum		Chemistry Procedures	No	No	No	No
84166	Protein; electrophoretic fractionation and quantitation, other fluids with concentration (eg, urine, CSF)		Chemistry Procedures	No	No	No	No
84181	Protein; Western Blot, with interpretation and report, blood or other body fluid		Chemistry Procedures	No	No	No	No
84182	Protein; Western Blot, with interpretation and report, blood or other body fluid, immunological probe for band identification, each		Chemistry Procedures	No	No	No	No
84202	Protoporphyrin, RBC; quantitative		Chemistry Procedures	No	No	No	No
84203	Protoporphyrin, RBC; screen		Chemistry Procedures	No	No	No	No
84206	Assay of proinsulin		Chemistry Procedures	No	No	No	No
84207	Pyridoxal phosphate (Vitamin B-6)		Chemistry Procedures	No	No	No	No
84210	Assay of pyruvate		Chemistry Procedures	No	No	No	No
84220	Assay of pyruvate kinase		Chemistry Procedures	No	No	No	No
84228	Assay of quinine		Chemistry Procedures	No	No	No	No
84233	Receptor assay; estrogen		Chemistry Procedures	No	No	No	No
84234	Receptor assay; progesterone		Chemistry Procedures	No	No	No	No
84235	Assay of receptor assay; endocrine, other than estrogen or progesterone (specify hormone)		Chemistry Procedures	No	No	No	No
84238	Assay receptor assay; non-endocrine (specify receptor)		Chemistry Procedures	No	No	No	No
84244	Assay of renin		Chemistry Procedures	No	No	No	No
84252	Assay of riboflavin (Vitamin B-2)		Chemistry Procedures	No	No	No	No
84255	Assay of selenium		Chemistry Procedures	No	No	No	No
84260	Assay of serotonin		Chemistry Procedures	No	No	No	No
84270	Assay of sex hormone binding globulin (SHBG)		Chemistry Procedures	No	No	No	No
84275	Assay of sialic acid		Chemistry Procedures	No	No	No	No
84285	Assay of silica		Chemistry Procedures	No	No	No	No
84295	Assay of sodium; serum, plasma or whole blood		Chemistry Procedures	No	No	No	No
84300	Assay of urine sodium		Chemistry Procedures	No	No	No	No
84302	Assay of sodium: other source		Chemistry Procedures	No	No	No	No
84305	Assay of somatomedin		Chemistry Procedures	No	No	No	No
84307	Assay of somatostatin		Chemistry Procedures	No	No	No	No
84311	Spectrophotometry, analyte not elsewhere specified		Chemistry Procedures	Yes	Yes	No	No
84315	Specific gravity (except urine)		Chemistry Procedures	No	No	No	No
84375	Sugars, chromatographic, TLC or paper chromatography		Chemistry Procedures	No	No	No	No
84376	Sugars (mono-, di-, and oligosaccharides); single qualitative, each specimen		Chemistry Procedures	No	No	No	No
84377	Sugars (mono-, di-, and oligosaccharides); multiple qualitative, each specimen		Chemistry Procedures	No	No	No	No
84378	Sugars (mono-, di-, and oligosaccharides); single quantitative, each specimen		Chemistry Procedures	No	No	No	No
84379	Sugars (mono-, di-, and oligosaccharides); multiple quantitative, each specimen		Chemistry Procedures	No	No	No	No
84392	Assay of urine sulfate		Chemistry Procedures	No	No	No	No
84402	Assay of free testosterone		Chemistry Procedures	No	No	No	No
84403	Assay of total testosterone		Chemistry Procedures	No	No	No	No
84410	Testosterone; bioavailable, direct measurement (eg, differential precipitation)		Chemistry Procedures	No	No	No	No
84425	Assay of thiamine (Vitamin B-1)		Chemistry Procedures	No	No	No	No
84430	Assay of thiocyanate		Chemistry Procedures	No	No	No	No
84431	Thromboxane metabolite(s), including thromboxane if performed, urine		Chemistry Procedures	No	No	No	No
84432	Assay of thyroglobulin		Chemistry Procedures	No	No	No	No
84433	Thiopurine S-methyltransferase (TPMT)		Chemistry Procedures	No	No	No	No
84436	Assay of total thyroxine		Chemistry Procedures	No	No	No	No
84437	Assay of thyroxine; requiring elution (ee. neonatal)		Chemistry Procedures	No	No	No	No
84439	Assay of free thyroxine		Chemistry Procedures	No	No	No	No
84442	Assay of thyroxine binding globulin (TBG)		Chemistry Procedures	No	No	No	No
84443	Assay thyroid stimulating hormone (TSH)		Chemistry Procedures	No	No	No	No
84445	Assay of thyroid stimulating immune globulins (TSI)		Chemistry Procedures	No	No	No	No
84446	Assay of tocopherol alpha (Vitamin E)		Chemistry Procedures	No	No	No	No
84449	Assay of transcortin (cortisol binding globulin)		Chemistry Procedures	No	No	No	No
84450	Transferase; aspartate amino (AST) (SGOT)		Chemistry Procedures	No	No	No	No
84460	Transferase; alanine amino (ALT) (SGPT)		Chemistry Procedures	No	No	No	No
84466	Assay of transferrin		Chemistry Procedures	No	No	No	No
84478	Assay of triglycerides		Chemistry Procedures	No	No	No	No
84479	Assay of thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR)		Chemistry Procedures	No	No	No	No
84480	Assay triiodothyronine T3; total (TT-3)		Chemistry Procedures	No	No	No	No
84481	Triiodothyronine T3: free		Chemistry Procedures	No	No	No	No
84482	Triiodothyronine T3; reverse		Chemistry Procedures	No	No	No	No
84484	Assay of troponin, quantitative		Chemistry Procedures	No	No	No	No
84485	Assay trypsin; duodenal fluid		Chemistry Procedures	No	No	No	No
84488	Trypsin; feces, qualitative		Chemistry Procedures	No	No	No	No
84490	Trvosin: feces. quantitative. 24-hour collection		Chemistry Procedures	No	No	No	No
84510	Assay of tyrosine		Chemistry Procedures	No	No	No	No
84512	Assay of troponin, qualitative		Chemistry Procedures	No	No	No	No
84520	Assay of urea nitrogen; quantitative		Chemistry Procedures	No	No	No	No
84525	Urea nitrogen; semiquantitative (ee. reagent strip test)		Chemistry Procedures	No	No	No	No
84540	Assay of urea nitrogen, urine		Chemistry Procedures	No	No	No	No
84545	Urea nitrogen, clearance		Chemistry Procedures	No	No	No	No
84550	Assay of uric acid; blood		Chemistry Procedures	No	No	No	No
84560	Assay of uric acid; other source		Chemistry Procedures	No	No	No	No
84577	Assay of urobilinogen, feces, quantitative		Chemistry Procedures	No	No	No	No
84578	Test urobilinogen, urine; qualitative		Chemistry Procedures	No	No	No	No
84580	Assay of urobilinogen, urine; quantitative, timed specimen		Chemistry Procedures	No	No	No	No
84583	Assay of urobilinogen, urine; semiquantitative		Chemistry Procedures	No	No	No	No
84585	Assay of vanillylmandelic acid (VMA), urine		Chemistry Procedures	No	No	No	No
84586	Assay of vasoactive intestinal peptide (VIP)		Chemistry Procedures	No	No	No	No
84588	Assay of vasopressin (antidiuretic hormone, ADH)		Chemistry Procedures	No	No	No	No
84590	Assay of Vitamin A		Chemistry Procedures	No	No	No	No
84591	Assay of vitamin, not otherwise specified		Chemistry Procedures	No	No	No	No
84597	Assay of Vitamin K		Chemistry Procedures	No	No	No	No
84600	Assay of volatiles (ee. acetic anhydride, diethylether)		Chemistry Procedures	No	No	No	No
84620	Xylose absorption test, blood and/or urine		Chemistry Procedures	No	No	No	No
84630	Assay of zinc		Chemistry Procedures	No	No	No	No
84681	Assay of c-peptide		Chemistry Procedures	No	No	No	No
84702	Gonadotropin, chorionic (hCG); quantitative		Chemistry Procedures	No	No	No	No
84703	Gonadotropin, chorionic (hCG); qualitative		Chemistry Procedures	No	No	No	No
84704	Gonadotropin, chorionic (hCG); free beta chain		Chemistry Procedures	No	No	No	No
84830	Ovulation tests, by visual color comparison methods for human luteinizing hormone		Chemistry Procedures	No	No	No	No
84999	Unlisted chemistry procedure		Chemistry Procedures	Yes	Yes	No	No
85002	Bleeding time test		Hematology/Coagulation	No	No	No	No
85004	Blood count; automated differential WBC count		Hematology/Coagulation	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
85007	Blood count; blood smear, microscopic examination with manual differential WBC count		Hematology/Coagulation	No	No	No	No
85008	Blood count; blood smear, microscopic examination without manual differential WBC count		Hematology/Coagulation	No	No	No	No
85009	Blood count; manual differential WBC count, buffy coat		Hematology/Coagulation	No	No	No	No
85013	Blood count; spun microhematocrit		Hematology/Coagulation	No	No	No	No
85014	Blood count; hematocrit (Hct)		Hematology/Coagulation	No	No	No	No
85018	Blood count; hemoglobin (Hgb)		Hematology/Coagulation	No	No	No	No
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count		Hematology/Coagulation	No	No	No	No
85027	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)		Hematology/Coagulation	No	No	No	No
85032	Blood count; manual cell count (erythrocyte, leukocyte, or platelet) each		Hematology/Coagulation	No	No	No	No
85041	Blood count; red blood cell (RBC), automated		Hematology/Coagulation	No	No	No	No
85044	Blood count; reticulocyte, manual		Hematology/Coagulation	No	No	No	No
85045	Blood count; reticulocyte, automated		Hematology/Coagulation	No	No	No	No
85046	Blood count; reticulocytes, automated, including 1 or more cellular parameters (eg, reticulocyte hemoglobin content [CHr], immature reticulocyte fraction [IRF], reticulocyte volume [MRV], RNA content), direct measurement		Hematology/Coagulation	No	No	No	No
85048	Blood count; leukocyte (WBC), automated		Hematology/Coagulation	No	No	No	No
85049	Blood count; platelet, automated		Hematology/Coagulation	No	No	No	No
85055	Reticulated platelet assay		Hematology/Coagulation	No	No	No	No
85060	Blood smear, peripheral, interpretation by physician with written report		Hematology/Coagulation	No	No	No	No
85097	Bone marrow, smear interpretation		Hematology/Coagulation	No	No	No	No
85130	Chromogenic substrate assay		Hematology/Coagulation	No	No	No	No
85170	Blood clot retraction		Hematology/Coagulation	No	No	No	No
85175	Blood clot lysis time, whole blood dilution		Hematology/Coagulation	No	No	No	No
85210	Clotting; factor II, prothrombin, specific		Hematology/Coagulation	No	No	No	No
85220	Clotting; factor V (AcG or proaccelerin), labile factor		Hematology/Coagulation	No	No	No	No
85230	Clotting; factor VII (proconvertin, stable factor)		Hematology/Coagulation	No	No	No	No
85240	Clotting; factor VIII (AHG), 1-stage		Hematology/Coagulation	No	No	No	No
85244	Clotting; factor VIII related antigen		Hematology/Coagulation	No	No	No	No
85245	Clotting; factor VIII, VW factor, ristocetin cofactor		Hematology/Coagulation	No	No	No	No
85246	Clotting; factor VIII, VW factor antigen		Hematology/Coagulation	No	No	No	No
85247	Clotting; factor VIII, von Willebrand factor, multimetric analysis		Hematology/Coagulation	No	No	No	No
85250	Clotting; factor IX (PTC or Christmas)		Hematology/Coagulation	No	No	No	No
85260	Clotting; factor X (Stuart-Prower)		Hematology/Coagulation	No	No	No	No
85270	Clotting; factor XI (PTA)		Hematology/Coagulation	No	No	No	No
85280	Clotting; factor XII (Hageman)		Hematology/Coagulation	No	No	No	No
85290	Clotting; factor XIII (fibrin stabilizing)		Hematology/Coagulation	No	No	No	No
85291	Clotting; factor XIII (fibrin stabilizing), screen solubility		Hematology/Coagulation	No	No	No	No
85292	Clotting; prekallikrein assay (Fletcher factor assay)		Hematology/Coagulation	No	No	No	No
85293	Clotting; high molecular weight kininogen assay (Fitzgerald factor assay)		Hematology/Coagulation	No	No	No	No
85300	Clotting inhibitors or anticoagulants; antithrombin III, activity		Hematology/Coagulation	No	No	No	No
85301	Clotting inhibitors or anticoagulants; antithrombin III, antigen assay		Hematology/Coagulation	No	No	No	No
85302	Clotting inhibitors or anticoagulants; protein C, antigen		Hematology/Coagulation	No	No	No	No
85303	Clotting inhibitors or anticoagulants; protein C, activity		Hematology/Coagulation	No	No	No	No
85305	Clotting inhibitors or anticoagulants; protein S, total		Hematology/Coagulation	No	No	No	No
85306	Clotting inhibitors or anticoagulants; protein S, free		Hematology/Coagulation	No	No	No	No
85307	Activated Protein C (APC) resistance assay		Hematology/Coagulation	No	No	No	No
85335	Factor inhibitor test		Hematology/Coagulation	No	No	No	No
85337	Thrombomodulin		Hematology/Coagulation	No	No	No	No
85345	Coagulation time; Lee and White		Hematology/Coagulation	No	No	No	No
85347	Coagulation time; activated		Hematology/Coagulation	No	No	No	No
85348	Coagulation time; other methods		Hematology/Coagulation	No	No	No	No
85360	Euglobulin lysis		Hematology/Coagulation	No	No	No	No
85362	Fibrin(ogen) degradation (split) products (FDP) (FSP); agglutination slide, semiquantitative		Hematology/Coagulation	No	No	No	No
85366	Fibrin(ogen) degradation (split) products (FDP) (FSP); paracoagulation		Hematology/Coagulation	No	No	No	No
85370	Fibrin(ogen) degradation (split) products (FDP) (FSP); quantitative		Hematology/Coagulation	No	No	No	No
85378	Fibrin degradation products, D-dimer; qualitative or semiquantitative		Hematology/Coagulation	No	No	No	No
85379	Fibrin degradation products, D-dimer; quantitative		Hematology/Coagulation	No	No	No	No
85380	Fibrin degradation products, D-dimer; ultrasensitive (eg, for evaluation for venous thromboembolism), qualitative or semiquantitative		Hematology/Coagulation	No	No	No	No
85384	Fibrinogen; activity		Hematology/Coagulation	No	No	No	No
85385	Fibrinogen; antigen		Hematology/Coagulation	No	No	No	No
85390	Fibrinolysins or coagulopathy screen, interpretation and report		Hematology/Coagulation	No	No	No	No
85396	Coagulation/fibrinolysis assay, whole blood (eg, viscoelastic clot assessment), including use of any pharmacologic additive(s), as indicated, including interpretation and written report, per day		Hematology/Coagulation	No	No	No	No
85397	Coagulation and fibrinolysis, functional activity, not otherwise specified (eg, ADAMTS-13), each analyte		Hematology/Coagulation	No	No	No	No
85400	Fibrinolytic factors and inhibitors; plasmin		Hematology/Coagulation	No	No	No	No
85410	Fibrinolytic factors and inhibitors; alpha-2 antiplasmin		Hematology/Coagulation	No	No	No	No
85415	Fibrinolytic factors and inhibitors; plasminogen activator		Hematology/Coagulation	No	No	No	No
85420	Fibrinolytic factors and inhibitors; plasminogen, except antigenic assay		Hematology/Coagulation	No	No	No	No
85421	Fibrinolytic factors and inhibitors; plasminogen, antigenic assay		Hematology/Coagulation	No	No	No	No
85441	Heinz bodies; direct		Hematology/Coagulation	No	No	No	No
85445	Heinz bodies; induced, acetyl phenylhydrazine		Hematology/Coagulation	No	No	No	No
85460	Hemoglobin or RBCs, fetal, for fetomaternal hemorrhage; differential lysis (Kleihauer-Betke)		Hematology/Coagulation	No	No	No	No
85461	Hemoglobin or RBCs, fetal, for fetomaternal hemorrhage; rosette		Hematology/Coagulation	No	No	No	No
85475	Hemolysin, acid		Hematology/Coagulation	No	No	No	No
85520	Heparin assay		Hematology/Coagulation	No	No	No	No
85525	Heparin neutralization		Hematology/Coagulation	No	No	No	No
85530	Heparin-protamine tolerance test		Hematology/Coagulation	No	No	No	No
85536	Iron stain, peripheral blood		Hematology/Coagulation	No	No	No	No
85540	Leukocyte alkaline phosphatase with count		Hematology/Coagulation	No	No	No	No
85547	Mechanical fragility, RBC		Hematology/Coagulation	No	No	No	No
85549	Muramidase		Hematology/Coagulation	No	No	No	No
85555	Osmotic fragility, RBC; unincubated		Hematology/Coagulation	No	No	No	No
85557	Osmotic fragility, RBC; incubated		Hematology/Coagulation	No	No	No	No
85576	Platelet, aggregation (in vitro), each agent		Hematology/Coagulation	No	No	No	No
85597	Phospholipid neutralization; platelet		Hematology/Coagulation	No	No	No	No
85598	Phospholipid neutralization; hexagonal phospholipid		Hematology/Coagulation	No	No	No	No
86041	Acetylcholine receptor (AChR); binding antibody		Hematology/Coagulation	No	No	No	No
86042	Acetylcholine receptor (AChR); blocking antibody		Hematology/Coagulation	No	No	No	No
86043	Acetylcholine receptor (AChR); modulating antibody		Hematology/Coagulation	No	No	No	No
85610	Prothrombin time		Hematology/Coagulation	No	No	No	No
85611	Prothrombin time; substitution, plasma fractions, each		Hematology/Coagulation	No	No	No	No
85612	Viper venom prothrombin time		Hematology/Coagulation	No	No	No	No
85613	Russell viper venom time (includes venom); undiluted		Hematology/Coagulation	No	No	No	No
85635	Reptilase test		Hematology/Coagulation	No	No	No	No
85651	Sedimentation rate, erythrocyte; non-automated		Hematology/Coagulation	No	No	No	No
85652	Sedimentation rate, erythrocyte; automated		Hematology/Coagulation	No	No	No	No
85660	Sickling of RBC, reduction		Hematology/Coagulation	No	No	No	No
85670	Thrombin time; plasma		Hematology/Coagulation	No	No	No	No
85675	Thrombin time; titer		Hematology/Coagulation	No	No	No	No
85705	Thromboplastin inhibition, tissue		Hematology/Coagulation	No	No	No	No
85730	Thromboplastin time, partial (PTT); plasma or whole blood		Hematology/Coagulation	No	No	No	No
85732	Thromboplastin time, partial (PTT); substitution, plasma fractions, each		Hematology/Coagulation	No	No	No	No
85810	Blood viscosity examination		Hematology/Coagulation	No	No	No	No
85999	Unlisted hematology and coagulation procedure		Hematology/Coagulation	Yes	Yes	Yes	No
86000	Agglutinins, febrile (eg, Brucella, Francisella, Murine typhus, Q fever, Rocky Mountain spotted fever, scrub typhus), each antigen		Immunology Procedures	No	No	No	No
86001	Allergen specific IgG quantitative or semiquantitative, each allergen		Immunology Procedures	No	No	No	No
86003	Allergen specific IgE; quantitative or semiquantitative, crude allergen extract, each		Immunology Procedures	No	No	No	No
86005	Allergen specific IgE; qualitative, multiallergen screen (eg, disk, sponge, card)		Immunology Procedures	No	No	No	No
86008	Allergen specific IgE; quantitative or semiquantitative, recombinant or purified component, each		Immunology Procedures	No	No	No	No
86015	Actin (smooth muscle) antibody (ASMA), each		Immunology Procedures	No	No	No	No
86021	Antibody identification; leukocyte antibodies		Immunology Procedures	No	No	No	No
86022	Antibody identification; platelet antibodies		Immunology Procedures	No	No	No	No
86023	Antibody identification; platelet associated immunoglobulin assay		Immunology Procedures	No	No	No	No
86036	Antineutrophil cytoplasmic antibody (ANCA); screen, each antibody		Immunology Procedures	No	No	No	No
86037	Antineutrophil cytoplasmic antibody (ANCA); titer, each antibody		Immunology Procedures	No	No	No	No
86038	Antinuclear antibodies (ANA);		Immunology Procedures	No	No	No	No
86039	Antinuclear antibodies (ANA); titer		Immunology Procedures	No	No	No	No
86051	Aquaporin-4 (neuromyelitis optica [NMO]) antibody; enzyme-linked immunosorbent immunoassay (ELISA)		Immunology Procedures	No	No	No	No
86052	Aquaporin-4 (neuromyelitis optica [NMO]) antibody; cell-based immunofluorescence assay (CBA), each		Immunology Procedures	No	No	No	No
86053	Aquaporin-4 (neuromyelitis optica [NMO]) antibody; flow cytometry (ie, fluorescence-activated cell sorting [FACS]), each		Immunology Procedures	No	No	No	No
86060	Antistreptolysin 0; titer		Immunology Procedures	No	No	No	No
86063	Antistreptolysin 0; screen		Immunology Procedures	No	No	No	No
86077	Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report		Immunology Procedures	No	No	No	No
86078	Blood bank physician services; investigation of transfusion reaction including suspicion of transmissible disease, interpretation and written report		Immunology Procedures	No	No	No	No
86079	Blood bank physician services; authorization for deviation from standard blood banking procedures (eg, use of outdated blood, transfusion of Rh incompatible units), with written report		Immunology Procedures	No	No	No	No
86140	C-reactive protein		Immunology Procedures	No	No	No	No
86141	C-reactive protein; high sensitivity (hsCRP)		Immunology Procedures	No	No	No	No
86146	Beta 2 Glycoprotein I antibody, each		Immunology Procedures	No	No	No	No
86147	Cardiolipin (phospholipid) antibody, each Ig class		Immunology Procedures	No	No	No	No
86148	Anti-phosphatidylserine (phospholipid) antibody		Immunology Procedures	No	No	No	No
86152	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood);		Immunology Procedures	No	No	No	No
86153	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood); physician interpretation and report, when required		Immunology Procedures	No	No	No	No
86155	Chemotaxis assay, specify method		Immunology Procedures	No	No	No	No
86156	Cold agglutinin; screen		Immunology Procedures	No	No	No	No
86157	Cold agglutinin; titer		Immunology Procedures	No	No	No	No
86160	Complement; antigen, each component		Immunology Procedures	No	No	No	No
86161	Complement; functional activity, each component		Immunology Procedures	No	No	No	No
86162	Complement; total hemolytic (CH50)		Immunology Procedures	No	No	No	No
86171	Complement fixation tests, each antigen		Immunology Procedures	No	No	No	No
86200	Cyclic citrullinated peptide (CCP), antibody		Immunology Procedures	No	No	No	No
86215	Deoxyribonuclease, antibody		Immunology Procedures	No	No	No	No
86225	Deoxyribonucleic acid (DNA) antibody; native or double stranded		Immunology Procedures	No	No	No	No
86226	Deoxyribonucleic acid (DNA) antibody; single stranded		Immunology Procedures	No	No	No	No
86231	Endomysial antibody (EMA), each immunoglobulin (Ig) class		Immunology Procedures	No	No	No	No
86235	Extractable nuclear antigen, antibody to, any method (eg, nRNP, SS-A, SS-B, Sm, RNP, Sc170, J01), each antibody		Immunology Procedures	No	No	No	No
86255	Fluorescent noninfectious agent antibody; screen, each antibody		Immunology Procedures	No	No	No	No
86256	Fluorescent noninfectious agent antibody; titer, each antibody		Immunology Procedures	No	No	No	No
86258	Gliadin (deamidated) (DGP) antibody, each immunoglobulin (Ig) class		Immunology Procedures	No	No	No	No
86277	Growth hormone, human (HGH), antibody		Immunology Procedures	No	No	No	No
86280	Hemagglutination inhibition test (HAI)		Immunology Procedures	No	No	No	No
86294	Immunoassay for tumor antigen, qualitative or semiquantitative (eg, bladder tumor antigen)		Immunology Procedures	No	No	No	No
86300	Immunoassay for tumor antigen, quantitative; CA 15-3 (27.29)		Immunology Procedures	No	No	No	No
86301	Immunoassay for tumor antigen, quantitative; CA 19-9		Immunology Procedures	No	No	No	No
86304	Immunoassay for tumor antigen, quantitative; CA 125		Immunology Procedures	No	No	No	No
86305	Human epididymis protein 4 (HE4)		Immunology Procedures	No	No	No	No
86308	Heterophile antibodies; screening		Immunology Procedures	No	No	No	No
86309	Heterophile antibodies; titer		Immunology Procedures	No	No	No	No
86310	Heterophile antibodies; titers after absorption with beef cells and guinea pig kidney		Immunology Procedures	No	No	No	No
86316	Immunoassay for tumor antigen, other antigen, quantitative (eg, CA 50, 72-4, 549), each		Immunology Procedures	No	No	No	No
86317	Immunoassay for infectious agent antibody, quantitative, not otherwise specified		Immunology Procedures	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
86318	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (eg, reagent strip);		Immunology Procedures	No	No	No	No
86320	Immunoelectrophoresis; serum		Immunology Procedures	No	No	No	No
86325	Immunoelectrophoresis; other fluids (eg, urine, cerebrospinal fluid) with concentration		Immunology Procedures	No	No	No	No
86327	Immunoelectrophoresis; crossed (2-dimensional assay)		Immunology Procedures	No	No	No	No
86328	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (eg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])		COVID	No	No	No	No
86329	Immunodiffusion; not elsewhere specified		Immunology Procedures	No	No	No	No
86331	Immunodiffusion; gel diffusion, qualitative (Ouchterlony), each antigen or antibody		Immunology Procedures	No	No	No	No
86332	Immune complex assay		Immunology Procedures	No	No	No	No
86334	Immunofixation electrophoresis; serum		Immunology Procedures	No	No	No	No
86335	Immunofixation electrophoresis; other fluids with concentration (eg, urine, CSF)		Immunology Procedures	No	No	No	No
86336	Inhibin A		Immunology Procedures	No	No	No	No
86337	Insulin antibodies		Immunology Procedures	No	No	No	No
86340	Intrinsic factor antibodies		Immunology Procedures	No	No	No	No
86341	Islet cell antibody		Immunology Procedures	No	No	No	No
86343	Leukocyte histamine release test (LHR)		Immunology Procedures	No	No	No	No
86344	Leukocyte phagocytosis		Immunology Procedures	No	No	No	No
86352	Cellular function assay involving stimulation (eg, mitogen or antigen) and detection of biomarker (eg, ATP)		Immunology Procedures	No	No	No	No
86353	Lymphocyte transformation, mitogen (phytomitogen) or antigen induced blastogenesis		Immunology Procedures	No	No	No	No
86355	B cells, total count		Immunology Procedures	No	No	No	No
86356	Mononuclear cell antigen, quantitative (eg, flow cytometry), not otherwise specified, each antigen		Immunology Procedures	No	No	No	No
86357	Natural killer (NK) cells, total count		Immunology Procedures	No	No	No	No
86359	T cells; total count		Immunology Procedures	No	No	No	No
86360	T cells; absolute CD4 and CD8 count, including ratio		Immunology Procedures	No	No	No	No
86361	T cells; absolute CD4 count		Immunology Procedures	No	No	No	No
86362	Myelin oligodendrocyte glycoprotein (MOG-IgG1) antibody; cell-based immunofluorescence assay (CBA), each		Immunology Procedures	No	No	No	No
86363	Myelin oligodendrocyte glycoprotein (MOG-IgG1) antibody; flow cytometry (ie, fluorescence-activated cell sorting [FACS]), each		Immunology Procedures	No	No	No	No
86364	Tissue transglutaminase, each immunoglobulin (Ig) class		Immunology Procedures	No	No	No	No
86366	Muscle-specific kinase (MuSK) antibody		Immunology Procedures	No	No	No	No
86367	Stem cells (ie, CD34), total count		Immunology Procedures	No	No	No	No
86376	Microsomal antibodies (eg, thyroid or liver-kidney), each		Immunology Procedures	No	No	No	No
86381	Mitochondrial antibody (eg, M2), each		Immunology Procedures	No	No	No	No
86382	Neutralization test, viral		Immunology Procedures	No	No	No	No
86384	Nitroblue tetrazolium dye test (NTD)		Immunology Procedures	No	No	No	No
86386	Nuclear Matrix Protein 22 (NMP22), qualitative		Immunology Procedures	No	No	No	No
86403	Particle agglutination; screen, each antibody		Immunology Procedures	No	No	No	No
86406	Particle agglutination; titer, each antibody		Immunology Procedures	No	No	No	No
86408	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); screen		COVID	Yes	Yes	Yes	No
86409	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); titer		COVID	Yes	Yes	Yes	No
86413	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative		COVID	Yes	Yes	Yes	No
86430	Rheumatoid factor; qualitative		Immunology Procedures	No	No	No	No
86431	Rheumatoid factor; quantitative		Immunology Procedures	No	No	No	No
86480	Tuberculosis test, cell mediated immunity antigen response measurement; gamma interferon		Immunology Procedures	No	No	No	No
86481	Tuberculosis test, cell mediated immunity antigen response measurement; enumeration of gamma interferon-producing T-cells in cell suspension		Immunology Procedures	No	No	No	No
86485	Skin test; candida		Immunology Procedures	No	No	No	No
86486	Skin test; unlisted antigen, each		Immunology Procedures	No	No	No	No
86490	Skin test; coccidioidomycosis		Immunology Procedures	No	No	No	No
86510	Skin test; histoplasmosis		Immunology Procedures	No	No	No	No
86580	Skin test; tuberculosis, intradermal		Immunology Procedures	No	No	No	No
86590	Streptokinase, antibody		Immunology Procedures	No	No	No	No
86592	Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART)		Immunology Procedures	No	No	No	No
86593	Syphilis test, non-treponemal antibody; quantitative		Immunology Procedures	No	No	No	No
86596	Voltage-gated calcium channel antibody, each		Immunology Procedures	No	No	No	No
86602	Antibody; actinomyces		Immunology Procedures	No	No	No	No
86603	Antibody; adenovirus		Immunology Procedures	No	No	No	No
86606	Antibody; Aspergillus		Immunology Procedures	No	No	No	No
86609	Antibody; bacterium, not elsewhere specified		Immunology Procedures	No	No	No	No
86611	Antibody; Bartonella		Immunology Procedures	No	No	No	No
86612	Antibody; Blastomyces		Immunology Procedures	No	No	No	No
86615	Antibody; Bordetella		Immunology Procedures	No	No	No	No
86617	Antibody; Borrelia burgdorferi (Lyme disease) confirmatory test (eg, Western Blot or immunoblot		Immunology Procedures	No	No	No	No
86618	Antibody; Borrelia burgdorferi (Lyme disease)		Immunology Procedures	No	No	No	No
86619	Antibody; Borrelia (relapsing fever)		Immunology Procedures	No	No	No	No
86622	Antibody; Brucella		Immunology Procedures	No	No	No	No
86625	Antibody; Campylobacter		Immunology Procedures	No	No	No	No
86628	Antibody; Candida		Immunology Procedures	No	No	No	No
86631	Antibody; Chlamydia		Immunology Procedures	No	No	No	No
86632	Antibody; Chlamydia, IgM		Immunology Procedures	No	No	No	No
86635	Antibody; Coccidioides		Immunology Procedures	No	No	No	No
86638	Antibody; Coxiella burnetii (Q fever)		Immunology Procedures	No	No	No	No
86641	Antibody; Cryptococcus		Immunology Procedures	No	No	No	No
86644	Antibody; cytomegalovirus (CMV)		Immunology Procedures	No	No	No	No
86645	Antibody; cytomegalovirus (CMV), IgM		Immunology Procedures	No	No	No	No
86648	Antibody; Diphtheria		Immunology Procedures	No	No	No	No
86651	Antibody; encephalitis, California (La Crosse)		Immunology Procedures	No	No	No	No
86652	Antibody; encephalitis, Eastern equine		Immunology Procedures	No	No	No	No
86653	Antibody; encephalitis, St. Louis		Immunology Procedures	No	No	No	No
86654	Antibody; encephalitis, Western equine		Immunology Procedures	No	No	No	No
86658	Antibody; enterovirus (eg, coxsackie, echo, polio)		Immunology Procedures	No	No	No	No
86663	Antibody; Epstein-Barr (EB) virus, early antigen (EA)		Immunology Procedures	No	No	No	No
86664	Antibody; Epstein-Barr (EB) virus, nuclear antigen (EBNA)		Immunology Procedures	No	No	No	No
86665	Antibody; Epstein-Barr (EB) virus, viral capsid (VCA)		Immunology Procedures	No	No	No	No
86666	Antibody; Ehrlichia		Immunology Procedures	No	No	No	No
86668	Antibody; Francisella tularensis		Immunology Procedures	No	No	No	No
86671	Antibody; fungus, not elsewhere specified		Immunology Procedures	No	No	No	No
86674	Antibody; Giardia lamblia		Immunology Procedures	No	No	No	No
86677	Antibody; Helicobacter pylori		Immunology Procedures	No	No	No	No
86682	Antibody; helminth, not elsewhere specified		Immunology Procedures	No	No	No	No
86684	Antibody; Haemophilus influenza		Immunology Procedures	No	No	No	No
86687	Antibody; HTLV-I		Immunology Procedures	No	No	No	No
86688	Antibody; HTLV-II		Immunology Procedures	No	No	No	No
86689	Antibody; HTLV or HIV antibody, confirmatory test (eg, Western Blot)		Immunology Procedures	No	No	No	No
86692	Antibody; hepatitis, delta agent		Immunology Procedures	No	No	No	No
86694	Antibody; herpes simplex, non-specific type test		Immunology Procedures	No	No	No	No
86695	Antibody; herpes simplex, type 1		Immunology Procedures	No	No	No	No
86696	Antibody; herpes simplex, type 2		Immunology Procedures	No	No	No	No
86698	Antibody; histoplasma		Immunology Procedures	No	No	No	No
86701	Antibody; HIV-1		Immunology Procedures	No	No	No	No
86702	Antibody; HIV-2		Immunology Procedures	No	No	No	No
86703	Antibody; HIV-1 and HIV-2, single result		Immunology Procedures	No	No	No	No
86704	Hepatitis B core antibody (HBcAb); total		Immunology Procedures	No	No	No	No
86705	Hepatitis B core antibody (HBcAb); IgM antibody		Immunology Procedures	No	No	No	No
86706	Hepatitis B surface antibody (HBsAb)		Immunology Procedures	No	No	No	No
86707	Hepatitis Be antibody (HBeAb)		Immunology Procedures	No	No	No	No
86708	Hepatitis A antibody (HAAb)		Immunology Procedures	No	No	No	No
86709	Hepatitis A antibody (HAAb), IgM antibody		Immunology Procedures	No	No	No	No
86710	Antibody; influenza virus		Immunology Procedures	No	No	No	No
86711	Antibody; JC (John Cunningham) virus		Immunology Procedures	No	No	No	No
86713	Antibody; Legionella		Immunology Procedures	No	No	No	No
86717	Antibody; Leishmania		Immunology Procedures	No	No	No	No
86720	Antibody; Leptospira		Immunology Procedures	No	No	No	No
86723	Antibody; Listeria monocytogenes		Immunology Procedures	No	No	No	No
86727	Antibody; lymphocytic choriomeningitis		Immunology Procedures	No	No	No	No
86732	Antibody; mucormycosis		Immunology Procedures	No	No	No	No
86735	Antibody; mumps		Immunology Procedures	No	No	No	No
86738	Antibody; mycoplasma		Immunology Procedures	No	No	No	No
86741	Antibody; Neisseria meningitidis		Immunology Procedures	No	No	No	No
86744	Antibody; Nocardia		Immunology Procedures	No	No	No	No
86747	Antibody; parvovirus		Immunology Procedures	No	No	No	No
86750	Antibody; Plasmodium (malaria)		Immunology Procedures	No	No	No	No
86753	Antibody; protozoa, not elsewhere specified		Immunology Procedures	No	No	No	No
86756	Antibody; respiratory syncytial virus		Immunology Procedures	No	No	No	No
86757	Antibody; Rickettsia		Immunology Procedures	No	No	No	No
86759	Antibody; rotavirus		Immunology Procedures	No	No	No	No
86762	Antibody; rubella		Immunology Procedures	No	No	No	No
86765	Antibody; rubeola		Immunology Procedures	No	No	No	No
86768	Antibody; Salmonella		Immunology Procedures	No	No	No	No
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])		COVID	No	No	No	No
86771	Antibody; Shigella		Immunology Procedures	No	No	No	No
86774	Antibody; tetanus		Immunology Procedures	No	No	No	No
86777	Antibody; Toxoplasma		Immunology Procedures	No	No	No	No
86778	Antibody; Toxoplasma, IgM		Immunology Procedures	No	No	No	No
86780	Antibody; Treponema pallidum		Immunology Procedures	No	No	No	No
86784	Antibody; Trichinella		Immunology Procedures	No	No	No	No
86787	Antibody; varicella-zoster		Immunology Procedures	No	No	No	No
86788	Antibody; West Nile virus, IgM		Immunology Procedures	No	No	No	No
86789	Antibody; West Nile virus		Immunology Procedures	No	No	No	No
86790	Antibody; virus, not elsewhere specified		Immunology Procedures	No	No	No	No
86793	Antibody; Yersinia		Immunology Procedures	No	No	No	No
86794	Antibody; Zika virus, IgM		Immunology Procedures	No	No	No	No
86800	Thyroglobulin antibody		Immunology Procedures	No	No	No	No
86803	Hepatitis C antibody;		Immunology Procedures	No	No	No	No
86804	Hepatitis C antibody; confirmatory test (eg, immunoblot)		Immunology Procedures	No	No	No	No
86805	Lymphocytotoxicity assay, visual crossmatch; with titration		Immunology Procedures	No	No	No	No
86806	Lymphocytotoxicity assay, visual crossmatch; without titration		Immunology Procedures	No	No	No	No
86807	Serum screening for cytotoxic percent reactive antibody (PRA); standard method		Immunology Procedures	No	No	No	No
86808	Serum screening for cytotoxic percent reactive antibody (PRA); quick method		Immunology Procedures	No	No	No	No
86812	HLA typing; A, B, or C (eg, A10, B7, B27), single antigen		Immunology Procedures	No	No	No	No
86813	HLA typing; A, B, or C, multiple antigens		Immunology Procedures	No	No	No	No
86816	HLA typing; DR/DQ, single antigen		Immunology Procedures	No	No	No	No
86817	HLA typing; DR/DQ, multiple antigens		Immunology Procedures	No	No	No	No
86821	HLA typing; lymphocyte culture, mixed (MLC)		Immunology Procedures	No	No	No	No
86825	Human leukocyte antigen (HLA) crossmatch, non-cytotoxic (eg, using flow cytometry); first serum sample or dilution		Immunology Procedures	No	No	No	No
86826	Human leukocyte antigen (HLA) crossmatch, non-cytotoxic (eg, using flow cytometry); each additional serum sample or sample dilution (List separately in addition to primary procedure)		Immunology Procedures	No	No	No	No
86828	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, flow cytometry); qualitative assessment of the presence or absence of antibody(ies) to HLA Class I and Class II HLA antigens		Immunology Procedures	No	No	No	No
86829	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); qualitative assessment of the presence or absence of antibody(ies) to HLA Class I or Class II HLA antigens		Immunology Procedures	No	No	No	No
86830	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); antibody identification by qualitative panel using complete HLA phenotypes, HLA Class I		Immunology Procedures	No	No	No	No
86831	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); antibody identification by qualitative panel using complete HLA phenotypes, HLA Class II		Immunology Procedures	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
86832	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); high definition qualitative panel for identification of antibody specificities (eg, individual antigen per bead methodology), HLA Class I		Immunology Procedures	No	No	No	No
86833	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); high definition qualitative panel for identification of antibody specificities (eg, individual antigen per bead methodology), HLA Class II		Immunology Procedures	No	No	No	No
86834	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); semi-quantitative panel (eg, titer), HLA Class I		Immunology Procedures	No	No	No	No
86835	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); semi-quantitative panel (eg, titer), HLA Class II		Immunology Procedures	No	No	No	No
86849	Unlisted immunology procedure		Immunology Procedures	Yes	Yes	Yes	No
86850	Antibody screen, RBC, each serum technique		Transfusion Medicine	No	No	No	No
86860	Antibody elution (RBC), each elution		Transfusion Medicine	No	No	No	No
86870	Antibody identification, RBC antibodies, each panel for each serum technique		Transfusion Medicine	No	No	No	No
86880	Antihuman globulin test (Coombs test); direct, each antiserum		Transfusion Medicine	No	No	No	No
86885	Antihuman globulin test (Coombs test); indirect, qualitative, each reagent red cell		Transfusion Medicine	No	No	No	No
86886	Antihuman globulin test (Coombs test); indirect, each antibody titer		Transfusion Medicine	No	No	No	No
86890	Autologous blood or component, collection processing and storage; predeposited		Transfusion Medicine	No	No	No	No
86891	Autologous blood or component, collection processing and storage; intra- or postoperative salvage		Transfusion Medicine	No	No	No	No
86900	Blood typing, serologic; ABO		Transfusion Medicine	No	No	No	No
86901	Blood typing, serologic; Rh (D)		Transfusion Medicine	No	No	No	No
86902	Blood typing, serologic; antigen testing of donor blood using reagent serum, each antigen test		Transfusion Medicine	No	No	No	No
86904	Blood typing, serologic; antigen screening for compatible unit using patient serum, per unit screened		Transfusion Medicine	No	No	No	No
86905	Blood typing, serologic; RBC antigens, other than ABO or Rh (D), each		Transfusion Medicine	No	No	No	No
86906	Blood typing, serologic; Rh phenotyping, complete		Transfusion Medicine	No	No	No	No
86910	Blood typing, for paternity testing, per individual; ABO, Rh and MN		Transfusion Medicine	No	No	No	No
86911	Blood typing, for paternity testing, per individual; each additional antigen system		Transfusion Medicine	No	No	No	No
86920	Compatibility test each unit; immediate spin technique		Transfusion Medicine	No	No	No	No
86921	Compatibility test each unit; incubation technique		Transfusion Medicine	No	No	No	No
86922	Compatibility test each unit; antiglobulin technique		Transfusion Medicine	No	No	No	No
86923	Compatibility test each unit; electronic		Transfusion Medicine	No	No	No	No
86927	Fresh frozen plasma, thawing, each unit		Transfusion Medicine	No	No	No	No
86930	Frozen blood, each unit; freezing (includes preparation)		Transfusion Medicine	No	No	No	No
86931	Frozen blood, each unit; thawing		Transfusion Medicine	No	No	No	No
86932	Frozen blood, each unit; freezing (includes preparation) and thawing		Transfusion Medicine	No	No	No	No
86940	Hemolysins and agglutinins; auto, screen, each		Transfusion Medicine	No	No	No	No
86941	Hemolysins and agglutinins; incubated		Transfusion Medicine	No	No	No	No
86945	Irradiation of blood product, each unit		Transfusion Medicine	No	No	No	No
86950	Leukocyte transfusion		Transfusion Medicine	No	No	No	No
86960	Volume reduction of blood or blood product (eg, red blood cells or platelets), each unit		Transfusion Medicine	No	No	No	No
86965	Pooling of platelets or other blood products		Transfusion Medicine	No	No	No	No
86970	Pretreatment of RBCs for use in RBC antibody detection, identification, and/or compatibility testing; incubation with chemical agents or drugs, each		Transfusion Medicine	No	No	No	No
86971	Pretreatment of RBCs for use in RBC antibody detection, identification, and/or compatibility testing; incubation with enzymes, each		Transfusion Medicine	No	No	No	No
86972	Pretreatment of RBCs for use in RBC antibody detection, identification, and/or compatibility testing; by density gradient separation		Transfusion Medicine	No	No	No	No
86975	Pretreatment of serum for use in RBC antibody identification; incubation with drugs, each		Transfusion Medicine	No	No	No	No
86976	Pretreatment of serum for use in RBC antibody identification; by dilution		Transfusion Medicine	No	No	No	No
86977	Pretreatment of serum for use in RBC antibody identification; incubation with inhibitors, each		Transfusion Medicine	No	No	No	No
86978	Pretreatment of serum for use in RBC antibody identification; by differential red cell absorption using patient RBCs or RBCs of known phenotype, each absorption		Transfusion Medicine	No	No	No	No
86985	Splitting of blood or blood products, each unit		Transfusion Medicine	No	No	No	No
86999	Unlisted transfusion medicine procedure		Transfusion Medicine	No	No	No	No
87003	Animal inoculation, small animal, with observation and dissection		Microbiology Procedures	No	No	No	No
87015	Concentration (any type), for infectious agents		Microbiology Procedures	No	No	No	No
87040	Culture, bacterial; blood, aerobic, with isolation and presumptive identification of isolates (includes anaerobic culture, if appropriate)		Microbiology Procedures	No	No	No	No
87045	Culture, bacterial; stool, aerobic, with isolation and preliminary examination (eg, KIA, LIA), Salmonella and Shigella species		Microbiology Procedures	No	No	No	No
87046	Culture, bacterial; stool, aerobic, additional pathogens, isolation and presumptive identification of isolates, each plate		Microbiology Procedures	No	No	No	No
87070	Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates		Microbiology Procedures	No	No	No	No
87071	Culture, bacterial; quantitative, aerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool		Microbiology Procedures	No	No	No	No
87073	Culture, bacterial; quantitative, anaerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool		Microbiology Procedures	No	No	No	No
87075	Culture, bacterial; any source, except blood, anaerobic with isolation and presumptive identification of isolates		Microbiology Procedures	No	No	No	No
87076	Culture, bacterial; anaerobic isolate, additional methods required for definitive identification, each isolate		Microbiology Procedures	No	No	No	No
87077	Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate		Microbiology Procedures	No	No	No	No
87081	Culture, presumptive, pathogenic organisms, screening only		Microbiology Procedures	No	No	No	No
87084	Culture, presumptive, pathogenic organisms, screening only; with colony estimation from density chart		Microbiology Procedures	No	No	No	No
87086	Culture, bacterial; quantitative colony count, urine		Microbiology Procedures	No	No	No	No
87088	Culture, bacterial; with isolation and presumptive identification of each isolate, urine		Microbiology Procedures	No	No	No	No
87101	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; skin, hair, or nail		Microbiology Procedures	No	No	No	No
87102	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; other source (except blood)		Microbiology Procedures	No	No	No	No
87103	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; blood		Microbiology Procedures	No	No	No	No
87106	Culture, fungi, definitive identification, each organism; yeast		Microbiology Procedures	No	No	No	No
87107	Culture, fungi, definitive identification, each organism; mold		Microbiology Procedures	No	No	No	No
87109	Culture, mycoplasma, any source		Microbiology Procedures	No	No	No	No
87110	Culture, chlamydia, any source		Microbiology Procedures	No	No	No	No
87116	Culture, tubercle or other acid-fast bacilli (eg, TB, AFB, mycobacteria) any source, with isolation and presumptive identification of isolates		Microbiology Procedures	No	No	No	No
87118	Culture, mycobacterial, definitive identification, each isolate		Microbiology Procedures	No	No	No	No
87140	Culture, typing; immunofluorescent method, each antiserum		Microbiology Procedures	No	No	No	No
87143	Culture, typing; gas liquid chromatography (GLC) or high pressure liquid chromatography (HPLC) method		Microbiology Procedures	No	No	No	No
87147	Culture, typing; immunologic method, other than immunofluorescence (eg, agglutination grouping), per antiserum		Microbiology Procedures	No	No	No	No
87149	Culture, typing; identification by nucleic acid (DNA or RNA) probe, direct probe technique, per culture or isolate, each organism probed		Microbiology Procedures	No	No	No	No
87150	Culture, typing; identification by nucleic acid (DNA or RNA) probe, amplified probe technique, per culture or isolate, each organism probed		Microbiology Procedures	No	No	No	No
87152	Culture, typing; identification by pulse field gel typing		Microbiology Procedures	Yes	Yes	No	No
87153	Culture, typing; identification by nucleic acid sequencing method, each isolate (eg, sequencing of the 16S rRNA gene)		Microbiology Procedures	No	No	No	No
87154	Culture, typing; identification of blood pathogen and resistance typing, when performed, by nucleic acid (DNA or RNA) probe, multiplexed amplified probe technique including multiplex reverse transcription, when performed, per culture or isolate, 6 or more targets		Microbiology Procedures	No	No	No	No
87158	Culture, typing; other methods		Microbiology Procedures	No	No	No	No
87164	Dark field examination, any source (eg, penile, vaginal, oral, skin); includes specimen collection		Microbiology Procedures	No	No	No	No
87166	Dark field examination, any source (eg, penile, vaginal, oral, skin); without collection		Microbiology Procedures	No	No	No	No
87168	Macroscopic examination; arthropod		Microbiology Procedures	No	No	No	No
87169	Macroscopic examination; parasite		Microbiology Procedures	No	No	No	No
87172	Pinworm exam (eg, cellophane tape prep)		Microbiology Procedures	No	No	No	No
87176	Homogenization, tissue, for culture		Microbiology Procedures	No	No	No	No
87177	Ova and parasites, direct smears, concentration and identification		Microbiology Procedures	No	No	No	No
87181	Susceptibility studies, antimicrobial agent; agar dilution method, per agent (eg, antibiotic gradient strip)		Microbiology Procedures	No	No	No	No
87184	Susceptibility studies, antimicrobial agent; disk method, per plate (12 or fewer agents)		Microbiology Procedures	No	No	No	No
87185	Susceptibility studies, antimicrobial agent; enzyme detection (eg, beta lactamase), per enzyme		Microbiology Procedures	No	No	No	No
87186	Susceptibility studies, antimicrobial agent; microdilution or agar dilution (minimum inhibitory concentration [MIC] or breakpoint), each multi-antimicrobial, per plate		Microbiology Procedures	No	No	No	No
87187	Susceptibility studies, antimicrobial agent; microdilution or agar dilution, minimum lethal concentration (MLC), each plate (List separately in addition to code for primary procedure)		Microbiology Procedures	No	No	No	No
87188	Susceptibility studies, antimicrobial agent; macrobroth dilution method, each agent		Microbiology Procedures	No	No	No	No
87190	Susceptibility studies, antimicrobial agent; mycobacteria, proportion method, each agent		Microbiology Procedures	No	No	No	No
87197	Serum bactericidal titer (Schlichter test)		Microbiology Procedures	No	No	No	No
87205	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types		Microbiology Procedures	No	No	No	No
87206	Smear, primary source with interpretation; fluorescent and/or acid fast stain for bacteria, fungi, parasites, viruses or cell types		Microbiology Procedures	No	No	No	No
87207	Smear, primary source with interpretation; special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses)		Microbiology Procedures	No	No	No	No
87209	Smear, primary source with interpretation; complex special stain (eg, trichrome, iron hematoxylin) for ova and parasites		Microbiology Procedures	No	No	No	No
87210	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)		Microbiology Procedures	No	No	No	No
87220	Tissue examination by KOH slide of samples from skin, hair, or nails for fungi or ectoparasite ova or mites (eg, scabies)		Microbiology Procedures	No	No	No	No
87230	Toxin or antitoxin assay, tissue culture (eg, Clostridium difficile toxin)		Microbiology Procedures	No	No	No	No
87250	Virus isolation; inoculation of embryonated eggs, or small animal, includes observation and dissection		Microbiology Procedures	No	No	No	No
87252	Virus isolation; tissue culture inoculation, observation, and presumptive identification by cytopathic effect		Microbiology Procedures	No	No	No	No
87253	Virus isolation; tissue culture, additional studies or definitive identification (eg, hemabsorption, neutralization, immunofluorescence stain), each isolate		Microbiology Procedures	No	No	No	No
87254	Virus isolation; centrifuge enhanced (shell vial) technique, includes identification with immunofluorescence stain, each virus		Microbiology Procedures	No	No	No	No
87255	Virus isolation; including identification by non-immunologic method, other than by cytopathic effect (eg, virus specific enzymatic activity)		Microbiology Procedures	No	No	No	No
87260	Infectious agent antigen detection by immunofluorescent technique; adenovirus		Microbiology Procedures	No	No	No	No
87265	Infectious agent antigen detection by immunofluorescent technique; Bordetella pertussis/parapertussis		Microbiology Procedures	No	No	No	No
87267	Infectious agent antigen detection by immunofluorescent technique; Enterovirus, direct fluorescent antibody (DFA)		Microbiology Procedures	No	No	No	No
87269	Infectious agent antigen detection by immunofluorescent technique; giardia		Microbiology Procedures	No	No	No	No
87270	Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis		Microbiology Procedures	No	No	No	No
87271	Infectious agent antigen detection by immunofluorescent technique; Cytomegalovirus, direct fluorescent antibody (DFA)		Microbiology Procedures	No	No	No	No
87272	Infectious agent antigen detection by immunofluorescent technique; cryptosporidium		Microbiology Procedures	No	No	No	No
87273	Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 2		Microbiology Procedures	No	No	No	No
87274	Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 1		Microbiology Procedures	No	No	No	No
87275	Infectious agent antigen detection by immunofluorescent technique; influenza B virus		Microbiology Procedures	No	No	No	No
87276	Infectious agent antigen detection by immunofluorescent technique; influenza A virus		Microbiology Procedures	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
87278	Infectious agent antigen detection by immunofluorescent technique; Legionella pneumophila		Microbiology Procedures	No	No	No	No
87279	Infectious agent antigen detection by immunofluorescent technique; Parainfluenza virus, each type		Microbiology Procedures	No	No	No	No
87280	Infectious agent antigen detection by immunofluorescent technique; respiratory syncytial virus		Microbiology Procedures	No	No	No	No
87281	Infectious agent antigen detection by immunofluorescent technique; Pneumocystis carinii		Microbiology Procedures	No	No	No	No
87283	Infectious agent antigen detection by immunofluorescent technique; Rubeola		Microbiology Procedures	No	No	No	No
87285	Infectious agent antigen detection by immunofluorescent technique; Treponema pallidum		Microbiology Procedures	No	No	No	No
87290	Infectious agent antigen detection by immunofluorescent technique; Varicella zoster virus		Microbiology Procedures	No	No	No	No
87299	Infectious agent antigen detection by immunofluorescent technique; not otherwise specified, each organism		Microbiology Procedures	No	No	No	No
87300	Infectious agent antigen detection by immunofluorescent technique, polyvalent for multiple organisms, each polyvalent antiserum		Microbiology Procedures	No	No	No	No
87301	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA] immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; adenovirus enteric types 40/41		Microbiology Procedures	No	No	No	No
87305	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Aspergillus		Microbiology Procedures	No	No	No	No
87320	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA] immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Chlamydia trachomatis		Microbiology Procedures	No	No	No	No
87324	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA] immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Clostridium difficile toxin(s)		Microbiology Procedures	No	No	No	No
87327	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA] immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Cryptococcus neoformans		Microbiology Procedures	No	No	No	No
87328	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA] immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; cryptosporidium		Microbiology Procedures	No	No	No	No
87329	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA] immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; giardia		Microbiology Procedures	No	No	No	No
87332	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA] immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; cytomegalovirus		Microbiology Procedures	No	No	No	No
87335	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA] immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Escherichia coli 0157		Microbiology Procedures	No	No	No	No
87336	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA] immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Entamoeba histolytica dispar group		Microbiology Procedures	No	No	No	No
87337	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA] immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Entamoeba histolytica group		Microbiology Procedures	No	No	No	No
87338	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA] immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Helicobacter pylori, stool		Microbiology Procedures	No	No	No	No
87339	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA] immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Helicobacter pylori		Microbiology Procedures	No	No	No	No
87340	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA] immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; hepatitis B surface antigen (HBsAg)		Microbiology Procedures	No	No	No	No
87341	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA] immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; hepatitis B surface antigen (HBsAg) neutralization		Microbiology Procedures	No	No	No	No
87350	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA] immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; hepatitis Be antigen (HBeAg)		Microbiology Procedures	No	No	No	No
87380	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA] immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; hepatitis, delta agent		Microbiology Procedures	No	No	No	No
87385	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA] immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Histoplasma capsulatum		Microbiology Procedures	No	No	No	No
87389	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA] immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result		Microbiology Procedures	No	No	No	No
87390	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA] immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-1		Microbiology Procedures	No	No	No	No
87391	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA] immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-2		Microbiology Procedures	No	No	No	No
87400	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA] immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Influenza, A or B, each		Microbiology Procedures	No	No	No	No
87420	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA] immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; respiratory syncytial virus		Microbiology Procedures	No	No	No	No
87425	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA] immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; rotavirus		Microbiology Procedures	No	No	No	No
87426	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA] immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19])		COVID	No	No	No	No
87427	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA] immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, ~~multiple-step method~~; Shiga-like toxin		Microbiology Procedures	No	No	No	No
87428	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B		COVID	No	No	No	No
87430	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA] immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Streptococcus, group A		Microbiology Procedures	No	No	No	No
87449	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA] immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; not otherwise specified, each organism		Microbiology Procedures	No	No	No	No
87451	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA] immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; polyvalent for multiple organisms, each polyvalent antiserum		Microbiology Procedures	No	No	No	No
87467	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Hepatitis B surface antigen (HBsAg), quantitative		Microbiology Procedures	No	No	No	No
87468	Infectious agent detection by nucleic acid (DNA or RNA); Anaplasma phagocytophilum, amplified probe technique		Microbiology Procedures	No	No	No	No
87469	Infectious agent detection by nucleic acid (DNA or RNA); babesia microti, amplified probe technique		Microbiology Procedures	No	No	No	No
87471	Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, amplified probe technique		Microbiology Procedures	No	No	No	No
87472	Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, quantification		Microbiology Procedures	No	No	No	No
87475	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia burgdorferi, direct probe technique		Microbiology Procedures	No	No	No	No
87476	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia burgdorferi, amplified probe technique		Microbiology Procedures	No	No	No	No
87478	Infectious agent detection by nucleic acid (DNA or RNA); borrelia miyamotoi, amplified probe technique		Microbiology Procedures	No	No	No	No
87480	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, direct probe technique		Microbiology Procedures	No	No	No	No
87481	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, amplified probe technique		Microbiology Procedures	No	No	No	No
87482	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, quantification		Microbiology Procedures	No	No	No	No
87483	Infectious agent detection by nucleic acid (DNA or RNA); central nervous system pathogen (eg, Neisseria meningitidis, Streptococcus pneumoniae, Listeria, Haemophilus influenzae, E. coli, Streptococcus agalactiae, enterovirus, human parechovirus, herpes simplex virus type 1 and 2, human herpesvirus 6, cytomegalovirus, varicella zoster virus, Cryptococcus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets		Microbiology Procedures	No	No	No	No
87484	Infectious agent detection by nucleic acid (DNA or RNA); ehrlichia chaffeensis, amplified probe technique		Microbiology Procedures	No	No	No	No
87485	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, direct probe technique		Microbiology Procedures	No	No	No	No
87486	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, amplified probe technique		Microbiology Procedures	No	No	No	No
87487	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, quantification		Microbiology Procedures	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique		Microbiology Procedures	No	No	No	No
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique		Microbiology Procedures	No	No	No	No
87492	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification		Microbiology Procedures	No	No	No	No
87493	Infectious agent detection by nucleic acid (DNA or RNA); Clostridium difficile, toxin gene(s), amplified probe technique		Microbiology Procedures	No	No	No	No
87495	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, direct probe technique		Microbiology Procedures	No	No	No	No
87496	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, amplified probe technique		Microbiology Procedures	No	No	No	No
87497	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, quantification		Microbiology Procedures	No	No	No	No
87498	Infectious agent detection by nucleic acid (DNA or RNA); enterovirus, amplified probe technique, includes reverse transcription when performed		Microbiology Procedures	No	No	No	No
87500	Infectious agent detection by nucleic acid (DNA or RNA); vancomycin resistance (eg, enterococcus species van A, van B), amplified probe technique		Microbiology Procedures	No	No	No	No
87501	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, includes reverse transcription, when performed, and amplified probe technique, each type or subtype		Microbiology Procedures	No	No	No	No
87502	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, first 2 types or sub-types		Microbiology Procedures	No	No	No	No
87503	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, each additional influenza virus type or sub-type beyond 2 (List separately in addition to code for primary procedure)		Microbiology Procedures	No	No	No	No
87505	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets		Microbiology Procedures	No	No	No	No
87506	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 6-11 targets		Microbiology Procedures	No	No	No	No
87507	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets		Microbiology Procedures	No	No	No	No
87510	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, direct probe technique		Microbiology Procedures	No	No	No	No
87511	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, amplified probe technique		Microbiology Procedures	No	No	No	No
87512	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, quantification		Microbiology Procedures	No	No	No	No
87516	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, amplified probe technique		Microbiology Procedures	No	No	No	No
87517	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, quantification		Microbiology Procedures	No	No	No	No
87520	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, direct probe technique		Microbiology Procedures	No	No	No	No
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed		Microbiology Procedures	No	No	No	No
87522	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, quantification, includes reverse transcription when performed		Microbiology Procedures	No	No	No	No
87523	hepatitis D (delta), quantification, including reverse transcription, when performed		Microbiology Procedures	No	No	No	No
87525	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, direct probe technique		Microbiology Procedures	No	No	No	No
87526	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, amplified probe technique		Microbiology Procedures	No	No	No	No
87527	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, quantification		Microbiology Procedures	No	No	No	No
87528	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, direct probe technique		Microbiology Procedures	No	No	No	No
87529	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, amplified probe technique		Microbiology Procedures	No	No	No	No
87530	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, quantification		Microbiology Procedures	No	No	No	No
87531	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, direct probe technique		Microbiology Procedures	No	No	No	No
87532	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, amplified probe technique		Microbiology Procedures	No	No	No	No
87533	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, quantification		Microbiology Procedures	No	No	No	No
87534	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique		Microbiology Procedures	No	No	No	No
87535	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique, includes reverse transcription when performed		Microbiology Procedures	No	No	No	No
87536	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification, includes reverse transcription when performed		Microbiology Procedures	No	No	No	No
87537	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, direct probe technique		Microbiology Procedures	No	No	No	No
87538	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, amplified probe technique, includes reverse transcription when performed		Microbiology Procedures	No	No	No	No
87539	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, quantification, includes reverse transcription when performed		Microbiology Procedures	No	No	No	No
87540	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, direct probe technique		Microbiology Procedures	No	No	No	No
87541	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, amplified probe technique		Microbiology Procedures	No	No	No	No
87542	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, quantification		Microbiology Procedures	No	No	No	No
87550	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, direct probe technique		Microbiology Procedures	No	No	No	No
87551	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, amplified probe technique		Microbiology Procedures	No	No	No	No
87552	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, quantification		Microbiology Procedures	No	No	No	No
87555	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, direct probe technique		Microbiology Procedures	No	No	No	No
87556	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, amplified probe technique		Microbiology Procedures	No	No	No	No
87557	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, quantification		Microbiology Procedures	No	No	No	No
87560	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, direct probe technique		Microbiology Procedures	No	No	No	No
87561	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, amplified probe technique		Microbiology Procedures	No	No	No	No
87562	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, quantification		Microbiology Procedures	No	No	No	No
87563	Mycoplasma genitalium, amplified probe technique		Microbiology Procedures	No	No	No	No
87580	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, direct probe technique		Microbiology Procedures	No	No	No	No
87581	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, amplified probe technique		Microbiology Procedures	No	No	No	No
87582	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, quantification		Microbiology Procedures	No	No	No	No
87590	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique		Microbiology Procedures	No	No	No	No
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique		Microbiology Procedures	No	No	No	No
87592	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, quantification		Microbiology Procedures	No	No	No	No
87593	Hpv low-risk types		Microbiology Procedures	No	No	No	No
87594	Hpv high-risk types		Microbiology Procedures	No	No	No	No
87595	Hpv types 16 & 18 only		Microbiology Procedures	No	No	No	No
87623	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), low-risk types (eg, 6, 11, 42, 43, 44		Microbiology Procedures	No	No	No	No
87624	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)		Microbiology Procedures	No	No	No	No
87625	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed		Microbiology Procedures	No	No	No	No
87631	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets		Microbiology Procedures	No	No	No	No
87632	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 6-11 targets		Microbiology Procedures	No	No	No	No
87633	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets		Microbiology Procedures	No	No	No	No
87634	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique		Microbiology Procedures	No	No	No	No
87635	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique		COVID	No	No	No	No
87636	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique		COVID	No	No	No	No
87637	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique		COVID	No	No	No	No
87640	Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, amplified probe technique		Microbiology Procedures	No	No	No	No
87641	Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, methicillin resistant, amplified probe technique		Microbiology Procedures	No	No	No	No
87650	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, direct probe technique		Microbiology Procedures	No	No	No	No
87651	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, amplified probe technique		Microbiology Procedures	No	No	No	No
87652	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, quantification		Microbiology Procedures	No	No	No	No
87653	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group B, amplified probe technique		Microbiology Procedures	No	No	No	No
87660	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, direct probe technique		Microbiology Procedures	No	No	No	No
87661	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, amplified probe technique		Microbiology Procedures	No	No	No	No
87662	Infectious agent detection by nucleic acid (DNA or RNA); Zika virus, amplified probe technique		Microbiology Procedures	No	No	No	No
87797	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; direct probe technique, each organism		Microbiology Procedures	No	No	No	No
87798	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism		Microbiology Procedures	No	No	No	No
87799	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; quantification, each organism		Microbiology Procedures	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
87800	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique		Microbiology Procedures	No	No	No	No
87801	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique		Microbiology Procedures	No	No	No	No
87802	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Streptococcus, group B		Microbiology Procedures	No	No	No	No
87803	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Clostridium difficile toxin A		Microbiology Procedures	No	No	No	No
87804	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Influenza		Microbiology Procedures	No	No	No	No
87806	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies		Microbiology Procedures	No	No	No	No
87807	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; respiratory syncytial virus		Microbiology Procedures	No	No	No	No
87808	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Trichomonas vaginalis		Microbiology Procedures	No	No	No	No
87809	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; adenovirus		Microbiology Procedures	No	No	No	No
87810	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Chlamydia trachomatis		Microbiology Procedures	No	No	No	No
87811	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])		COVID	No	No	No	No
87850	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Neisseria gonorrhoeae		Microbiology Procedures	No	No	No	No
87880	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Streptococcus, group A		Microbiology Procedures	No	No	No	No
87899	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; not otherwise specified		Microbiology Procedures	No	No	No	No
87900	Infectious agent drug susceptibility phenotype prediction using regularly updated genotypic bioinformatics		Microbiology Procedures	No	No	No	No
87901	Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV-1, reverse transcriptase and protease regions		Microbiology Procedures	No	No	No	No
87902	Infectious agent genotype analysis by nucleic acid (DNA or RNA); Hepatitis C virus		Microbiology Procedures	No	No	No	No
87903	Infectious agent phenotype analysis by nucleic acid (DNA or RNA) with drug resistance tissue culture analysis, HIV 1; first through 10 drugs tested		Microbiology Procedures	No	No	No	No
87904	Infectious agent phenotype analysis by nucleic acid (DNA or RNA) with drug resistance tissue culture analysis, HIV 1; each additional drug tested (List separately in addition to code for primary procedure)		Microbiology Procedures	No	No	No	No
87905	Infectious agent enzymatic activity other than virus (eg, sialidase activity in vaginal fluid)		Microbiology Procedures	No	No	No	No
87906	Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV-1, other region (eg, integrase, fusion)		Microbiology Procedures	No	No	No	No
87910	Infectious agent genotype analysis by nucleic acid (DNA or RNA); cytomegalovirus		Microbiology Procedures	No	No	No	No
87912	Infectious agent genotype analysis by nucleic acid (DNA or RNA); Hepatitis B virus		Microbiology Procedures	No	No	No	No
87913	Infectious agent genotype analysis by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), mutation identification in targeted region(s)		Microbiology Procedures	No	No	No	No
87999	Unlisted microbiology procedure		Microbiology Procedures	Yes	Yes	Yes	No
88000	Necropsy (autopsy), gross examination only; without CNS		Anatomic Pathology	No	No	No	No
88005	Necropsy (autopsy), gross examination only; with brain		Anatomic Pathology	No	No	No	No
88007	Necropsy (autopsy), gross examination only; with brain and spinal cord		Anatomic Pathology	No	No	No	No
88012	Necropsy (autopsy), gross examination only; infant with brain		Anatomic Pathology	No	No	No	No
88014	Necropsy (autopsy), gross examination only; stillborn or newborn with brain		Anatomic Pathology	No	No	No	No
88016	Necropsy (autopsy), gross examination only; macerated stillborn		Anatomic Pathology	No	No	No	No
88020	Necropsy (autopsy), gross and microscopic; without CNS		Anatomic Pathology	No	No	No	No
88025	Necropsy (autopsy), gross and microscopic; with brain		Anatomic Pathology	No	No	No	No
88027	Necropsy (autopsy), gross and microscopic; with brain and spinal cord		Anatomic Pathology	No	No	No	No
88028	Necropsy (autopsy), gross and microscopic; infant with brain		Anatomic Pathology	No	No	No	No
88029	Necropsy (autopsy), gross and microscopic; stillborn or newborn with brain		Anatomic Pathology	No	No	No	No
88036	Necropsy (autopsy), limited, gross and/or microscopic; regional		Anatomic Pathology	No	No	No	No
88037	Necropsy (autopsy), limited, gross and/or microscopic; single organ		Anatomic Pathology	No	No	No	No
88040	Necropsy (autopsy); forensic examination		Anatomic Pathology	No	No	No	No
88045	Necropsy (autopsy); coroner's call		Anatomic Pathology	No	No	No	No
88099	Unlisted necropsy (autopsy) procedure		Anatomic Pathology	No	No	No	No
88104	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation		Cytopathology Procedures	No	No	No	No
88106	Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation		Cytopathology Procedures	No	No	No	No
88108	Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)		Cytopathology Procedures	No	No	No	No
88112	Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal		Cytopathology Procedures	No	No	No	No
88120	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual		Cytopathology Procedures	No	No	No	No
88121	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology		Cytopathology Procedures	No	No	No	No
88125	Cytopathology, forensic (eg, sperm)		Cytopathology Procedures	No	No	No	No
88130	Sex chromatin identification; Barr bodies		Cytopathology Procedures	Yes	Yes	No	No
88140	Sex chromatin identification; peripheral blood smear, polymorphonuclear drumsticks		Cytopathology Procedures	Yes	Yes	No	No
88141	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician		Cytopathology Procedures	No	No	No	No
88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision		Cytopathology Procedures	No	No	No	No
88143	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening under physician supervision		Cytopathology Procedures	No	No	No	No
88147	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision		Cytopathology Procedures	No	No	No	No
88148	Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening under physician supervision		Cytopathology Procedures	No	No	No	No
88150	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision		Cytopathology Procedures	No	No	No	No
88152	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening under physician supervision		Cytopathology Procedures	No	No	No	No
88153	Cytopathology, slides, cervical or vaginal; with manual screening and rescreening under physician supervision		Cytopathology Procedures	No	No	No	No
88155	Cytopathology, slides, cervical or vaginal, definitive hormonal evaluation (eg, maturation index, karyopyknotic index, estrogenic index) (List separately in addition to code(s) for other technical and interpretation services)		Cytopathology Procedures	No	No	No	No
88160	Cytopathology, smears, any other source; screening and interpretation		Cytopathology Procedures	No	No	No	No
88161	Cytopathology, smears, any other source; preparation, screening and interpretation		Cytopathology Procedures	No	No	No	No
88162	Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains		Cytopathology Procedures	No	No	No	No
88164	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision		Cytopathology Procedures	No	No	No	No
88165	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision		Cytopathology Procedures	No	No	No	No
88166	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision		Cytopathology Procedures	No	No	No	No
88167	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision		Cytopathology Procedures	No	No	No	No
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site		Cytopathology Procedures	No	No	No	No
88173	Cytopathology, evaluation of fine needle aspirate; interpretation and report		Cytopathology Procedures	No	No	No	No
88174	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision		Cytopathology Procedures	No	No	No	No
88175	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening or review, under physician supervision		Cytopathology Procedures	No	No	No	No
88177	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site (List separately in addition to code for primary procedure)		Cytopathology Procedures	No	No	No	No
88182	Flow cytometry, cell cycle or DNA analysis		Cytopathology Procedures	No	No	No	No
88184	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker		Cytopathology Procedures	No	No	No	No
88185	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker)		Cytopathology Procedures	No	No	No	No
88187	Flow cytometry, interpretation; 2 to 8 markers		Cytopathology Procedures	No	No	No	No
88188	Flow cytometry, interpretation; 9 to 15 markers		Cytopathology Procedures	No	No	No	No
88189	Flow cytometry, interpretation; 16 or more markers		Cytopathology Procedures	No	No	No	No
88199	Unlisted cytopathology procedure		Cytopathology Procedures	No	No	No	No
88230	Tissue culture for non-neoplastic disorders; lymphocyte		Cytogenetic Studies	Yes	Yes	No	No
88233	Tissue culture for non-neoplastic disorders; skin or other solid tissue biopsy		Cytogenetic Studies	Yes	Yes	No	No
88235	Tissue culture for non-neoplastic disorders; amniotic fluid or chorionic villus cells		Cytogenetic Studies	Yes	Yes	No	No
88237	Tissue culture for neoplastic disorders; bone marrow, blood cells		Cytogenetic Studies	Yes	Yes	No	No
88239	Tissue culture for neoplastic disorders; solid tumor		Cytogenetic Studies	Yes	Yes	No	No
88240	Cryopreservation, freezing and storage of cells, each cell line		Cytogenetic Studies	Yes	Yes	No	No
88241	Thawing and expansion of frozen cells, each aliquot		Cytogenetic Studies	Yes	Yes	No	No
88245	Chromosome analysis for breakage syndromes; baseline Sister Chromatid Exchange (SCE), 20-25 cells		Cytogenetic Studies	Yes	Yes	No	No
88248	Chromosome analysis for breakage syndromes; baseline breakage, score 50-100 cells, count 20 cells, 2 karyotypes (eg, for ataxia telangiectasia, Fanconi anemia, fragile X)		Cytogenetic Studies	Yes	Yes	No	No
88249	Chromosome analysis for breakage syndromes; score 100 cells, clastogen stress (eg, diepoxybutane, mitomycin C, ionizing radiation, UV radiation)		Cytogenetic Studies	Yes	Yes	No	No
88261	Chromosome analysis; count 5 cells, 1 karyotype, with banding		Cytogenetic Studies	Yes	Yes	No	No
88262	Chromosome analysis; count 15-20 cells, 2 karyotypes, with banding		Cytogenetic Studies	Yes	Yes	No	No
88263	Chromosome analysis; count 45 cells for mosaicism, 2 karyotypes, with banding		Cytogenetic Studies	Yes	Yes	No	No
88264	Chromosome analysis, analyze 20-25 cells		Cytogenetic Studies	Yes	Yes	No	No
88267	Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, 1 karyotype, with banding		Cytogenetic Studies	Yes	Yes	No	No
88269	Chromosome analysis, in situ for amniotic fluid cells, count cells from 6-12 colonies, 1 karyotype, with banding		Cytogenetic Studies	Yes	Yes	No	No
88271	Molecular cytogenetics; DNA probe, each (eg, FISH)		Cytogenetic Studies	Yes	Yes	No	No
88272	Molecular cytogenetics; chromosomal in situ hybridization, analyze 3-5 cells (eg, for derivatives and markers)		Cytogenetic Studies	Yes	Yes	No	No
88273	Molecular cytogenetics; chromosomal in situ hybridization, analyze 10-30 cells (eg, for microdeletions)		Cytogenetic Studies	Yes	Yes	No	No
88274	Molecular cytogenetics; interphase in situ hybridization, analyze 25-99 cells		Cytogenetic Studies	Yes	Yes	No	No
88275	Molecular cytogenetics; interphase in situ hybridization, analyze 100-300 cells		Cytogenetic Studies	Yes	Yes	No	No
88280	Chromosome analysis; additional karyotypes, each study		Cytogenetic Studies	Yes	Yes	No	No
88283	Chromosome analysis; additional specialized banding technique (eg, NOR, C-banding)		Cytogenetic Studies	Yes	Yes	No	No
88285	Chromosome analysis; additional cells counted, each study		Cytogenetic Studies	Yes	Yes	No	No
88289	Chromosome analysis; additional high resolution study		Cytogenetic Studies	Yes	Yes	No	No
88291	Cytogenetics and molecular cytogenetics, interpretation and report		Cytogenetic Studies	Yes	Yes	No	No
88299	Unlisted cytogenetic study		Cytogenetic Studies	Yes	Yes	No	No
88300	Level I - Surgical pathology, gross examination only		Surgical Pathology	No	No	No	No
88302	Level II - Surgical pathology, gross and microscopic examination Appendix, incidental Fallopian tube, sterilization Fingers/toes, amputation, traumatic Foreskin, newborn Hernia sac, any location Hydrocele sac Nerve Skin, plastic repair Sympathetic ganglion Testis, castration Vaginal mucosa, incidental Vas deferens, sterilization		Surgical Pathology	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
88304	Level III - Surgical pathology, gross and microscopic examination Abortion, induced Abscess Aneurysm - arterial/ventricular Anus, tag Appendix, other than incidental Artery, atheromatous plaque Bartholin's gland cyst Bone fragment(s), other than pathologic fracture Bursa/synovial cyst Carpal tunnel tissue Cartilage, shavings Cholesteatoma Colon, colostomy stoma Conjunctiva - biopsy/pterygium Cornea Diverticulum - esophagus/small intestine Dupuytren's contracture tissue Femoral head, other than fracture Fissure/fistula Foreskin, other than newborn Gallbladder Ganglion cyst Hematoma Hemorrhoids Hydatid of Morgagni Intervertebral disc Joint, loose body Meniscus Mucocele, salivary Neuroma - Morton's/traumatic Pilonidal cyst/sinus Polyps, inflammatory - nasal/sinusoidal Skin - cyst/tag/debridement Soft tissue, debridement Soft tissue, lipoma Spermatocele Tendon/tendon sheath Testicular appendage Thrombus or embolus Tonsil and/or adenoids Varicocele Vas deferens, other than sterilization Vein, varicosity		Surgical Pathology	No	No	No	No
88305	Level IV - Surgical pathology, gross and microscopic examination Abortion - spontaneous/missed Artery, biopsy Bone marrow, biopsy Bone exostosis Brain/meninges, other than for tumor resection Breast, biopsy, not requiring microscopic evaluation of surgical margins Breast, reduction mammoplasty Bronchus, biopsy Cell block, any source Cervix, biopsy Colon, biopsy Duodenum, biopsy Endocervix, curettings/biopsy Endometrium, curettings/biopsy Esophagus, biopsy Extremity, amputation, traumatic Fallopian tube, biopsy Fallopian tube, ectopic pregnancy Femoral head, fracture Fingers/toes, amputation, non-traumatic Gingiva/oral mucosa, biopsy Heart valve Joint, resection Kidney, biopsy Larynx, biopsy Leiomyoma(s), uterine myomectomy - without uterus Lip, biopsy/wedge resection Lung, transbronchial biopsy lymph node, biopsy Muscle, biopsy Nasal mucosa, biopsy Nasopharynx/oropharynx, biopsy Nerve, biopsy Odontogenic/dental cyst Omentum, biopsy Ovary with or without tube, non-neoplastic Ovary, biopsy/wedge resection Parathyroid gland Peritoneum, biopsy Pituitary tumor Placenta, other than third trimester Pleura/pericardium - biopsy/tissue Polyp, cervical/endometrial Polyp, colorectal Polyp, stomach/small intestine Prostate, needle biopsy Prostate, TUR Salivary gland, biopsy Sinus, paranasal biopsy Skin, other than cyst/tag/debridement/plastic repair Small intestine, biopsy Soft tissue, other than tumor/mass/lipoma/debridement Spleen Stomach, biopsy Synovium Testis, other than tumor/biopsy/castration Thyroglossal duct/brachial cleft cyst Tongue, biopsy Tonsil, biopsy Trachea, biopsy Ureter, biopsy Urethra, biopsy Urinary bladder, biopsy Uterus, with or without tubes and ovaries, for prolapse Vagina, biopsy Vulva/labia, biopsy		Surgical Pathology	No	No	No	No
88307	Level V - Surgical pathology, gross and microscopic examination Adrenal, resection Bone - biopsy/curettings Bone fragment(s), pathologic fracture Brain, biopsy Brain/meninges, tumor resection Breast, excision of lesion, requiring microscopic evaluation of surgical margins Breast, mastectomy - partial/simple Cervix, conization Colon, segmental resection, other than for tumor Extremity, amputation, non-traumatic Eye, enucleation Kidney, partial/total nephrectomy Larynx, partial/total resection Liver, biopsy - needle/wedge Liver, partial resection Lung, wedge biopsy Lymph nodes, regional resection Mediastinum, mass Myocardium, biopsy Odontogenic tumor Ovary with or without tube, neoplastic Pancreas, biopsy Placenta, third trimester Prostate, except radical resection Salivary gland Sentinel lymph node Small intestine, resection, other than for tumor Soft tissue mass (except lipoma) - biopsy/simple excision Stomach - subtotal/total resection, other than for tumor Testis, biopsy Thymus, tumor Thyroid, total/lobe Ureter, resection Urinary bladder, TUR Uterus, with or without tubes and ovaries, other than neoplastic/prolapse		Surgical Pathology	No	No	No	No
88309	Level VI - Surgical pathology, gross and microscopic examination Bone resection Breast, mastectomy - with regional lymph nodes Colon, segmental resection for tumor Colon, total resection Esophagus, partial/total resection Extremity, disarticulation Fetus, with dissection Larynx, partial/total resection - with regional lymph nodes Lung - total/lobe/segment resection Pancreas, total/subtotal resection Prostate, radical resection Small intestine, resection for tumor Soft tissue tumor, extensive resection Stomach - subtotal/total resection for tumor Testis, tumor Tongue/tonsil -resection for tumor Urinary bladder, partial/total resection Uterus, with or without tubes and ovaries, neoplastic Vulva, total/subtotal resection		Surgical Pathology	No	No	No	No
88311	Decalcification procedure (List separately in addition to code for surgical pathology examination)		Surgical Pathology	No	No	No	No
88312	Special stain including interpretation and report; Group I for microorganisms (eg, acid fast, methenamine silver)		Surgical Pathology	No	No	No	No
88313	Special stain including interpretation and report; Group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry		Surgical Pathology	No	No	No	No
88314	Special stain including interpretation and report; histochemical stain on frozen tissue block (List separately in addition to code for primary procedure)		Surgical Pathology	No	No	No	No
88319	Special stain including interpretation and report; Group III, for enzyme constituents		Surgical Pathology	No	No	No	No
88321	Consultation and report on referred slides prepared elsewhere		Surgical Pathology	No	No	No	No
88323	Consultation and report on referred material requiring preparation of slides		Surgical Pathology	No	No	No	No
88325	Consultation, comprehensive, with review of records and specimens, with report on referred material		Surgical Pathology	No	No	No	No
88329	Pathology consultation during surgery;		Surgical Pathology	No	No	No	No
88331	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen		Surgical Pathology	No	No	No	No
88332	Pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)		Surgical Pathology	No	No	No	No
88333	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site		Surgical Pathology	No	No	No	No
88334	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site (List separately in addition to code for primary procedure)		Surgical Pathology	No	No	No	No
88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)		Surgical Pathology	No	No	No	No
88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure		Surgical Pathology	No	No	No	No
88344	Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure		Surgical Pathology	No	No	No	No
88346	Immunofluorescence, per specimen: initial single antibody stain procedure		Surgical Pathology	No	No	No	No
88348	Electron microscopy, diagnostic		Surgical Pathology	No	No	No	No
88350	Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)		Surgical Pathology	No	No	No	No
88355	Morphometric analysis; skeletal muscle		Surgical Pathology	No	No	No	No
88356	Morphometric analysis: nerve		Surgical Pathology	No	No	No	No
88358	Morphometric analysis; tumor (eg, DNA ploidy)		Surgical Pathology	No	No	No	No
88360	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; manual		Surgical Pathology	No	No	No	No
88361	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; using computer-assisted technology		Surgical Pathology	No	No	No	No
88362	Nerve teasing preparations		Surgical Pathology	No	No	No	No
88363	Examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (ee, KRAS mutational analysis)		Surgical Pathology	Yes	Yes	No	No
88364	In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)		Surgical Pathology	Yes	Yes	No	No
88365	In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure		Surgical Pathology	Yes	Yes	No	No
88366	In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure		Surgical Pathology	Yes	Yes	No	No
88367	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure		Surgical Pathology	No	No	No	No
88368	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure		Surgical Pathology	No	No	No	No
88369	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)		Surgical Pathology	No	No	No	No
88371	Protein analysis of tissue by Western Blot, with interpretation and report;		Surgical Pathology	No	No	No	No
88372	Protein analysis of tissue by Western Blot, with interpretation and report; immunological probe for band identification, each		Surgical Pathology	No	No	No	No
88373	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)		Surgical Pathology	No	No	No	No
88374	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure		Surgical Pathology	No	No	No	No
88375	Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session		Surgical Pathology	No	No	No	No
88377	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure		Surgical Pathology	No	No	No	No
88380	Microdissection (ie, sample preparation of microscopically identified target); laser capture		Surgical Pathology	No	No	No	No
88381	Microdissection (ie, sample preparation of microscopically identified target); manual		Surgical Pathology	No	No	No	No
88387	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); each tissue preparation (eg, a single lymph node)		Surgical Pathology	No	No	No	No
88388	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); in conjunction with a touch imprint, intraoperative consultation, or frozen section, each tissue preparation (eg, a single lymph node) (List separately in addition to code for primary procedure)		Surgical Pathology	No	No	No	No
88399	Unlisted surgical pathology procedure		Surgical Pathology	No	No	No	No
88720	Bilirubin, total, transcutaneous		In Vivo Laboratory	No	No	No	No
88738	Hemoglobin (Hgb), quantitative, transcutaneous		In Vivo Laboratory	No	No	No	No
88740	Hemoglobin, quantitative, transcutaneous, per day; carboxyhemoglobin		In Vivo Laboratory	No	No	No	No
88741	Hemoglobin, quantitative, transcutaneous, per day; methemoglobin		In Vivo Laboratory	No	No	No	No
88749	Unlisted in vivo (eg, transcutaneous) laboratory service		In Vivo Laboratory	Yes	Yes	Yes	No
89049	Caffeine halothane contracture test (CHCT) for malignant hyperthermia susceptibility, including interpretation and report		Other Pathology	Yes	Yes	No	No
89050	Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid), except blood;		Other Pathology	No	No	No	No
89051	Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid), except blood; with differential count		Other Pathology	No	No	No	No
89055	Leukocyte assessment, fecal, qualitative or semiquantitative		Other Pathology	No	No	No	No
89060	Crystal identification by light microscopy with or without polarizing lens analysis, tissue or any body fluid (except urine)		Other Pathology	No	No	No	No
89125	Fat stain, feces, urine, or respiratory secretions		Other Pathology	No	No	No	No
89160	Meat fibers, feces		Other Pathology	No	No	No	No
89190	Nasal smear for eosinophils		Other Pathology	No	No	No	No
89220	Sputum, obtaining specimen, aerosol induced technique (separate procedure)		Other Pathology	No	No	No	No
89230	Sweat collection by iontophoresis		Other Pathology	No	No	No	No
89240	Unlisted miscellaneous pathology test		Other Pathology	No	No	No	No
89250	Culture of oocyte(s)/embryo(s), less than 4 days;		Reproductive Medicine	DNC - Denied Not Covered	DNC - Denied Not Covered	Kindbody	Kindbody
89251	Culture of oocyte(s)/embryo(s), less than 4 days, with co-culture of oocyte(s)/embryos		Reproductive Medicine	DNC - Denied Not Covered	DNC - Denied Not Covered	Kindbody	Kindbody
89253	Assisted embryo hatching, microtechniques (any method)		Reproductive Medicine	DNC - Denied Not Covered	DNC - Denied Not Covered	Kindbody	Kindbody
89254	Oocyte identification from follicular fluid		Reproductive Medicine	DNC - Denied Not Covered	DNC - Denied Not Covered	Kindbody	Kindbody
89255	Preparation of embryo for transfer (any method)		Reproductive Medicine	DNC - Denied Not Covered	DNC - Denied Not Covered	Kindbody	Kindbody
89257	Sperm identification from aspiration (other than seminal fluid)		Reproductive Medicine	DNC - Denied Not Covered	DNC - Denied Not Covered	No	No
89258	Cryopreservation; embryo(s)		Reproductive Medicine	DNC - Denied Not Covered	DNC - Denied Not Covered	Kindbody	Kindbody

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
89259	Cryopreservation; sperm		Reproductive Medicine	DNC - Denied Not Covered	DNC - Denied Not Covered	No	No
89260	Sperm isolation; simple prep (eg, sperm wash and swim-up) for insemination or diagnosis with semen analysis		Reproductive Medicine	DNC - Denied Not Covered	DNC - Denied Not Covered	No	No
89261	Sperm isolation; complex prep (eg, Percoll gradient, albumin gradient) for insemination or diagnosis with semen analysis		Reproductive Medicine	DNC - Denied Not Covered	DNC - Denied Not Covered	Kindbody	Kindbody
89264	Sperm identification from testis tissue, fresh or cryopreserved		Reproductive Medicine	DNC - Denied Not Covered	DNC - Denied Not Covered	No	No
89268	Insemination of oocytes		Reproductive Medicine	DNC - Denied Not Covered	DNC - Denied Not Covered	Kindbody	Kindbody
89272	Extended culture of oocyte(s)/embryo(s), 4-7 days		Reproductive Medicine	DNC - Denied Not Covered	DNC - Denied Not Covered	Kindbody	Kindbody
89280	Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes		Reproductive Medicine	DNC - Denied Not Covered	DNC - Denied Not Covered	Kindbody	Kindbody
89281	Assisted oocyte fertilization, microtechnique; greater than 10 oocytes		Reproductive Medicine	DNC - Denied Not Covered	DNC - Denied Not Covered	Kindbody	Kindbody
89290	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); less than or equal to 5 embryos		Reproductive Medicine	DNC - Denied Not Covered	DNC - Denied Not Covered	Kindbody	Kindbody
89291	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); greater than 5 embryos		Reproductive Medicine	DNC - Denied Not Covered	DNC - Denied Not Covered	Kindbody	Kindbody
89300	Semen analysis: presence and/or motility of sperm including Huhner test (post coital)		Reproductive Medicine	DNC - Denied Not Covered	DNC - Denied Not Covered	No	No
89310	Semen analysis; motility and count (not including Huhner test)		Reproductive Medicine	DNC - Denied Not Covered	DNC - Denied Not Covered	No	No
89320	Semen analysis; volume, count, motility, and differential		Reproductive Medicine	DNC - Denied Not Covered	DNC - Denied Not Covered	No	No
89321	Semen analysis: sperm presence and motility of sperm, if performed		Reproductive Medicine	DNC - Denied Not Covered	DNC - Denied Not Covered	No	No
89322	Semen analysis; volume, count, motility, and differential using strict morphologic criteria (eg, Kruger)		Reproductive Medicine	DNC - Denied Not Covered	DNC - Denied Not Covered	No	No
89325	Sperm antibodies		Reproductive Medicine	DNC - Denied Not Covered	DNC - Denied Not Covered	No	No
89329	Sperm evaluation; hamster penetration test		Reproductive Medicine	DNC - Denied Not Covered	DNC - Denied Not Covered	No	No
89330	Sperm evaluation; cervical mucus penetration test, with or without spinnbarkeit test		Reproductive Medicine	DNC - Denied Not Covered	DNC - Denied Not Covered	No	No
89331	Sperm evaluation, for retrograde ejaculation, urine (sperm concentration, motility, and morphology, as indicated)		Reproductive Medicine	DNC - Denied Not Covered	DNC - Denied Not Covered	No	No
89335	Cryopreservation, reproductive tissue, testicular		Reproductive Medicine	DNC - Denied Not Covered	DNC - Denied Not Covered	No	No
89337	Cryopreservation, mature oocyte(s)		Reproductive Medicine	DNC - Denied Not Covered	DNC - Denied Not Covered	Kindbody	Kindbody
89342	Storage (per year); embryo(s)		Reproductive Medicine	DNC - Denied Not Covered	DNC - Denied Not Covered	Kindbody	Kindbody
89343	Storage (per year); sperm/semen		Reproductive Medicine	DNC - Denied Not Covered	DNC - Denied Not Covered	No	No
89344	Storage (per year); reproductive tissue, testicular/ovarian		Reproductive Medicine	DNC - Denied Not Covered	DNC - Denied Not Covered	No	No
89346	Storage (per year); oocyte(s)		Reproductive Medicine	DNC - Denied Not Covered	DNC - Denied Not Covered	Kindbody	Kindbody
89352	Thawing of cryopreserved; embryo(s)		Reproductive Medicine	DNC - Denied Not Covered	DNC - Denied Not Covered	Kindbody	Kindbody
89353	Thawing of cryopreserved; sperm/semen, each aliquot		Reproductive Medicine	DNC - Denied Not Covered	DNC - Denied Not Covered	No	No
89354	Thawing of cryopreserved; reproductive tissue, testicular/ovarian		Reproductive Medicine	DNC - Denied Not Covered	DNC - Denied Not Covered	No	No
89356	Thawing of cryopreserved; oocytes, each aliquot		Reproductive Medicine	DNC - Denied Not Covered	DNC - Denied Not Covered	Kindbody	Kindbody
89398	Unlisted reproductive medicine laboratory procedure		Reproductive Medicine	DNC - Denied Not Covered	DNC - Denied Not Covered	Kindbody	Kindbody
0225U	Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets, including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected		COVID	No	No	No	No
0226U	Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), ELISA, plasma, serum		COVID	No	No	No	No
0001U	Red blood cell antigen typing, DNA, human erythrocyte antigen gene analysis of 35 antigens from 11 blood groups, utilizing whole blood, common RBC alleles reported		Proprietary Lab Analyses	Yes	Yes	Yes	No
0002M	Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilizing serum, prognostic algorithm reported as quantitative scores for fibrosis, steatosis and alcoholic steatohepatitis (ASH)		Multianalyte Assays	Yes	Yes	Yes	No
0002U	Oncology (colorectal), quantitative assessment of three urine metabolites (ascorbic acid, succinic acid and carnitine) by liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring acquisition, algorithm reported as likelihood of adenomatous polyps		Proprietary Lab Analyses	Yes	Yes	Yes	No
0003M	Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilizing serum, prognostic algorithm reported as quantitative scores for fibrosis, steatosis and nonalcoholic steatohepatitis (NASH)		Multianalyte Assays	Yes	Yes	Yes	No
0003U	Oncology (ovarian) biochemical assays of five proteins (apolipoprotein A-1, CA 125 II, follicle stimulating hormone, human epididymis protein 4, transferrin), utilizing serum, algorithm reported as a likelihood score		Proprietary Lab Analyses	Yes	Yes	Yes	No
0004M	Scoliosis, DNA analysis of 53 single nucleotide polymorphisms (SNPs), using saliva, prognostic algorithm reported as a risk score		Multianalyte Assays	Yes	Yes	Yes	No
0005U	Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), urine, algorithm reported as risk score		Proprietary Lab Analyses	Yes	Yes	Yes	No
0006M	Oncology (hepatic), mRNA expression levels of 161 genes, utilizing fresh hepatocellular carcinoma tumor tissue, with alpha-fetoprotein level, algorithm reported as a risk classifier		Multianalyte Assays	Yes	Yes	Yes	No
0007M	Oncology (gastrointestinal neuroendocrine tumors), real-time PCR expression analysis of 51 genes, utilizing whole peripheral blood, algorithm reported as a nomogram of tumor disease index		Multianalyte Assays	Yes	Yes	Yes	No
0007U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in comparison to buccal DNA, per date of service		Proprietary Lab Analyses	Yes	Yes	Yes	No
0008U	Helicobacter pylori detection and antibiotic resistance, DNA, 16S and 23S rRNA, gyrA, pbp1, rdxA and rpoB, next generation sequencing, formalin-fixed paraffin-embedded or fresh tissue or fecal sample, predictive, reported as positive or negative for resistance to clarithromycin, fluoroquinolones, metronidazole, amoxicillin, tetracycline, and rifabutin		Proprietary Lab Analyses	Yes	Yes	Yes	No
0009U	Oncology (breast cancer), ERBB2 (HER2) copy number by FISH, tumor cells from formalin fixed paraffin embedded tissue isolated using image-based dielectrophoresis (DEP) sorting, reported as ERBB2 gene amplified or non-amplified		Proprietary Lab Analyses	Yes	Yes	Yes	No
0010U	Infectious disease (bacterial), strain typing by whole genome sequencing, phylogenetic-based report of strain relatedness, per submitted isolate		Proprietary Lab Analyses	Yes	Yes	Yes	No
0011M	Oncology, prostate cancer, mRNA expression assay of 12 genes (10 content and 2 housekeeping), RT-PCR test utilizing blood plasma and urine, algorithms to predict high-grade prostate cancer risk		Multianalyte Assays	Yes	Yes	Yes	No
0011U	Prescription drug monitoring, evaluation of drugs present by LC-MS/MS, using oral fluid, reported as a comparison to an estimated steady-state range, per date of service including all drug compounds and metabolites		Proprietary Lab Analyses	Yes	Yes	Yes	No
0012M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having urothelial carcinoma		Multianalyte Assays	Yes	Yes	Yes	No
0013M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having recurrent urothelial carcinoma		Multianalyte Assays	Yes	Yes	Yes	No
0014M	Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal peptide [PIIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using immunoassays, utilizing serum, prognostic algorithm reported as a risk score and risk of liver fibrosis and liver-related clinical events within 5 years	termed 1/1/24	Multianalyte Assays	n/a	n/a	n/a	n/a
0015M	Adrenal cortical tumor, biochemical assay of 25 steroid markers, utilizing 24-hour urine specimen and clinical parameters, prognostic algorithm reported as a clinical risk and integrated clinical steroid risk for adrenal cortical carcinoma, adenoma, or other adrenal malignancy Instructional Notes, Guidelines and References		Multianalyte Assays	Yes	Yes	Yes	No
0016M	Oncology (bladder), mRNA, microarray gene expression profiling of 219 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as molecular subtype (luminal, luminal infiltrated, basal, basal claudin-low, neuroendocrine-like)		Multianalyte Assays	Yes	Yes	Yes	No
0016U	Oncology (hematolymphoid neoplasia), RNA, BCR/ABL1 major and minor breakpoint fusion transcripts, quantitative PCR amplification, blood or bone marrow, report of fusion not detected or detected with quantitation		Proprietary Lab Analyses	Yes	Yes	Yes	No
0017M	Oncology (diffuse large B-cell lymphoma [DLBCL]), mRNA, gene expression profiling by fluorescent probe hybridization of 20 genes, formalin-fixed paraffin-embedded tissue, algorithm reported as cell of origin		Multianalyte Assays	yes	yes	Yes	No
0017U	Oncology (hematolymphoid neoplasia), JAK2 mutation, DNA, PCR amplification of exons 12-14 and sequence analysis, blood or bone marrow, report of JAK2 mutation not detected or detected		Proprietary Lab Analyses	Yes	Yes	Yes	No
0018U	Oncology (thyroid), microRNA profiling by RT-PCR of 10 microRNA sequences, utilizing fine needle aspirate, algorithm reported as a positive or negative result for moderate to high risk of malignancy		Proprietary Lab Analyses	Yes	Yes	Yes	No
0019U	Oncology, RNA, gene expression by whole transcriptome sequencing, formalin-fixed paraffin embedded tissue or fresh frozen tissue, predictive algorithm reported as potential targets for therapeutic agents		Proprietary Lab Analyses	Yes	Yes	Yes	No
0021U	Oncology (prostate), detection of 8 autoantibodies (ARF 6, NKX3-1, 5'-UTR-BMI1, CEP 164, 3'-UTR-Ropporin, Desmocollin, AURKAIP-1, CSNK2A2), multiplexed immunoassay and flow cytometry serum, algorithm reported as risk score		Proprietary Lab Analyses	Yes	Yes	Yes	No
0022U	Targeted genomic sequence analysis panel, non-small cell lung neoplasia, DNA and RNA analysis, 1 -23 genes, interrogation for sequence variants and rearrangements, reported as presence/absence of variants and associated therapy(ies) to consider		Proprietary Lab Analyses	Yes	Yes	Yes	No
0023U	Oncology (acute myelogenous leukemia), DNA, genotyping of internal tandem duplication, p.D835, p.I836, using mononuclear cells, reported as detection or non-detection of FLT3 mutation and indication for or against the use of midostaurin		Proprietary Lab Analyses	Yes	Yes	Yes	No
0024U	Glycosylated acute phase proteins (GlycA), nuclear magnetic resonance spectroscopy, quantitative		Proprietary Lab Analyses	Yes	Yes	Yes	No
0025U	Tenofovir, by liquid chromatography with tandem mass spectrometry (LC-MS/MS), urine, quantitative		Proprietary Lab Analyses	Yes	Yes	Yes	No
0026U	Oncology (thyroid), DNA and mRNA of 112 genes, next-generation sequencing, fine needle aspirate of thyroid nodule, algorithmic analysis reported as a categorical result ("Positive, high probability of malignancy" or "Negative, low probability of malignancy")		Proprietary Lab Analyses	Yes	Yes	Yes	No
0027U	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, targeted sequence analysis exons 12-15		Proprietary Lab Analyses	Yes	Yes	Yes	No
0029U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis (ie, CYP1A2, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, CYP4F2, SLCO1B1, VKORC1 and rs12777823)		Proprietary Lab Analyses	Yes	Yes	Yes	No
0030U	Drug metabolism (warfarin drug response), targeted sequence analysis (ie, CYP2C9, CYP4F2, VKORC1, rs12777823)		Proprietary Lab Analyses	Yes	Yes	Yes	No
0031U	CYP1A2 (cytochrome P450 family 1, subfamily A, member 2)(eg, drug metabolism) gene analysis, common variants (ie, *1F, *1K, *6, *7)		Proprietary Lab Analyses	Yes	Yes	Yes	No
0032U	COMT (catechol-O-methyltransferase)(drug metabolism) gene analysis, c.472G>A (rs4680) variant		Proprietary Lab Analyses	Yes	Yes	Yes	No
0033U	HTR2A (5-hydroxytryptamine receptor 2A), HTR2C (5-hydroxytryptamine receptor 2C) (eg, citalopram metabolism) gene analysis, common variants (ie, HTR2A rs7997012 [c.614-2211T>C], HTR2C rs3813929 [c.-759C>T] and rs1414334 [c.551-3008C>G])		Proprietary Lab Analyses	Yes	Yes	Yes	No
0034U	TPMT (thiopurine S-methyltransferase), NUDT15 (nudix hydroxylase 15)(eg, thiopurine metabolism) gene analysis, common variants (ie, TPMT *2, *3A, *3B, *3C, *4, *5, *6, *8, *12; NUDT15 *3, *4, *5)		Proprietary Lab Analyses	Yes	Yes	Yes	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
0035U	Neurology (prion disease), cerebrospinal fluid, detection of prion protein by quaking-induced conformational conversion, qualitative		Proprietary Lab Analyses	Yes	Yes	Yes	No
0036U	Exome (ie, somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and normal specimen, sequence analyses		Proprietary Lab Analyses	Yes	Yes	Yes	No
0037U	Targeted genomic sequence analysis, solid organ neoplasm, DNA analysis of 324 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden		Proprietary Lab Analyses	Yes	Yes	Yes	No
0038U	Vitamin D, 25 hydroxy D2 and D3, by LC-MS/MS, serum microsample, quantitative		Proprietary Lab Analyses	Yes	Yes	Yes	No
0039U	Deoxyribonucleic acid (DNA) antibody, double stranded, high avidity		Proprietary Lab Analyses	Yes	Yes	Yes	No
0040U	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative		Proprietary Lab Analyses	Yes	Yes	Yes	No
0041U	Borrelia burgdorferi, antibody detection of 5 recombinant protein groups, by immunoblot, IgM		Proprietary Lab Analyses	Yes	Yes	Yes	No
0042U	Borrelia burgdorferi, antibody detection of 12 recombinant protein groups, by immunoblot, IgG		Proprietary Lab Analyses	Yes	Yes	Yes	No
0043U	Tick-borne relapsing fever Borrelia group, antibody detection to 4 recombinant protein groups, by immunoblot, IgM		Proprietary Lab Analyses	Yes	Yes	Yes	No
0044U	Tick-borne relapsing fever Borrelia group, antibody detection to 4 recombinant protein groups, by immunoblot, IgG		Proprietary Lab Analyses	Yes	Yes	Yes	No
0045U	Oncology (breast ductal carcinoma in situ), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence score		Proprietary Lab Analyses	Yes	Yes	Yes	No
0046U	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (ITD) variants, quantitative		Proprietary Lab Analyses	Yes	Yes	Yes	No
0047U	Oncology (prostate), mRNA, gene expression profiling by real-time RT-PCR of 17 genes (12 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a risk score		Proprietary Lab Analyses	Yes	Yes	Yes	No
0048U	Oncology (solid organ neoplasia), DNA, targeted sequencing of protein-coding exons of 468 cancer-associated genes, including interrogation for somatic mutations and microsatellite instability, matched with normal specimens, utilizing formalin-fixed paraffin-embedded tumor tissue, report of clinically significant mutation(s)		Proprietary Lab Analyses	Yes	Yes	Yes	No
0049U	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, quantitative		Proprietary Lab Analyses	Yes	Yes	Yes	No
0050U	Targeted genomic sequence analysis panel, acute myelogenous leukemia, DNA analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements		Proprietary Lab Analyses	Yes	Yes	Yes	No
0051U	Prescription drug monitoring, evaluation of drugs present by LC-MS/MS, urine, 31 drug panel, reported as quantitative results, detected or not detected, per date of service		Proprietary Lab Analyses	Yes	Yes	Yes	No
0052U	Lipoprotein, blood, high resolution fractionation and quantitation of lipoproteins, including all five major lipoprotein classes and subclasses of HDL, IDL, and VLDL by vertical auto profile ultracentrifugation		Proprietary Lab Analyses	Yes	Yes	Yes	No
0054U	Prescription drug monitoring, 14 or more classes of drugs and substances, definitive tandem mass spectrometry with chromatography, capillary blood, quantitative report with therapeutic and toxic ranges, including steady-state range for the prescribed dose when detected, per date of service		Proprietary Lab Analyses	Yes	Yes	Yes	No
0055U	Cardiology (heart transplant), cell-free DNA, PCR assay of 96 DNA target sequences (94 single nucleotide polymorphism targets and two control targets), plasma		Proprietary Lab Analyses	Yes	Yes	Yes	No
0058U	Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus oncoprotein (small T antigen), serum, quantitative		Proprietary Lab Analyses	Yes	Yes	Yes	No
0059U	Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus capsid protein (VP1), serum, reported as positive or negative		Proprietary Lab Analyses	Yes	Yes	Yes	No
0060U	Twin zygosity, genomic targeted sequence analysis of chromosome 2, using circulating cell-free fetal DNA in maternal blood		Proprietary Lab Analyses	Yes	Yes	Yes	No
0061U	Transcutaneous measurement of five biomarkers (tissue oxygenation [StO2], oxyhemoglobin [ctHbO2], deoxyhemoglobin [ctHbR], papillary and reticular dermal hemoglobin concentrations [ctHb1 and ctHb2]), using spatial frequency domain imaging (SFDI) and multi-spectral analysis		Proprietary Lab Analyses	Yes	Yes	Yes	No
0062U	Autoimmune (systemic lupus erythematosus), IgG and IgM analysis of 80 biomarkers, utilizing serum, algorithm reported with a risk score		Proprietary Lab Analyses	Yes	Yes	Yes	No
0063U	Neurology (autism), 32 amines by LC-MS/MS, using plasma, algorithm reported as metabolic signature associated with autism spectrum disorder		Proprietary Lab Analyses	Yes	Yes	Yes	No
0064U	Antibody, Treponema pallidum, total and rapid plasma reagin (RPR), immunoassay, qualitative		Proprietary Lab Analyses	Yes	Yes	Yes	No
0065U	Syphilis test, non-treponemal antibody, immunoassay, qualitative (RPR)		Proprietary Lab Analyses	Yes	Yes	Yes	No
0067U	Oncology (breast), immunohistochemistry, protein expression profiling of 4 biomarkers (matrix metalloproteinase-1 [MMP-1], carcinoembryonic antigen-related cell adhesion molecule 6 [CEACAM6], hyaluronoglucosaminidase [HYAL1], highly expressed in cancer protein [HEC1]), formalin-fixed paraffin-embedded precancerous breast tissue, algorithm reported as carcinoma risk score		Proprietary Lab Analyses	Yes	Yes	Yes	No
0068U	Candida species panel (C. albicans, C. glabrata, C. parapsilosis, C. krusei, C tropicalis, and C. auris), amplified probe technique with qualitative report of the presence or absence of each species		Proprietary Lab Analyses	Yes	Yes	Yes	No
0069U	Oncology (colorectal), microRNA, RT-PCR expression profiling of miR-31-3p, formalin-fixed paraffin-embedded tissue, algorithm reported as an expression score		Proprietary Lab Analyses	Yes	Yes	Yes	No
0070U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, common and select rare variants (ie, *2, *3, *4, *4N, *5, *6, *7, *8, *9, *10, *11, *12, *13, *14A, *14B, *15, *17, *29, *35, *36, *41, *57, *61, *63, *68, *83, *xN)		Proprietary Lab Analyses	Yes	Yes	Yes	No
0071U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, full gene sequence (List separately in addition to code for primary procedure)		Proprietary Lab Analyses	Yes	Yes	Yes	No
0072U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D6-2D7 hybrid gene) (List separately in addition to code for primary procedure)		Proprietary Lab Analyses	Yes	Yes	Yes	No
0073U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D7-2D6 hybrid gene) (List separately in addition to code for primary procedure)		Proprietary Lab Analyses	Yes	Yes	Yes	No
0074U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, non-duplicated gene when duplication/multiplication is trans) (List separately in addition to code for primary procedure)		Proprietary Lab Analyses	Yes	Yes	Yes	No
0075U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 5' gene duplication/multiplication) (List separately in addition to code for primary procedure)		Proprietary Lab Analyses	Yes	Yes	Yes	No
0076U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 3' gene duplication/multiplication) (List separately in addition to code for primary procedure)		Proprietary Lab Analyses	Yes	Yes	Yes	No
0077U	Immunoglobulin paraprotein (M-protein), qualitative, immunoprecipitation and mass spectrometry, blood or urine, including isotype		Proprietary Lab Analyses	Yes	Yes	Yes	No
0078U	Pain management (opioid-use disorder) genotyping panel, 16 common variants (ie, ABCB1, COMT, DAT1, DBH, DOR, DRD1, DRD2, DRD4, GABA, GAL, HTR2A, HTTLPR, MTHFR, MUOR, OPRK1, OPRM1), buccal swab or other germline tissue sample, algorithm reported as positive or negative risk of opioid-use disorder		Proprietary Lab Analyses	Yes	Yes	Yes	No
0079U	Comparative DNA analysis using multiple selected single-nucleotide polymorphisms (SNPs), urine and buccal DNA, for specimen identity verification		Proprietary Lab Analyses	Yes	Yes	Yes	No
0080U	Oncology (lung), mass spectrometric analysis of galectin-3-binding protein and scavenger receptor cysteine-rich type 1 protein M130, with five clinical risk factors (age, smoking status, nodule diameter, nodule-spiculation status and nodule location), utilizing plasma, algorithm reported as a categorical probability of malignancy		Proprietary Lab Analyses	Yes	Yes	Yes	No
0082U	Drug test(s), definitive, 90 or more drugs or substances, definitive chromatography with mass spectrometry, and presumptive, any number of drug classes, by instrument chemistry analyzer (utilizing immunoassay), urine, report of presence or absence of each drug, drug metabolite or substance with description and severity of significant interactions per date of service		Proprietary Lab Analyses	Yes	Yes	Yes	No
0083U	Oncology, response to chemotherapy drugs using motility contrast tomography, fresh or frozen tissue, reported as likelihood of sensitivity or resistance to drugs or drug combinations		Proprietary Lab Analyses	Yes	Yes	Yes	No
0084U	Red blood cell antigen typing, DNA, genotyping of 10 blood groups with phenotype prediction of 37 red blood cell antigens		Proprietary Lab Analyses	Yes	Yes	Yes	No
0086U	Infectious disease (bacterial and fungal), organism identification, blood culture, using rRNA FISH, 6 or more organism targets, reported as positive or negative with phenotypic minimum inhibitory concentration (MIC)-based antimicrobial susceptibility		Proprietary Lab Analyses	Yes	Yes	Yes	No
0087U	Cardiology (heart transplant), mRNA gene expression profiling by microarray of 1283 genes, transplant biopsy tissue, allograft rejection and injury algorithm reported as a probability score		Proprietary Lab Analyses	Yes	Yes	Yes	No
0088U	Transplantation medicine (kidney allograft rejection), microarray gene expression profiling of 1494 genes, utilizing transplant biopsy tissue, algorithm reported as a probability score for rejection		Proprietary Lab Analyses	Yes	Yes	Yes	No
0089U	Oncology (melanoma), gene expression profiling by RTqPCR, PRAME and LINC00518, superficial collection using adhesive patch(es)		Proprietary Lab Analyses	Yes	Yes	Yes	No
0090U	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 23 genes (14 content and 9 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical result (ie, benign, intermediate, malignant)		Proprietary Lab Analyses	Yes	Yes	Yes	No
0091U	Oncology (colorectal) screening, cell enumeration of circulating tumor cells, utilizing whole blood, algorithm, for the presence of adenoma or cancer, reported as a positive or negative result		Proprietary Lab Analyses	Yes	Yes	Yes	No
0092U	Oncology (lung), three protein biomarkers, immunoassay using magnetic nanosensor technology, plasma, algorithm reported as risk score for likelihood of malignancy		Proprietary Lab Analyses	Yes	Yes	Yes	No
0093U	Prescription drug monitoring, evaluation of 65 common drugs by LC-MS/MS, urine, each drug reported detected or not detected		Proprietary Lab Analyses	Yes	Yes	Yes	No
0094U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis		Proprietary Lab Analyses	Yes	Yes	Yes	No
0095U	Inflammation (eosinophilic esophagitis), ELISA analysis of eotaxin-3 (CCL26 [C-C motif chemokine ligand 26]) and major basic protein (PRG2 [proteoglycan 2, pro eosinophil major basic protein]), specimen obtained by swallowed nylon string, algorithm reported as predictive probability index for active eosinophilic esophagitis		Proprietary Lab Analyses	Yes	Yes	Yes	No
0096U	Human papillomavirus (HPV), high-risk types (ie, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, 68), male urine		Proprietary Lab Analyses	Yes	Yes	Yes	No
0101U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with MRNA analytics to resolve variants of unknown significance when indicated (15 genes [sequencing and deletion/duplication], EPCAM and GREM1 [deletion/duplication only])		Proprietary Lab Analyses	Yes	Yes	Yes	No
0102U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with MRNA analytics to resolve variants of unknown significance when indicated (17 genes [sequencing and deletion/duplication])		Proprietary Lab Analyses	Yes	Yes	Yes	No
0103U	Hereditary ovarian cancer (eg, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with MRNA analytics to resolve variants of unknown significance when indicated (24 genes [sequencing and deletion/duplication], EPCAM [deletion/duplication only])		Proprietary Lab Analyses	Yes	Yes	Yes	No
0105U	Nephrology (chronic kidney disease), multiplex electrochemiluminescent immunoassay (ECLIA) of tumor necrosis factor receptor 1A, receptor superfamily 2 (TNFR1, TNFR2), and kidney injury molecule-1 (KIM-1) combined with longitudinal clinical data, including APOL1 genotype if available, and plasma (isolated fresh or frozen), algorithm reported as probability score for rapid kidney function decline (RKFD)		Proprietary Lab Analyses	Yes	Yes	Yes	No
0106U	Gastric emptying, serial collection of 7 timed breath specimens, non-radioisotope carbon-13 (13C) spirulina substrate, analysis of each specimen by gas isotope ratio mass spectrometry, reported as rate of 13CO2 excretion		Proprietary Lab Analyses	Yes	Yes	Yes	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
0107U	Clostridium difficile toxin(s) antigen detection by immunoassay technique, stool, qualitative, multiple-step method		Proprietary Lab Analyses	Yes	Yes	Yes	No
0108U	Gastroenterology (Barrett's esophagus), whole slide-digital imaging, including morphometric analysis, computer-assisted quantitative immunolabeling of 9 protein biomarkers (p16, AMACR, p53, CD68, COX-2, CD45RO, HIF1a, HER-2, K20) and morphology, formalin-fixed paraffin-embedded tissue, algorithm reported as risk of progression to high-grade dysplasia or cancer		Proprietary Lab Analyses	Yes	Yes	Yes	No
0109U	Infectious disease (Aspergillus species), real-time PCR for detection of DNA from 4 species (A. fumigatus, A. terreus, A. niger, and A. flavus), blood, lavage fluid, or tissue, qualitative reporting of presence or absence of each species		Proprietary Lab Analyses	Yes	Yes	Yes	No
0110U	Prescription drug monitoring, one or more oral oncology drug(s) and substances, definitive tandem mass spectrometry with chromatography, serum or plasma from capillary blood or venous blood, quantitative report with steady-state range for the prescribed drug(s) when detected		Proprietary Lab Analyses	Yes	Yes	Yes	No
0111U	Oncology (colon cancer), targeted KRAS (codons 12, 13, and 61) and NRAS (codons 12, 13, and 61) gene analysis utilizing formalin-fixed paraffin-embedded tissue		Proprietary Lab Analyses	Yes	Yes	Yes	No
0112U	Infectious agent detection and identification, targeted sequence analysis (16S and 18S rRNA genes) with drug-resistance gene		Proprietary Lab Analyses	Yes	Yes	Yes	No
0113U	Oncology (prostate), measurement of PCA3 and TMPRSS2-ERG in urine and PSA in serum following prostatic massage, by RNA amplification and fluorescence-based detection, algorithm reported as risk score		Proprietary Lab Analyses	Yes	Yes	Yes	No
0114U	Gastroenterology (Barrett's esophagus), VIM and CCNA1 methylation analysis, esophageal cells, algorithm reported as likelihood for Barrett's esophagus		Proprietary Lab Analyses	Yes	Yes	Yes	No
0115U	Respiratory infectious agent detection by nucleic acid (DNA and RNA), 18 viral types and subtypes and 2 bacterial targets, amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected		Proprietary Lab Analyses	Yes	Yes	Yes	No
0116U	Prescription drug monitoring, enzyme immunoassay of 35 or more drugs confirmed with LC-MS/MS, oral fluid, algorithm results reported as a patient-compliance measurement with risk of drug to drug interactions for prescribed medications		Proprietary Lab Analyses	Yes	Yes	Yes	No
0117U	Pain management, analysis of 11 endogenous analytes (methylmalonic acid, xanthurenic acid, homocysteine, pyroglutamic acid, vanilmandelate, 5-hydroxyindoleacetic acid, hydroxymethylglutarate, ethylmalonate, 3-hydroxypropyl mercapturic acid (3-HPMA), quinolinic acid, kynurenic acid), LC-MS/MS, urine, algorithm reported as a pain-index score with likelihood of atypical biochemical function associated with pain		Proprietary Lab Analyses	Yes	Yes	Yes	No
0118U	Transplantation medicine, quantification of donor-derived cell-free DNA using whole genome next-generation sequencing, plasma, reported as percentage of donor-derived cell-free DNA in the total cell-free DNA		Proprietary Lab Analyses	Yes	Yes	Yes	No
0119U	Cardiology, ceramides by liquid chromatography-tandem mass spectrometry, plasma, quantitative report with risk score for major cardiovascular events		Proprietary Lab Analyses	Yes	Yes	Yes	No
0120U	Oncology (B-cell lymphoma classification), mRNA, gene expression profiling by fluorescent probe hybridization of 58 genes (45 content and 13 housekeeping genes), formalin-fixed paraffin-embedded tissue, algorithm reported as likelihood for primary mediastinal B-cell lymphoma (PMBCL) and diffuse large B-cell lymphoma (DLBCL) with cell of origin subtyping in the latter		Proprietary Lab Analyses	Yes	Yes	Yes	No
0121U	Sickle cell disease, microfluidic flow adhesion (VCAM-1), whole blood		Proprietary Lab Analyses	Yes	Yes	Yes	No
0122U	Sickle cell disease, microfluidic flow adhesion (P-Selectin), whole blood		Proprietary Lab Analyses	Yes	Yes	Yes	No
0123U	Mechanical fragility, RBC, shear stress and spectral analysis profiling		Proprietary Lab Analyses	Yes	Yes	Yes	No
0129U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis and deletion/duplication analysis panel (ATM, BRCA1, BRCA2, CDH1, CHEK2, PALB2, PTEN, and TP53)		Proprietary Lab Analyses	Yes	Yes	Yes	No
0130U	Hereditary colon cancer disorders (eg, lynch syndrome, PTEN hamartoma syndrome, cowden syndrome, familial adenomatosis polyposis), targeted mRNA sequence analysis panel (APC, CDH1, CHEK2, MLH1, MSH2, MSH6, MUTYH, PMS2, PTEN, and TP53) (List separately in addition to code for primary procedure)		Proprietary Lab Analyses	Yes	Yes	Yes	No
0131U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (13 genes) (List separately in addition to code for primary procedure)		Proprietary Lab Analyses	Yes	Yes	Yes	No
0132U	Hereditary ovarian cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (17 genes) (List separately in addition to code for primary procedure)		Proprietary Lab Analyses	Yes	Yes	Yes	No
0133U	Hereditary prostate cancer-related disorders, targeted mRNA sequence analysis panel (11 genes) (List separately in addition to code for primary procedure)		Proprietary Lab Analyses	Yes	Yes	Yes	No
0134U	Hereditary pan cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (18 genes) (List separately in addition to code for primary procedure)		Proprietary Lab Analyses	Yes	Yes	Yes	No
0135U	Hereditary gynecological cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (12 genes) (List separately in addition to code for primary procedure)		Proprietary Lab Analyses	Yes	Yes	Yes	No
0136U	ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia) mRNA sequence analysis (List separately in addition to code for primary procedure)		Proprietary Lab Analyses	Yes	Yes	Yes	No
0137U	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)		Proprietary Lab Analyses	Yes	Yes	Yes	No
0138U	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)		Proprietary Lab Analyses	Yes	Yes	Yes	No
0140U	Infectious disease (fungi), fungal pathogen identification, DNA (15 fungal targets), blood culture, amplified probe technique, each target reported as detected or not detected		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0141U	Infectious disease (bacteria and fungi), gram-positive organism identification and drug resistance element detection, DNA (20 gram-positive bacterial targets, 4 resistance genes, 1 pan gram-negative bacterial target, 1 pan Candida target), blood culture, amplified probe technique, each target reported as detected or not detected		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0142U	Infectious disease (bacteria and fungi), gram-negative bacterial identification and drug resistance element detection, DNA (21 gram-negative bacterial targets, 6 resistance genes, 1 pan gram-positive bacterial target, 1 pan Candida target), amplified probe technique, each target reported as detected or not detected		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0152U	Infectious disease (bacteria, fungi, parasites, and DNA viruses), DNA, PCR and next-generation sequencing, plasma, detection of >1,000 potential microbial organisms for significant positive pathogens		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0153U	Oncology (breast), mRNA, gene expression profiling by next-generation sequencing of 101 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a triple negative breast cancer clinical subtype(s) with information on immune cell involvement		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0154U	Oncology (urothelial cancer), RNA, analysis by real-time RT-PCR of the FGFR3 (fibroblast growth factor receptor 3) gene analysis (ie, p.R248C [c.742C>T], p.S249C [c.746C>G], p.G370C [c.1108G>T], p.Y373C [c.1118A>G], FGFR3-TACC3v1, and FGFR3-TACC3v3) utilizing formalin-fixed paraffin-embedded urothelial cancer tumor tissue, reported as FGFR gene alteration status		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0155U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase, catalytic subunit alpha) (eg, breast cancer) gene analysis (ie, p.C420R, p.E542K, p.E545A, p.E545D [g.1635G>T only), p.E545G, p.E545K, p.Q546E, p.Q546R, p.H1047L, p.H1047R, p.H1047Y), utilizing formalin-fixed paraffin-embedded breast tumor tissue, reported as PIK3CA gene mutation status		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0156U	Copy number (ex. intellectual disability, dysmorphology), sequence analysis		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0157U	APC (APC regulator of WNT signaling pathway) (eg, familial adenomatosis polyposis [FAP]) mRNA sequence analysis (List separately in addition to code for primary procedure)	ADD ON CODE	Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0158U	MLH1 (mutL homolog 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	ADD ON CODE	Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0159U	MSH2 (mutS homolog 2) (eg, hereditary colon cancer, lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	ADD ON CODE	Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0160U	MSH6 (mutS homolog 6) (eg, hereditary colon cancer, lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	ADD ON CODE	Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0161U	PMS2 (PMS1 homolog 2, mismatch repair system component) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	ADD ON CODE	Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0162U	Hereditary colon cancer (Lynch syndrome), targeted mRNA sequence analysis panel (MLH1, MSH2, MSH6, PMS2) (List separately in addition to code for primary procedure)	ADD ON CODE	Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0163U	Oncology (colorectal) screening, biochemical enzyme-linked immunosorbent assay (ELISA) of 3 plasma or serum proteins (teratocarcinoma derived growth factor-1 [TDGF-1, Cripto-1], carcinoembryonic antigen [CEA], extracellular matrix protein [ECM]), with demographic data (age, gender, CRC-screening compliance) using a proprietary algorithm and reported as likelihood of CRC or advanced adenomas		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0164U	Gastroenterology (irritable bowel syndrome [IBS]), immunoassay for anti-CdtB and anti-vinculin antibodies, utilizing plasma, algorithm for elevated or not elevated qualitative results		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0165U	Peanut allergen-specific quantitative assessment of multiple epitopes using enzyme-linked immunosorbent assay (ELISA), blood, individual epitope results and probability of peanut allergy		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0165U	Peanut allergen-specific quantitative assessment of multiple epitopes using enzyme-linked immunosorbent assay (ELISA), blood, individual epitope results and probability of peanut allergy		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0166U	Liver disease, 10 biochemical assays (a2-macroglobulin, haptoglobin, apolipoprotein A1, bilirubin, GGT, ALT, AST, triglycerides, cholesterol, fasting glucose) and biometric and demographic data, utilizing serum, algorithm reported as scores for fibrosis, necroinflammatory activity, and steatosis with a summary interpretation		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0167U	Gonadotropin, chorionic (hCG), immunoassay with direct optical observation, blood		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
y	NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0170U	Neurology (autism spectrum disorder [ASD]), RNA, next-generation sequencing, saliva, algorithmic analysis, and results reported as predictive probability of ASD diagnosis		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0171U	Targeted genomic sequence analysis panel, acute myeloid leukemia, myelodysplastic syndrome, and myeloproliferative neoplasms, DNA analysis, 23 genes, interrogation for sequence variants, rearrangements and minimal residual disease, reported as presence/absence		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0172U	Oncology (solid tumor as indicated by the label), somatic mutation analysis of BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) and analysis of homologous recombination deficiency pathways, DNA, formalin-fixed paraffin-embedded tissue, algorithm quantifying tumor genomic instability score		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0173U	Psychiatry (ie, depression, anxiety), genomic analysis panel, includes variant analysis of 14 genes		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0174U	Oncology (solid tumor), mass spectrometric 30 protein targets, formalin-fixed paraffin-embedded tissue, prognostic and predictive algorithm reported as likely, unlikely, or uncertain benefit of 39 chemotherapy and targeted therapeutic oncology agents		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0175U	Psychiatry (eg, depression, anxiety), genomic analysis panel, variant analysis of 15 genes		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0176U	Cytolethal distending toxin B (CdtB) and vinculin IgG antibodies by immunoassay (ie, ELISA)		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0177U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase catalytic subunit alpha) gene analysis of 11 gene variants utilizing plasma, reported as PIK3CA gene mutation status		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0178U	Peanut allergen-specific quantitative assessment of multiple epitopes using enzyme-linked immunosorbent assay (ELISA), blood, report of minimum eliciting exposure for a clinical reaction		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0179U	Oncology (non-small cell lung cancer), cell-free DNA, targeted sequence analysis of 23 genes (single nucleotide variations, insertions and deletions, fusions without prior knowledge of partner/breakpoint, copy number variations), with report of significant mutation(s)		Proprietary Laboratory Analyses	Yes	Yes	Yes	No

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0180U	Red cell antigen (ABO blood group) genotyping (ABO), gene analysis Sanger/chain termination/conventional sequencing, ABO (ABO, alpha 1-3-N-acetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase) gene, including subtyping, 7 exons		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0181U	Red cell antigen (Colton blood group) genotyping (CO), gene analysis, AQP1 (aquaporin 1 [Colton blood group]) exon 1		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0182U	Red cell antigen (Cromer blood group) genotyping (CROM), gene analysis, CD55 (CD55 molecule [Cromer blood group]) exons 1-10		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0183U	Red cell antigen (Diego blood group) genotyping (DI), gene analysis, SLC4A1 (solute carrier family 4 member 1 [Diego blood group]) exon 19		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0184U	Red cell antigen (Dombrock blood group) genotyping (DO), gene analysis, ART4 (ADP-ribosyltransferase 4 [Dombrock blood group]) exon 2		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0185U	Red cell antigen (H blood group) genotyping (FUT1), gene analysis, FUT1 (fucosyltransferase 1 [H blood group]) exon 4		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0186U	Red cell antigen (H blood group) genotyping (FUT2), gene analysis, FUT2 (fucosyltransferase 2) exon 2		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0187U	Red cell antigen (Duffy blood group) genotyping (FY), gene analysis, ACKR1 (atypical chemokine receptor 1 [Duffy blood group]) exons 1-2		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0188U	Red cell antigen (Gerbich blood group) genotyping (GE), gene analysis, GYPC (glycophorin C [Gerbich blood group]) exons 1-4		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0189U	Red cell antigen (MNS blood group) genotyping (GYPA), gene analysis, GYPA (glycophorin A [MNS blood group]) introns 1, 5, exon 2		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0190U	Red cell antigen (MNS blood group) genotyping (GYPB), gene analysis, GYPB (glycophorin B [MNS blood group]) introns 1, 5, pseudoexon 3		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0191U	Red cell antigen (Indian blood group) genotyping (IN), gene analysis, CD44 (CD44 molecule [Indian blood group]) exons 2, 3, 6		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0192U	Red cell antigen (Kidd blood group) genotyping (JK), gene analysis, SLC14A1 (solute carrier family 14 member 1 [Kidd blood group]) gene promoter, exon 9		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0193U	Red cell antigen (JR blood group) genotyping (JR), gene analysis, ABCG2 (ATP binding cassette subfamily G member 2 [Junior blood group]) exons 2-26		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0194U	Red cell antigen (Kell blood group) genotyping (KEL), gene analysis, KEL (Kell metallo-endopeptidase [Kell blood group]) exon 8		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0195U	KLF1 (Kruppel-like factor 1) targeted sequencing (ie, exon 13)		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0196U	Red cell antigen (Lutheran blood group) genotyping (LU), gene analysis, BCAM (basal cell adhesion molecule [lutheran blood group]) exon 3		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0197U	Red cell antigen (Landsteiner-Wiener blood group) genotyping (LW), gene analysis, ICAM4 (intercellular adhesion molecule 4 [Landsteiner-Wiener blood group]) exon 1		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0198U	Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis Sanger/chain termination/conventional sequencing, RHD (Rh blood group D antigen) exons 1-10 and RHCE (Rh blood group CcEe antigens) exon 5		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0199U	Red cell antigen (Scianna blood group) genotyping (SC), gene analysis, ERMAP (erythroblast membrane associated protein [Scianna blood group]) exons 4, 12		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0200U	Red cell antigen (Xk blood group) genotyping (XK), gene analysis, XK (X-linked Kx blood group) exons 1-3		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0201U	Red cell antigen (Yt blood group) genotyping (YT), gene analysis, ACHE (acetylcholinesterase [Cartwright blood group]) exon 2		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0202U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected		Proprietary Laboratory Analyses	No	No	No	No
0203U	Autoimmune (inflammatory bowel disease), mRNA, gene expression profiling by quantitative RT-PCR, 17 genes (15 target and 2 reference genes), whole blood, reported as a continuous risk score and classification of inflammatory bowel disease aggressiveness		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0204U	Oncology (thyroid), mRNA, gene expression analysis of 593 genes (including BRAF, RAS, RET, PAX8, and NTRK) for sequence variants and rearrangements, utilizing fine needle aspirate, reported as detected or not detected		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0205U	Ophthalmology (age-related macular degeneration), analysis of 3 gene variants (2 CFH gene, 1 ARMS2 gene), using PCR and MALDI-TOF, buccal swab, reported as positive or negative for neovascular age-related macular-degeneration risk associated with zinc supplements		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0206U	Neurology (Alzheimer disease); cell aggregation using morphometric imaging and protein kinase C-epsilon (PKCe) concentration in response to amylospheroid treatment by ELISA, cultured skin fibroblasts, each reported as positive or negative for Alzheimer disease		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0207U	Neurology (Alzheimer disease); quantitative imaging of phosphorylated ERK1 and ERK2 in response to bradykinin treatment by in situ immunofluorescence, using cultured skin fibroblasts, reported as a probability index for Alzheimer disease (List separately in addition to code for primary procedure)	ADD ON CODE	Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0209U	Cytogenomic constitutional (genome-wide) analysis, interrogation of genomic regions for copy number, structural changes and areas of homozygosity for chromosomal abnormalities		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0210U	Syphilis test, non-treponemal antibody, immunoassay, quantitative (RPR)		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0211U	Oncology (pan-tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded tissue, interpretative report for single nucleotide variants, copy number alterations, tumor mutational burden, and microsatellite instability, with therapy association		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0212U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0213U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg, parent, sibling)		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0214U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0215U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator exome (eg, parent, sibling)		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0216U	Neurology (inherited ataxias), genomic DNA sequence analysis of 12 common genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0217U	Neurology (inherited ataxias), genomic DNA sequence analysis of 51 genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0218U	Neurology (muscular dystrophy), DMD gene sequence analysis, including small sequence changes, deletions, duplications, and variants in non-uniquely mappable regions, blood or saliva, identification and characterization of genetic variants		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0219U	Infectious agent (human immunodeficiency virus), targeted viral next-generation sequence analysis (ie, protease [PR], reverse transcriptase [RT], integrase [INT]), algorithm reported as prediction of antiviral drug susceptibility		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0220U	Oncology (breast cancer), image analysis with artificial intelligence assessment of 12 histologic and immunohistochemical features, reported as a recurrence score		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0221U	Red cell antigen (ABO blood group) genotyping (ABO), gene analysis, next-generation sequencing, ABO (ABO, alpha 1-3-N-acetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase) gene		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0222U	Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis, next-generation sequencing, RH proximal promoter, exons 1-10, portions of introns 2-3		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0227U	Drug assay, presumptive, 30 or more drugs or metabolites, urine, liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, includes sample validation		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0228U	Oncology (prostate), multianalyte molecular profile by photometric detection of macromolecules adsorbed on nanosponge array slides with machine learning, utilizing first morning voided urine, algorithm reported as likelihood of prostate cancer		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0229U	BCAT1 (Branched chain amino acid transaminase 1) and IKZF1 (IKAROS family zinc finger 1) (eg, colorectal cancer) promoter methylation analysis		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0230U	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), full sequence analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0231U	CACNA1A (calcium voltage-gated channel subunit alpha 1A) (eg, spinocerebellar ataxia), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) gene expansions, mobile element insertions, and variants in non-uniquely mappable regions		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0232U	CSTB (cystatin B) (eg, progressive myoclonic epilepsy type 1A, Unverricht-Lundborg disease), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0233U	FXN (frataxin) (eg, Friedreich ataxia), gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0234U	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0235U	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0236U	SMN1 (survival of motor neuron 1, telomeric) and SMN2 (survival of motor neuron 2, centromeric) (eg, spinal muscular atrophy) full gene analysis, including small sequence changes in exonic and intronic regions, duplications, deletions, and mobile element insertions		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0237U	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia), genomic sequence analysis panel including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0238U	Oncology (Lynch syndrome), genomic DNA sequence analysis of MLH1, MSH2, MSH6, PMS2, and EPCAM, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0239U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes, interrogation for sequence variants, including substitutions, insertions, deletions, select rearrangements, and copy number variations		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0242U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 55-74 genes, interrogation for sequence variants, gene copy number amplifications, and gene rearrangements		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0243U	Obstetrics (preeclampsia), biochemical assay of placental-growth factor, time-resolved fluorescence immunoassay, maternal serum, predictive algorithm reported as a risk score for preeclampsia		Proprietary Laboratory Analyses	Yes	Yes	Yes	No

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0244U	Oncology (solid organ), DNA, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants, insertions/deletions, copy number alterations, gene rearrangements, tumor-mutational burden and microsatellite instability, utilizing formalin-fixed paraffin-embedded tumor tissue		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0245U	Oncology (thyroid), mutation analysis of 10 genes and 37 RNA fusions and expression of 4 mRNA markers using next-generation sequencing, fine needle aspirate, report includes associated risk of malignancy expressed as a percentage		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0246U	Red blood cell antigen typing, DNA, genotyping of at least 16 blood groups with phenotype prediction of at least 51 red blood cell antigens		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0247U	Obstetrics (preterm birth), insulin-like growth factor-binding protein 4 (IBP4), sex hormone-binding globulin (SHBG), quantitative measurement by LC-MS/MS, utilizing maternal serum, combined with clinical data, reported as predictive-risk stratification for spontaneous preterm birth		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0248U	Oncology (brain), spheroid cell culture in a 3D microenvironment, 12 drug panel, tumor-response prediction for each drug		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0249U	Oncology (breast), semiquantitative analysis of 32 phosphoproteins and protein analytes, includes laser capture microdissection, with algorithmic analysis and interpretative report		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0250U	Oncology (solid organ neoplasm), targeted genomic sequence DNA analysis of 505 genes, interrogation for somatic alterations (SNVs [single nucleotide variant], small insertions and deletions, one amplification, and four translocations), microsatellite instability and tumor-mutation burden		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0251U	Heocidin-25, enzyme-linked immunosorbent assay (ELISA), serum or plasma		Proprietary Laboratory Analyses	yes	yes	Yes	No
0252U	Fetal aneuploidy short tandem-repeat comparative analysis, fetal DNA from products of conception, reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism and segmental aneuploidy		Proprietary Laboratory Analyses	yes	yes	Yes	No
0253U	Reproductive medicine (endometrial receptivity analysis), RNA gene expression profile, 238 genes by next-generation sequencing, endometrial tissue, predictive algorithm reported as endometrial window of implantation (eg, pre-receptive, receptive, post-receptive)		Proprietary Laboratory Analyses	yes	yes	Yes	No
0254U	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using embryonic DNA genomic sequence analysis for aneuploidy, and a mitochondrial DNA score in euploid embryos, results reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism, and segmental aneuploidy, per embryo tested		Proprietary Laboratory Analyses	yes	yes	Yes	No
0255U	Andrology (infertility), sperm-capacitation assessment of ganglioside GM1 distribution patterns, fluorescence microscopy, fresh or frozen specimen, reported as percentage of capacitated sperm and probability of generating a pregnancy score		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0256U	Trimethylamine/trimethylamine N-oxide (TMA/TMAO) profile, tandem mass spectrometry (MS/MS), urine, with algorithmic analysis and interpretive report		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0257U	Very long chain acyl-coenzyme A (CoA) dehydrogenase (VLCAD), leukocyte enzyme activity, whole blood		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0258U	Autoimmune (psoriasis), mRNA, next-generation sequencing, gene expression profiling of 50-100 genes, skin-surface collection using adhesive patch, algorithm reported as likelihood of response to psoriasis biologics		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0259U	Nephrology (chronic kidney disease), nuclear magnetic resonance spectroscopy measurement of myo-inositol, valine, and creatinine, algorithmically combined with cystatin C (by immunoassay) and demographic data to determine estimated glomerular filtration rate (GFR), serum, quantitative		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0260U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0261U	Oncology (colorectal cancer), image analysis with artificial intelligence assessment of 4 histologic and immunohistochemical features (CD3 and CD8 within tumor-stroma border and tumor core), tissue, reported as immune response and recurrence-risk score		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0262U	Oncology (solid tumor), gene expression profiling by real-time RT-PCR of 7 gene pathways (ER, AR, PI3K, MAPK, HH, TGFB, Notch), formalin-fixed paraffin-embedded (FFPE), algorithm reported as gene pathway activity score		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0263U	Neurology (autism spectrum disorder [ASD]), quantitative measurements of 16 central carbon metabolites (ie, a-ketoglutarate, alanine, lactate, phenylalanine, pyruvate, succinate, carnitine, citrate, fumarate, hypoxanthine, inosine, malate, 5-sulfocysteine, taurine, urate, and xanthine), liquid chromatography tandem mass spectrometry (LC-MS/MS), plasma, algorithmic analysis with result reported as negative or positive (with metabolic subtypes of ASD)		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0264U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0265U	Rare constitutional and other heritable disorders, whole genome and mitochondrial DNA sequence analysis, blood, frozen and formalin-fixed paraffin-embedded (FFPE) tissue, saliva, buccal swabs or cell lines, identification of single nucleotide and copy number variants		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0266U	Unexplained constitutional or other heritable disorders or syndromes, tissue-specific gene expression by whole-transcriptome and next-generation sequencing, blood, formalin-fixed paraffin-embedded (FFPE) tissue or fresh frozen tissue, reported as presence or absence of splicing or expression changes		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0267U	Rare constitutional and other heritable disorders, identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping and whole genome sequencing		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0268U	Hematology (atypical hemolytic uremic syndrome [aHUS]), genomic sequence analysis of 15 genes, blood, buccal swab, or amniotic fluid		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0269U	Hematology (autosomal dominant congenital thrombocytopenia), genomic sequence analysis of 14 genes, blood, buccal swab, or amniotic fluid		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0270U	Hematology (congenital coagulation disorders), genomic sequence analysis of 20 genes, blood, buccal swab, or amniotic fluid		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0271U	Hematology (congenital neutropenia), genomic sequence analysis of 23 genes, blood, buccal swab, or amniotic fluid		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0272U	Hematology (genetic bleeding disorders), genomic sequence analysis of 51 genes, blood, buccal swab, or amniotic fluid, comprehensive		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0273U	Hematology (genetic hyperfibrinolysis, delayed bleeding), genomic sequence analysis of 8 genes (F13A1, F13B, FGA, FGB, FGG, SERPINA1, SERPINE1, SERPINF2, PLAU), blood, buccal swab, or amniotic fluid		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0274U	Hematology (genetic platelet disorders), genomic sequence analysis of 43 genes, blood, buccal swab, or amniotic fluid		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0275U	Hematology (heparin-induced thrombocytopenia), platelet antibody reactivity by flow cytometry, serum		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0276U	Hematology (inherited thrombocytopenia), genomic sequence analysis of 42 genes, blood, buccal swab, or amniotic fluid		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0277U	Hematology (genetic platelet function disorder), genomic sequence analysis of 31 genes, blood, buccal swab, or amniotic fluid		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0278U	Hematology (genetic thrombosis), genomic sequence analysis of 12 genes, blood, buccal swab, or amniotic fluid		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0279U	Hematology (von Willebrand disease [VWD]), von Willebrand factor (VWF) and collagen III binding by enzyme-linked immunosorbent assays (ELISA), plasma, report of collagen III binding		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0280U	Hematology (von Willebrand disease [VWD]), von Willebrand factor (VWF) and collagen IV binding by enzyme-linked immunosorbent assays (ELISA), plasma, report of collagen IV binding		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0281U	Hematology (von Willebrand disease [VWD]), von Willebrand propeptide, enzyme-linked immunosorbent assays (ELISA), plasma, diagnostic report of von Willebrand factor (VWF) propeptide antigen level		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0282U	Red blood cell antigen typing, DNA, genotyping of 12 blood group system genes to predict 44 red blood cell antigen phenotypes		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0283U	von Willebrand factor (VWF), type 2B, platelet-binding evaluation, radioimmunoassay, plasma		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0284U	von Willebrand factor (VWF), type 2N, factor VIII and VWF binding evaluation, enzyme-linked immunosorbent assays (ELISA), plasma		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0285U	Oncology, response to radiation, cell-free DNA, quantitative branched chain DNA amplification, plasma, reported as a radiation toxicity score		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0286U	CEP72 (centrosomal protein, 72-KDa), NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0287U	Oncology (thyroid), DNA and mRNA, nextgeneration sequencing analysis of 112 genes, fine needle aspirate or formalinfixed paraffin-embedded (FFPE) tissue, algorithmic prediction of cancer recurrence, reported as a categorical risk result (low, intermediate, high)		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0288U	Oncology (lung), mRNA, quantitative PCR analysis of 11 genes (BAG1, BRCA1, CDC6, CDK2AP1, ERBB3, FUT3, IL11, LCK, RND3, SH3BGR, WNT5A) and 3 reference genes (ESD, TBP, YAP1), formalin-fixed paraffin-embedded (FFPE) tumor tissue, algorithmic interpretation reported as a recurrence risk score		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0289U	Neurology (Alzheimer disease), mRNA, gene expression profiling by RNA sequencing of 24 genes, whole blood, algorithm reported as predictive risk score		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0290U	Pain management, mRNA, gene expression profiling by RNA sequencing of 36 genes, whole blood, algorithm reported as predictive risk score		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0291U	Psychiatry (mood disorders), mRNA, gene expression profiling by RNA sequencing of 144 genes, whole blood, algorithm reported as predictive risk score		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0292U	Psychiatry (stress disorders), mRNA, gene expression profiling by RNA sequencing of 72 genes, whole blood, algorithm reported as predictive risk score		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0293U	Psychiatry (suicidal ideation), mRNA, gene expression profiling by RNA sequencing of 54 genes, whole blood, algorithm reported as predictive risk score		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0294U	Longevity and mortality risk, mRNA, gene expression profiling by RNA sequencing of 18 genes, whole blood, algorithm reported as predictive risk score		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0295U	Oncology (breast ductal carcinoma in situ), protein expression profiling by immunohistochemistry of 7 proteins (COX2, FOXA1, HER2, Ki-67, p16, PR, SIAH2), with 4 clinicopathologic factors (size, age, margin status, palpability), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a recurrence risk score		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0296U	Oncology (oral and/or oropharyngeal cancer), gene expression profiling by RNA sequencing at least 20 molecular features (eg, human and/or microbial mRNA), saliva, algorithm reported as positive or negative for signature associated with malignancy		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0297U	Oncology (pan tumor), whole genome sequencing of paired malignant and normal DNA specimens, fresh or formalinfixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and variant identification		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0298U	Oncology (pan tumor), whole transcriptome sequencing of paired malignant and normal RNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and expression level and chimeric transcript identification		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0299U	Oncology (pan tumor), whole genome optical genome mapping of paired malignant and normal DNA specimens, fresh frozen tissue, blood, or bone marrow, comparative structural variant identification		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0300U	Oncology (pan tumor), whole genome optical genome mapping of paired malignant and normal DNA specimens, fresh frozen tissue, blood, or bone marrow, comparative structural variant identification		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0301U	Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR);		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0302U	Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR); following liquid enrichment		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0303U	Hematology, red blood cell (RBC) adhesion to endothelial/subendothelial adhesion molecules, functional assessment, whole blood, with algorithmic analysis and result reported as an RBC adhesion index; hypoxic		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0304U	Hematology, red blood cell (RBC) adhesion to endothelial/subendothelial adhesion molecules, functional assessment, whole blood, with algorithmic analysis and result reported as an RBC adhesion index; normoxic		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0305U	Hematology, red blood cell (RBC) functionality and deformity as a function of shear stress, whole blood, reported as a maximum elongation index		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0300U	Oncology (pan tumor), whole genome optical genome mapping of paired malignant and normal DNA specimens, fresh frozen tissue, blood, or bone marrow, comparative structural variant identification		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0301U	Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR);		Proprietary Laboratory Analyses	Yes	Yes	Yes	No

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0302U	Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR); following liquid enrichment		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0303U	Hematology, red blood cell (RBC) adhesion to endothelial/subendothelial adhesion molecules, functional assessment, whole blood, with algorithmic analysis and result reported as an RBC adhesion index; hypoxic		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0304U	Hematology, red blood cell (RBC) adhesion to endothelial/subendothelial adhesion molecules, functional assessment, whole blood, with algorithmic analysis and result reported as an RBC adhesion index; normoxic		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0305U	Hematology, red blood cell (RBC) functionality and deformity as a function of shear stress, whole blood, reported as a maximum elongation index		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0306U	Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis, cell-free DNA, initial (baseline) assessment to determine a patient-specific panel for future comparisons to evaluate for MRD. Includes Invitae PCM Tissue Profiling and MRD Baseline Assay, Invitae Corporation, Invitae Corporation		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0307U	Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis of a patient-specific panel, cell-free DNA, subsequent assessment with comparison to previously analyzed patient specimens to evaluate for MRD. Includes Invitae PCM MRD Monitoring, Invitae Corporation, Invitae Corporation		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0308U	Cardiology (coronary artery disease [CAD]), analysis of 3 proteins (high sensitivity [hs] troponin, adiponectin, and kidney injury molecule-1 [KIM-1]), plasma, algorithm reported as a risk score for obstructive CAD. Includes HART CADhs®, Prevencio, Inc, Prevencio, Inc		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0309U	Cardiology (cardiovascular disease), analysis of 4 proteins (NT-proBNP, osteopontin, tissue inhibitor of metalloproteinase-1 [TIMP-1], and kidney injury molecule-1 [KIM-1]), plasma, algorithm reported as a risk score for major adverse cardiac event. Includes HART CVE®, Prevencio, Inc, Prevencio, Inc		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0310U	Pediatrics (vasculitis, Kawasaki disease (KD)), analysis of 3 biomarkers (NT-proBNP, C-reactive protein, and T-uptake), plasma, algorithm reported as a risk score for KD. Includes HART KD®, Prevencio, Inc, Prevencio, Inc		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0311U	Infectious disease (bacterial), quantitative antimicrobial susceptibility reported as phenotypic minimum inhibitory concentration (MIC)-based antimicrobial susceptibility for each organism identified. Includes Accelerate PhenoTest® BC kit, AST configuration, Accelerate Diagnostics, Inc, Accelerate Diagnostics, Inc		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0312U	Autoimmune diseases (eg, systemic lupus erythematosus [SLE]), analysis of 8 IgG autoantibodies and 2 cell-bound complement activation products using enzyme-linked immunosorbent immunoassay (ELISA), flow cytometry and indirect immunofluorescence, serum, or plasma and whole blood, individual components reported along with an algorithmic SLE-likelihood assessment Includes Avise® Lupus, Exagen Inc, Exagen Inc		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0313U	Oncology (pancreas), DNA and mRNA next-generation sequencing analysis of 74 genes and analysis of CEA (CEACAM5) gene expression, pancreatic cyst fluid, algorithm reported as a categorical result (ie, negative, low probability of neoplasia or positive, high probability of neoplasia) Includes PancreaSeq® Genomic Classifier, Molecular and Genomic Pathology Laboratory, University of Pittsburgh Medical Center		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0314U	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 35 genes (32 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical result (ie, benign, intermediate, malignant) Includes DecisionDx® DiffDx™- Melanoma, Castle Biosciences, Inc, Castle Biosciences, Inc		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0315U	Oncology (cutaneous squamous cell carcinoma), mRNA gene expression profiling by RT-PCR of 40 genes (34 content and 6 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical risk result (ie, Class 1, Class 2A, Class 2B) Includes DecisionDx®-SCC, Castle Biosciences, Inc, Castle Biosciences, Inc		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0316U	Borrelia burgdorferi (Lyme disease), OspA protein evaluation, urine Includes Lyme Borrelia Nanotrap® Urine Antigen Test, Galaxy Diagnostics Inc		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0317U	Oncology (lung cancer), four-probe FISH (3q29, 3p22.1, 10q22.3, 10cen) assay, whole blood, predictive algorithm-generated evaluation reported as decreased or increased risk for lung cancer Includes LungLB®, LungLife AI®, LungLife AI®		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0318U	Pediatrics (congenital epigenetic disorders), whole genome methylation analysis by microarray for 50 or more genes, blood Includes EpiSign Complete, Greenwood Genetic Center		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0319U	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using pretransplant peripheral blood, algorithm reported as a risk score for early acute rejection Includes Clarava™, Verici Dx, Verici Dx, Inc		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0320U	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using posttransplant peripheral blood, algorithm reported as a risk score for acute cellular rejection Includes Tutava™, Verici Dx, Verici Dx, Inc		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0321U	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens, identification of 20 bacterial and fungal organisms and identification of 16 associated antibiotic-resistance genes, multiplex amplified probe technique Includes Bridge Urinary Tract Infection Detection and Resistance Test, Bridge Diagnostics		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0322U	Neurology (autism spectrum disorder [ASD]), quantitative measurements of 14 acyl carnitines and microbiome-derived metabolites, liquid chromatography with tandem mass spectrometry (LC-MS/MS), plasma, results reported as negative or positive for risk of metabolic subtypes associated with ASD Includes NPDX ASD Test Panel III, Stemina Biomarker Discovery d/b/a NeuroPointDX, Stemina Biomarker Discovery d/b/a NeuroPointDX		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0323U	Infectious agent detection by nucleic acid (DNA and RNA), central nervous system pathogen, metagenomic next-generation sequencing, cerebrospinal fluid (CSF), identification of pathogenic bacteria, viruses, parasites, or fungi Includes Johns Hopkins Metagenomic Next Generation Sequencing Assay for Infectious Disease Diagnostics, Johns Hopkins Medical Microbiology Laboratory		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0326U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 83 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden Includes Guardant360®, Guardant Health, Inc, Guardant Health, Inc		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0327U	Fetal aneuploidy (trisomy 13, 18, and 21), DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy, includes sex reporting, if performed Includes Vasistera™, Natera, Inc, Natera, Inc		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0328U	Drug assay, definitive, 120 or more drugs and metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS), includes specimen validity and algorithmic analysis describing drug or metabolite and presence or absence of risks for a significant patient-adverse event, per date of service Includes CareView360, Newstar Medical Laboratories, LLC, Newstar Medical Laboratories, LLC		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0329U	Oncology (neoplasia), exome and transcriptome sequence analysis for sequence variants, gene copy number amplifications and deletions, gene rearrangements, microsatellite instability and tumor mutational burden utilizing DNA and RNA from tumor with DNA from normal blood or saliva for subtraction, report of clinically significant mutation(s) with therapy associations Includes Oncomap™ ExTra, Exact Sciences, Inc, Genomic Health Inc		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0330U	Infectious agent detection by nucleic acid (DNA or RNA), vaginal pathogen panel, identification of 27 organisms, amplified probe technique, vaginal swab Includes Bridge Women's Health Infectious Disease Detection Test, Bridge Diagnostics, ThermoFisher and Hologic Test Kit on Panther Instrument		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0331U	Oncology (hematolymphoid neoplasia), optical genome mapping for copy number alterations and gene rearrangements utilizing DNA from blood or bone marrow, report of clinically significant alterations Includes Augusta Hematology Optical Genome Mapping, Georgia Esoteric and Molecular Labs, Augusta University, Bionano		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0332U	Oncology (pan-tumor), genetic profiling of 8 DNA-regulatory (epigenetic) markers by quantitative polymerase chain reaction (qPCR), whole blood, reported as a high or low probability of responding to immune checkpoint-inhibitor therapy Includes EpiSwitch® CIRT (Checkpoint-inhibitor Response Test), Next Bio-Research Services, LLC, Oxford BioDynamics, PLC		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0333U	Oncology (liver), surveillance for hepatocellular carcinoma (HCC) in high-risk patients, analysis of methylation patterns on circulating cell-free DNA (cfDNA) plus measurement of serum of AFP/AFP-L3 and oncoprotein des-gamma-carboxy-prothrombin (DCP), algorithm reported as normal or abnormal result Includes HelioLiver™ Test, Fulgent Genetics, LLC, Helio Health, Inc		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0334U	Oncology (solid organ), targeted genomic sequence analysis, formalin-fixed paraffin-embedded (FFPE) tumor tissue, DNA analysis, 84 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden Includes Guardant360 TissueNext™, Guardant Health, Inc, Guardant Health, Inc		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0335U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, fetal sample, identification and categorization of genetic variants Includes IriSight™ Prenatal Analysis – Proband, Variantyx, Inc, Variantyx, Inc		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0336U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg, parent) Includes IriSight™ Prenatal Analysis – Comparator, Variantyx, Inc, Variantyx, Inc		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0337U	Oncology (plasma cell disorders and myeloma), circulating plasma cell immunologic selection, identification, morphological characterization, and enumeration of plasma cells based on differential CD138, CD38, CD19, and CD45 protein biomarker expression, peripheral blood Includes CELLSEARCH® Circulating Multiple Myeloma Cell (CMMC) Test, Menarini Silicon Biosystems, Inc, Menarini Silicon Biosystems, Inc		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0338U	Oncology (solid tumor), circulating tumor cell selection, identification, morphological characterization, detection and enumeration based on differential EpCAM, cytokeratins 8, 18, and 19, and CD45 protein biomarkers, and quantification of HER2 protein biomarker-expressing cells, peripheral blood Includes CELLSEARCH® HER2 Circulating Tumor Cell (CTC-HER2) Test, Menarini Silicon Biosystems, Inc, Menarini Silicon Biosystems, Inc		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0339U	Oncology (prostate), mRNA expression profiling of HOXC6 and DLX1, reverse transcription polymerase chain reaction (RT-PCR), first-void urine following digital rectal examination, algorithm reported as probability of high-grade cancer Includes SelectMDx® for Prostate Cancer, MDxHealth®, Inc, MDxHealth®, Inc		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0340U	Oncology (pan-cancer), analysis of minimal residual disease (MRD) from plasma, with assays personalized to each patient based on prior next-generation sequencing of the patient's tumor and germline DNA, reported as absence or presence of MRD, with disease-burden correlation, if appropriate Includes Signatera™, Natera, Inc, Natera, Inc		Proprietary Laboratory Analyses	Yes	Yes	Yes	No

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0341U	Fetal aneuploidy DNA sequencing comparative analysis, fetal DNA from products of conception, reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism, and segmental aneuploid Includes Single Cell Prenatal Diagnosis (SCPD) Test, Luna Genetics, Inc, Luna Genetics, Inc		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0342U	Oncology (pancreatic cancer), multiplex immunoassay of C5, C4, cystatin C, factor B, osteoprotegerin (OPG), gelsolin, IGFBP3, CA125 and multiplex electrochemiluminescent immunoassay (ECLIA) for CA19-9, serum, diagnostic algorithm reported qualitatively as positive, negative, or borderline Includes IMMray® PanCan-d, Immunovia, Inc, Immunovia, Inc		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0343U	Oncology (prostate), exosome-based analysis of 442 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as molecular evidence of no-, low-, intermediate- or high-risk of prostate cancer Includes miR Sentinel™ Prostate Cancer Test, miR Scientific, LLC, miR Scientific, LLC		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0344U	Hepatology (nonalcoholic fatty liver disease [NAFLD]), semiquantitative evaluation of 28 lipid markers by liquid chromatography with tandem mass spectrometry (LC-MS/MS), serum, reported as at-risk for nonalcoholic steatohepatitis (NASH) or not NASH Includes miR Sentinel™ Prostate Cancer Test, miR Scientific, LLC, miR Scientific, LLC		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0345U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6 Includes GeneSight® Psychotropic, Assurex Health, Inc, Myriad Genetics, Inc		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0346U	Beta amyloid, AB40 and AB42 by liquid chromatography with tandem mass spectrometry (LC-MS/MS), ratio, plasma Includes QUEST AD-Detect™, Beta-Amyloid 42/40 Ratio, Plasma, Quest Diagnostics		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0347U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 16 gene report, with variant analysis and reported phenotypes Includes RightMed® PGx16 Test, OneOme®, OneOme®, LLC		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0348U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 25 gene report, with variant analysis and reported phenotypes Includes RightMed® Comprehensive Test Exclude F2 and F5, OneOme®, OneOme®, LLC		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0349U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis, including reported phenotypes and impacted gene-drug interactions Includes RightMed® Comprehensive Test, OneOme®, OneOme®, LLC		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0350U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis and reported phenotypes Includes RightMed® Gene Report, OneOme®, OneOme®, LLC		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0351U	Infectious disease (bacterial or viral), biochemical assays, tumor necrosis factor-related apoptosis-inducing ligand (TRAIL), interferon gamma-induced protein-10 (IP-10), and C-reactive protein, serum, algorithm reported as likelihood of bacterial infection Includes MeMed BV®, MeMed Diagnostics, Ltd, MeMed Diagnostics, Ltd		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0352U	Infectious disease (bacterial vaginosis and vaginitis), multiplex amplified probe technique, for detection of bacterial vaginosis-associated bacteria (BVAB-2, Atopobium vaginae, and Megasphera type 1), algorithm reported as detected or not detected and separate detection of Candida species (C. albicans, C. tropicalis, C. parapsilosis, C. dubliniensis), Candida glabrata/Candida krusei, and trichomonas vaginalis, vaginal-fluid specimen, each result reported as detected or not detected Includes Xpert® Xpress MVP, Cepheid®		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0353U	Infectious agent detection by nucleic acid (DNA), Chlamydia trachomatis and Neisseria gonorrhoeae, multiplex amplified probe technique, urine, vaginal, pharyngeal, or rectal, each pathogen reported as detected or not detected Includes Xpert® CT/NG, Cepheid®		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0354U	Human papilloma virus (HPV), high-risk types (ie, 16, 18, 31, 33, 45, 52 and 58) qualitative mRNA expression of E6/E7 by quantitative polymerase chain reaction (qPCR) Includes PreTect HPV-Proofer' 7, GenePace Laboratories, LLC, PreTech		Proprietary Laboratory Analyses	Yes	Yes	Yes	No
0355U	APOL1 (apolipoprotein L1) (eg, chronic kidney disease), risk variants (G1, G2)		Proprietary Laboratory Analyses	No	No	No	No
0356U	Oncology (oropharyngeal), evaluation of 17 DNA biomarkers using droplet digital PCR (ddPCR), cell-free DNA, algorithm reported as a prognostic risk score for cancer recurrence		Proprietary Laboratory Analyses	No	No	No	No
0358U	Neurology (mild cognitive impairment), analysis of 8-amyloid 1-42 and 1-40, chemiluminescence enzyme immunoassay, cerebral spinal fluid, reported as positive, likely positive, or negative		Proprietary Laboratory Analyses	No	No	No	No
0359U	Oncology (prostate cancer), analysis of all prostate-specific antigen (PSA) structural isoforms by phase separation and immunoassay, plasma, algorithm reports risk of cancer		Proprietary Laboratory Analyses	No	No	No	No
0360U	Oncology (lung), enzyme-linked immunosorbent assay (ELISA) of 7 autoantibodies (p53, NY-ESO-1, CAGE, GBU4-5, SOX2, MAGE A4, and HuD), plasma, algorithm reported as a categorical result for risk of malignancy		Proprietary Laboratory Analyses	No	No	No	No
0361U	Neurofilament light chain, digital immunoassay, plasma, quantitative		Proprietary Laboratory Analyses	No	No	No	No
0363U	Oncology (urothelial), mRNA, gene-expression profiling by real-time quantitative PCR of 5 genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm incorporates age, sex, smoking history, and macrohematuria frequency, reported as a risk score for having urothelial carcinoma		Proprietary Laboratory Analyses	No	No	No	No
0364U	Oncology (hematolymphoid neoplasm), genomic sequence analysis using multiplex (PCR) and next-generation sequencing with algorithm, quantification of dominant clonal sequence(s), reported as presence or absence of minimal residual disease (MRD) with quantitation of disease burden, when appropriate		Proprietary Laboratory Analyses	No	No	No	No
0365U	Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1, and VEGFA) by immunoassays, urine, algorithm reported as a probability of bladder cancer		Proprietary Laboratory Analyses	No	No	No	No
0366U	Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1, and VEGFA) by immunoassays, urine, algorithm reported as a probability of recurrent bladder cancer		Proprietary Laboratory Analyses	No	No	No	No
0367U	Oncology (bladder), analysis of 10 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		Proprietary Laboratory Analyses	No	No	No	No
0368U	Oncology (colorectal cancer), evaluation for mutations of APC, BRAF, CTNNB1, KRAS, NRAS, PIK3CA, SMAD4, and TP53, and methylation markers (MYO1G, KCNQ5, C9ORF50, FLI1, CLIP4, ZNF132, and TWIST1), multiplex quantitative polymerase chain reaction (qPCR), circulating cell-free DNA (cfDNA), plasma, report of risk score for advanced adenoma or colorectal cancer		Proprietary Laboratory Analyses	No	No	No	No
0369U	Infectious agent detection by nucleic acid (DNA and RNA), gastrointestinal pathogens, 31 bacterial, viral, and parasitic organisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique		Proprietary Laboratory Analyses	No	No	No	No
0370U	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		Proprietary Laboratory Analyses	No	No	No	No
0371U	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogen, semiquantitative identification, DNA from 16 bacterial organisms and 1 fungal organism, multiplex amplified probe technique via quantitative polymerase chain reaction (qPCR), urine		Proprietary Laboratory Analyses	No	No	No	No
0372U	Infectious disease (genitourinary pathogens), antibiotic-resistance gene detection, multiplex amplified probe technique, urine, reported as an antimicrobial stewardship risk score		Proprietary Laboratory Analyses	No	No	No	No
0373U	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		Proprietary Laboratory Analyses	No	No	No	No
0374U	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens, identification of 21 bacterial and fungal organisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique, urine		Proprietary Laboratory Analyses	No	No	No	No
0375U	Oncology (ovarian), biochemical assays of 7 proteins (follicle stimulating hormone, human epididymis protein 4, apolipoprotein A-1, transferrin, beta-2 macroglobulin, prealbumin [ie, transthyretin], and cancer antigen 125), algorithm reported as ovarian cancer risk score		Proprietary Laboratory Analyses	No	No	No	No
0376U	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		Proprietary Laboratory Analyses	No	No	No	No
0377U	Cardiovascular disease, quantification of advanced serum or plasma lipoprotein profile, by nuclear magnetic resonance (NMR) spectrometry with report of a lipoprotein profile (including 23 variables)		Proprietary Laboratory Analyses	No	No	No	No
0378U	RFC1 (replication factor C subunit 1), repeat expansion variant analysis by traditional and repeat-primed PCR, blood, saliva, or buccal swab		Proprietary Laboratory Analyses	No	No	No	No
0379U	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		Proprietary Laboratory Analyses	No	No	No	No
0380U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis, 20 gene variants and CYP2D6 deletion or duplication analysis with reported genotype and phenotype		Proprietary Laboratory Analyses	No	No	No	No
0381U	Maple syrup urine disease monitoring by patient-collected blood card sample, quantitative measurement of allo-isoleucine, leucine, isoleucine, and valine, liquid chromatography with tandem mass spectrometry (LC-MS/MS)		Proprietary Laboratory Analyses	No	No	No	No
0382U	Hyperphenylalaninemia monitoring by patient-collected blood card sample, quantitative measurement of phenylalanine and tyrosine, liquid chromatography with tandem mass spectrometry (LC-MS/MS)		Proprietary Laboratory Analyses	No	No	No	No

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0383U	Tyrosinemia type I monitoring by patient-collected blood card sample, quantitative measurement of tyrosine, phenylalanine, methionine, succinylacetone, nitisinone, liquid chromatography with tandem mass spectrometry (LC-MS/MS)		Proprietary Laboratory Analyses	No	No	No	No
0384U	Tyrosinemia type I monitoring by patient-collected blood card sample, quantitative measurement of tyrosine, phenylalanine, methionine, succinylacetone, nitisinone, liquid chromatography with tandem mass spectrometry (LC-MS/MS)		Proprietary Laboratory Analyses	No	No	No	No
0385U	Nephrology (chronic kidney disease), apolipoprotein A4 (ApoA4), CD5 antigen-like (CD5L), and insulin-like growth factor binding protein 3 (IGFBP3) by enzyme-linked immunoassay (ELISA), plasma, algorithm combining results with HDL, estimated glomerular filtration rate (GFR) and clinical data reported as a risk score for developing diabetic kidney disease		Proprietary Laboratory Analyses	No	No	No	No
0387U	Oncology (melanoma), autophagy and beclin 1 regulator 1 (AMBRA1) and loricrin (AMLo) by immunohistochemistry, formalin-fixed paraffin-embedded (FFPE) tissue, report for risk of progression		Proprietary Laboratory Analyses	No	No	No	No
0388U	Oncology (melanoma), autophagy and beclin 1 regulator 1 (AMBRA1) and loricrin (AMLo) by immunohistochemistry, formalin-fixed paraffin-embedded (FFPE) tissue, report for risk of progression		Proprietary Laboratory Analyses	No	No	No	No
0389U	Pediatric febrile illness (Kawasaki disease [KD]), interferon alpha-inducible protein 27 (IFI27) 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		Proprietary Laboratory Analyses	No	No	No	No
0390U	Pediatric febrile illness (Kawasaki disease [KD]), interferon alpha-inducible protein 27 (IFI27) 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		Proprietary Laboratory Analyses	No	No	No	No
0391U	Oncology (solid tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded (FFPE) tissue, 437 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		Proprietary Laboratory Analyses	No	No	No	No
0392U	Drug metabolism (depression, anxiety, attention deficit hyperactivity disorder [ADHD]), gene-drug interactions, variant analysis of 16 genes, including deletion/duplication analysis of CYP2D6, reported as impact of gene-drug interaction for each drug		Proprietary Laboratory Analyses	No	No	No	No
0393U	Neurology (eg, Parkinson disease, dementia with Lewy bodies), cerebrospinal fluid (CSF), detection of misfolded α-synuclein protein by seed amplification assay, qualitative		Proprietary Laboratory Analyses	No	No	No	No
0394U	Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 16 PFAS compounds by liquid chromatography with tandem mass spectrometry (LC-MS/MS), plasma or serum, quantitative		Proprietary Laboratory Analyses	No	No	No	No
0395U	Oncology (lung), multi-omics (microbial DNA by shotgun next-generation sequencing and carcinoembryonic antigen and osteopontin by immunoassay), plasma, algorithm reported as malignancy risk for lung nodules in early-stage disease		Proprietary Laboratory Analyses	No	No	No	No
0396U	Oncology (lung), multi-omics (microbial DNA by shotgun next-generation sequencing and carcinoembryonic antigen and osteopontin by immunoassay), plasma, algorithm reported as malignancy risk for lung nodules in early-stage disease		Proprietary Laboratory Analyses	No	No	No	No
0398U	Gastroenterology (Barrett's esophagus), P16, RUNX3, HPP1, and FBN1 DNA methylation analysis using PCR, formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as risk score for progression to high-grade dysplasia or cancer		Proprietary Laboratory Analyses	No	No	No	No
0399U	Neurology (cerebral folate deficiency), serum, detection of anti-human folate receptor IgG-binding antibody and blocking autoantibodies by enzyme-linked immunoassay (ELISA), qualitative, and blocking autoantibodies, using a functional blocking assay for IgG or IgM, quantitative, reported as positive or not detected		Proprietary Laboratory Analyses	No	No	No	No
0400U	Obstetrics (expanded carrier screening), 145 genes by next-generation sequencing, fragment analysis and multiplex ligation-dependent probe amplification, DNA, reported as carrier positive or negative		Proprietary Laboratory Analyses	No	No	No	No
0401U	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		Proprietary Laboratory Analyses	No	No	No	No
0402U	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		Proprietary Laboratory Analyses	No	No	No	No
0403U	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		Proprietary Laboratory Analyses	No	No	No	No
0404U	Oncology (breast), semiquantitative measurement of thymidine kinase activity by immunoassay, serum, results reported as risk of disease progression		Proprietary Laboratory Analyses	No	No	No	No
0405U	Oncology (pancreatic), 59 methylation haplotype block markers, next-generation sequencing, plasma, reported as cancer signal detected or not detected		Proprietary Laboratory Analyses	No	No	No	No
0406U	Oncology (lung), flow cytometry, sputum, 5 markers (meso-tetra [4-carboxyphenyl] porphyrin [TCPP], CD206, CD66b, CD3, CD19), algorithm reported as likelihood of lung cancer		Proprietary Laboratory Analyses	No	No	No	No
0407U	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		Proprietary Laboratory Analyses	No	No	No	No
0408U	Infectious agent antigen detection by bulk acoustic wave biosensor immunoassay, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19])		Proprietary Laboratory Analyses	No	No	No	No
0409U	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 actionability		Proprietary Laboratory Analyses	No	No	No	No
0410U	Oncology (pancreatic), DNA, whole genome sequencing with 5-hydroxymethylcytosine enrichment, whole blood or plasma, algorithm reported as cancer detected or not detected		Proprietary Laboratory Analyses	No	No	No	No
0411U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6		Proprietary Laboratory Analyses	No	No	No	No
0412U	Beta amyloid, Aβ42/40 ratio, immunoprecipitation with quantitation by liquid chromatography with tandem mass spectrometry (LC-MS/MS) and qualitative ApoE isoform-specific proteotyping, plasma combined with age, algorithm reported as presence or absence of brain amyloid pathology		Proprietary Laboratory Analyses	No	No	No	No
0413U	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		Proprietary Laboratory Analyses	No	No	No	No
0414U	Oncology (lung), augmentative algorithmic analysis of digitized whole slide imaging for 8 genes (ALK, BRAF, EGFR, ERBB2, MET, NTRK1-3, RET, ROS1), and KRAS G12C and PD-L1, if performed, formalin-fixed paraffin-embedded (FFPE) tissue, reported as positive or negative for each biomarker		Proprietary Laboratory Analyses	No	No	No	No
0415U	Cardiovascular disease (acute coronary syndrome [ACS]), IL-16, FAS, FASLigand, HGF, CTACK, EOTAXIN, and MCP-3 by immunoassay combined with age, sex, family history, and personal history of diabetes, blood, algorithm reported as a 5-year (deleted risk) score for ACS		Proprietary Laboratory Analyses	No	No	No	No
0416U	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, multiplex amplified probe technique, urine		Proprietary Laboratory Analyses	No	No	No	No
0417U	Rare diseases (constitutional/heritable disorders), whole mitochondrial genome sequence with heteroplasmy 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		Proprietary Laboratory Analyses	No	No	No	No
0418U	Oncology (breast), augmentative algorithmic analysis of digitized whole slide imaging of 8 histologic and immunohistochemical features, reported as a recurrence score		Proprietary Laboratory Analyses	No	No	No	No
0419U	Neuropsychiatry (eg, depression, anxiety), genomic sequence analysis panel, variant analysis of 13 genes, saliva or buccal swab, report of each gene phenotype		Proprietary Laboratory Analyses	No	No	No	No
0476U	RX METAB PSYC RX-GENOMIC GNOTYP 14GEN&CYP2D6 CNV		Proprietary Laboratory Analyses	No	No	No	No
0477U	RX METAB PSY GNOTYP 14GEN&CYP2D6 IMPCT GEN-RX IA		Proprietary Laboratory Analyses	No	No	No	No
0478U	ONC NSCLC DNA&RNA DPCR ALYS 9 GENES FFPE TISSUE		Proprietary Laboratory Analyses	No	No	No	No
0479U	TAU PHOSPHORYLATED PTAU217		Proprietary Laboratory Analyses	No	No	No	No
0480U	NFCT DS CSF METAGENOMIC NGS BIOINFORMATIC ALYS		Proprietary Laboratory Analyses	No	No	No	No
0481U	IDH1 IDH2&TERT PROMOTER CNS TUMORS NGS S/D/I		Proprietary Laboratory Analyses	No	No	No	No
0482U	OB PREECLAMPSIA BIOCHEM ASY SFLT-1&PLGF SERUM		Proprietary Laboratory Analyses	No	No	No	No
0483U	NFCT DS NG GYRA S91F POINT MUT ORL/RCT/VAG SWAB		Proprietary Laboratory Analyses	No	No	No	No
0484U	NFCT DS MGEN 23S RRNA POINT MUT ORL/RCT/VAG SWAB		Proprietary Laboratory Analyses	No	No	No	No
0485U	ONC SOL TUM CFDNA&RNA NGS IR GM CHIP TUM-DRV SNV		Proprietary Laboratory Analyses	No	No	No	No
0486U	ONC PAN SOL TUM NGS ALYS TUM MTHYLTN MRK CFCTDNA		Proprietary Laboratory Analyses	No	No	No	No
0487U	ONC SOL TUM CFCDNA TGSAP 84GEN INTERROG SEQ VRNT		Proprietary Laboratory Analyses	No	No	No	No
0488U	OB FTL AG NIPT CFDNA SEQ ALYS DET CJ FTL PRESENCE		Proprietary Laboratory Analyses	No	No	No	No
0489U	OB SGNIPT CFDNA SEQ ALYS 1+ TRGT ID PTHGNC VRNT		Proprietary Laboratory Analyses	No	No	No	No
0490U	ONC CUTAN/UVEAL MLNMA CTC SLCTN MC&ENUM CD146		Proprietary Laboratory Analyses	No	No	No	No
0491U	ONC SOLID TUMOR CTC SLCTN CD45&QUAN ER PRTN BMRK		Proprietary Laboratory Analyses	No	No	No	No
0492U	ONC SOL TUM CTC SLCTN CD45&QUAN PD-L1 PRTN BMRK		Proprietary Laboratory Analyses	No	No	No	No

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0493U	TRNSPLJ MED QUANTIFICATION DD-CFDNA NGS PLASMA		Proprietary Laboratory Analyses	No	No	No	No
0494U	RBC ANTIGEN FTL RHD GENE ALYS NGS CRCG CFDNA BLD		Proprietary Laboratory Analyses	No	No	No	No
0495U	ONC PRSTB ALYS CRCG PLSM PRTNS GERMLINE POLYG RS		Proprietary Laboratory Analyses	No	No	No	No
0496U	ONC CLRCT CFDNA 8GENS MUT 7GENS MTHYLTN RT-PCR		Proprietary Laboratory Analyses	No	No	No	No
0497U	ONC PRSTB MRNA GEN XPRSN PRFL RT-PCR 8GEN FFPE		Proprietary Laboratory Analyses	No	No	No	No
0498U	ONC CLRCT NGS MUT DETCI 43GEN&MTHYLTN PTRN 45GEN		Proprietary Laboratory Analyses	No	No	No	No
0499U	ONC CLRCT&LNG DNA FFPE TISS NGS 8GENES MUT DETCI		Proprietary Laboratory Analyses	No	No	No	No
0500U	AUTOINFLAM DS VEXAS SYND DNA UBA1 GENE MUT ALYS		Proprietary Laboratory Analyses	No	No	No	No
0501U	ONC COLORECTAL BLOOD QUANTITATIVE MEAS CFDNA		Proprietary Laboratory Analyses	No	No	No	No
0502U	HPV E6/E7 MRK HI-RSK TYPE CRV CLL BCC HYBRDZTN		Proprietary Laboratory Analyses	No	No	No	No
0503U	NEURO ALZ DS BETA AMYL&TAU PRTN BLD LC-MS/MS ALG		Proprietary Laboratory Analyses	No	No	No	No
0504U	NFCT DS UTI ID 17 PATH ORGANISMS URINE RTPCR		Proprietary Laboratory Analyses	No	No	No	No
0505U	NFCT DS VAG INFCT ID 32 PTHGNC ORGS SWAB RTPCR		Proprietary Laboratory Analyses	No	No	No	No
0506U	GI BARRETTS ESOPHGL CELL DNA MTHYLTN ALYS NGS 89		Proprietary Laboratory Analyses	No	No	No	No
0507U	ONC OVARIAN DNA WHOLE GENOME SEQ W/5HMC NRCHMT		Proprietary Laboratory Analyses	No	No	No	No
0508U	TRNSPLJ MED QUAN DD-CFDNA 40 SNPS PLASMA&URINE		Proprietary Laboratory Analyses	No	No	No	No
0509U	TRNSPLJ MED QUAN DD-CFDNA<12 SNPS PREV ID PLASMA		Proprietary Laboratory Analyses	No	No	No	No
0510U	ONC PNCRTC CA AUGMNT ALG ALYS 16GEN PREV SEQ RNA		Proprietary Laboratory Analyses	No	No	No	No
0511U	ONC SOL TUM CELL CUL 3D MICROENVIR 36+ RX PANEL		Proprietary Laboratory Analyses	No	No	No	No
0512U	ONC PRSTB AUGMNT ALG ALYS DGTZ WHL-SLIDE IMG MS		Proprietary Laboratory Analyses	No	No	No	No
0513U	ONC PRSTB AUGMNT ALG ALYS IMG HLOG FEAT MSI&HRD		Proprietary Laboratory Analyses	No	No	No	No
0514U	GI IBD IA QUAN DETER ADL LEVELS VENOUS SERUM		Proprietary Laboratory Analyses	No	No	No	No
0515U	GI IBD IA QUAN DETER IFX LEVELS VENOUS SERUM		Proprietary Laboratory Analyses	No	No	No	No
0516U	RX METAB WHL BLD RXGENOMIC GNOTYP 40GENES&CYP2D6		Proprietary Laboratory Analyses	No	No	No	No
0517U	THER RX MNTR 80+ PSYCACTIV RX/SBST LC-MS/MS PLSM		Proprietary Laboratory Analyses	No	No	No	No
0518U	THER RX MNTR 90+ PAIN&MTL HLTH RX/SBSTS LC-MS/MS		Proprietary Laboratory Analyses	No	No	No	No
0519U	THER RX MNTR MEDS PN/DEPRSN/ANXIETY 110+ RX/SBST		Proprietary Laboratory Analyses	No	No	No	No
0520U	THER RX MNTR 200+ RX/SBSTS LC-MS/MS PLASMA		Proprietary Laboratory Analyses	No	No	No	No
0784T	Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed		Insertion	Yes	Yes	Yes	No
0785T	Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator		Removal	Yes	Yes	Yes	No
0786T	Insertion or replacement of percutaneous electrode array, sacral, with integrated neurostimulator, including imaging guidance, when performed		Insertion	Yes	Yes	Yes	No
0787T	Revision or removal of neurostimulator electrode array, sacral, with integrated neurostimulator		Removal	Yes	Yes	Yes	No
0788T	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		Electonic analysis	Yes	Yes	Yes	No
0789T	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		Electonic analysis	Yes	Yes	Yes	No
0790T	Revision (eg, augmentation, division of tether), replacement, or removal of thoracolumbar or lumbar vertebral body tethering, including thoracoscopy, when performed		Thoracoscopy	Yes	Yes	Yes	No
0791T	Motor-cognitive, semi-immersive virtual reality–facilitated gait training, each 15 minutes (List separately in addition to code for primary procedure)		Virtual reality	Yes	Yes	Yes	No
0792T	Application of silver diamine fluoride 38%, by a physician or other qualified health care professional		Dental	No	No	No	No
0793T	Percutaneous transcatheter thermal ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance		ablation	No	No	No	No
0794T	Patient-specific, assistive, rules-based algorithm for ranking pharmaco-oncologic 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		Oncology treatment planning	No	No	No	No
0795T	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 components)		cardiac	No	No	No	No
0796T	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)		cardiac	No	No	No	No
0797T	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)		cardiac	No	No	No	No
0798T	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 components)		cardiac	No	No	No	No
0799T	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		cardiac	No	No	No	No
0800T	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)		cardiac	No	No	No	No
0801T	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)		cardiac	No	No	No	No
0802T	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		cardiac	No	No	No	No
0803T	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)		cardiac	No	No	No	No
0804T	Programming device evaluation (in person) with iterative 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 cardiac chambers		cardiac	No	No	No	No
0805T	Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [CAVI]); percutaneous femoral vein approach		cardiac	No	No	No	No
0806T	Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [CAVI]); open femoral vein approach		cardiac	No	No	No	No
0807T	Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with previously acquired computed tomography (CT) images, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report		Pulmonary tissue analysis	No	No	No	No
0808T	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		Pulmonary tissue analysis	No	No	No	No
0810T	Subretinal injection of a pharmacologic agent, including vitrectomy and 1 or more retinotomies		Injection	No	No	No	No
0811T	Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); set-up and patient education on use of equipment		Uroflowmetry	No	No	No	No
0812T	Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); device supply with automated report generation, up to 10 days		Uroflowmetry	No	No	No	No
0813T	Esophagogastroduodenoscopy, flexible, transoral, with volume adjustment of intragastric bariatric balloon		Gastric	No	No	No	No
0814T	Percutaneous injection of calcium-based biodegradable osteoconductive material, proximal femur, including imaging guidance, unilateral		Injection	Yes	Yes	Yes	No
0815T	Ultrasound-based radiofrequency echographic multispectrometry (REMS), bone-density study and fracturerisk assessment, 1 or more sites, hips, pelvis, or spine		Ultraound	No	No	No	No
0816T	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		Stimulation	Yes	Yes	Yes	No

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0817T	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; subfascial		Stimulation	Yes	Yes	Yes	No
0818T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subcutaneous		Stimulation	Yes	Yes	Yes	No
0819T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subfascial		Stimulation	Yes	Yes	Yes	No
0820T	Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; first physician or other qualified health care professional, each hour		Psychedelic-assisted therapy	No	No	No	No
0821T	Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic 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)		Psychedelic-assisted therapy	No	No	No	No
0822T	Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic 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)		Psychedelic-assisted therapy	No	No	No	No
0823T	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		cardiac	No	No	No	No
0824T	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		cardiac	No	No	No	No
0825T	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		cardiac	No	No	No	No
0826T	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		cardiac	Yes	Yes	Yes	No
0827T	Digitization of glass microscope slides for cytopathology, fluids, washings, or brushings, except cervical or vaginal; smears with interpretation (List separately in addition to code for primary procedure)		Digital pathology	No	No	No	No
0828T	Digitization of glass microscope slides for cytopathology, fluids, washings, or brushings, except cervical or vaginal; simple filter method with interpretation (List separately in addition to code for primary procedure)		Digital pathology	No	No	No	No
0829T	Digitization of glass microscope slides for cytopathology, concentration technique, smears, and interpretation (eg, Saccomanno technique) (List separately in addition to code for primary procedure)		Digital pathology	No	No	No	No
0830T	Digitization 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)		Digital pathology	No	No	No	No
0831T	Digitization 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)		Digital pathology	No	No	No	No
0832T	Digitization of glass microscope slides for cytopathology, smears, any other source; screening and interpretation (List separately in addition to code for primary procedure)		Digital pathology	No	No	No	No
0833T	Digitization of glass microscope slides for cytopathology, smears, any other source; preparation, screening and interpretation (List separately in addition to code for primary procedure)		Digital pathology	No	No	No	No
0834T	Digitization 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)		Digital pathology	No	No	No	No
0835T	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site (List separately in addition to code for primary procedure)		Digital pathology	No	No	No	No
0836T	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate;immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site (List separately in addition to code for primary procedure)		Digital pathology	No	No	No	No
0837T	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; interpretation and report (List separately in addition to code for primary procedure)		Digital pathology	No	No	No	No
0838T	Digitization of glass microscope slides for consultation and report on referred slides prepared elsewhere (List separately in addition to code for primary procedure)		Digital pathology	No	No	No	No
0839T	Digitization of glass microscope slides for consultation and report on referred material requiring preparation of slides (List separately in addition to code for primary procedure)		Digital pathology	No	No	No	No
0840T	Digitization 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)		Digital pathology	No	No	No	No
0841T	Digitization 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)		Digital pathology	No	No	No	No
0842T	Digitization 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)		Digital pathology	No	No	No	No
0843T	Digitization 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)		Digital pathology	No	No	No	No
0844T	Digitization 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)		Digital pathology	No	No	No	No
0845T	Digitization of glass microscope slides for immunofluorescence, per specimen; initial single antibody stain procedure (List separately in addition to code for primary procedure)		Digital pathology	No	No	No	No
0846T	Digitization of glass microscope slides for immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)		Digital pathology	No	No	No	No
0847T	Digitization 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)		Digital pathology	No	No	No	No
0848T	Digitization 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)		Digital pathology	No	No	No	No
0849T	Digitization 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)		Digital pathology	No	No	No	No
0850T	Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure (List separately in addition to code for primary procedure)		Digital pathology	No	No	No	No
0851T	Digitization 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)		Digital pathology	No	No	No	No
0852T	Digitization 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)		Digital pathology	No	No	No	No
0853T	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; each multiplex probe stain procedure (List separately in addition to code for primary procedure)		Digital pathology	No	No	No	No
0854T	Digitization of glass microscope slides for blood smear, peripheral, interpretation by physician with written report (List separately in addition to code for primary procedure)		Digital pathology	No	No	No	No
0855T	Digitization of glass microscope slides for bone marrow, smear interpretation (List separately in addition to code for primary procedure)		Digital pathology	No	No	No	No
0856T	Digitization of glass microscope slides for electron microscopy, diagnostic (List separately in addition to code for primary procedure)		Digital pathology	No	No	No	No
0857T	Opto-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)		Imaging	No	No	No	No
0858T	Externally applied transcranial magnetic stimulation with concomitant measurement of evoked cortical potentials with automated report		Stimulation	Yes	Yes	Yes	No
0859T	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)		cardiac	No	No	No	No
0860T	Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), for screening for peripheral arterial disease, including provocative maneuvers, image acquisition, interpretation, and report, one or both lower extremities		cardiac	No	No	No	No

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0861T	Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; both components (battery and transmitter)		cardiac	No	No	No	No
0862T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only		cardiac	No	No	No	No
0863T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; transmitter component only		cardiac	No	No	No	No
0864T	Low-intensity extracorporeal shock wave therapy involving corpus cavernosum, low energy		Shock wave therapy	Yes	Yes	Yes	No
0865T	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		MRI	No	No	No	No
0866T	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)		MRI	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
90281	Immune globulin (Ig), human, for intramuscular use		Immune Globulins	Yes	Yes	Yes	No
90283	Immune globulin (IgIV), human, for intravenous use		Immune Globulins	Yes	Yes	Yes	No
90284	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each		Immune Globulins	Yes	Yes	Yes	No
90287	Botulinum antitoxin, equine, any route		Immune Globulins	No	No	No	No
90288	Botulism immune globulin, human, for intravenous use		Immune Globulins	No	No	No	No
90291	Cytomegalovirus immune globulin (CMV-IgIV), human, for intravenous use		Immune Globulins	Yes	Yes	Yes	No
90296	Diphtheria antitoxin, equine, any route		Immune Globulins	No	No	No	No
90371	Hepatitis B immune globulin (HBIg), human, for intramuscular use		Immune Globulins	No	No	No	No
90375	Rabies immune globulin (RIg), human, for intramuscular and/or subcutaneous use		Immune Globulins	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
90377	Rabies immune globulin, heat- and solvent/detergent-treated (RIg-HT S/D), human, for intramuscular and/or subcutaneous use		Immune globulin	Yes	Yes	Yes	No
90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each		Immune Globulins	Yes	Yes	Yes	No
90380	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use	new code 1/1/24	Immune globulin	Yes	Yes	Yes	No
90381	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage, for intramuscular use	new code 1/1/24	Immune globulin	Yes	Yes	Yes	No
90384	Rho(D) immune globulin (RhIg), human, full-dose, for intramuscular use		Immune Globulins	No	No	No	No
90385	Rho(D) immune globulin (RhIg), human, mini-dose, for intramuscular use		Immune Globulins	No	No	No	No
90386	Rho(D) immune globulin (RhIgIV), human, for intravenous use		Immune Globulins	No	No	No	No
90389	Tetanus immune globulin (TIg), human, for intramuscular use		Immune Globulins	No	No	No	No
90393	Vaccinia immune globulin, human, for intramuscular use		Immune Globulins	No	No	No	No
90396	Varicella-zoster immune globulin, human, for intramuscular use		Immune Globulins	Yes	Yes	Yes	No
90399	Unlisted immune globulin		Immune Globulins	Yes	Yes	Yes	No
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
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
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)		Vaccine	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
90473	Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)		Vaccine	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
90476	Adenovirus vaccine, type 4, live, for oral use		Vaccine	No	No	No	No
90477	Adenovirus vaccine, type 7, live, for oral use		Vaccine	No	No	No	No
90480	Administration of COVID vaccination	effective 9/11/23	Vaccine	No	No	No	No
90581	Anthrax vaccine, for subcutaneous or intramuscular use		Vaccine	No	No	No	No
90584	Dengue vaccine, quadrivalent, live, 2 dose schedule, for subcutaneous use		Vaccine	No	No	No	No
90585	Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use		Vaccine	No	No	No	No
90586	Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use		Vaccine	No	No	No	No
90587	Dengue vaccine, quadrivalent, live, 3 dose schedule, for subcutaneous use		Vaccine	No	No	No	No
90589	Chikungunya virus vaccine, live attenuated, for intramuscular use	new code 1/1/24	Vaccine	No	No	No	No
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	No	No	No	No
90619	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use		Vaccine	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
90621	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use		Vaccine	No	No	No	No
90622	Vaccinia (smallpox) virus vaccine, live, lyophilized, 0.3 ml dosage, for percutaneous use		Vaccine	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
90624	MENIGCCAL PNTVLNT MENB-4C & MENACWY VACC IM USE		Vaccine	No	No	No	No
90625	Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use		Vaccine	No	No	No	No
90626	Tick-borne encephalitis virus vaccine, inactivated; 0.25 mL dosage, for intramuscular use		Vaccine	No	No	No	No
90627	Tick-borne encephalitis virus vaccine, inactivated; 0.5 mL dosage, for intramuscular use		Vaccine	No	No	No	No
90630	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use		Vaccine	No	No	No	No
90632	Hepatitis A vaccine (HepA), adult dosage, for intramuscular use		Vaccine	No	No	No	No
90633	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use		Vaccine	No	No	No	No
90634	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-3 dose schedule, for intramuscular use		Vaccine	No	No	No	No
90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use		Vaccine	No	No	No	No
90644	Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae type b vaccine (Hib-MenCY), 4 dose schedule, when administered to children 6 weeks-18 months of age, for intramuscular use		Vaccine	No	No	No	No
90647	Haemophilus influenzae type b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, for intramuscular use		Vaccine	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
90649	Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule, for intramuscular use		Vaccine	No	No	No	No
90650	Human Papillomavirus vaccine, types 16, 18, bivalent (2vHPV), 3 dose schedule, for intramuscular use		Vaccine	No	No	No	No
90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use		Vaccine	No	No	No	No
90653	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use		Vaccine	No	No	No	No
90654	Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, for intradermal use		Vaccine	No	No	No	No
90655	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use		Vaccine	No	No	No	No
90656	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use		Vaccine	No	No	No	No
90657	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use		Vaccine	No	No	No	No
90658	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use		Vaccine	No	No	No	No
90660	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use		Vaccine	No	No	No	No
90661	Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use		Vaccine	No	No	No	No
90662	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use		Vaccine	No	No	No	No
90664	Influenza virus vaccine, live (LAIV), pandemic formulation, for intranasal use		Vaccine	No	No	No	No
90666	Influenza virus vaccine (IIV), pandemic formulation, split virus, preservative free, for intramuscular use		Vaccine	No	No	No	No
90667	Influenza virus vaccine (IIV), pandemic formulation, split virus, adjuvanted, for intramuscular use		Vaccine	No	No	No	No
90668	Influenza virus vaccine (IIV), pandemic formulation, split virus, for intramuscular use		Vaccine	No	No	No	No
90670	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use		Vaccine	No	No	No	No
90671	Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use		Vaccine	No	No	No	No
90672	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use		Vaccine	No	No	No	No
90673	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use		Vaccine	No	No	No	No
90674	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use		Vaccine	No	No	No	No
90675	Rabies vaccine, for intramuscular use		Vaccine	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
90676	Rabies vaccine, for intradermal use		Vaccine	No	No	No	No
90677	Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use		Vaccine	No	No	No	No
90678	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use		Vaccine	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
90680	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use		Vaccine	No	No	No	No
90681	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use		Vaccine	No	No	No	No
90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use		Vaccine	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
90685	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL, for intramuscular use		Vaccine	No	No	No	No
90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use		Vaccine	No	No	No	No
90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use		Vaccine	No	No	No	No
90688	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use		Vaccine	No	No	No	No
90689	Influenza virus vaccine, quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25 mL dosage, for intramuscular use		Vaccine	No	No	No	No
90690	Typhoid vaccine, live, oral		Vaccine	No	No	No	No
90691	Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use		Vaccine	No	No	No	No
90694	Influenza virus vaccine, quadrivalent (aIIV4), inactivated, adjuvanted, preservative free, 0.5 ml dosage, for intramuscular use		Vaccine	No	No	No	No
90695	H5N8 VACCINE DRV CELL CUL ADJUVANTED FOR IM USE		Vaccine	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
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
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine, (DTaP-IPV/Hib), for intramuscular use		Vaccine	No	No	No	No
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use		Vaccine	No	No	No	No
90702	Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use		Vaccine	No	No	No	No
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use		Vaccine	No	No	No	No
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use		Vaccine	No	No	No	No
90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use		Vaccine	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
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
90716	Varicella virus vaccine (VAR), live, for subcutaneous use		Vaccine	No	No	No	No
90717	Yellow fever vaccine, live, for subcutaneous use		Vaccine	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
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
90733	Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4), for subcutaneous use		Vaccine	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
90736	Zoster (shingles) vaccine (HZV), live, for subcutaneous injection		Vaccine	No	No	No	No
90738	Japanese encephalitis virus vaccine, inactivated, for intramuscular use		Vaccine	No	No	No	No
90739	Hepatitis B vaccine (HepB), CpG-adjuvanted, adult dosage, 2 dose or 4 dose schedule, for intramuscular use		Vaccine	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
90743	Hepatitis B vaccine (HepB), adolescent, 2 dose schedule, for intramuscular use		Vaccine	No	No	No	No
90744	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use		Vaccine	No	No	No	No
90746	Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use		Vaccine	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
90748	Hepatitis B and Haemophilus influenzae type b vaccine (Hib-HepB), for intramuscular use		Vaccine	No	No	No	No
90749	Unlisted vaccine/toxoid		Vaccine	Yes	Yes	Yes	No
90750	Zoster (shingles) vaccine (HZV), recombinant, subunit, adjuvanted, for intramuscular use		Vaccine	No	No	No	No
90756	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use		Vaccine	No	No	No	No
90758	Zaire ebolavirus vaccine, live, for intramuscular use		Vaccine	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
90791	Intergated biopsychocial assessment including history, mental status, and recommendation		Mental Health	No	No	No	No
90832	Psychotherapy, 30 minutes with patient		Mental Health	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
90834	Psychotherapy, 45 minutes with patient		Mental Health	No	No	No	No
90836	Psychotherapy, 45minutes 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
90837	Psychotherapy, 60 minutes with patient		Mental Health	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
90839	Psychotherapy for crisis: first 60 minutes		Mental Health	No	No	No	No
90840	Psychotherapy for crisis; each additional 30 munites (List separately in addition to code for primary service)		Mental Health	No	No	No	No
90845	Psychoanalysis		Mental Health	No	No	No	No
90846	Family psychotherapy (without the patient present), 50 minutes		Mental Health	No	No	No	No
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes		Mental Health	No	No	No	No
90849	Multiple-family group psychotherapy		Mental Health	No	No	No	No
90853	Group psychotherapy (other than of a multiple-family group)		Mental Health	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
90865	Narcosynthesis for psychiatric diagnostic and therapeutic purposes (eg, sodium amobarbital (Amytal) interview)		Mental Health	No	No	No	No
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management		Treatment	Yes	Yes	Yes	Yes
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session		Treatment	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
90870	Electroconvulsive therapy (includes necessary monitoring)		Treatment	No	No	No	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
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
90880	Hypnotherapy		Mental Health	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions		Mental Health	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
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
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
90899	Unlisted psychiatric service or procedure		Mental Health	No	No	No	No
90901	Biofeedback training by any modality		Biofeedback	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
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
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
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
90940	Hemodialysis access flow study to determine blood flow in grafts and arteriovenous fistulae by an indicator method		Dialysis	No	No	No	No
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
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
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
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 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
90953	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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
90989	Dialysis training, patient, including helper where applicable, any mode, completed course		Dialysis	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
90997	Hemoperfusion (eg, with activated charcoal or resin)		Dialysis	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
91010	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report;		Gastroenterology Procedures	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
91020	Gastric motility (manometric) studies		Gastroenterology Procedures	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
91022	Duodenal motility (manometric) study		Gastroenterology Procedures	No	No	No	No
91030	Esophagus, acid perfusion (Bernstein) test for esophagitis		Gastroenterology Procedures	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
91035	Esophagus, gastroesophageal reflux test; with mucosal attached telemetry pH electrode placement, recording, analysis and interpretation		Gastroenterology Procedures	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
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
91040	Esophageal balloon distension study, diagnostic, with provocation when performed		Gastroenterology Procedures	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
91110	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report	TC / 26 MODIFIER	Gastroenterology Procedures	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
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report		Gastroenterology Procedures	No	No	No	No
91113	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report		Gastroenterology Procedures	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
91120	Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)		Gastroenterology Procedures	No	No	No	No
91122	Anorectal manometry		Gastroenterology Procedures	No	No	No	No
91132	Electrogastrography, diagnostic, transcutaneous;		Gastroenterology Procedures	No	No	No	No
91133	Electrogastrography, diagnostic, transcutaneous; with provocative testing		Testing	No	No	No	No
91200	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report		Gastroenterology Procedures	No	No	No	No
91299	Unlisted diagnostic gastroenterology procedure		Gastroenterology Procedures	No	No	No	No
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/0.5mL dosage, for intramuscular use		COVID Vaccine	No	No	No	No
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
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
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
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
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
92002	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient		Vision	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
92012	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient		Vision	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
92015	Determination of refractive state		Vision	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; complete		Vision	No	No	No	No
92019	Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; limited		Vision	No	No	No	No
92020	Gonioscopy (separate procedure)		Vision	No	No	No	No
92025	Computerized corneal topography, unilateral or bilateral, with interpretation and report		Vision	No	No	No	No
92060	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
92065	Orthoptic training; performed by a physician or other qualified health care professional		Vision	No	No	No	No
92066	Orthoptic training; under supervision of a physician or other qualified health care professional		Vision	No	No	No	No
92071	Fitting of contact lens for treatment of ocular surface disease		Vision	No	No	No	No
92072	Fitting of contact lens for management of keratoconus, initial fitting		Vision	No	No	No	No
92081	Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)		Vision	No	No	No	No
92082	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)		Vision	No	No	No	No
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
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
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral		Vision	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
92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina		Vision	No	No	No	No
92136	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation		Vision	No	No	No	No
92145	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report		Vision	No	No	No	No
92201	Ophthalmoscopy, extended; with retinal drawing and scleral depression of peripheral retinal diesease (eg, for retinal tear, retinal detachment or retinal tumor), with interpretation and report, unilateral or bilateral		Occular	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		Occular	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
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
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
92230	Fluorescein angioscopy with interpretation and report		Vision	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
92235	Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral		Vision	No	No	No	No
92240	Indocyanine-green angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral		Vision	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
92250	Fundus photography with interpretation and report		Vision	No	No	No	No
92260	Ophthalmodynamometry		Vision	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
92270	Electro-oculography with interpretation and report		Vision	No	No	No	No
92273	Electroretinography (ERG), with interpretation and report; full field (ie, ffERG, flash ERG, Ganzfeld ERG)		Vision	No	No	No	No
92274	Electroretinography (ERG), with interpretation and report; multifocal (mfERG)		Vision	No	No	No	No
92283	Color vision examination, extended, eg, anomaloscope or equivalent		Vision	No	No	No	No
92284	Diagnostic dark adaptation examination with interpretation and report		Vision	No	No	No	No
92285	External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, goniophotography, stereo-photography)		Vision	No	No	No	No
92286	Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis		Vision	No	No	No	No
92287	Anterior segment imaging with interpretation and report; with fluorescein angiography		Vision	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
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
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
92313	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneoscleral lens		Vision	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
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
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
92317	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneoscleral lens		Vision	No	No	No	No
92325	Modification of contact lens (separate procedure), with medical supervision of adaptation		Vision	No	No	No	No
92326	Replacement of contact lens		Vision	No	No	No	No
92340	Fitting of spectacles, except for aphakia; monofocal		Vision	No	No	No	No
92341	Fitting of spectacles, except for aphakia; bifocal		Vision	No	No	No	No
92342	Fitting of spectacles, except for aphakia; multifocal, other than bifocal		Vision	No	No	No	No
92352	Fitting of spectacle prosthesis for aphakia; monofocal		Vision	No	No	No	No
92353	Fitting of spectacle prosthesis for aphakia; multifocal		Vision	No	No	No	No
92354	Fitting of spectacle mounted low vision aid; single element system		Vision	No	No	No	No
92355	Fitting of spectacle mounted low vision aid; telescopic or other compound lens system		Vision	No	No	No	No
92358	Prosthesis service for aphakia, temporary (disposable or loan, including materials)		Vision	No	No	No	No
92370	Repair and refitting spectacles; except for aphakia		Vision	No	No	No	No
92371	Repair and refitting spectacles; spectacle prosthesis for aphakia		Vision	No	No	No	No
92499	Unlisted ophthalmological service or procedure		Vision	No	No	No	No
92502	Otolaryngologic examination under general anesthesia		Hearing	No	No	No	No
92504	Binocular microscopy (separate diagnostic procedure)		Hearing	No	No	No	No
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Speech	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
92511	Nasopharyngoscopy with endoscope (separate procedure)		Endoscopy (EGD)	No	No	No	No
92512	Nasal function studies (eg, rhinomanometry)		Study	No	No	No	No
92516	Facial nerve function studies (eg, electroneuronography		Study	No	No	No	No
92517	Vestibular evoked myogenic potential (VEMP) testing, with interpreting and report; cervical (cVEMP)	(Do not report 92517 in conjunction with 92270, 92518, 92519)	Testing	No	No	No	No
92518	Vestibular evoked myogenic potential (VEMP) testing, with interpreting and report; ocular (oVEMP)	(Do not report 92518 in conjunction with 92270, 92517, 92519)	Testing	No	No	No	No
92519	Vestibular evoked myogenic potential (VEMP) testing, with interpreting and report; cervical (oVEMP) and ocular (oVEMP)	(Do not report 92519 in conjunction with 92270, 92517, 92518)	Testing	No	No	No	No
92520	Laryngeal function studies (ie, aerodynamic testing and acoustic testing)		Testing	No	No	No	No
92521	Evaluation of speech fluency (eg, stuttering, cluttering)		Speech	No	No	No	No
92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);		Speech	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
92524	Behavioral and qualitative analysis of voice and resonance		Speech	No	No	No	No
92526	Treatment of swallowing dysfunction and/or oral function for feeding		Feeding Therapy	No	No	No	No
92531	Spontaneous nystagmus, including gaze		Vision	No	No	No	No
92532	Positional nystagmus test		Vision	No	No	No	No
92533	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests)		Vision	No	No	No	No
92534	Optokinetic nystagmus test		Vision	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
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
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
92541	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording		Vision	No	No	No	No
92542	Positional nystagmus test, minimum of 4 positions, with recording		Vision	No	No	No	No
92544	Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording		Vision	No	No	No	No
92545	Oscillating tracking test, with recording		Vision	No	No	No	No
92546	Sinusoidal vertical axis rotational testing		Testing	No	No	No	No
92547	Use of vertical electrodes (List separately in addition to code for primary procedure)		Vision	No	No	No	No
92548	Computerized dynamic posturography		Vision	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
92550	Tympanometry and reflex threshold measurements		Hearing	No	No	No	No
92551	Screening test, pure tone, air only		Hearing	No	No	No	No
92552	Pure tone audiometry (threshold); air only		Hearing	No	No	No	No
92553	Pure tone audiometry (threshold); air and bone		Hearing	No	No	No	No
92555	Speech audiometry threshold;		Hearing	No	No	No	No
92556	Speech audiometry threshold; with speech recognition		Hearing	No	No	No	No
92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)		Hearing	No	No	No	No
92558	Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis		Hearing	No	No	No	No
92562	Loudness balance test, alternate binaural or monaural		Hearing	No	No	No	No
92563	Tone decay test		Hearing	No	No	No	No
92565	Stenger test, pure tone		Hearing	No	No	No	No
92567	Tympanometry (impedance testing)		Testing	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
92568	Acoustic reflex testing, threshold		Testing	No	No	No	No
92570	Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing		Testing	No	No	No	No
92571	Filtered speech test		Testing	No	No	No	No
92572	Staggered spondaic word test		Testing	No	No	No	No
92575	Sensorineural acuity level test		Testing	No	No	No	No
92576	Synthetic sentence identification test		Testing	No	No	No	No
92577	Stenger test, speech		Hearing	No	No	No	No
92579	Visual reinforcement audiometry (VRA)		Hearing	No	No	No	No
92582	Conditioning play audiometry		Hearing	No	No	No	No
92583	Select picture audiometry		Hearing	No	No	No	No
92584	Electrocochleography		Hearing	No	No	No	No
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
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
92590	Hearing aid examination and selection; monaural		Hearing	Yes	Yes	Yes	No
92591	Hearing aid examination and selection; binaural		Hearing	Yes	Yes	Yes	No
92592	Hearing aid check; monaural		Hearing	Yes	Yes	Yes	No
92593	Hearing aid check; binaural		Hearing	Yes	Yes	Yes	No
92594	Electroacoustic evaluation for hearing aid; monaural		Hearing	Yes	Yes	Yes	No
92595	Electroacoustic evaluation for hearing aid; binaural		Hearing	Yes	Yes	Yes	No
92596	Ear protector attenuation measurements		Hearing	No	No	No	No
92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech		Hearing	No	No	No	No
92601	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming		Hearing	No	No	No	No
92602	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; subsequent reprogramming		Hearing	No	No	No	No
92603	Diagnostic analysis of cochlear implant, age 7 years or older; with programming		Hearing	No	No	No	No
92604	Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming		Hearing	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
92606	Therapeutic service(s) for the use of non-speech-generating device, including programming and modification		Therapeutic	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
92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)		Evaluation	No	No	No	No
92609	Therapeutic services for the use of speech-generating device, including programming and modification		Therapeutic	No	No	No	No
92610	Evaluation of oral and pharyngeal swallowing function		Feeding Therapy	No	No	No	No
92611	Motion fluoroscopic evaluation of swallowing function by cine or video recording		Feeding Therapy	No	No	No	No
92612	Flexible endoscopic evaluation of swallowing by cine or video recording;		Feeding Therapy	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
92614	Flexible endoscopic evaluation, laryngeal sensory testing by cine or video recording		Evaluation	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
92616	Flexible endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording		Evaluation	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
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
92620	Evaluation of central auditory function, with report; initial 60 minutes		Evaluation	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
92622	Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; first 60 minutes		Evaluation	No	No	No	No
92623	Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; each additional 15 minutes (List separately in addition to code for primary procedure)		Evaluation	No	No	No	No
92625	Assessment of tinnitus (includes pitch, loudness matching, and masking)		Evaluation	No	No	No	No
92626	Evaluation of auditory rehabilitation status; first hour		Evaluation	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
92630	Auditory rehabilitation; prelingual hearing loss		Rehabilitation	Yes	Yes	Yes	No
92633	Auditory rehabilitation; postlingual hearing loss		Rehabilitation	Yes	Yes	Yes	No
92640	Diagnostic analysis with programming of auditory brainstem implant, per hour		Diagnostic or Screening	No	No	No	No
92650	Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis		Testing	No	No	No	No
92651	Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report		Testing	No	No	No	No
92652	Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report		Testing	No	No	No	No
92653	Auditory evoked potentials; neurodiagnostic, with interpretation and report		Testing	No	No	No	No
92700	Unlisted otorhinolaryngological service or procedure		Unlisted Procedure	No	No	No	No
92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch		Angioplasty	Yes	Yes	Yes	No
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
92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch		Angioplasty	Yes	Yes	Yes	No
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
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch		Placement	Yes	Yes	Yes	No
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
92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch		Stent	Yes	Yes	Yes	No
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
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
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
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
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

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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
92950	Cardiopulmonary resuscitation (eg, in cardiac arrest)		Therapeutic	No	No	No	No
92953	Temporary transcutaneous pacing		Pacemaker	No	No	No	No
92960	Cardioversion, elective, electrical conversion of arrhythmia; external		Therapeutic	No	No	No	No
92961	Cardioversion, elective, electrical conversion of arrhythmia; internal (separate procedure)		Therapeutic	No	No	No	No
92970	Cardioassist-method of circulatory assist; internal		Therapeutic	No	No	Yes	Yes
92971	Cardioassist-method of circulatory assist; external		Therapeutic	No	No	No	No
92972	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)	new code 1/1/24	Lithotripsy	No	No	No	No
92973	Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure)		Therapeutic	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
92975	Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography		Infusion	No	No	No	No
92977	Thrombolysis, coronary; by intravenous infusion		Infusion	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
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
92986	Percutaneous balloon valvuloplasty; aortic valve		Balloon Catheter	Yes	Yes	Yes	No
92987	Percutaneous balloon valvuloplasty; mitral valve		Balloon Catheter	Yes	Yes	Yes	No
92990	Percutaneous balloon valvuloplasty; pulmonary valve		Balloon Catheter	Yes	Yes	Yes	No
92997	Percutaneous transluminal pulmonary artery balloon angioplasty; single vessel		Balloon Catheter	Yes	Yes	Yes	No
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
93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report		Therapeutic	No	No	No	No
93005	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report		Therapeutic	No	No	No	No
93010	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only		Therapeutic	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
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
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
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
93024	Ergonovine provocation test		Study	No	No	No	No
93025	Microvolt T-wave alternans for assessment of ventricular arrhythm		Measurement	No	No	No	No
93040	Rhythm ECG, 1-3 leads; with interpretation and report		Therapeutic	No	No	No	No
93041	Rhythm ECG, 1-3 leads; tracing only without interpretation and report		Therapeutic	No	No	No	No
93042	Rhythm ECG, 1-3 leads; interpretation and report only		Therapeutic	No	No	No	No
93050	Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report, upper extremity artery, non-invasive		Therapeutic	No	No	No	No
93150	Therapy activation of implanted phrenic nerve stimulator system, including all interrogation and programming		Stimulator	No	No	No	No
93151	Interrogation and programming (minimum one parameter) of implanted phrenic nerve stimulator system		Stimulator	No	No	No	No
93152	Interrogation and programming of implanted phrenic nerve stimulator system during polysomnography		Stimulator	No	No	No	No
93153	Interrogation without programming of implanted phrenic nerve stimulator system		Stimulator	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
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
93226	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report		Monitoring	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
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
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
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
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
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
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
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
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
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
93248	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; v		Electrocardiogram (ECG)	Yes	Yes	No	No
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

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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
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
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
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
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
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
93278	Signal-averaged electrocardiography (SAECG), with or without ECG		Monitoring	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
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
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
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
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
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
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
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
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
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
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
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
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
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
93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days		Evaluation	No	No	No	No
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, or leadless pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional		Evaluation	No	No	No	No
93295	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
93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, leadless pacemaker system or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results		Evaluation	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
93298	Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional		Evaluation	No	No	No	No
93303	Transthoracic echocardiography for congenital cardiac anomalies; complete		ECHO	No	No	No	No
93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study		ECHO	No	No	No	No
93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography		ECHO	No	No	No	No
93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		ECHO	No	No	No	No
93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study		ECHO	No	No	No	No
93312	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
93313	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only		ECHO	No	No	No	No

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93314	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
93315	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report		ECHO	No	No	No	No
93316	Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only		ECHO	No	No	No	No
93317	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only		ECHO	No	No	No	No
93318	Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis		ECHO	No	No	No	No
93319	3D echocardiographic imaging and postprocessing during transesophageal echocardiography, or during transthoracic echocardiography for congenital cardiac anomalies, for the assessment of cardiac structure(s) (eg, cardiac chambers and valves, left atrial appendage, interatrial septum, interventricular septum) and function, when performed (List separately in addition to code for echocardiographic imaging)		ECHO	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); complete		ECHO	No	No	No	No
93321	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)		ECHO	No	No	No	No
93325	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)		ECHO	No	No	No	No
93350	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		ECHO	No	No	No	Yes
93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional		ECHO	No	No	No	Yes
93352	Use of echocardiographic contrast agent during stress echocardiography (List separately in addition to code for primary procedure)		ECHO	No	No	No	No
93355	Echocardiography, transesophageal (TEE) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (eg,TAVR, transcatheter pulmonary valve replacement, mitral valve repair, paravalvular regurgitation repair, left atrial appendage occlusion/closure, ventricular septal defect closure) (peri-and intra-procedural), real-time image acquisition and documentation, guidance with quantitative measurements, probe manipulation, interpretation, and report, including diagnostic transesophageal echocardiography and, when performed, administration of ultrasound contrast, Doppler, color flow, and 3D		ECHO	No	No	No	No
93356	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
93451	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed		Catherization	Yes	Yes	Yes	Yes
93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed		Catherization	Yes	Yes	Yes	Yes
93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed		Catherization	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
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
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
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
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
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
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
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
93462	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)		Catherization	Yes	Yes	Yes	No
93463	Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)		Introduction	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
93503	Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes		Insertion	No	No	No	No
93505	Endomyocardial biopsy		Biopsy	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
93564	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (eg, internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (List separately in addition to code for primary procedure)		Injection	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
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

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93567	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supravalvular aortography (List separately in addition to code for primary procedure)		Injection	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
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
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
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
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
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
93575	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary angiography of major aortopulmonary collateral arteries (MAPCAs) arising off the aorta or its systemic branches, during cardiac catheterization for congenital heart defects, each distinct vessel (List separately in addition to code for primary procedure)		Injection	No	No	No	No
93580	Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant		Transcatheter	No	No	No	No
93581	Percutaneous transcatheter closure of a congenital ventricular septal defect with implant		Transcatheter	No	No	No	No
93582	Percutaneous transcatheter closure of patent ductus arteriosus		Transcatheter	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
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 1/1/24	Cardiac	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 1/1/24	Cardiac	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 1/1/24	Cardiac	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 1/1/24	Cardiac	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 1/1/24	Cardiac	No	No	No	No
93590	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve		Transcatheter	Yes	Yes	No	No
93591	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve		Transcatheter	Yes	Yes	No	No
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
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		Catherization	No	No	Yes	Yes
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		Catherization	No	No	Yes	Yes
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		Catherization	No	No	Yes	Yes
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		Catherization	No	No	Yes	Yes
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		Catherization	No	No	Yes	Yes
93598	Cardiac output measurement(s), thermodilution or other indicator dilution method, performed during cardiac catheterization for the evaluation of congenital heart defects (List separately in addition to code for primary procedure)		Catherization	No	No	Yes	No
93600	Bundle of His recording		Recording	No	No	No	No
93602	Intra-atrial recording		Recording	No	No	No	No
93603	Right ventricular recording		Recording	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
93610	Intra-atrial pacing		Catheter	No	No	No	No
93612	Intraventricular pacing		Catheter	No	No	No	No
93613	Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)		Therapeutic	No	No	No	No
93615	Esophageal recording of atrial electrogram with or without ventricular electrogram(s);		Recording	No	No	No	No
93616	Esophageal recording of atrial electrogram with or without ventricular electrogram(s); with pacing		Recording	No	No	No	No
93618	Induction of arrhythmia by electrical pacing		Therapeutic	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
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
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
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
93623	Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)		Therapeutic	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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
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
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
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
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
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
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
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 supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry		Evaluation	Yes	Yes	Yes	Yes
93654	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
93655	Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)		Ablation	No	No	No	No
93656	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	Yes
93657	Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure)		Ablation	No	No	No	No
93660	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
93662	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
93668	Peripheral arterial disease (PAD) rehabilitation, per session		Rehabilitation	No	No	No	No
93701	Bioimpedance-derived physiologic cardiovascular analysis		Analysis	No	No	No	No
93702	Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)		Analysis	No	No	No	No
93724	Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)		Analysis	No	No	No	No
93740	Temperature gradient studies		Study	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
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
93770	Determination of venous pressure		Therapeutic	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
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
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
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
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
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
93797	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)		Rehabilitation	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
93799	Unlisted cardiovascular service or procedure		Unlisted Procedure	No	No	No	No
93880	Duplex scan of extracranial arteries; complete bilateral study		Ultrasound	No	No	No	No
93882	Duplex scan of extracranial arteries; unilateral or limited study		Ultrasound	No	No	No	No
93886	Transcranial Doppler study of the intracranial arteries; complete study		Ultrasound	No	No	No	No
93888	Transcranial Doppler study of the intracranial arteries; limited study		Ultrasound	No	No	No	No
93890	Transcranial Doppler study of the intracranial arteries; vasoreactivity study		Ultrasound	No	No	No	No
93892	Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection		Ultrasound	No	No	No	No
93893	Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection		Ultrasound	No	No	No	No
93895	Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral		Evaluation	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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
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
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
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study		Ultrasound	No	No	No	No
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study		Ultrasound	No	No	No	No
93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study		Ultrasound	No	No	No	No
93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study		Ultrasound	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
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study		Ultrasound	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
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
93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study		Ultrasound	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
93980	Duplex scan of arterial inflow and venous outflow of penile vessels; complete study		Ultrasound	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
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
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
93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)		Ultrasound	No	No	No	No
93998	Unlisted noninvasive vascular diagnostic study		Unlisted Procedure	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
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
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
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
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
94011	Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age		Measurement	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
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
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
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
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
94060	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration		Measurement	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
94150	Vital capacity, total (separate procedure)		Measurement	No	No	No	No
94200	Maximum breathing capacity, maximal voluntary ventilation		Measurement	No	No	No	No
94375	Respiratory flow volume loop		Measurement	No	No	No	No
94450	Breathing response to hypoxia (hypoxia response curve)		Measurement	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
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
94610	Intrapulmonary surfactant administration by a physician or other qualified health care professional through endotracheal tube		Catheter	No	No	No	No
94617	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; with electrocardiographic recording(s)		Testing	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
94619	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; without electrocardiographic recording(s)		Testing	No	No	No	No
94621	Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings		Testing	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
94626	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring (per session)		Testing	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
94642	Aerosol inhalation of pentamidine for pneumocystis carinii pneumonia treatment or prophylaxis		Treatment	No	No	No	No
94644	Continuous inhalation treatment with aerosol medication for acute airway obstruction; first hour		Treatment	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
94660	Continuous positive airway pressure ventilation (CPAP), initiation and management		CPAP	Yes	Yes	Yes	No
94662	Continuous negative pressure ventilation (CNP), initiation and management		Management	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
94667	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation		Manipulation	No	No	No	No
94668	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent		Manipulation	No	No	No	No
94669	Mechanical chest wall oscillation to facilitate lung function, per session		Treatment	No	No	No	No

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94680	Oxygen uptake, expired gas analysis; rest and exercise, direct, simple		Analysis	No	No	No	No
94681	Oxygen uptake, expired gas analysis; including CO2 output, percentage oxygen extracted		Analysis	No	No	No	No
94690	Oxygen uptake, expired gas analysis; rest, indirect (separate procedure)		Analysis	No	No	No	No
94726	Plethysmography for determination of lung volumes and, when performed, airway resistance		Evaluation	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
94728	Airway resistance by impulse oscillometry		Evaluation	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
94760	Noninvasive ear or pulse oximetry for oxygen saturation; single determination		Study	No	No	No	No
94761	Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)		Study	No	No	No	No
94762	Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)		Study	No	No	No	No
94772	Circadian respiratory pattern recording (pediatric pneumogram), 12-24 hour continuous recording, infant		Recording	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
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
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
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
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
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
94799	Unlisted pulmonary service or procedure		Unlisted Procedure	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
95012	Nitric oxide expired gas determination		Measurement	No	No	No	No
95017	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests		Testing	No	No	No	No
95018	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests		Testing	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
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
95028	Intracutaneous (intradermal) tests with allergenic extracts, delayed type reaction, including reading, specify number of tests		Testing	No	No	No	No
95044	Patch or application test(s) (specify number of tests)		Testing	No	No	No	No
95052	Photo patch test(s) (specify number of tests)		Testing	No	No	No	No
95056	Photo tests		Testing	No	No	No	No
95060	Ophthalmic mucous membrane tests		Testing	No	No	No	No
95065	Direct nasal mucous membrane test		Testing	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
95071	Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with antigens or gases, specify		Testing	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
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
95115	Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection		Allergy	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
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
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
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
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
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
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
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
95144	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)		Professional Services	No	No	No	No
95145	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); single stinging insect venom		Professional Services	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
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
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
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
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
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
95180	Rapid desensitization procedure, each hour (eg, insulin, penicillin, equine serum)		Testing	No	No	No	No
95199	Unlisted allergy/clinical immunologic service or procedure		Unlisted Procedure	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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
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
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
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
95705	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; unmonitored		electroencephalogram (EEG)	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
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
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
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
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
95711	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; unmonitored		electroencephalogram (EEG)	Yes	Yes	Yes	No
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)		Sleep Study	Yes	Yes	No	No
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
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
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
95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist		Sleep Study	Yes	Yes	Yes	Yes
95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist		Sleep Study	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
95812	Electroencephalogram (EEG) extended monitoring; 41-60 minutes		Electrocorticography (EEG)	No	No	No	No
95813	Electroencephalogram (EEG) extended monitoring; greater than 1 hour		Electrocorticography (EEG)	No	No	No	No
95816	Electroencephalogram (EEG); including recording awake and drowsy		Electrocorticography (EEG)	No	No	No	No
95819	Electroencephalogram (EEG); including recording awake and asleep		Electrocorticography (EEG)	No	No	No	No
95822	Electroencephalogram (EEG); recording in coma or sleep only		Electrocorticography (EEG)	No	No	No	No
95824	Electroencephalogram (EEG); cerebral death evaluation only		Electrocorticography (EEG)	No	No	No	No
95829	Electrocorticogram at surgery (separate procedure)		Measurement	No	No	No	No

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95830	Insertion by physician or other qualified health care professional of sphenoidal electrodes for electroencephalographic (EEG) recording		Electrocorticography (EEG)	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
95851	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)		Measurement	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
95857	Cholinesterase inhibitor challenge test for myasthenia gravis		Testing	No	No	No	No
95860	Needle electromyography; 1 extremity with or without related paraspinal areas		EMG	No	No	No	No
95861	Needle electromyography; 2 extremities with or without related paraspinal areas		EMG	No	No	No	No
95863	Needle electromyography; 3 extremities with or without related paraspinal areas		EMG	Yes	Yes	Yes	No
95864	Needle electromyography; 4 extremities with or without related paraspinal areas		EMG	Yes	Yes	Yes	No
95865	Needle electromyography; larynx		EMG	No	No	No	No
95866	Needle electromyography; hemidiaphragm		EMG	No	No	No	No
95867	Needle electromyography; cranial nerve supplied muscle(s), unilateral		EMG	No	No	No	No
95868	Needle electromyography; cranial nerve supplied muscles, bilateral		EMG	No	No	No	No
95869	Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)		EMG	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
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	No
95873	Electrical stimulation for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)		Stimulation Device	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
95875	Ischemic limb exercise test with serial specimen(s) acquisition for muscle(s) metabolite(s)		Testing	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
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
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
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
95907	Nerve conduction studies; 1-2 studies		Study	No	No	No	No
95908	Nerve conduction studies; 3-4 studies		Study	No	No	No	No
95909	Nerve conduction studies; 5-6 studies		Study	No	No	No	No
95910	Nerve conduction studies; 7-8 studies		Study	No	No	No	No
95911	Nerve conduction studies; 9-10 studies		Study	No	No	No	No
95912	Nerve conduction studies; 11-12 studies		Study	No	No	No	No
95913	Nerve conduction studies; 13 or more studies		Study	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
95921	Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including 2 or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio, and 30:15 ratio		Testing	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
95923	Testing of autonomic nervous system function; sudomotor, including 1 or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential		Testing	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
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
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
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
95928	Central motor evoked potential study (transcranial motor stimulation); upper limbs		Study	No	No	No	No
95929	Central motor evoked potential study (transcranial motor stimulation); lower limbs		Study	No	No	No	No
95930	Visual evoked potential (VEP) checkerboard or flash testing, central nervous system except glaucoma, with interpretation and report		Study	No	No	No	No
95933	Orbicularis oculi (blink) reflex, by electrodiagnostic testing		Testing	No	No	No	No
95937	Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method		Testing	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
95939	Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs		Study	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
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
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
95955	Electroencephalogram (EEG) during nonintracranial surgery (eg, carotid surgery)		Electrocorticography (EEG)	No	No	No	No
95957	Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)		Electrocorticography (EEG)	No	No	No	No
95958	Wada activation test for hemispheric function, including electroencephalographic (EEG) monitoring		Electrocorticography (EEG)	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
95962	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; 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
95965	Magnetoencephalography (MEG), recording and analysis; for spontaneous brain magnetic activity (eg, epileptic cerebral cortex localization)		Analysis	Yes	Yes	Yes	No
95966	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, single modality (eg, sensory, motor, language, or visual cortex localization)		Analysis	Yes	Yes	Yes	No
95967	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, each additional modality (eg, sensory, motor, language, or visual cortex localization) (List separately in addition to code for primary procedure)		Analysis	No	No	No	No
95970	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve, neurostimulator pulse generator/transmitter, without programming		Analysis	No	No	No	No

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95971	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple 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
95972	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex 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
95976	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional		Analysis	No	No	No	No
95977	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional		Analysis	No	No	No	No
95980	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming		Analysis	No	No	No	No
95981	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming		Analysis	No	No	No	No
95982	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming		Analysis	No	No	No	No
95983	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, first 15 minutes face-to-face time with physician or other qualified health care professional		Analysis	No	No	No	No
95984	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (List separately in addition to code for primary procedure)		Analysis	No	No	No	No
95990	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed;		Management	No	No	No	No
95991	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed; requiring skill of a physician or other qualified health care professional		Management	No	No	No	No
95992	Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day		Reposition	No	No	No	No
95999	Unlisted neurological or neuromuscular diagnostic procedure		Unlisted Procedure	No	No	No	No
96000	Comprehensive computer-based motion analysis by video-taping and 3D kinematics		Analysis	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
96002	Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles		Analysis	No	No	No	No
96003	Dynamic fine wire electromyography, during walking or other functional activities, 1 muscle		Analysis	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
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
96040	Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family		Genetic Testing	Yes	Yes	Yes	No
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
96110	Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument		Screening	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
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
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
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
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

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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
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
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
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
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
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
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
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes		Testing	No	No	No	No
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
96146	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only		Testing	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
96158	Health behavior intervention, individual, face-to-face; initial 30 minutes		Behavioral Health	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
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
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
96164	Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes		Behavioral Health	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
96167	Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes		Behavioral Health	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
96170	Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes		Behavioral Health	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
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
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
96360	Intravenous infusion, hydration; initial, 31 minutes to 1 hour		Infusion	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
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour		Infusion	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
96367	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)		Infusion	No	No	No	No
96368	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
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
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
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
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular		Injection	No	No	No	No
96373	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intra-arterial		Injection	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
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
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
96377	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection		Injection	No	No	No	No
96379	Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion		Unlisted Procedure	No	No	No	No
96401	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic		Chemotherapy	No	No	No	No
96402	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic		Chemotherapy	No	No	No	No
96405	Chemotherapy administration; intralesional, up to and including 7 lesions		Chemotherapy	No	No	No	No
96406	Chemotherapy administration; intralesional, more than 7 lesions		Chemotherapy	No	No	No	No
96409	Chemotherapy administration; intravenous, push technique, single or initial substance/drug		Chemotherapy	No	No	No	No
96411	Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)		Chemotherapy	No	No	No	No
96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug		Chemotherapy	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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
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
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
96420	Chemotherapy administration, intra-arterial; push technique		Chemotherapy	No	No	No	No
96422	Chemotherapy administration, intra-arterial; infusion technique, up to 1 hour		Chemotherapy	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
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
96440	Chemotherapy administration into pleural cavity, requiring and including thoracentesis		Chemotherapy	Yes	Yes	Yes	No
96446	Chemotherapy administration into the peritoneal cavity via indwelling port or catheter		Chemotherapy	Yes	Yes	Yes	No
96450	Chemotherapy administration, into CNS (eg, intrathecal), requiring and including spinal puncture		Chemotherapy	No	No	No	No
96521	Refilling and maintenance of portable pump		Maintenance	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
96523	Irrigation of implanted venous access device for drug delivery systems		Maintenance	No	No	No	No
96542	Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents		Chemotherapy	No	No	No	No
96547	Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when performed; first 60 minutes (List separately in addition to code for primary procedure)	new code 1/1/24	Chemotherapy	No	No	No	No
96548	Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when performed; each additional 30 minutes (List separately in addition to code for primary procedure)	new code 1/1/24	Chemotherapy	No	No	No	No
96549	Unlisted chemotherapy procedure		Unlisted Procedure	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 photosensitive drug(s), per day		Therapeutic	No	No	No	No
96570	Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); first 30 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and gastrointestinal tract)		Therapeutic	No	No	No	No
96571	Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); each additional 15 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and gastrointestinal tract)		Therapeutic	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
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
96900	Actinotherapy (ultraviolet light		Therapeutic	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
96904	Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma		Monitoring	No	No	No	No
96910	Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B		Therapeutic	No	No	No	No
96912	Photochemotherapy; psoralens and ultraviolet A (PUVA)		Therapeutic	No	No	No	No
96913	Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings)		Therapeutic	No	No	No	No
96920	Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm		Treatment	No	No	No	No
96921	Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm		Treatment	No	No	No	No
96922	Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm		Treatment	Yes	Yes	Yes	No
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
96932	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion		Imaging	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
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
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
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
96999	Unlisted special dermatological service or procedure		Unlisted Procedure	No	No	No	No
97010	Application of a modality to 1 or more areas; hot or cold packs		Application	No	No	No	No
97012	Application of a modality to 1 or more areas; traction, mechanical		Application	No	No	No	No
97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)		Application	No	No	No	No
97016	Application of a modality to 1 or more areas; vasopneumatic devices		Application	No	No	No	No
97018	Application of a modality to 1 or more areas; paraffin bath		Application	No	No	No	No
97022	Application of a modality to 1 or more areas; whirlpool		Application	No	No	No	No
97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)		Application	No	No	No	No
97026	Application of a modality to 1 or more areas; infrared		Application	No	No	No	No
97028	Application of a modality to 1 or more areas; ultraviolet		Application	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
97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes		Application	No	No	No	No
97034	Application of a modality to 1 or more areas; contrast baths, each 15 minutes		Application	No	No	No	No
97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes		Application	No	No	No	No
97036	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes		Application	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 1/1/24	Application	No	No	No	No
97039	Unlisted modality (specify type and time if constant attendance)		Unlisted Procedure	No	No	No	No
97110	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
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
97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises		Therapeutic	No	No	No	No
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Therapeutic	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
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		Intervention	No	No	No	No

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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
97139	Unlisted therapeutic procedure (specify)		Unlisted Procedure	Yes	Yes	Yes	No
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes		Therapeutic	No	No	No	No
97150	Therapeutic procedure(s), group (2 or more individuals)		Therapeutic	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
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
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
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
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
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
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
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
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
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
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
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
97165	Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.		Evaluation	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
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
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

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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
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
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
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
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
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
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
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
97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes		Management	No	No	No	No
97545	Work hardening/conditioning; initial 2 hours		Rehabilitation	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
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	Caregiver training	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	Caregiver training	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	Caregiver training	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
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
97602	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session		Debridement	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
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
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
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
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
97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes		Testing	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
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
97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes		Prosthesis	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
97799	Unlisted physical medicine/rehabilitation service or procedure		Unlisted Procedure	Yes	Yes	Yes	No
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes		Feeding Therapy	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes		Feeding Therapy	No	No	No	No
97804	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes		Feeding Therapy	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
97811	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)		Treatment	No	No	No	No
97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient		Treatment	No	No	No	No
97814	Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)		Treatment	No	No	No	No
98925	Osteopathic manipulative treatment (OMT); 1-2 body regions involved		Treatment	No	No	No	No
98926	Osteopathic manipulative treatment (OMT); 3-4 body regions involved		Treatment	No	No	No	No
98927	Osteopathic manipulative treatment (OMT); 5-6 body regions involved		Treatment	No	No	No	No
98928	Osteopathic manipulative treatment (OMT); 7-8 body regions involved		Treatment	No	No	No	No
98929	Osteopathic manipulative treatment (OMT); 9-10 body regions involved		Treatment	No	No	No	No
98940	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions		Treatment	No	No	No	No
98941	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions		Treatment	No	No	No	No
98942	Chiropractic manipulative treatment (CMT); spinal, 5 regions		Treatment	No	No	No	No
98943	Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions		Treatment	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
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
98962	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients		Education	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; 5-10 minutes of medical discussion		Assessment	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; 11-20 minutes of medical discussion		Assessment	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; 21-30 minutes of medical discussion		Assessment	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		Telehealth	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		Telehealth	No	No	No	No
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		Telehealth	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
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
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
90978	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
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
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
99000	Handling and/or conveyance of specimen for transfer from the office to a laboratory		Pathology or Labs	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
99002	Handling, conveyance, and/or any other service in connection with the implementation of an order involving devices (eg, designing, fitting, packaging, handling, delivery or mailing) when devices such as orthotics, protectives, prosthetics are fabricated by an outside laboratory or shop but which items have been designed, and are to be fitted and adjusted by the attending physician or other qualified health care professional		Pathology or Labs	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
99026	Hospital mandated on call service; in-hospital, each hour		Professional Services	No	No	No	No
99027	Hospital mandated on call service; out-of-hospital, each hour		Professional Services	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
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
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
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
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
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
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)		Professional Services	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
99071	Educational supplies, such as books, tapes, and pamphlets, for the patient's education at cost to physician or other qualified health care professional		Professional Services	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		Professional Services	No	No	No	No
99075	Medical Testimony		Professional Services	Yes	Yes	Yes	No
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
99080	Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form		Professional Services	No	No	No	No
99082	Unusual travel (eg. Transportation and escort of patient		Professional Services	Yes	Yes	Yes	No
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
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)		Anesthesia	Tied to main Anesthesia CPT code	Tied to main Anesthesia CPT code	Tied to main Anesthesia CPT code	Tied to main Anesthesia CPT code
99116	Anesthesia complicated by utilization of total body hypothermia (List separately in addition to code for primary anesthesia procedure)		Anesthesia	Tied to main Anesthesia CPT code	Tied to main Anesthesia CPT code	Tied to main Anesthesia CPT code	Tied to main Anesthesia CPT code
99135	Anesthesia complicated by utilization of controlled hypotension (List separately in addition to code for primary anesthesia prodedure)		Anesthesia	Tied to main Anesthesia CPT code	Tied to main Anesthesia CPT code	Tied to main Anesthesia CPT code	Tied to main Anesthesia CPT code
99140	Anesthesia complicated by emergency conditions (specify) (List separately in addition to code for primary anesthesia procedure)		Anesthesia	Tied to main Anesthesia CPT code	Tied to main Anesthesia CPT code	Tied to main Anesthesia CPT code	Tied to main Anesthesia CPT code
99151	Moderate sedation services provided by the same physician or other pualified 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		Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
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		Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
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 tiem (List separately in addition to code for primary service)		Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
99155	Moderate sedation services proficed by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or theraputic service that the sedation supports; initial 15 minutes of tintraservice time, patient younger than 5 years of age		Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
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		Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
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)		Anesthesia	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code	Tied to main CPT code
99170	Anogenital examination, magnified, in childhood for suspected trauma, including image recording when performed		Examination	No	No	No	No
99172	Visual function screening, automated or semi-automated bilateral quantitative determination of visual acuity, ocular alignment, color vision by pseudoisochromatic plates, and field of vision (may include all or some screening of the determination[s] for contrast sensitivity, vision under glare)		Diagnostic or Screening	No	No	No	No
99173	Screening test of visual acuity, quantitative, bilateral		Diagnostic or Screening	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
99175	Ipecac or similar administration for individual emesis and continued observation until stomach adequately emptied of poison		Administration	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
99183	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session		Hyperbaric Therapy	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
99188	Application of topical fluoride varnish by a physician or other qualified health care professional		Application	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
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
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
99195	Phlebotomy, therapeutic (separate procedure)		Phlebotomy	No	No	No	No
99199	Unlisted special service, procedure or report		Unlisted Procedure	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
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.		Evaluation and Management	No	No	No	No

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99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.		Evaluation and Management	No	No	No	No
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level 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
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional.		Evaluation and Management	No	No	No	No
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.		Evaluation and Management	No	No	No	No
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.		Evaluation and Management	No	No	No	No
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.		Evaluation and Management	No	No	No	No
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level 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
99221	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 or observation stay	Inpatient	Yes	Yes	Yes	Yes
99222	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 or observation stay	Inpatient	Yes	Yes	Yes	Yes
99223	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 or observation stay	Inpatient	Yes	Yes	Yes	Yes
99231	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 or observation stays	Inpatient	Yes*see note	Yes*see note	Yes*see note	Yes*see note
99232	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 or observation stays	Inpatient	Yes*see note	Yes*see note	Yes*see note	Yes*see note
99233	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 or observation stays	Inpatient	Yes*see note	Yes*see note	Yes*see note	Yes*see note
99234	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 or observation stays	Observation	Yes*see note	Yes*see note	Yes*see note	Yes*see note
99235	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 or observation stays	Observation	Yes*see note	Yes*see note	Yes*see note	Yes*see note
99236	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 or observation stays	Observation	Yes*see note	Yes*see note	Yes*see note	Yes*see note
99238	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 or observation stays	Inpatient	Yes*see note	Yes*see note	Yes*see note	Yes*see note
99239	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 or observation stays	Inpatient	Yes*see note	Yes*see note	Yes*see note	Yes*see note
99242	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
99243	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
99244	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
99245	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
99252	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.	No auth for routine vaginal or c-section deliveries	Inpatient	Yes	Yes	Yes	Yes
99253	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
99254	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
99255	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
99281	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	No	No	No	No

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99282	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	No	No	No	No
99283	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	No	No	No	No
99284	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	No	No	No	No
99285	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	No	No	No	No
99288	Physician or other qualified health care professional direction of emergency medical systems (EMS) emergency care, advanced life support		Emergency Room	No	No	No	No
99291	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes		Critical Care	Yes	Yes	Yes	No
99292	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)		Critical Care	Yes	Yes	Yes	No
99304	Initial nursing facility 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. 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
99305	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
99306	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
99307	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
99308	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
99309	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
99310	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
99315	Nursing facility discharge management; 30 minutes or less total time on the date of the encounter		Nursing Home	Yes	Yes	Yes	No
99316	Nursing facility discharge management; more than 30 minutes total time on the date of the encounter		Nursing Home	Yes	Yes	Yes	No
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
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
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
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
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
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
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
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
99358	Prolonged evaluation and management service before and/or after direct patient care; first hour		Evaluation and Management	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
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
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
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
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
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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
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
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
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
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
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
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
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
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
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
99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years		Annual Wellness Visit	No	No	No	No
99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years		Annual Wellness Visit	No	No	No	No
99387	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 65 years and older		Annual Wellness Visit	No	No	No	No
99391	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; infant (age younger than 1 year)		Annual Wellness Visit	No	No	No	No
99392	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years)		Annual Wellness Visit	No	No	No	No
99393	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years)		Annual Wellness Visit	No	No	No	No
99394	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years)		Annual Wellness Visit	No	No	No	No
99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years		Annual Wellness Visit	No	No	No	No
99396	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years		Annual Wellness Visit	No	No	No	No
99397	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 65 years and older		Annual Wellness Visit	No	No	No	No
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes		Preventive Medicine Services	No	No	No	No
99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes		Preventive Medicine Services	No	No	No	No
99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes		Preventive Medicine Services	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes		Preventive Medicine Services	No	No	No	No
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes		Behavioral Health	No	No	No	No
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes		Behavioral Health	No	No	No	No
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes		Preventive Medicine Services	No	No	No	No
99409	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes		Preventive Medicine Services	No	No	No	No
99411	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes		Preventive Medicine Services	No	No	No	No
99412	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes		Preventive Medicine Services	No	No	No	No
99415	Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (List separately in addition to code for outpatient Evaluation and Management service)	[use in conjunction with 99202-99215] - ADD ON CODE	Evaluation and Management	No	No	No	No
99416	Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each addtional 30 minutes (List separately in addition to code for outpatient Evaluation and Management service)	[use in conjunction with 99415] - ADD ON CODE	Evaluation and Management	No	No	No	No
99417	Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the outpatient Evaluation and Management services)	(list separately in addition to codes 99205, 99215 for office or other outpatent Evaluation and Management services) - ADD ON CODE	Evaluation and Management	No	No	No	No
99418	Prolonged inpatient or observation evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the outpatient Evaluation and Management services)		Evaluation and Management	No	No	No	No
99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time diring the 7 days; 5-10 minutes		Telehealth	No	No	No	No
99422	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time diring the 7 days; 11-20 minutes		Telehealth	No	No	No	No
99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time diring the 7 days; 21+ minutes		Telehealth	No	No	No	No
99424	Principal care management services, for a single high-risk disease, with the following required elements: ▪ one complex chronic condition expected to last at least 3 months, and that places the patient at ▪ significant risk of hospitalization, acute exacerbation/ decompensation, functional decline, or death, ▪ the condition requires development, monitoring, or revision of disease-specific care plan, ▪ the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ▪ ongoing communication and care coordination between relevant practitioners furnishing care. ▪ first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.		Management	No	No	No	No
99425	each additional 30 minutes provided personally by a physician or other qualified		Management	No	No	No	No
99426	Principal care management services, for a single high-risk condition disease... first 30 minutes of clinical staff time directed by physician or other qualified health care professional, per calendar month		Management	No	No	No	No
99427	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)		Management	No	No	No	No
99429	Unlisted preventive medicine service		Preventive Medicine Services	Yes	Yes	Yes	No
99437	each additional 30 minutes by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	add on code	Management	No	No	No	No
99439	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or unil the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised or monitored; each additional 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month. (List separately in additional to code for primary procedure.)	add on code	Evaluation and Management	No	No	No	No
99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion		Telehealth	No	No	No	No
99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion		Telehealth	No	No	No	No
99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion		Telehealth	No	No	No	No
99446	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and w ritten report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review		Telehealth	No	No	No	No
99447	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and w ritten report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review		Telehealth	No	No	No	No
99448	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and w ritten report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review		Telehealth	No	No	No	No
99449	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and w ritten report to the patient's treating/requesting physician or other qualified health care professional; 31+ minutes of medical consultative discussion and review		Telehealth	No	No	No	No
99450	Basic life and/or disability examination that includes: Measurement of height, weight, and blood pressure; Completion of a medical history following a life insurance pro forma; Collection of blood sample and/or urinalysis complying with "chain of custody" protocols; and Completion of necessary documentation/certificates.		Examination	No	No	No	No
99451	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a w ritten report to the patient's treating/requesting physician or other qualified health care professional; 5+ minutes of medical consultative discussion and review		Telehealth	No	No	No	No
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

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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
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
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
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
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
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
99459	Pelvic examination (List separately in addition to code for primary procedure)		Pelvice examination	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
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
99462	Subsequent hospital care, per day, for evaluation and management of normal newborn		Inpatient	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
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
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
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
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
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
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
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
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
99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration		Monitoring	Yes	Yes	Yes	No
99474	Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily ove 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
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
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
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
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
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
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
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
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
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
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

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99487	Complex chronic care management services, with the following required elements: *multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, *chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, *comprehensive care plan established, implemented, revised or monitored, *moderate or high complexity medical decision making; first 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month		Evaluation and Management	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, moderate high complexity medical decision making; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	Report in conjunction with 99487- ADD ON CODE	Evaluation and Management	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
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
99492	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: *outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional, *initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan, *review by the psychiatric consultant with modifications of the plan if recommended, *entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant, and *provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.		Mental Health	No	No	No	No
99493	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: *tracking patient follow-up and progress using the registry, with appropriate documentation, *participation in weekly caseload consultation with the psychiatric consultant, *ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers, *additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant, *provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies, *monitoring of patient outcomes using validated rating scales and *relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.		Mental Health	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
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
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
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
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
99499	Unlisted evaluation and management service	No auth required for Privia providers; S0000032	Unlisted Procedure	Yes	Yes	Yes	No
99500	Home visit for prenatal monitoringa and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring		Management	No	No	No	No
99501	Home visit for postnatal assessment and follow-up care		Management	No	No	No	No
99502	Home visit for newborn care and assessment		Management	No	No	No	No
99503	Home visit for respiratory therapy care(eg, bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)		Management	No	No	No	No
99504	Home visit for mechanical ventilation care		Management	No	No	No	No
99505	Home visit for stoma care and maintenance including colostomy and cystostomy		Management	No	No	No	No
99506	Home visit for intramuscular injections		Management	No	No	No	No
99507	Home visit for care and maintenance of catheter(s) (eg. Urinary, drainage, and enteral		Management	No	No	No	No
99509	Home visit for assistance with activities of daily living and personal care		Management	No	No	No	No
99510	Home visit for individual, family, or marriage counseling	Marriage counseling is non-covered	Management	Yes	Yes	Yes	No
99511	Home visit for fecal impaction management and enema administration		Management	No	No	No	No
99512	Home visit for hemodialysis		Management	No	No	No	No
99600	Unlisted home visit service or procedure		Professional Services	Yes	Yes	Yes	No
99601	Home infusion/specialty drug administration, per visit (up to 2 hours);		Infusion	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
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
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
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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
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)	All CAT II is Non-billable	Quality Measures	No	No	No	No
0005F	Osteoarthritis assessed (OA) Includes assessment of all the following components: Osteoarthritis symptoms and functional status assessed (1006F) Use of anti-inflammatory or over-the-counter (OTC) analgesic medications assessed (1007F) Initial examination of the involved joint(s) (includes visual inspection, palpation, range of motion) (2004F)		Quality Measures	No	No	No	No
0012F	Community-acquired bacterial pneumonia assessment (includes all of the following components) (CAP): Co-morbid conditions assessed (1026F) Vital signs recorded (2010F) Mental status assessed (2014F) Hydration status assessed (2018F)		Quality Measures	No	No	No	No
0014F	Comprehensive preoperative assessment performed for cataract surgery with intraocular lens (IOL) placement (includes assessment of all of the following components) (EC): Dilated fundus evaluation performed within 12 months prior to cataract surgery (2020F) Pre-surgical (cataract) axial length, corneal power measurement and method of intraocular lens power calculation documented (must be performed within 12 months prior to surgery) (3073F) Preoperative assessment of functional or medical indication(s) for surgery prior to the cataract surgery with intraocular lens placement (must be performed within 12 months prior to cataract surgery) (3325F)		Quality Measures	No	No	No	No
0015F	Melanoma follow up completed (includes assessment of all of the following components) (ML): History obtained regarding new or changing moles (1050F) Complete physical skin exam performed (2029F) Patient counseled to perform a monthly self skin examination (5005F)		Quality Measures	No	No	No	No
0500F	Initial prenatal care visit (report at first prenatal encounter with health care professional providing obstetrical care. Report also date of visit and, in a separate field, the date of the last menstrual period [LMP]) (Prenatal)		Quality Measures	No	No	No	No
0501F	Prenatal flow sheet documented in medical record by first prenatal visit (documentation includes at minimum blood pressure, weight, urine protein, uterine size, fetal heart tones, and estimated date of delivery). Report also: date of visit and, in a separate field, the date of the last menstrual period [LMP] (Note: If reporting 0501F Prenatal flow sheet, it is not necessary to report 0500F Initial prenatal care visit) (Prenatal)		Quality Measures	No	No	No	No
0502F	Subsequent prenatal care visit (Prenatal) [Excludes: patients who are seen for a condition unrelated to pregnancy or prenatal care (eg, an upper respiratory infection; patients seen for consultation only, not for continuing care)]		Quality Measures	No	No	No	No
0503F	Postpartum care visit (Prenatal)		Quality Measures	No	No	No	No
0505F	Hemodialysis plan of care documented (ESRD, P-ESRD)		Quality Measures	No	No	No	No
0507F	Peritoneal dialysis plan of care documented (ESRD)		Quality Measures	No	No	No	No
0509F	Urinary incontinence plan of care documented (GER)		Quality Measures	No	No	No	No
0513F	Elevated blood pressure plan of care documented (CKD)		Quality Measures	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
0516F	Anemia plan of care documented (ESRD)		Quality Measures	No	No	No	No
0517F	Glaucoma plan of care documented (EC)		Quality Measures	No	No	No	No
0518F	Falls plan of care documented (GER)		Quality Measures	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
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
0521F	Plan of care to address pain documented (COA) (ONC)		Quality Measures	No	No	No	No
0525F	Initial visit for episode (BkP)		Quality Measures	No	No	No	No
0526F	Subsequent visit for episode (BkP)		Quality Measures	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
0529F	Interval of 3 or more years since patient's last colonoscopy, documented (End/Polyp)		Quality Measures	No	No	No	No
0535F	Dyspnea management plan of care, documented (Pall Cr)		Quality Measures	No	No	No	No
0540F	Glucorticoid Management Plan Documented (RA)		Quality Measures	No	No	No	No
0545F	Plan for follow-up care for major depressive disorder, documented (MDD ADOL)		Quality Measures	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
0551F	Cytopathology report on nongynecologic specimen with documentation that the specimen was non-routine (PATH)		Quality Measures	No	No	No	No
0555F	Symptom management plan of care documented (HF)		Quality Measures	No	No	No	No
0556F	Plan of care to achieve lipid control documented (CAD)		Quality Measures	No	No	No	No
0557F	Plan of care to manage anginal symptoms documented (CAD)		Quality Measures	No	No	No	No
0575F	HIV RNA control plan of care, documented (HIV)		Quality Measures	No	No	No	No
0580F	Multidisciplinary care plan developed or updated (ALS)		Quality Measures	No	No	No	No
0581F	Patient transferred directly from anesthetizing location to critical care unit (Peri2)		Quality Measures	No	No	No	No
0582F	Patient not transferred directly from anesthetizing location to critical care unit (Peri2)		Quality Measures	No	No	No	No
0583F	Transfer of care checklist used (Peri2)		Quality Measures	No	No	No	No
0584F	Transfer of care checklist not used (Peri2)		Quality Measures	No	No	No	No
1000F	Tobacco use assessed (CAD, CAP, COPD, PV) (DM)		Quality Measures	No	No	No	No
1002F	Anginal symptoms and level of activity assessed (NMA-No Measure Associated)		Quality Measures	No	No	No	No
1003F	Level of activity assessed (NMA-No Measure Associated)		Quality Measures	No	No	No	No
1004F	Clinical symptoms of volume overload (excess) assessed (NMA-No Measure Associated)		Quality Measures	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
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
1007F	Use of anti-inflammatory or analgesic over-the-counter (OTC) medications for symptom relief assessed (OA)		Quality Measures	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
1010F	Severity of angina assessed by level of activity (CAD)		Quality Measures	No	No	No	No
1011F	Angina present (CAD)		Quality Measures	No	No	No	No
1012F	Angina absent (CAD)		Quality Measures	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
1018F	Dyspnea assessed, not present (COPD)		Quality Measures	No	No	No	No
1019F	Dyspnea assessed, present (COPD)		Quality Measures	No	No	No	No
1022F	Pneumococcus immunization status assessed (CAP, COPD)		Quality Measures	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
1030F	Influenza immunization status assessed (CAP)		Quality Measures	No	No	No	No
1031F	Smoking status and exposure to second hand smoke in the home assessed (Asthma)		Quality Measures	No	No	No	No
1032F	Current tobacco smoker or currently exposed to secondhand smoke (Asthma)		Quality Measures	No	No	No	No
1033F	Current tobacco non-smoker and not currently exposed to secondhand smoke (Asthma)		Quality Measures	No	No	No	No
1034F	Current tobacco smoker (CAD, CAP, COPD, PV) (DM		Quality Measures	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
1035F	Current smokeless tobacco user (eg, chew, snuff) (PV)		Quality Measures	No	No	No	No
1036F	Current tobacco non-user (CAD, CAP, COPD, PV) (DM) (IBD)		Quality Measures	No	No	No	No
1038F	Persistent asthma (mild, moderate or severe) (Asthma)		Quality Measures	No	No	No	No
1039F	Intermittent asthma (Asthma)		Quality Measures	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
1050F	History obtained regarding new or changing moles (ML)		Quality Measures	No	No	No	No
1052F	Type, anatomic location, and activity all assessed (IBD)		Quality Measures	No	No	No	No
1055F	Visual functional status assessed (EC)		Quality Measures	No	No	No	No
1060F	Documentation of permanent or persistent or paroxysmal atrial fibrillation (STR)		Quality Measures	No	No	No	No
1061F	Documentation of absence of permanent and persistent and paroxysmal atrial fibrillation (STR)		Quality Measures	No	No	No	No
1065F	Ischemic stroke symptom onset of less than 3 hours prior to arrival (STR)		Quality Measures	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
1070F	Alarm symptoms (involuntary weight loss, dysphagia, or gastrointestinal bleeding) assessed; none present (GERD)		Quality Measures	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
1090F	Presence or absence of urinary incontinence assessed (GER)		Quality Measures	No	No	No	No
1091F	Urinary incontinence characterized (eg, frequency, volume, timing, type of symptoms, how bothersome) (GER)		Quality Measures	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
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
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
1111F	Discharge medications reconciled with the current medication list in outpatient medical record (COA) (GER)		Quality Measures	No	No	No	No
1116F	Auricular or periauricular pain assessed (AOE)		Quality Measures	No	No	No	No
1118F	GERD symptoms assessed after 12 months of therapy (GERD)		Quality Measures	No	No	No	No
1119F	Initial evaluation for condition (HEP C)(EPI, DSP)		Quality Measures	No	No	No	No
1121F	Subsequent evaluation for condition (HEP C)(EPI)		Quality Measures	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
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
1125F	Pain severity quantified; pain present (COA) (ONC)		Quality Measures	No	No	No	No
1126F	Pain severity quantified; no pain present (COA) (ONC)		Quality Measures	No	No	No	No
1127F	New episode for condition (NMA-No Measure Associated)		Quality Measures	No	No	No	No
1128F	Subsequent episode for condition (NMA-No Measure Associated)		Quality Measures	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
1134F	Episode of back pain lasting 6 weeks or less (BkP)		Quality Measures	No	No	No	No
1135F	Episode of back pain lasting longer than 6 weeks (BkP)		Quality Measures	No	No	No	No
1136F	Episode of back pain lasting 12 weeks or less (BkP)		Quality Measures	No	No	No	No
1137F	Episode of back pain lasting longer than 12 weeks (BkP)		Quality Measures	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
1151F	Documentation that a patient does not have a substantial risk of death within one year (Pall Cr)		Quality Measures	No	No	No	No
1152F	Documentation of advanced disease diagnosis, goals of care prioritize comfort (Pall Cr)		Quality Measures	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
1157F	Advance care plan or similar legal document present in the medical record (COA)		Quality Measures	No	No	No	No
1158F	Advance care planning discussion documented in the medical record (COA)		Quality Measures	No	No	No	No
1159F	Medication list documented in medical record (COA)		Quality Measures	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
1170F	Functional status assessed (COA) (RA)		Quality Measures	No	No	No	No
1175F	Functional status for dementia assessed and results reviewed (DEM)		Quality Measures	No	No	No	
1180F	All specified thromboembolic risk factors assessed (AFIB)		Quality Measures	No	No	No	No
1181F	Neuropsychiatric symptoms assessed and results reviewed (DEM)		Quality Measures	No	No	No	No
1182F	Neuropsychiatric symptoms, one or more present (DEM)		Quality Measures	No	No	No	No
1183F	Neuropsychiatric symptoms, absent (DEM)		Quality Measures	No	No	No	No
1200F	Seizure type(s) and current seizure frequency(ies) documented (EPI)		Quality Measures	No	No	No	No
1205F	Etiology of epilepsy or epilepsy syndrome(s) reviewed and documented (EPI)		Quality Measures	No	No	No	No
1220F	Patient screened for depression (SUD)		Quality Measures	No	No	No	No
1400F	Parkinson's disease diagnosis reviewed (Prkns)		Quality Measures	No	No	No	No
1450F	Symptoms improved or remained consistent with treatment goals since last assessment (HF)		Quality Measures	No	No	No	No
1451F	Symptoms demonstrated clinically important deterioration since last assessment (HF)		Quality Measures	No	No	No	No
1460F	Symptoms demonstrated clinically important deterioration since last assessment (HF)		Quality Measures	No	No	No	No
1461F	No qualifying cardiac event/diagnosis in previous 12 months (CAD)		Quality Measures	No	No	No	No
1490F	Dementia severity classified, mild (DEM)		Quality Measures	No	No	No	No
1491F	Dementia severity classified, moderate (DEM)		Quality Measures	No	No	No	No
1493F	Dementia severity classified, severe (DEM)		Quality Measures	No	No	No	No
1494F	Cognition assessed and reviewed (DEM)		Quality Measures	No	No	No	No
1500F	Symptoms and signs of distal symmetric polyneuropathy reviewed and documented (DSP)		Quality Measures	No	No	No	No
1501F	Not initial evaluation for condition (DSP)		Quality Measures	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
1503F	Patient queried about symptoms of respiratory insufficiency (ALS)		Quality Measures	No	No	No	No
1504F	Patient has respiratory insufficiency (ALS)		Quality Measures	No	No	No	No
1505F	Patient does not have respiratory insufficiency (ALS)		Quality Measures	No	No	No	No
2000F	Blood pressure measured (CKD)(DM)		Quality Measures	No	No	No	No
2001F	Weight recorded (PAG)		Quality Measures	No	No	No	No
2002F	Clinical signs of volume overload (excess) assessed (NMA-No Measure Associated)		Quality Measures	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
2010F	Vital signs (temperature, pulse, respiratory rate, and blood pressure) documented and reviewed (CAP) (EM)		Quality Measures	No	No	No	No
2014F	Mental status assessed (CAP) (EM)		Quality Measures	No	No	No	No
2015F	Asthma impairment assessed (Asthma)		Quality Measures	No	No	No	No
2016F	Asthma risk assessed (Asthma)		Quality Measures	No	No	No	No
2018F	Hydration status assessed (normal/mildly dehydrated/severely dehydrated) (CAP)		Quality Measures	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
2020F	Dilated fundus evaluation performed within 12 months prior to cataract surgery (EC)		Quality Measures	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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
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
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
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
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
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
2027F	Optic nerve head evaluation performed (EC)		Quality Measures	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
2029F	Complete physical skin exam performed (ML)		Quality Measures	No	No	No	No
2030F	Hydration status documented, normally hydrated (PAG)		Quality Measures	No	No	No	No
2031F	Hydration status documented, dehydrated (PAG)		Quality Measures	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
2035F	Tympanic membrane mobility assessed with pneumatic otoscopy or tympanometry (OME)		Quality Measures	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
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
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
2060F	Patient interviewed directly on or before date of diagnosis of major depressive disorder (MDD ADOL)		Quality Measures	No	No	No	No
3006F	Chest X-ray results documented and reviewed (CAP)		Quality Measures	No	No	No	No
3008F	Body Mass Index (BMI), documented (PV)		Quality Measures	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
3014F	Screening mammography results documented and reviewed (PV)		Quality Measures	No	No	No	No
3015F	Cervical cancer screening results documented and reviewed (PV)		Quality Measures	No	No	No	No
3016F	Patient screened for unhealthy alcohol use using a systematic screening method (PV) (DSP)		Quality Measures	No	No	No	No
3017F	Colorectal cancer screening results documented and reviewed (PV)		Quality Measures	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
3019F	Left ventricular ejection fraction (LVEF) assessment planned post discharge (HF)		Quality Measures	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
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
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
3023F	Spirometry results documented and reviewed (COPD		Quality Measures	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
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
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
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
3037F	Oxygen saturation greater than 88% or PaO2 greater than 55 mm Hg (COPD)		Quality Measures	No	No	No	No
3038F	Pulmonary function test performed within 12 months prior to surgery (Lung/Esop Cx)		Quality Measures	No	No	No	No
3040F	Functional expiratory volume (FEV1) less than 40% of predicted value (COPD)		Quality Measures	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
3044F	Most recent hemoglobin A1c (HbA1c) level less than 7.0% (DM)		Quality Measures	No	No	No	No
3046F	Most recent hemoglobin A1c level greater than 9.0% (DM)		Quality Measures	No	No	No	No
3048F	Most recent LDL-C less than 100 mg/dL (CAD) (DM)		Quality Measures	No	No	No	No
3049F	Most recent LDL-C 100-129 mg/dL (CAD) (DM)		Quality Measures	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
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
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
3055F	Left ventricular ejection fraction (LVEF) less than or equal to 35% (HF)		Quality Measures	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
3060F	Positive microalbuminuria test result documented and reviewed (DM)		Quality Measures	No	No	No	No
3061F	Negative microalbuminuria test result documented and reviewed (DM)		Quality Measures	No	No	No	No
3062F	Positive macroalbuminuria test result documented and reviewed (DM)		Quality Measures	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
3072F	Low risk for retinopathy (no evidence of retinopathy in the prior year) (DM)		Quality Measures	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
3074F	Most recent systolic blood pressure less than 130 mm Hg (DM), (HTN, CKD, CAD)		Quality Measures	No	No	No	No
3075F	Most recent systolic blood pressure 130-139 mm Hg (DM) (HTN, CKD, CAD)		Quality Measures	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
3078F	Most recent diastolic blood pressure less than 80 mm Hg (HTN, CKD, CAD) (DM)		Quality Measures	No	No	No	No
3079F	Most recent diastolic blood pressure 80-89 mm Hg (HTN, CKD, CAD) (DM)		Quality Measures	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
3082F	Kt/V less than 1.2 (Clearance of urea [Kt]/volume [V]) (ESRD, P-ESRD)		Quality Measures	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
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
3085F	Suicide risk assessed (MDD, MDD ADOL)		Quality Measures	No	No	No	No
3088F	Major depressive disorder, mild (MDD)		Quality Measures	No	No	No	No
3089F	Major depressive disorder, moderate (MDD)		Quality Measures	No	No	No	No
3090F	Major depressive disorder, severe without psychotic features (MDD)		Quality Measures	No	No	No	No
3091F	Major depressive disorder, severe with psychotic features (MDD)		Quality Measures	No	No	No	No
3092F	Major depressive disorder, in remission (MDD)		Quality Measures	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
3095F	Central dual-energy X-ray absorptiometry (DXA) results documented (OP)(IBD)		Quality Measures	No	No	No	No
3096F	Central dual-energy X-ray absorptiometry (DXA) ordered (OP)(IBD)		Quality Measures	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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
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
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
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
3115F	Quantitative results of an evaluation of current level of activity and clinical symptoms (HF)		Quality Measures	No	No	No	No
3117F	Heart failure disease specific structured assessment tool completed (HF)		Quality Measures	No	No	No	No
3118F	New York Heart Association (NYHA) Class documented (HF)		Quality Measures	No	No	No	No
3119F	No evaluation of level of activity or clinical symptoms (HF)		Quality Measures	No	No	No	No
3120F	12-Lead ECG Performed (EM)		Quality Measures	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
3130F	Upper gastrointestinal endoscopy performed (GERD)		Quality Measures	No	No	No	No
3132F	Documentation of referral for upper gastrointestinal endoscopy (GERD)		Quality Measures	No	No	No	No
3140F	Upper gastrointestinal endoscopy report indicates suspicion of Barrett's esophagus (GERD)		Quality Measures	No	No	No	No
3141F	Upper gastrointestinal endoscopy report indicates no suspicion of Barrett's esophagus (GERD)		Quality Measures	No	No	No	No
3142F	Barium swallow test ordered (GERD)		Quality Measures	No	No	No	No
3150F	Forceps esophageal biopsy performed (GERD)		Quality Measures	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
3160F	Documentation of iron stores prior to initiating erythropoietin therapy (HEM)		Quality Measures	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
3200F	Barium swallow test not ordered (GERD)		Quality Measures	No	No	No	No
3210F	Group A Strep Test Performed (PHAR)		Quality Measures	No	No	No	No
3215F	Patient has documented immunity to Hepatitis A (HEP-C)		Quality Measures	No	No	No	No
3216F	Patient has documented immunity to Hepatitis B (HEP-C)(IBD)		Quality Measures	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
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
3230F	Documentation that hearing test was performed within 6 months prior to tympanostomy tube insertion (OME)		Quality Measures	No	No	No	No
3250F	Specimen site other than anatomic location of primary tumor (PATH)		Quality Measures	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
3265F	Ribonucleic acid (RNA) testing for Hepatitis C viremia ordered or results documented (HEP C)		Quality Measures	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
3267F	Pathology report includes pT category, pN category, Gleason score, and statement about margin status (PATH)		Quality Measures	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
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
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
3271F	Low risk of recurrence, prostate cancer (PRCA)		Quality Measures	No	No	No	No
3272F	Intermediate risk of recurrence, prostate cancer (PRCA)		Quality Measures	No	No	No	No
3273F	High risk of recurrence, prostate cancer (PRCA)		Quality Measures	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
3278F	Serum levels of calcium, phosphorus, intact Parathyroid Hormone (PTH) and lipid profile ordered (CKD)		Quality Measures	No	No	No	No
3279F	Hemoglobin level greater than or equal to 13 g/dL (CKD, ESRD)		Quality Measures	No	No	No	No
3280F	Hemoglobin level 11 g/dL to 12.9 g/dL (CKD, ESRD)		Quality Measures	No	No	No	No
3281F	Hemoglobin level less than 11 g/dL (CKD, ESRD)		Quality Measures	No	No	No	No
3284F	Intraocular pressure (IOP) reduced by a value of greater than or equal to 15% from the pre-intervention level (EC)		Quality Measures	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
3288F	Falls risk assessment documented (GER)		Quality Measures	No	No	No	No
3290F	Patient is D (Rh) negative and unsensitized (Pre-Cr)		Quality Measures	No	No	No	No
3291F	Patient is D (Rh) positive or sensitized (Pre-Cr)		Quality Measures	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
3293F	ABO and Rh blood typing documented as performed (Pre-Cr)		Quality Measures	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	
3300F	American Joint Committee on Cancer (AJCC) stage documented and reviewed (ONC)		Quality Measures	No	No	No	No
3301F	Cancer stage documented in medical record as metastatic and reviewed (ONC)		Quality Measures	No	No	No	No
3315F	Estrogen receptor (ER) or progesterone receptor (PR) positive breast cancer (ONC)		Quality Measures	No	No	No	No
3316F	Estrogen receptor (ER) and progesterone receptor (PR) negative breast cancer (ONC)		Quality Measures	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
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
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
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
3321F	AJCC Cancer Stage 0 or IA Melanoma, documented (ML)		Quality Measures	No	No	No	No
3322F	Melanoma greater than AJCC Stage 0 or IA (ML)		Quality Measures	No	No	No	No
3323F	Clinical tumor, node and metastases (TNM) staging documented and reviewed prior to surgery (Lung/Esop Cx)		Quality Measures	No	No	No	No
3324F	MRI or CT scan ordered, reviewed or requested (EPI)		Quality Measures	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
3328F	Performance status documented and reviewed within 2 weeks prior to surgery (Lung/Esop Cx)		Quality Measures	No	No	No	No
3330F	Imaging study ordered (BkP)		Quality Measures	No	No	No	No
3331F	Imaging study not ordered (BkP)		Quality Measures	No	No	No	No
3340F	Mammogram assessment category of "incomplete: need additional imaging evaluation" documented (RAD)		Quality Measures	No	No	No	No
3341F	Mammogram assessment category of "negative," documented (RAD)		Quality Measures	No	No	No	No
3342F	Mammogram assessment category of "benign," documented (RAD)		Quality Measures	No	No	No	No
3343F	Mammogram assessment category of "probably benign," documented (RAD)		Quality Measures	No	No	No	No
3344F	Mammogram assessment category of "suspicious," documented (RAD)		Quality Measures	No	No	No	No
3345F	Mammogram assessment category of "highly suggestive of malignancy," documented (RAD		Quality Measures	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
3350F	Mammogram assessment category of "known biopsy proven malignancy," documented (RAD)		Quality Measures	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
3352F	No significant depressive symptoms as categorized by using a standardized depression assessment tool (MDD)	added	Quality Measures	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
3354F	Clinically significant depressive symptoms as categorized by using a standardized depression screening/assessment tool (MDD		Quality Measures	No	No	No	No
3370F	AJCC Breast Cancer Stage 0 documented (ONC)		Quality Measures	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
3374F	AJCC Breast Cancer Stage I: T1c (tumor size > 1 cm to 2 cm) documented (ONC)		Quality Measures	No	No	No	No
3376F	AJCC Breast Cancer Stage II documented (ONC)		Quality Measures	No	No	No	No
3378F	AJCC Breast Cancer Stage III documented (ONC)		Quality Measures	No	No	No	No
3380F	AJCC Breast Cancer Stage IV documented (ONC)		Quality Measures	No	No	No	No
3382F	AJCC colon cancer, Stage 0 documented (ONC)		Quality Measures	No	No	No	No
3384F	AJCC colon cancer, Stage I documented (ONC)		Quality Measures	No	No	No	No
3386F	AJCC colon cancer, Stage II documented (ONC)		Quality Measures	No	No	No	No
3388F	AJCC colon cancer, Stage III documented (ONC)		Quality Measures	No	No	No	No
3390F	AJCC colon cancer, Stage IV documented (ONC)		Quality Measures	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
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
3450F	Dyspnea screened, no dyspnea or mild dyspnea (Pall Cr)		Quality Measures	No	No	No	No
3451F	Dyspnea screened, moderate or severe dyspnea (Pall Cr)		Quality Measures	No	No	No	No
3452F	Dyspnea not screened (Pall Cr)		Quality Measures	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
3470F	Rheumatoid arthritis (RA) disease activity, low (RA)		Quality Measures	No	No	No	No
3471F	Rheumatoid arthritis (RA) disease activity, moderate (RA)		Quality Measures	No	No	No	No
3472F	Rheumatoid arthritis (RA) disease activity, high (RA)		Quality Measures	No	No	No	No
3475F	Disease prognosis for rheumatoid arthritis assessed, poor prognosis documented (RA)		Quality Measures	No	No	No	No
3476F	Disease prognosis for rheumatoid arthritis assessed, good prognosis documented (RA)		Quality Measures	No	No	No	No
3490F	History of AIDS-defining condition (HIV)		Quality Measures	No	No	No	No
3491F	HIV indeterminate (infants of undetermined HIV status born of HIV-infected mothers) (HIV)		Quality Measures	No	No	No	No
3492F	History of nadir CD4+ cell count <350 cells/mm3 (HIV)		Quality Measures	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
3494F	CD4+ cell count <200 cells/mm3 (HIV)		Quality Measures	No	No	No	No
3495F	CD4+ cell count 200 - 499 cells/mm3 (HIV)		Quality Measures	No	No	No	No
3496F	CD4+ cell count => 500 cells/mm3 (HIV)		Quality Measures	No	No	No	No
3497F	CD4+ cell percentage <15% (HIV)		Quality Measures	No	No	No	No
3498F	CD4+ cell percentage >=15% (HIV)		Quality Measures	No	No	No	No
3500F	CD4+ cell count or CD4+ cell percentage documented as performed (HIV)		Quality Measures	No	No	No	No
3502F	HIV RNA viral load below limits of quantification (HIV)		Quality Measures	No	No	No	No
3503F	HIV RNA viral load not below limits of quantification (HIV)		Quality Measures	No	No	No	No
3510F	Documentation that tuberculosis (TB) screening test performed and results interpreted (HIV) (IBD)		Quality Measures	No	No	No	No
3511F	Chlamydia and gonorrhea screenings documented as performed (HIV)		Quality Measures	No	No	No	No
3512F	Syphilis screening documented as performed (HIV)		Quality Measures	No	No	No	No
3513F	Hepatitis B screening documented as performed (HIV)		Quality Measures	No	No	No	No
3514F	Hepatitis C screening documented as performed (HIV)		Quality Measures	No	No	No	No
3515F	Patient has documented immunity to Hepatitis C (HIV)		Quality Measures	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
3520F	Clostridium difficile testing performed (IBD)		Quality Measures	No	No	No	No
3550F	Low risk for thromboembolism (AFIB)		Quality Measures	No	No	No	No
3551F	Intermediate risk for thromboembolism (AFIB)		Quality Measures	No	No	No	No
3552F	High risk for thromboembolism (AFIB)		Quality Measures	No	No	No	No
3555F	Patient had International Normalized Ratio (INR) measurement performed (AFIB)		Quality Measures	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
3572F	Patient considered to be potentially at risk for fracture in a weight-bearing site (NUC_MED)		Quality Measures	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
3650F	Electroencephalogram (EEG) ordered, reviewed or requested (EPI)		Quality Measures	No	No	No	No
3700F	Psychiatric disorders or disturbances assessed (Prkns)		Quality Measures	No	No	No	No
3720F	Cognitive impairment or dysfunction assessed (Prkns)		Quality Measures	No	No	No	No
3725F	Screening for depression performed (DEM)		Quality Measures	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
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
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
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
3754F	Screening tests for diabetes mellitus reviewed, requested, or ordered (DSP)		Quality Measures	No	No	No	No
3755F	Cognitive and behavioral impairment screening performed (ALS)		Quality Measures	No	No	No	No
3756F	Patient has pseudobulbar affect, sialorrhea, or ALS-related symptoms (ALS)		Quality Measures	No	No	No	No
3757F	Patient does not have pseudobulbar affect, sialorrhea, or ALS-related symptoms (ALS)		Quality Measures	No	No	No	No
3758F	Patient referred for pulmonary function testing or peak cough expiratory flow (ALS)		Quality Measures	No	No	No	No
3759F	Patient screened for dysphagia, weight loss, and impaired nutrition, and results documented (ALS)		Quality Measures	No	No	No	No
3760F	Patient exhibits dysphagia, weight loss, or impaired nutrition (ALS)		Quality Measures	No	No	No	No
3761F	Patient does not exhibit dysphagia, weight loss, or impaired nutrition (ALS)		Quality Measures	No	No	No	No
3762F	Patient is dysarthric (ALS)		Quality Measures	No	No	No	No
3763F	Patient is not dysarthric (ALS)		Quality Measures	No	No	No	No
3775F	Adenoma(s) or other neoplasm detected during screening colonoscopy (SCADR)		Quality Measures	No	No	No	No
3776F	Adenoma(s) or other neoplasm not detected during screening colonoscopy (SCADR)		Quality Measures	No	No	No	No
4000F	Tobacco use cessation intervention, counseling (COPD, CAP, CAD, Asthma) (DM) (PV)		Quality Measures	No	No	No	No
4001F	Tobacco use cessation intervention, pharmacologic therapy (COPD, CAD, CAP, PV, Asthma) (DM) (PV)		Quality Measures	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
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
4005F	Pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed (OP) (IBD)		Quality Measures	No	No	No	No
4008F	Beta-blocker therapy prescribed or currently being taken (CAD,HF)		Quality Measures	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
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
4011F	Oral antiplatelet therapy prescribed (CAD)		Quality Measures	No	No	No	No
4012F	Warfarin therapy prescribed (NMA-No Measure Associated)		Quality Measures	No	No	No	No
4013F	Statin therapy prescribed or currently being taken (CAD)		Quality Measures	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
4015F	Persistent asthma, preferred long term control medication or an acceptable alternative treatment, prescribed (NMA-No Measure Associated)		Quality Measures	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
4017F	Gastrointestinal prophylaxis for NSAID use prescribed (OA)		Quality Measures	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
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
4025F	Inhaled bronchodilator prescribed (COPD)		Quality Measures	No	No	No	No
4030F	Long-term oxygen therapy prescribed (more than 15 hours per day) (COPD)		Quality Measures	No	No	No	No
4033F	Pulmonary rehabilitation exercise training recommended (COPD)		Quality Measures	No	No	No	No
4035F	Influenza immunization recommended (COPD) (IBD)		Quality Measures	No	No	No	No
4037F	Influenza immunization ordered or administered (COPD, PV, CKD, ESRD)(IBD)		Quality Measures	No	No	No	No
4040F	Pneumococcal vaccine administered or previously received (COPD) (PV), (IBD)		Quality Measures	No	No	No	No
4041F	Documentation of order for cefazolin OR cefuroxime for antimicrobial prophylaxis (PERI 2)		Quality Measures	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
4043F	Documentation that an order was given to discontinue prophylactic antibiotics within 48 hours of surgical end time, cardiac procedures (PERI 2)		Quality Measures	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
4045F	Appropriate empiric antibiotic prescribed (CAP), (EM)		Quality Measures	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
4047F	Documentation of order for prophylactic parenteral antibiotics to be given within 1 hour (if fluoroquinolone or vancomycin, 2 hours) prior to surgical incision (or start of procedure when no incision is required) (PERI 2)		Quality Measures	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
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
4050F	Hypertension plan of care documented as appropriate (NMA-No Measure Associated)		Quality Measures	No	No	No	No
4051F	Referred for an arteriovenous (AV) fistula (ESRD, CKD)		Quality Measures	No	No	No	No
4052F	Hemodialysis via functioning arteriovenous (AV) fistula (ESRD)		Quality Measures	No	No	No	No
4053F	Hemodialysis via functioning arteriovenous (AV) graft (ESRD)		Quality Measures	No	No	No	No
4054F	Hemodialysis via catheter (ESRD)		Quality Measures	No	No	No	No
4055F	Patient receiving peritoneal dialysis (ESRD)		Quality Measures	No	No	No	No
4056F	Appropriate oral rehydration solution recommended (PAG)		Quality Measures	No	No	No	No
4058F	Pediatric gastroenteritis education provided to caregiver (PAG)		Quality Measures	No	No	No	No
4060F	Psychotherapy services provided (MDD, MDD ADOL)		Quality Measures	No	No	No	No
4062F	Patient referral for psychotherapy documented (MDD, MDD ADOL)		Quality Measures	No	No	No	No
4063F	Antidepressant pharmacotherapy considered and not prescribed (MDD ADOL)		Quality Measures	No	No	No	No
4064F	Antidepressant pharmacotherapy prescribed (MDD, MDD ADOL)		Quality Measures	No	No	No	No
4065F	Antipsychotic pharmacotherapy prescribed (MDD)		Quality Measures	No	No	No	No
4066F	Electroconvulsive therapy (ECT) provided (MDD)		Quality Measures	No	No	No	No
4067F	Patient referral for electroconvulsive therapy (ECT) documented (MDD)		Quality Measures	No	No	No	No
4069F	Venous thromboembolism (VTE) prophylaxis received (IBD)		Quality Measures	No	No	No	No
4070F	Deep vein thrombosis (DVT) prophylaxis received by end of hospital day 2 (STR)		Quality Measures	No	No	No	No
4073F	Oral antiplatelet therapy prescribed at discharge (STR)		Quality Measures	No	No	No	No
4075F	Anticoagulant therapy prescribed at discharge (STR)		Quality Measures	No	No	No	No
4077F	Documentation that tissue plasminogen activator (t-PA) administration was considered (STR)		Quality Measures	No	No	No	No
4079F	Documentation that rehabilitation services were considered (STR)		Quality Measures	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
4086F	Aspirin or clopidogrel prescribed or currently being taken (CAD)		Quality Measures	No	No	No	No
4090F	Patient receiving erythropoietin therapy (HEM)		Quality Measures	No	No	No	No
4095F	Patient not receiving erythropoietin therapy (HEM)		Quality Measures	No	No	No	No
4100F	Bisphosphonate therapy, intravenous, ordered or received (HEM)		Quality Measures	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
4115F	Beta blocker administered within 24 hours prior to surgical incision (CABG)		Quality Measures	No	No	No	No
4120F	Antibiotic prescribed or dispensed (URI, PHAR), (A-BRONCH)		Quality Measures	No	No	No	No
4124F	Antibiotic neither prescribed nor dispensed (URI, PHAR), (A-BRONCH)		Quality Measures	No	No	No	No
4130F	Topical preparations (including OTC) prescribed for acute otitis externa (AOE)		Quality Measures	No	No	No	No
4131F	Systemic antimicrobial therapy prescribed (AOE)		Quality Measures	No	No	No	No
4132F	Systemic antimicrobial therapy not prescribed (AOE)		Quality Measures	No	No	No	No
4133F	Antihistamines or decongestants prescribed or recommended (OME)		Quality Measures	No	No	No	No
4134F	Antihistamines or decongestants neither prescribed nor recommended (OME)		Quality Measures	No	No	No	No
4135F	Systemic corticosteroids prescribed (OME)		Quality Measures	No	No	No	No
4136F	Systemic corticosteroids not prescribed (OME)		Quality Measures	No	No	No	No
4140F	Inhaled corticosteroids prescribed (Asthma)		Quality Measures	No	No	No	No
4142F	Corticosteroid sparing therapy prescribed (IBD)		Quality Measures	No	No	No	No
4144F	Alternative long-term control medication prescribed (Asthma)		Quality Measures	No	No	No	No
4145F	Two or more anti-hypertensive agents prescribed or currently being taken (CAD, HTN)		Quality Measures	No	No	No	No
4148F	Hepatitis A vaccine injection administered or previously received (HEP-C)		Quality Measures	No	No	No	No
4149F	Hepatitis B vaccine injection administered or previously received (HEP-C, HIV) (IBD)		Quality Measures	No	No	No	No
4150F	Patient receiving antiviral treatment for Hepatitis C (HEP-C)		Quality Measures	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
4153F	Combination peginterferon and ribavirin therapy prescribed (HEP-C)		Quality Measures	No	No	No	No
4155F	Hepatitis A vaccine series previously received (HEP-C)		Quality Measures	No	No	No	No
4157F	Hepatitis B vaccine series previously received (HEP-C)		Quality Measures	No	No	No	No
4158F	Patient counseled about risks of alcohol use (HEP-C)		Quality Measures	No	No	No	No
4159F	Counseling regarding contraception received prior to initiation of antiviral treatment (HEP-C)		Quality Measures	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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
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
4165F	3-dimensional conformal radiotherapy (3D-CRT) or intensity modulated radiation therapy (IMRT) received (PRCA)		Quality Measures	No	No	No	No
4167F	Head of bed elevation (30-45 degrees) on first ventilator day ordered (CRIT)		Quality Measures	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
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
4171F	Patient receiving erythropoiesis-stimulating agents (ESA) therapy (CKD)		Quality Measures	No	No	No	No
4172F	Patient not receiving erythropoiesis-stimulating agents (ESA) therapy (CKD)		Quality Measures	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
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
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	
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
4178F	Anti-D immune globulin received between 26 and 30 weeks gestation (Pre-Cr)		Quality Measures	No	No	No	No
4179F	Tamoxifen or aromatase inhibitor (AI) prescribed (ONC)		Quality Measures	No	No	No	No
4180F	Adjuvant chemotherapy referred, prescribed, or previously received for Stage III colon cancer (ONC)		Quality Measures	No	No	No	No
4181F	Conformal radiation therapy received (NMA-No Measure Associated)		Quality Measures	No	No	No	No
4182F	Conformal radiation therapy not received (NMA-No Measure Associated)		Quality Measures	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
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
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
4188F	Appropriate angiotensin converting enzyme (ACE)/angiotensin receptor blockers (ARB) therapeutic monitoring test ordered or performed (AM)		Quality Measures	No	No	No	No
4189F	Appropriate digoxin therapeutic monitoring test ordered or performed (AM)		Quality Measures	No	No	No	No
4190F	Appropriate diuretic therapeutic monitoring test ordered or performed (AM)		Quality Measures	No	No	No	No
4191F	Appropriate anticonvulsant therapeutic monitoring test ordered or performed (AM)		Quality Measures	No	No	No	No
4192F	Patient not receiving glucocorticoid therapy (RA)		Quality Measures	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
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
4195F	Patient receiving first-time biologic disease modifying anti-rheumatic drug therapy for rheumatoid arthritis (RA)		Quality Measures	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
4200F	External beam radiotherapy as primary therapy to prostate with or without nodal irradiation (PRCA)		Quality Measures	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
4210F	Angiotensin converting enzyme (ACE) or angiotensin receptor blockers (ARB) medication therapy for 6 months or more (MM)		Quality Measures	No	No	No	No
4220F	Digoxin medication therapy for 6 months or more (MM)		Quality Measures	No	No	No	No
4221F	Diuretic medication therapy for 6 months or more (MM)		Quality Measures	No	No	No	No
4230F	Anticonvulsant medication therapy for 6 months or more (MM)		Quality Measures	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
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
4245F	Patient counseled during the initial visit to maintain or resume normal activities (BkP)		Quality Measures	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
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
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
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
4260F	Wound surface culture technique used (CWC)		Quality Measures	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
4265F	Use of wet to dry dressings prescribed or recommended (CWC)		Quality Measures	No	No	No	No
4266F	Use of wet to dry dressings neither prescribed nor recommended (CWC)		Quality Measures	No	No	No	No
4267F	Compression therapy prescribed (CWC)		Quality Measures	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
4269F	Appropriate method of offloading (pressure relief) prescribed (CWC)		Quality Measures	No	No	No	No
4270F	Patient receiving potent antiretroviral therapy for 6 months or longer (HIV)		Quality Measures	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
4274F	Influenza immunization administered or previously received (HIV) (P-ESRD)		Quality Measures	No	No	No	No
4276F	Potent antiretroviral therapy prescribed (HIV)		Quality Measures	No	No	No	No
4279F	Pneumocystis jiroveci pneumonia prophylaxis prescribed (HIV)		Quality Measures	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
4290F	Patient screened for injection drug use (HIV)		Quality Measures	No	No	No	No
4293F	Patient screened for high-risk sexual behavior (HIV)		Quality Measures	No	No	No	No
4300F	Patient receiving warfarin therapy for nonvalvular atrial fibrillation or atrial flutter (AFIB)		Quality Measures	No	No	No	No
4301F	Patient not receiving warfarin therapy for nonvalvular atrial fibrillation or atrial flutter (AFIB)		Quality Measures	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
4306F	Patient counseled regarding psychosocial and pharmacologic treatment options for opioid addiction (SUD)		Quality Measures	No	No	No	No
4320F	Patient counseled regarding psychosocial and pharmacologic treatment options for alcohol dependence (SUD)		Quality Measures	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
4322F	Caregiver provided with education and referred to additional resources for support (DEM)		Quality Measures	No	No	No	No
4324F	Patient (or caregiver) queried about Parkinson's disease medication related motor complications (Prkns)		Quality Measures	No	No	No	No
4325F	Medical and surgical treatment options reviewed with patient (or caregiver) (Prkns)		Quality Measures	No	No	No	No
4326F	Patient (or caregiver) queried about symptoms of autonomic dysfunction (Prkns)		Quality Measures	No	No	No	No
4328F	Patient (or caregiver) queried about sleep disturbances (Prkns)		Quality Measures	No	No	No	No
4330F	Counseling about epilepsy specific safety issues provided to patient (or caregiver(s)) (EPI)		Quality Measures	No	No	No	No
4340F	Counseling for women of childbearing potential with epilepsy (EPI)		Quality Measures	No	No	No	No
4350F	Counseling provided on symptom management, end of life decisions, and palliation (DEM)		Quality Measures	No	No	No	No
4400F	Rehabilitative therapy options discussed with patient (or caregiver) (Prkns)		Quality Measures	No	No	No	No
4450F	Self-care education provided to patient (HF)		Quality Measures	No	No	No	No
4470F	Implantable cardioverter-defibrillator (ICD) counseling provided (HF)		Quality Measures	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
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
4500F	Referred to an outpatient cardiac rehabilitation program (CAD)		Quality Measures	No	No	No	No
4510F	Previous cardiac rehabilitation for qualifying cardiac event completed (CAD)		Quality Measures	No	No	No	No
4525F	Neuropsychiatric intervention ordered (DEM)		Quality Measures	No	No	No	No
4526F	Neuropsychiatric intervention received (DEM)		Quality Measures	No	No	No	No
4540F	Disease modifying pharmacotherapy discussed (ALS)		Quality Measures	No	No	No	No
4541F	Patient offered treatment for pseudobulbar affect, sialorrhea, or ALS-related symptoms (ALS)		Quality Measures	No	No	No	No
4550F	Options for noninvasive respiratory support discussed with patient (ALS)		Quality Measures	No	No	No	No
4551F	Nutritional support offered (ALS)		Quality Measures	No	No	No	No
4552F	Patient offered referral to a speech language pathologist (ALS)		Quality Measures	No	No	No	No
4553F	Patient offered assistance in planning for end of life issues (ALS)		Quality Measures	No	No	No	No
4554F	Patient received inhalational anesthetic agent (Peri2)		Quality Measures	No	No	No	No
4555F	Patient did not receive inhalational anesthetic agent (Peri2)		Quality Measures	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
4557F	Patient does not exhibit 3 or more risk factors for post-operative nausea and vomiting (Peri2)		Quality Measures	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
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
4560F	Anesthesia technique did not involve general or neuraxial anesthesia (Peri2)		Quality Measures	No	No	No	No
4561F	Patient has a coronary artery stent (Peri2)		Quality Measures	No	No	No	No
4562F	Patient does not have a coronary artery stent (Peri2)		Quality Measures	No	No	No	No
4563F	Patient received aspirin within 24 hours prior to anesthesia start time (Peri2)		Quality Measures	No	No	No	No
5005F	Patient counseled on self-examination for new or changing moles (ML)		Quality Measures	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
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
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
5050F	Treatment plan communicated to provider(s) managing continuing care within 1 month of diagnosis (ML)		Quality Measures	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
5062F	Findings from diagnostic mammogram communicated to the patient within 5 days of exam interpretation (RAD)		Quality Measures	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
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
5250F	Asthma discharge plan provided to patient (Asthma)		Quality Measures	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
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
6015F	Patient receiving or eligible to receive foods, fluids, or medication by mouth (STR)		Quality Measures	No	No	No	No
6020F	NPO (nothing by mouth) ordered (STR)		Quality Measures	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
6040F	Use of appropriate radiation dose reduction devices OR manual techniques for appropriate moderation of exposure, documented (RAD)		Quality Measures	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
6070F	Patient queried and counseled about anti-epileptic drug (AED) side effects (EPI)		Quality Measures	No	No	No	No
6080F	Patient (or caregiver) queried about falls (Prkns, DSP)		Quality Measures	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
6100F	Timeout to verify correct patient, correct site, and correct procedure, documented (PATH)		Quality Measures	No	No	No	No
6101F	Safety counseling for dementia provided (DEM)		Quality Measures	No	No	No	No
6102F	Safety counseling for dementia ordered (DEM)		Quality Measures	No	No	No	No
6110F	Counseling provided regarding risks of driving and the alternatives to driving (DEM)		Quality Measures	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
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
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
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
9004F	Aortic aneurysm 6.0 cm or greater maximum diameter on centerline formatted CT or minor diameter on axial formatted CT (NMA-No Measure		Quality Measures	No	No	No	No
9005F	Asymptomatic carotid stenosis: No history of any transient ischemic attack or stroke in any carotid or vertebrobasilar territory (NMA-No Measure Associated)		Quality Measures	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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
9007F	Other carotid stenosis: Ipsilateral TIA or stroke 120 days or greater prior to procedure or any prior contralateral carotid territory or vertebrobasilar TIA or stroke (NMA-No Measure Associated)		Quality Measures	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
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	Experimental/Investigational	Category III	Yes	yes	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
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
0071T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue		Category III	Yes	yes	yes	No
0072T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue		Category III	Yes	yes	yes	No
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
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
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
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
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
0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified, high energy		Category III	Yes	yes	yes	No
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
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
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
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
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
0110T	Quantitative sensory testing (QST), testing and interpretation per extremity; using other stimuli to assess sensation		Category III	Yes	yes	yes	No
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
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
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
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
0184T	Excision of rectal tumor, transanal endoscopic microsurgical approach (ie, TEMS), including muscularis propria (ie, full thickness)		Category III	Yes	yes	yes	No
0198T	Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report		Category III	Yes	yes	yes	No
0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed		Category III	Yes	yes	yes	No
0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed		Category III	Yes	yes	yes	No
0202T	Posterior vertebral joint(s) arthroplasty (eg, facet joint[s] replacement), including facetectomy, laminectomy, foraminotomy, and vertebral column fixation, injection of bone cement, when performed, including fluoroscopy, single level, lumbar spine		Category III	Yes	yes	yes	No
0207T	Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral		Category III	Yes	yes	yes	No
0208T	Pure tone audiometry (threshold), automated; air only		Category III	Yes	yes	yes	No
0209T	Pure tone audiometry (threshold), automated; air and bone		Category III	Yes	yes	yes	No
0210T	Speech audiometry threshold, automated;		Category III	Yes	yes	yes	No
0211T	Speech audiometry threshold, automated; with speech recognition		Category III	Yes	yes	yes	No
0212T	Comprehensive audiometry threshold evaluation and speech recognition (0209T, 0211T combined), automated		Category III	Yes	yes	yes	No
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	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	Yes
0215T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)		Category III	Yes	yes	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	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	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	Yes
0219T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical		Category III	Yes	yes	yes	No
0220T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic		Category III	Yes	yes	yes	No
0221T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar		Category III	Yes	yes	yes	No
0222T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional vertebral segment (List separately in addition to code for primary procedure)		Category III	Yes	yes	yes	No
0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed		Category III	Yes	yes	yes	No
0234T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; renal artery		Category III	Yes	yes	yes	No
0235T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; visceral artery (except renal), each vessel		Category III	Yes	yes	yes	No
0236T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; abdominal aorta		Category III	Yes	yes	yes	No
0237T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; brachiocephalic trunk and branches, each vessel		Category III	Yes	yes	yes	No
0238T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; iliac artery, each vessel		Category III	Yes	yes	yes	No
0253T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the suprachoroidal space		Category III	Yes	yes	yes	No
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
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
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
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
0267T	mplantation 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
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
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
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
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
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
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
0274T	Percutaneous 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
0275T	Percutaneous 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
0278T	Transcutaneous electrical modulation pain reprocessing (eg, scrambler therapy), each treatment session (includes placement of electrodes)		Category III	Yes	yes	yes	No
0308T	Insertion of ocular telescope prosthesis including removal of crystalline lens or intraocular lens prosthesis		Category III	Yes	yes	yes	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
0329T	Monitoring of intraocular pressure for 24 hours or longer, unilateral or bilateral, with interpretation and report		Category III	Yes	yes	yes	No
0330T	Tear film imaging, unilateral or bilateral, with interpretation and report		Category III	Yes	yes	yes	No
0331T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment;		Category III	Yes	yes	yes	No
0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT		Category III	Yes	yes	yes	No
0333T	Visual evoked potential, screening of visual acuity, automated, with report		Category III	Yes	yes	yes	No
0335T	Insertion of sinus tarsi implant		Category III	Yes	yes	yes	No
0338T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; unilateral		Category III	Yes	yes	yes	No
0339T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; bilateral		Category III	Yes	yes	yes	No
0342T	Therapeutic apheresis with selective HDL delipidation and plasma reinfusion		Category III	Yes	yes	yes	No
0345T	Transcatheter mitral valve repair percutaneous approach via the coronary sinus		Category III	Yes	yes	yes	No
0347T	Placement of interstitial device(s) in bone for radiostereometric analysis (RSA)		Category III	Yes	yes	yes	No
0348T	Radiologic examination, radiostereometric analysis (RSA); spine, (includes cervical, thoracic and lumbosacral, when performed)		Category III	Yes	yes	yes	No
0349T	Radiologic examination, radiostereometric analysis (RSA); upper extremity(ies), (includes shoulder, elbow, and wrist, when performed)		Category III	Yes	yes	yes	No
0350T	Radiologic examination, radiostereometric analysis (RSA); lower extremity(ies), (includes hip, proximal femur, knee, and ankle, when performed)		Category III	Yes	yes	yes	No
0351T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; real-time intraoperative		Category III	Yes	yes	yes	No
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
0353T	Optical coherence tomography of breast, surgical cavity; real-time intraoperative		Category III	Yes	yes	yes	No
0354T	Optical coherence tomography of breast, surgical cavity; interpretation and report, real-time or referred		Category III	Yes	yes	yes	No
0358T	Bioelectrical impedance analysis whole body composition assessment, with interpretation and report		Category III	Yes	yes	yes	No
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	Yes
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	Yes
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
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
0394T	High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed		Category III	Yes	yes	yes	No
0395T	High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed		Category III	Yes	yes	yes	No
0397T	Endoscopic retrograde cholangiopancreatography (ERCP), with optical endomicroscopy (List separately in addition to code for primary procedure)		Category III	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
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
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
0404T	Transcervical uterine fibroid(s) ablation with ultrasound guidance, radiofrequency		Category III	No	No	No	No
0408T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator with transvenous electrodes		Category III	Yes	yes	yes	No
0409T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator only		Category III	Yes	yes	yes	No
0410T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; atrial electrode only		Category III	Yes	yes	yes	No
0411T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; ventricular electrode only		Category III	Yes	yes	yes	No
0412T	Removal of permanent cardiac contractility modulation system; pulse generator only		Category III	Yes	yes	yes	No
0413T	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)		Category III	Yes	yes	yes	No
0414T	Removal and replacement of permanent cardiac contractility modulation system pulse generator only		Category III	Yes	yes	yes	No
0415T	Repositioning of previously implanted cardiac contractility modulation transvenous electrode, (atrial or ventricular lead)		Category III	Yes	yes	yes	No
0416T	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator		Category III	Yes	yes	yes	No
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
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
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
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
0421T	Transurethral waterjet ablation of prostate, including control of post-operative bleeding, including ultrasound guidance, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included when performed)		Category III	Yes	yes	yes	No
0422T	Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral	Assist at surgery	Category III	Yes	yes	yes	No
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
0425T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; sensing lead only		Category III	Yes	yes	yes	No
0426T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; stimulation lead only		Category III	Yes	yes	yes	No
0427T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; pulse generator only		Category III	Yes	yes	yes	No
0428T	Removal of neurostimulator system for treatment of central sleep apnea; pulse generator only		Category III	Yes	yes	yes	No
0429T	Removal of neurostimulator system for treatment of central sleep apnea; sensing lead only		Category III	Yes	yes	yes	No
0430T	Removal of neurostimulator system for treatment of central sleep apnea; stimulation lead only		Category III	Yes	yes	yes	No
0431T	Removal and replacement of neurostimulator system for treatment of central sleep apnea, pulse generator only		Category III	Yes	yes	yes	No
0432T	Repositioning of neurostimulator system for treatment of central sleep apnea; stimulation lead only		Category III	Yes	yes	yes	No
0433T	Repositioning of neurostimulator system for treatment of central sleep apnea; sensing lead only		Category III	Yes	yes	yes	No
0434T	Interrogation device evaluation implanted neurostimulator pulse generator system for central sleep apnea		Category III	Yes	yes	yes	No
0435T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; single session		Category III	Yes	yes	yes	No
0436T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; during sleep study		Category III	Yes	yes	yes	No
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
0439T	Myocardial contrast perfusion echocardiography, at rest or with stress, for assessment of myocardial ischemia or viability (List separately in addition to code for primary procedure)	No separate payment/packaged with surgery	Category III	No	No	No	No
0440T	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve		Category III	Yes	yes	yes	No
0441T	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve		Category III	Yes	yes	yes	No
0442T	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve)		Category III	Yes	yes	yes	No
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
0444T	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
0445T	Subsequent placement of a drug-eluting ocular insert under one or more eyelids, including re-training, and removal of existing insert, unilateral or bilateral	No separate payment/packaged with surgery	Category III	No	No	No	No
0446T	Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training		Category III	Yes	yes	yes	No
0447T	Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision		Category III	Yes	yes	yes	No
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
0449T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device		Category III	Yes	yes	yes	No
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
0464T	Visual evoked potential, testing for glaucoma, with interpretation and report		Category III	Yes	yes	yes	No
0465T	Suprachoroidal injection of a pharmacologic agent (does not include supply of medication)	Office based procedure	Category III	Yes	yes	yes	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
0469T	Retinal polarization scan, ocular screening with on-site automated results, bilateral		Category III	NC	NC	NC	No
0472T	Device evaluation, interrogation, and initial programming of intraocular retinal electrode array (eg, retinal prosthesis), in person, with iterative adjustment of the implantable device to test functionality, select optimal permanent programmed values with analysis, including visual training, with review and report by a qualified health care professional		Category III	Yes	yes	yes	No
0473T	Device evaluation and interrogation of intraocular retinal electrode array (eg, retinal prosthesis), in person, including reprogramming and visual training, when performed, with review and report by a qualified health care professional		Category III	Yes	yes	yes	No
0474T	Insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space		Category III	Yes	yes	yes	No
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
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
0481T	Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation, when performed		Category III	Yes	yes	yes	No
0483T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach, including transseptal puncture, when performed		Category III	Yes	yes	yes	No
0484T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic exposure (eg, thoracotomy, transapical)		Category III	Yes	yes	yes	No
0485T	Optical coherence tomography (OCT) of middle ear, with interpretation and report; unilateral		Category III	Yes	yes	yes	No
0486T	Optical coherence tomography (OCT) of middle ear, with interpretation and report; bilateral		Category III	Yes	yes	yes	No
0488T	Preventive behavior change, online/electronic structured intensive program for prevention of diabetes using a standardized diabetes prevention program curriculum, provided to an individual, per 30 days		Category III	Yes	yes	yes	No
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
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
0494T	Surgical preparation and cannulation of marginal (extended) cadaver donor lung(s) to ex vivo organ perfusion system, including decannulation, separation from the perfusion system, and cold preservation of the allograft prior to implantation, when performed		Category III	Yes	yes	yes	No
0495T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; first two hours in sterile field		Category III	Yes	yes	yes	No
0496T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; each additional hour (List separately in addition to code for primary procedure)		Category III	Yes	yes	yes	No
0499T	Cystourethroscopy, with mechanical dilation and urethral therapeutic drug delivery for urethral stricture or stenosis, including fluoroscopy, when performed		Category III	Yes	yes	yes	no
0500T	Infectious agent detection by nucleic acid (DNA or RNA), human papillomavirus (HPV) for five or more separately reported high-risk HPV types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) (ie, genotyping)		Category III	No	No	No	No
0501T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission, analysis of fluid dynamics and simulated maximal coronary hyperemia, generation of estimated FFR model, with anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report		Category III	Yes	yes	No	No
0502T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission	No separate payment/packaged	Category III	No	No	No	No
0503T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model	No separate payment/packaged	Category III	No	No	No	No
0504T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report		Category III	No	No	No	No
0505T	Endovenous femoral-popliteal arterial revascularization, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed, with crossing of the occlusive lesion in an extraluminal fashion		Category III	Yes	yes	yes	No
0506T	Macular pigment optical density measurement by heterochromatic flicker photometry, unilateral or bilateral, with interpretation and report		Category III	No	No	No	No
0507T	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
0508T	Pulse-echo ultrasound bone density measurement resulting in indicator of axial bone mineral density, tibia		Category III	No	No	No	No
0509T	Electroretinography (ERG) with interpretation and report, pattern (PERG)		Category III	No	No	No	No
0510T	Removal of sinus tarsi implant		Category III	Yes	yes	yes	No
0511T	Removal and reinsertion of sinus tarsi implant		Category III	Yes	yes	yes	No
0512T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound		Category III	No	No	No	No
0513T	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
0515T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; complete system (includes electrode and generator [transmitter and battery])		Category III	Yes	yes	yes	Yes
0516T	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	Yes
0517T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; pulse generator component(s) (battery and/or transmitter) only		Category III	Yes	yes	yes	Yes
0518T	Removal of only pulse generator component(s) (battery and/or transmitter) of wireless cardiac stimulator for left ventricular pacing		Category III	Yes	yes	yes	Yes
0519T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter)		Category III	Yes	yes	yes	Yes
0520T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter), including placement of a new electrode		Category III	Yes	yes	yes	Yes
0521T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording, and disconnection per patient encounter, wireless cardiac stimulator for left ventricular pacing		Category III	No	No	No	No
0522T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, wireless cardiac stimulator for left ventricular pacing		Category III	No	No	No	No
0523T	Intraprocedural coronary fractional flow reserve (FFR) with 3D functional mapping of color-coded FFR values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention (List separately in addition to code for primary procedure)	No separate payment/packaged	Category III	No	No	No	No
0524T	Endovenous catheter directed chemical ablation with balloon isolation of incompetent extremity vein, open or percutaneous, including all vascular access, catheter manipulation, diagnostic imaging, imaging guidance and monitoring		Category III	No	No	No	Yes
0525T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; complete system (electrode and implantable monitor)		Category III	Yes	yes	yes	No
0526T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; electrode only		Category III	Yes	yes	yes	No
0527T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; implantable monitor only		Category III	Yes	yes	yes	No
0528T	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
0529T	Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report		Category III	No	No	No	No
0530T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; complete system (electrode and implantable monitor)		Category III	Yes	yes	yes	No
0531T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; electrode only		Category III	Yes	yes	yes	No
0532T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; implantable monitor only		Category III	Yes	yes	yes	No
0533T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; includes set-up, patient training, configuration of monitor, data upload, analysis and initial report configuration, download review, interpretation and report		Category III	Yes	yes	yes	No
0534T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; set-up, patient training, configuration of monitor		Category III	Yes	yes	yes	No
0535T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; data upload, analysis and initial report configuration		Category III	Yes	yes	yes	No
0536T	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
0537T	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
0538T	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
0539T	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration		Category III	Yes	yes	yes	No
0540T	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous		Category III	Yes	yes	yes	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
0541T	Myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition using minimum 36 channel grid, generation of magnetic-field time-series images, quantitative analysis of magnetic dipoles, machine learning-derived clinical scoring, and automated report generation, single study;		Category III	Yes	yes	yes	No
0542T	Myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition using minimum 36 channel grid, generation of magnetic-field time-series images, quantitative analysis of magnetic dipoles, machine learning-derived clinical scoring, and automated report generation, single study; interpretation and report		Category III	Yes	yes	yes	No
0543T	Transapical mitral valve repair, including transthoracic echocardiography, when performed, with placement of artificial chordae tendineae		Category III	Yes	yes	yes	No
0544T	Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach including transseptal puncture		Category III	Yes	yes	yes	No
0545T	Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach		Category III	Yes	yes	yes	No
0546T	Radiofrequency spectroscopy, real time, intraoperative margin assessment, at the time of partial mastectomy, with report		Category III	Yes	yes	yes	No
0547T	Bone-material quality testing by microindentation(s) of the tibia(s), with results reported as a score		Category III	Yes	yes	yes	No
0552T	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
0553T	Percutaneous transcatheter placement of iliac arteriovenous anastomosis implant, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention		Category III	Yes	yes	yes	No
0554T	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
0555T	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
0556T	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
0557T	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
0558T	Computed tomography scan taken for the purpose of biomechanical computed tomography analysis		Category III	Yes	yes	yes	No
0559T	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
0560T	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
0561T	Anatomic guide 3D-printed and designed from image data set(s); first anatomic guide		Category III	Yes	yes	yes	No
0562T	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
0563T	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
0564T	Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor cells, categorical drug response reported based on percent of cytotoxicity observed, a minimum of 14 drugs or drug combinations		Category III	Yes	yes	yes	No
0565T	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
0566T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; injection of cellular implant into knee joint including ultrasound guidance, unilateral		Category III	Yes	yes	yes	No
0567T	Permanent fallopian tube occlusion with degradable biopolymer implant, transcervical approach, including transvaginal ultrasound		Category III	Yes	yes	yes	No
0568T	Introduction of mixture of saline and air for sonosalpingography to confirm occlusion of fallopian tubes, transcervical approach, including transvaginal ultrasound and pelvic ultrasound		Category III	No	No	No	No
0569T	Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis		Category III	Yes	yes	yes	No
0570T	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
0571T	Insertion or replacement of implantable cardioverter-defibrillator system with substernal electrode(s), including all imaging guidance and electrophysiological evaluation (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters), when performed		Category III	No	No	No	No
0572T	Insertion of substernal implantable defibrillator electrode		Category III	No	No	No	No
0573T	Removal of substernal implantable defibrillator electrode		Category III	No	No	No	No
0574T	Repositioning of previously implanted substernal implantable defibrillator-pacing electrode		Category III	No	No	No	No
0575T	Programming device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional		Category III	No	No	No	No
0576T	Interrogation device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter		Category III	No	No	No	No
0577T	Electrophysiologic evaluation of implantable cardioverter-defibrillator system with substernal electrode (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)		Category III	No	No	No	No
0577T	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
0578T	Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional		Category III	No	No	No	No
0579T	Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results		Category III	No	No	No	No
0580T	Removal of substernal implantable defibrillator pulse generator only		Category III	Yes	yes	yes	No
0581T	Ablation, malignant breast tumor(s), percutaneous, cryotherapy, including imaging guidance when performed, unilateral		Category III	Yes	yes	yes	No
0582T	Transurethral ablation of malignant prostate tissue by high-energy water vapor thermotherapy, including intraoperative imaging and needle guidanc		Category III	Yes	yes	yes	No
0583T	Tympanostomy (requiring insertion of ventilating tube), using an automated tube delivery system, iontophoresis local anesthesia		Category III	Yes	yes	yes	No
0584T	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
0585T	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
0586T	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
0587T	Percutaneous implantation or replacement of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve		Category III	Yes	yes	yes	No
0588T	Revision or removal of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve		Category III	Yes	yes	yes	No
0589T	Electronic analysis with simple programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 1-3 parameters		Category III	No	No	No	No
0590T	Electronic analysis with complex programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 4 or more parameters		Category III	No	No	No	No
0591T	Health and well-being coaching face-to-face; individual, initial assessment		Category III	Yes	yes	yes	No
0592T	Health and well-being coaching face-to-face; individual, follow-up session, at least 30 minutes		Category III	Yes	yes	yes	No
0593T	Health and well-being coaching face-to-face; group (2 or more individuals), at least 30 minutes		Category III	Yes	yes	yes	No
0594T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); initial insertion, including urethral measurement		Category III	Yes	Yes	Yes	No
0596T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); replacement		Category III	Yes	Yes	Yes	No
0597T	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
0598T	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
0599T	Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging guidance, when performed, percutaneous		Category III	Yes	Yes	Yes	No
0600T	Ablation, irreversible electroporation; 1 or more tumors, including fluoroscopic and ultrasound guidance, when performed, open		Category III	Yes	Yes	Yes	No
0601T	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
0602T	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
0603T	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
0604T	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
0605T	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
0606T	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
0607T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; analysis of data received and transmission of reports to the physician or other qualified health care professional		Category III	No	No	No	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
0608T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (ie, lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and collagen) in at least 3 discs		Category III	Yes	Yes	Yes	No
0609T	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	Yes
0610T	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	Yes
0611T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report		Category III	Yes	Yes	Yes	Yes
0612T	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	Yes
0613T	Removal and replacement of substernal implantable defibrillator pulse generator		Category III	No	No	No	No
0614T	Eye-movement analysis without spatial calibration, with interpretation and report		Category III	No	No	No	No
0615T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; without removal of crystalline lens or intraocular lens, without insertion of intraocular lens		Category III	Yes	Yes	Yes	No
0616T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; with removal of crystalline lens and insertion of intraocular lens		Category III	Yes	Yes	Yes	No
0617T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; with secondary intraocular lens placement or intraocular lens exchange		Category III	Yes	Yes	Yes	No
0618T	Cystourethroscopy with transurethral anterior prostate commissurotomy and drug delivery, including transrectal ultrasound and fluoroscopy, when performed		Category III	No	No	No	No
0619T	Endovascular venous arterialization, tibial or peroneal vein, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed		Category III	Yes	Yes	Yes	No
0620T	Trabeculostomy ab interno by laser;		Category III	Yes	Yes	Yes	No
0621T	Trabeculostomy ab interno by laser; with use of ophthalmic endoscope		Category III	Yes	Yes	Yes	No
0622T	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	No	No	No	No
0623T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission		Category III	No	No	No	No
0624T	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
0625T	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
0626T	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
0627T	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
0628T	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	Yes
0629T	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	Yes
0630T	Transcutaneous visible light hyperspectral imaging measurement of oxyhemoglobin, deoxyhemoglobin, and tissue oxygenation, with interpretation and report, per extremity		Category III	Yes	Yes	Yes	Yes
0631T	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
0632T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material		Category III	No	No	No	No
0633T	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)		Category III	No	No	No	Yes
0634T	Computed tomography, breast, including 3D rendering, when performed, unilateral;without contrast, followed by contrast material(s)		Category III	No	No	No	Yes
0635T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material		Category III	No	No	No	Yes
0636T	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)		Category III	No	No	No	Yes
0637T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)		Category III	No	No	No	Yes
0638T	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	Yes
0594T	Osteotomy, humerus, with insertion of an externally controlled intramedullary lengthening device, including intraoperative imaging, initial and subsequent alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device		Category III	Yes	yes	yes	No
0596T	Temporary female intrautethral valve-pump(ie, voiding prosthesis); initial insertion, including urethral measurement		Category III	Yes	yes	yes	No
0597T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); replacement		Category III	Yes	yes	yes	No
0598T	Noncontact real-time flourescence wound imaging, for bacterial presence, location, and load, per session; first anatomic site (eg, lower extremity)		Category III	No	No	No	No
0599T	Noncontact real-time flourescence 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 0598T	Category III	No	No	No	No
0600T	Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging guidance, when performed, percutaneous		Category III	Yes	yes	yes	No
0601T	Ablation, irreversible electroporation; 1 or more tumors, including fluoroscopic and ultrasound guidance, when performed, open		Category III	Yes	yes	yes	No
0602T	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
0603T	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
0604T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral, initial device providion, set-up and patient education on use of equipment		Category III	No	No	No	No
0605T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; remote surveillance center technical support, data analyses and reports, with a minimum of 8 daily recordings, each 30 days		Category III	No	No	No	No
0606T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; review, interpretation and report by the prescribing physician or other qualified health care professional of remote surveillance center data analyses, each 30 days		Category III	No	No	No	No
0607T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; set-up and patient education on use of equipment		Category III	Yes	yes	yes	No
0608T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; analysis of data received and transmission of reports to the physician or other qualified health care professional		Category III	Yes	Yes	Yes	No
0609T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (ie, lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and collagen) in at least 3 discs		Category III	Yes	Yes	Yes	No
0610T	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
0611T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); postprocessing for algorithmic analysis of biomarker data for determination of relative chemical differences between discs		Category III	Yes	Yes	Yes	No
0612T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar) interpretation and report		Category III	Yes	Yes	Yes	No
0613T	Percutaneous transcatheter implantation of interatrial septal shunt device, including right and left heart catheterization, intracardiac echocardiography, and imaging guidance by the proceduralist, when performed		Category III	Yes	Yes	Yes	No
0614T	Removal and replacement of substernal implantable defibrillator pulse generator		Category III	Yes	yes	yes	No
0615T	Eye-movement analysis without spatial calibration, with interpretation and report		Category III	No	No	No	No
0616T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; without removal of crystalline lens or intraocular lens, without insertion of intraocular lens		Category III	Yes	yes	yes	No
0617T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; with removal of crystalline lens and insertion of intraocular lens		Category III	Yes	yes	yes	No
0618T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; with secondary intraocular lens placement or intraocular lens exchange		Category III	Yes	Yes	Yes	No
0619T	Cystourethroscopy with transurethral anterior prostate commissurotomy and drug delivery, including transrectal ultrasound and fluoroscopy, when performed		Category III	Yes	Yes	Yes	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
0621T	Trabeculostomy ab interno by laser		Category III	Yes	Yes	Yes	No
0622T	Trabeculostomy ab interno by laser; with use of ophthalmic endoscope		Category III	Yes	Yes	Yes	No
0627T	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
0628T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar, each additional level	List separately in addition to code for primary procedure	Category III	Yes	yes	yes	No
0629T	Percutaneous injection of allogeneic cellular and/or tissue-based product, interbertebral disc, unilateral or bilateral injection, with CT guidance, lumbar, first level		Category III	Yes	yes	yes	No
0630T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar, each additional level	List separately in addition to code for primary procedure	Category III	Yes	yes	yes	No
0631T	Transcutaneous visible light hyperspectral imaging measurement of oxyhemoglobin, deoxyhemoglobin, and tissue oxygenation, with interpretation and report, per extremity		Category III	Yes	yes	yes	No
0632T	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
0633T	Computted tomography, breast, including 3D rendering, when performed, unilateral; without contrast material		Category III	Yes	Yes	Yes	No
0634T	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)		Category III	Yes	Yes	Yes	No
0635T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)		Category III	Yes	Yes	Yes	No
0636T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)		Category III	Yes	Yes	Yes	No
0637T	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)		Category III	Yes	Yes	Yes	No
0638T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)		Category III	Yes	Yes	Yes	No
0639T	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
0640T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO2]); image acquisition, interpretation and report, each flap or wound		Category III	Yes	Yes	Yes	No
0641T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO2]); image acquisition only, each flap or wound		Category III	Yes	Yes	Yes	No
0642T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO2]); interpretation and report only, each flap or wound		Category III	Yes	Yes	Yes	No
0643T	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
0644T	Transcatheter removal or debulking of intracardiac mass (eg, vegetations, thrombus) via suction (eg, vacuum, aspiration) device, percutaneous approach, with intraoperative reinfusion of aspirated blood, including imaging guidance, when performed		Category III	Yes	Yes	Yes	No
0645T	Transcatheter implantation of coronary sinus reduction device including vascular access and closure, right heart catheterization, venous angiography, coronary sinus angiography, imaging guidance, and supervision and interpretation, when performed		Category III	Yes	Yes	Yes	No
0646T	Transcatheter tricuspid valve implantation (TTVI)/replacement with prosthetic valve, percutaneous approach, including right heart catheterization, temporary pacemaker insertion, and selective right ventricular or right atrial angiography, when performed		Category III	Yes	Yes	Yes	No
0647T	Insertion of gastrostomy tube, percutaneous, with magnetic gastropexy, under ultrasound guidance, image documentation and report		Category III	Yes	Yes	Yes	No
0648T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session		Category III	Yes	Yes	Yes	No
0649T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure)		Category III	Yes	Yes	Yes	No
0650T	Programming device evaluation (remote) of subcutaneous cardiac rhythm monitor system, with iterative adjustment of the implantable device to test the function of the device and select optimal permanently programmed values with analysis, review and report by a physician or other qualified health care professional		Category III	No	No	No	No
0651T	Magnetically controlled capsule endoscopy, esophagus through stomach, including intraprocedural positioning of capsule, with interpretation and report		Category III	Yes	Yes	Yes	No
0652T	Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)		Category III	No	No	No	No
0653T	Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single or multiple		Category III	No	No	No	No
0654T	Esophagogastroduodenoscopy, flexible, transnasal; with insertion of intraluminal tube or catheter		Category III	No	No	No	No
0655T	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
0656T	Vertebral body tethering, anterior; up to 7 vertebral segments		Category III	Yes	Yes	Yes	No
0657T	Vertebral body tethering, anterior; 8 or more vertebral segments		Category III	Yes	Yes	Yes	No
0658T	Electrical impedance spectroscopy of 1 or more skin lesions for automated melanoma risk score		Category III	No	No	No	No
0659T	Transcatheter intracoronary infusion of supersaturated oxygen in conjunction with percutaneous coronary revascularization during acute myocardial infarction, including catheter placement, imaging guidance (eg, fluoroscopy), angiography, and radiologic supervision and interpretation	Inpatient Procedure	Category III	No	No	No	No
0660T	Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach		Category III	Yes	Yes	Yes	No
0661T	Removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting implant		Category III	Yes	Yes	Yes	No
0662T	Scalp cooling, mechanical; initial measurement and calibration of cap		Category III	Yes	Yes	Yes	No
0663T	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
0664T	Donor hysterectomy (including cold preservation); open, from cadaver donor		Category III	NC	NC	NC	NC
0665T	Donor hysterectomy (including cold preservation); open, from living donor		Category III	NC	NC	NC	NC
0666T	Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor		Category III	NC	NC	NC	NC
0667T	Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living donor		Category III	NC	NC	NC	NC
0668T	Backbench standard preparation of cadaver or living donor uterine allograft prior to transplantation, including dissection and removal of surrounding soft tissues and preparation of uterine vein(s) and uterine artery(ies), as necessary		Category III	NC	NC	NC	NC
0669T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each		Category III	NC	NC	NC	NC
0670T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each		Category III	NC	NC	NC	NC
0671T	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
0672T	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
0673T	Ablation, benign thyroid nodule(s), percutaneous, laser, including imaging guidance		Category III	Yes	Yes	Yes	No
0674T	Laparoscopic insertion of new or replacement of permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including an implantable pulse generator and diaphragmatic lead(s)		Category III	Yes	Yes	Yes	No
0675T	Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first lead		Category III	Yes	Yes	Yes	No
0676T	Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; each additional lead (List separately in addition to code for primary procedure)		Category III	Yes	Yes	Yes	No
0677T	Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first repositioned lead		Category III	Yes	Yes	Yes	No
0678T	Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; each additional repositioned lead (List separately in addition to code for primary procedure)		Category III	Yes	Yes	Yes	No
0679T	Laparoscopic removal of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function		Category III	Yes	Yes	Yes	No
0680T	Insertion or replacement of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing lead(s)		Category III	Yes	Yes	Yes	No
0681T	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
0682T	Removal of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function		Category III	Yes	Yes	Yes	No
0683T	Programming device evaluation (in-person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function		Category III	No	No	No	No
0684T	Peri-procedural device evaluation (in-person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review, and report by a physician or other qualified health care professional, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function		Category III	No	No	No	No
0685T	Interrogation device evaluation (in-person) with analysis, review and report by a physician or other qualified health care professional, including connection, recording and disconnection per patient encounter, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function		Category III	No	No	No	No
0686T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant hepatocellular tissue, including image guidance		Category III	Yes	Yes	Yes	No
0687T	Treatment of amblyopia using an online digital program; device supply, educational set-up, and initial session		Category III	Yes	Yes	Yes	No
0688T	Treatment of amblyopia using an online digital program; assessment of patient performance and program data by physician or other qualified health care professional, with report, per calendar month		Category III	Yes	Yes	Yes	No
0689T	Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained without diagnostic ultrasound examination of the same anatomy (eg, organ, gland, tissue, target structure)		Category III	No	No	No	No
0690T	Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained with diagnostic ultrasound examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure)		Category III	No	No	No	No
0691T	Automated analysis of an existing computed tomography study for vertebral fracture(s), including assessment of bone density when performed, data preparation, interpretation, and report		Category III	Yes	Yes	Yes	No

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
0692T	Therapeutic ultrafiltration		Category III	Yes	Yes	Yes	No
0693T	Comprehensive full body computer-based markerless 3D kinematic and kinetic motion analysis and report		Category III	Yes	Yes	Yes	No
0694T	3-dimensional volumetric imaging and reconstruction of breast or axillary lymph node tissue, each excised specimen, 3-dimensional automatic specimen reorientation, interpretation and report, real-time intraoperative	Packaged with surgery	Category III	No	No	No	No
0695T	Body surface–activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) to optimize electrical synchrony, cardiac resynchronization therapy device, including connection, recording, disconnection, review, and report; at time of implant or replacement		Category III	Yes	Yes	Yes	No
0696T	Body surface–activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) to optimize electrical synchrony, cardiac resynchronization therapy device, including connection, recording, disconnection, review, and report; at time of follow-up interrogation or programming device evaluation		Category III	Yes	Yes	Yes	No
0697T			Category III				No
0697T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; multiple organs		Category III	Yes	Yes	Yes	No
0698T			Category III				No
0698T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); multiple organs (List separately in addition to code for primary procedure)		Category III	Yes	Yes	Yes	No
0699T	Injection, posterior chamber of eye, medication		Category III	Yes	Yes	Yes	No
0700T	Molecular fluorescent imaging of suspicious nevus; first lesion		Category III	Yes	Yes	Yes	No
0701T	Molecular fluorescent imaging of suspicious nevus; each additional lesion (List separately in addition to code for primary procedure)		Category III	Yes	Yes	Yes	No
0704T	Remote treatment of amblyopia using an eye tracking device; device supply with initial set-up and patient education on use of equipment		Category III	Yes	Yes	Yes	No
0705T	Remote treatment of amblyopia using an eye tracking device; surveillance center technical support including data transmission with analysis, with a minimum of 18 training hours, each 30 days		Category III	Yes	Yes	Yes	No
0706T	Remote treatment of amblyopia 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
0707T	Injection(s), bone-substitute material (eg, calcium phosphate) into subchondral bone defect (ie, bone marrow lesion, bone bruise, stress injury, microtrabecular fracture), including imaging guidance and arthroscopic assistance for joint visualization		Category III	Yes	Yes	Yes	No
0708T	Intradermal cancer immunotherapy; preparation and initial injection		Category III	Yes	Yes	Yes	No
0709T	Intradermal cancer immunotherapy; each additional injection (List separately in addition to code for primary procedure)		Category III	Yes	Yes	Yes	No
0710T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; including data preparation and transmission, quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability, data review, interpretation and report		Category III	No	No	Yes	Yes
0711T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission		Category III	No	No	Yes	Yes
0712T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability		Category III	No	No	Yes	Yes
0713T	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	Yes
0714T	Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance		Category III	No	No	No	No
0715T	Percutaneous transluminal coronary lithotripsy (list separately in addition to code for primary procedure)		Category III	Yes	Yes	Yes	No
0716T	Cardiac acoustic waveform recording with automated analysis and generation of coronary artery disease risk score		Category III	No	No	No	No
0717T	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; adipose tissue harvesting, isolation and preparation of harvested cells, including incubation with cell dissociation enzymes, filtration, washing and concentration of ADRCs		Category III	No	No	No	No
0718T	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
0719T	Posterior vertebral joint replacement, including bilateral facetectomy, laminectomy, and radical discectomy, including imaging guidance, lumbar spine, single segment		Category III	No	No	No	No
0720T	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation		Category III	Yes	Yes	Yes	No
0721T	Quantitative computed tomography (CT) tissue characterization, including interpretation and report, obtained without concurrent CT examination of any structure contained in previously acquired diagnostic imaging		Category III	No	No	No	No
0722T	Quantitative computed tomography (CT) tissue characterization, including interpretation and report, obtained with concurrent CT examination of any structure contained in the concurrently acquired diagnostic imaging dataset (List separately in addition to code for primary procedure)		Category III	No	No	No	No
0723T	Quantitative magnetic resonance cholangiopancreatography (QMRCP) including data preparation and transmission, interpretation and report, obtained without diagnostic magnetic resonance imaging (MRI) examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session		Category III	Yes	Yes	Yes	No
0724T	Quantitative magnetic resonance cholangiopancreatography (QMRCP) including data preparation and transmission, interpretation and report, obtained with diagnostic magnetic resonance imaging (MRI) examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure)		Category III	Yes	Yes	Yes	No
0725T	Vestibular device implantation, unilateral		Category III	Yes	Yes	Yes	No
0726T	Removal of implanted vestibular device, unilateral		Category III	Yes	Yes	Yes	No
0727T	Removal and replacement of implanted vestibular device, unilateral		Category III	Yes	Yes	Yes	No
0728T	Diagnostic analysis of vestibular implant, unilateral; with initial programming		Category III	Yes	Yes	Yes	No
0729T	Diagnostic analysis of vestibular implant, unilateral; with subsequent programming		Category III	Yes	Yes	Yes	No
0730T	Trabeculotomy by laser, including optical coherence tomography (OCT) guidance		Category III	Yes	Yes	Yes	No
0731T	Augmentative AI-based facial phenotype analysis with report		Category III	Yes	Yes	Yes	No
0732T	Immunotherapy administration with electroporation, intramuscular		Category III	Yes	Yes	Yes	No
0733T	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
0734T	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
0735T	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with primary craniotomy (List separately in addition to code for primary procedure)		Category III	No	No	No	No
0736T	Colonic lavage, 35 or more liters of water, gravity-fed, with induced defecation, including insertion of rectal catheter		Category III	No	No	No	No
0737T	Xenograft implantation into the articular surface		Category III	No	No	No	No
0738T	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
0739T	Ablation of malignant prostate tissue by magnetic field induction, including all intraprocedural, transperineal needle/ catheter placement for nanoparticle installation and intraprocedural temperature monitoring, thermal dosimetry, bladder irrigation, and magnetic field nanoparticle activation		Category III	Yes	Yes	Yes	No
0740T	Remote, autonomous algorithm-based recommendation system for insulin dose calculation and titration; initial set-up and patient education		Category III	No	No	No	No
0741T	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
0742T	Absolute quantitation of myocardial blood flow (AQMBF), single-photon emission computed tomography (SPECT), with exercise or pharmacologic stress, and at rest, when performed (List separately in addition to code for primary procedure)		Category III	Yes	Yes	Yes	Yes
0743T	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 fractures, with overall fracture-risk assessment, interpretation and report.		Category III	No	No	No	No
0744T	Insertion of bioprosthetic valve, open, femoral vein, including duplex ultrasound imaging guidance, when performed, including autogenous or nonautogenous patch graft (eg, polyester, ePTFE, bovine pericardium), when performed		Category III	No	No	No	No
0745T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; noninvasive arrhythmia localization and mapping of arrhythmia site (nidus), derived from anatomical image data (eg, CT, MRI, or myocardial perfusion scan) and electrical data (eg, 12-lead ECG data), and identification of areas of avoidance)		Category III	No	No	No	No
0746T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; conversion of arrhythmia localization and mapping of arrhythmia site (nidus) into a multidimensional radiation treatment plan		Category III	No	No	No	No
0747T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia		Category III	No	No	No	Yes
0748T	Injections of stem cell product into perianal perifistular soft tissue, including fistula preparation (eg, removal of setons, fistula curettage, closure of internal openings)		Category III	Yes	Yes	Yes	No
0749T	Bone strength and fracture-risk assessment using digital X-ray radiogrammetry□bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X ray, retrieval and transmission of digital X ray data, assessment of bone strength and fracture-risk and BMD, interpretation and report;		Category III	No	No	No	No
0750T	Bone strength and fracture-risk assessment using digital X-ray radiogrammetry□bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X ray, retrieval and transmission of digital X ray data, assessment of bone strength and fracture-risk and BMD, interpretation and report; with single-view digital X-ray examination of the hand taken for the purpose of DXR-BMD		Category III	No	No	No	No
0751T	Digitization 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
0752T	Digitization 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
0753T	Digitization 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
0754T	Digitization 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
0755T	Digitization 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

CPT	Description	Notes	Code Group	Commercial HMO-Auth	Commercial PPO-Auth	Centra-Auth Non-ASA Provider	Centra-Auth ASA Provider
0756T	Digitization of glass microscope slides for special stain, including interpretation and report, group I, for microorganisms (eg, acid fast, methenamine silver) (List separately in addition to code for primary procedure)		Category III	No	No	No	No
0757T	Digitization of glass microscope slides for special stain, including interpretation and report, group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry (List separately in addition to code for primary procedure)		Category III	No	No	No	No
0758T	Digitization of glass microscope slides for special stain, including interpretation and report, histochemical stain on frozen tissue block (List separately in addition to code for primary procedure)		Category III	No	No	No	No
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
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
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
0762T	Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, each multiplex antibody stain procedure (List separately in addition to code for primary procedure)		Category III	No	No	No	No
0763T	Digitization of glass microscope slides for morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure, manual (List separately in addition to code for primary procedure)		Category III	No	No	No	No
0764T	Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to concurrently performed electrocardiogram (List separately in addition to code for primary procedure)		Category III	No	No	No	No
0765T	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
0766T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, initial treatment, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve		Category III	Yes	Yes	Yes	No
0767T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, initial treatment, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; each additional nerve (List separately in addition to code for primary procedure)		Category III	Yes	Yes	Yes	No
0768T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, subsequent treatment, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve		Category III	Yes	Yes	Yes	No
0769T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, subsequent treatment, including noninvasive electroneurographic localization (nerve conduction localization), when performed; each additional nerve (List separately in addition to code for primary procedure)		Category III	Yes	Yes	Yes	No
0770T	Virtual reality technology to assist therapy (List separately in addition to code for primary procedure)		Category III	Yes	Yes	Yes	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; initial 15 minutes of intraservice time, patient age 5 years or older		Category III	No	No	No	No
0772T	Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)		Category III	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; initial 15 minutes of intraservice time, patient age 5 years or older		Category III	No	No	No	No
0774T	Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)		Category III	No	No	No	No
0775T	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
0776T	Therapeutic induction of intra-brain hypothermia, including placement of a mechanical temperature-controlled cooling device to the neck over carotids and head, including monitoring (eg, vital signs and sport concussion assessment tool 5 [SCAT5]), 30 minutes of treatment		Category III	Yes	Yes	Yes	No
0777T	Real-time pressure-sensing epidural guidance system (List separately in addition to code for primary procedure)		Category III	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
0779T	Gastrointestinal myoelectrical activity study, stomach through colon, with interpretation and report		Category III	Yes	Yes	Yes	No
0780T	Instillation of fecal microbiota suspension via rectal enema into lower gastrointestinal tract		Category III	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
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
0783T	Transcutaneous auricular neurostimulation, set-up, calibration, and patient education on use of equipment		Category III	Yes	Yes	Yes	No